

Perspectives from a Peer Leader and Regional Self-Management Program Leaders:

PEP Talk: Diabetes, Healthy Feet and You in Action

By Janet L. Kuhnke, RN, BA, BScN, MSc, Renato,* Surkhab Peersada, MPH, Katherine Farrell, HBK, MPH, and Kathryn MacDonald, RD, CDE

Introduction

Peer-led education programs are designed to help empower and inform clients and their families living with chronic conditions.¹ The goal of self-management and self-care related to foot care is to have the client positively manage their daily foot care. The Canadian Association of Wound Care, the Canadian Diabetes Association and the Public Health Association of Canada clearly state the seriousness of diabetes mellitus and its related foot complications.^{2,3}

The following panel report is from the 20th annual Canadian Association of Wound Care



CAWC
Peer
Education
Program

conference in Toronto, Ontario, which was held in the fall of 2014. The PEP Talk panel presentation was led by a dynamic client presenter who shared his story of living with diabetes and, as a result, how he became involved in the PEP Talk program as a volunteer PEP Talk Peer Leader.^{4,5} As well, Self-Management Program co-ordinators and leaders from three Local Health Integration Networks (LHINs) shared their journey with the PEP Talk program from their respective

geographic areas. The following questions were asked of the panel members after their presentation. They provide insight on the program and

how implementing the program across Canada can improve the lives of persons living with diabetes.

Client Perspective

What is the nature of the wound you are currently living with?

My primary wound site involves the lateral border of my right foot where the fifth metatarsal was amputated, in addition to debridement of the surrounding soft tissue. While this wound

*Renato has requested his last name not be used in this article.

site was closed with a skin graft, the area remains sensitive and is subject to recurring issues. I have experienced both pressure ulcers and blistering of the skin, which can arise for various reasons.

Renato, when did you first learn of your ulcer?

As a result of my denial, it was only after the initial infection in my right foot degenerated to such an extreme that I went to the emergency department at a local hospital. All the diagnostics, testing and treatment were performed there between July and August of 2013, where I remained a patient for a total of 44 days. Today, having finally broken through the barrier of denial I now receive regular chiropody care and immediately report any issues to my team of health-care providers.

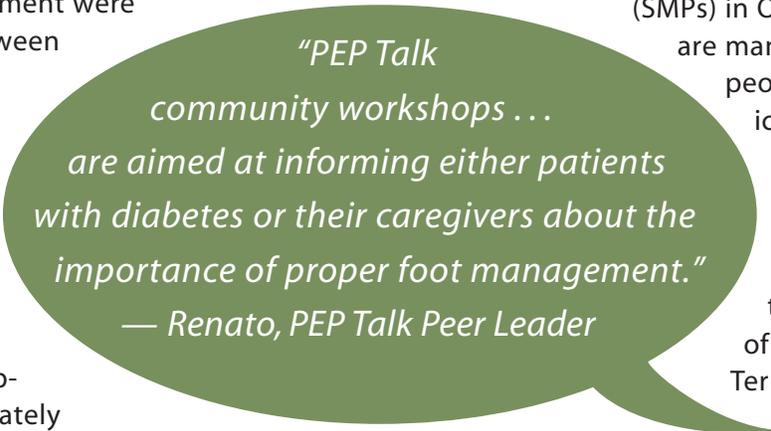
What was your initial reaction, and how are you coping?

By the time I had presented to the emergency department, I knew I was in serious trouble. Intellectually, I understood the gravity of the situation but I remained paralyzed with fear in seeking treatment. I consider myself lucky, as I could have easily lost my leg, if not my life, if things had progressed much further. For me, coping is a matter of addressing my total health care. This involves act-

ively seeking proper treatment from the appropriate health-care professionals and doing everything I can to make better decisions regarding my overall health.

How did you hear about the PEP Talk program?

I had mentioned to my chiropodist that I was interested in advancing the cause of better diabetes foot management and he was the one who introduced me to the co-ordinators of the PEP Talk program.



