

Appendix B. Peer Advisor Candidate Screening Form

Peer Advisor Interest Talking Points / Screening Form

Date of Discussion: _____

Name of Potential Peer: _____

Peer's Community: _____

Phone Number: _____

Phone Number: _____

What is Living Well with Diabetes?

Diabetes is a big problem in rural Alabama, especially in the Black Belt. The Black Belt