*“PEP Talk community workshops . . . are aimed at informing either patients with diabetes or their caregivers about the importance of proper foot management.”
— Renato, PEP Talk Peer Leader*

Can you tell us about your role in the PEP talk program?

I completed the PEP Talk Peer Leader training session to become a certified PEP Talk Peer Leader. So I am now qualified to conduct PEP Talk community workshops, which are aimed at informing either patients with diabetes or their caregivers about the importance of proper foot management. If diabetes has one redeeming quality, it is that so much can be done to prevent complications. By raising awareness and sharing my story, it is my hope that others

may be inspired to make better decisions for themselves or their loved ones.

LHIN Regional Chronic Disease Leader Perspectives

The chronic disease co-ordinators/leads (the other panelists at the conference) submitted key points from their presentation.

Introduction

Self-management programs (SMPs) in Ontario—which are mandated to support people living with chronic disease to learn evidence-based self-management behaviours and skills—are funded by the Ontario Ministry of Health and Long Term Care.⁶ There are 14 self-management programs across the province, one per LHIN, and each program is hosted by a range of health-care organizations. Various host organizations, based on their individual needs, have adopted the PEP Talk program, with the goal of empowering and helping people living with diabetes learn good (daily) foot care practices.⁷

Can you tell us how you got involved in the PEP Talk program?

Central West: In the Central West LHIN there is a high rate of diabetes.^{8,9} PEP Talk offers an opportunity to increase

and reinforce the knowledge and skills of basic diabetes foot care, which is aligned with information provided by health-care-provider team members and helps to connect people living with diabetes to foot care and community diabetes services, including peer support.

North East: In the North East LHIN, PEP Talk was launched because of the high rates of

Toronto Central: For the Toronto Central Self-Management Program,¹² adding the PEP Talk peer-led program was a way to support a need identified by the Toronto Central LHIN's Diabetes Program.¹³ As well, it gave us the opportunity to continue to work with the goal of working in the neighbourhood improvement areas (NIA) of the Toronto Central LHIN region.¹⁴

with people with diabetes as well as health-care providers involved in diabetes care. My role on a diabetes education team involved working with other team members in the area of communication of basic foot care for persons with diabetes and connecting clients to foot care specialists.

North East: In the North East LHIN, I have limited experience working with persons living with diabetic foot ulcers. I have some clinical experience from my years practising as a kinesiologist.

Toronto Central: In the Toronto Central LHIN, our program had limited exposure to persons living with diabetic foot ulcers. PEP Talk has been a wonderful addition to programs offered by us.

For any program to be successful in implementation and evaluation, it is important to know who is on your team and who is committed to supporting your initiative. Having team members from frontline to managers to policy makers is essential for success.



“By raising awareness and sharing my story, it is my hope that others may be inspired to make better decisions for themselves or their loved ones.”

Renato speaking during the 2014 CAWC conference in Toronto.

diabetes, diabetic foot complications and amputations reported in Northern Ontario.^{10,11} PEP Talk also helped increase the diversity of programming offered by Living Healthy Northeast because it is a one-time 2.5-hour workshop. Moreover, PEP Talk aligns with the strategic priorities of our health-care providers in providing diabetic foot care and self-management skills.

Can you tell us what your prior experience was working with persons living with foot ulcers related to diabetes?

Central West: Being the co-ordinator of the Central West Self-Management Program (SMP), as well as a registered dietitian¹⁵ and certified diabetes educator¹⁶ has provided me the opportunity to work

How have you navigated the health-care system to implement the PEP Talk program?

Central West: In our region our Self-Management Program has engaged with the diabetes education programs, primary care physicians and chiropractors to increase awareness about the PEP Talk program. This includes recruitment of health-care professional trainers and

peer leaders and launching the community workshops. Through partnerships with our local diabetes education programs and community health centres we have been able to offer PEP Talk workshops to complement the clinical services provided. We are also in communication with the Chronic Disease Prevention and Management Team at our LHIN about possible uptake of a regional Foot Care Tool Kit, which has referral to PEP Talk workshops embedded in addition to Inlow's 60-Second Diabetic Foot Screen tool.¹⁷

North East: In the North East we reached out to our regional and community contacts that we have partnered with before for other CDSMP and CPSMP workshops, and with the NE LHIN and regional diabetes programs to build awareness and interest in the PEP Talk program. From these connections we were able to train seven health-care providers in December 2013 from the region in PEP Talk. After the training, the health-care providers all identified potential peer leaders from their health-care practices to be trained. In 2014, several peer leader trainings took place throughout the region, and most of the peer leaders have gone on to complete at least one community workshop.

Toronto Central: With the support of the Toronto Central LHIN's Diabetes Program, we formally presented the PEP Talk workshop to the leaders representing various diabetes

3 REASONS to implement peer-led self-management in your region

1

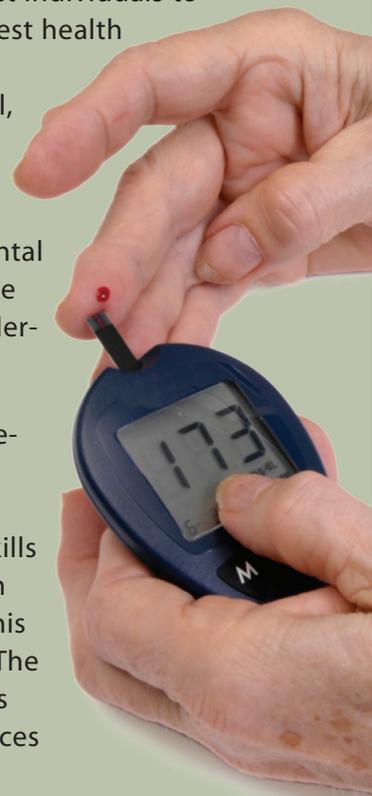
Chronic disease self-management aims to get individuals to actively participate in achieving their own best health and wellness. It involves gaining confidence, knowledge and skills to manage the physical, social and emotional aspects of life with chronic conditions.¹⁸

2

Peer-led programs provide a non-judgmental forum for clients to hear from other people in similar situations, be listened to, be understood and learn.

3

Peer leaders model the use of self-management skills to support behaviour change. They are natural partners in care as they support the learning of knowledge and skills by reinforcing what has been learned with clinicians and moving them into action. This results in more engaged and confident clients. The skills taught also help build more effective visits with clinicians and increase connection to services and resources.



education programs. We also engaged the Canadian Diabetes Association and more specifically the Greater Toronto Area staff. Subsequently, during the December 2013 training, we selected eight health-care providers and three program managers, each representing a specific NIA and a community-focused service provider. The program is being implemented in 2014–2015 fiscal year as a pilot.

What is your vision short-term and long-term for the PEP Talk program in your LIHNs?

Central West: Our short-term

goal is to continue raising awareness of the PEP Talk program in our region within the community and among health-care providers. In the future we hope to offer additional PEP Talk Peer Leader training sessions to assist with the spread and sustainability of PEP Talk in our region.

North East: Our short-term goal is to continue offering the program to the communities and organizations that originally showed interest and trained health-care professionals and peer leaders in the program. The long-term goal is to establish the program in more

communities throughout our region, especially in our remote communities that have limited access to foot care.

Toronto Central: Our short-term goal is to assess the success of the pilot before the end of the current fiscal year as well as host one Peer Leader training session to build capacity so that a health-care professional and peer leader team can co-facilitate the PEP Talk workshop. In the long term, we hope to expand beyond the four sites. Specifically, we hope to establish an accessible system for PEP Talk in which the Toronto Central LHIN's diabetes education programs can refer clients. These clients will gain reinforcement and empowerment to conduct daily healthy foot care practices through knowledge gained at the PEP Talk workshops offered on an ongoing basis. 🖐️

For more information, or to inquire about how to get the PEP Talk program implemented in your region, please contact Janet Kuhnke, PEP Talk Co-Director, at info@cawc.net.

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Renato, PEP Talk Peer Leader. Many thanks to Renato. His presence on the panel made this national presentation client-centred.

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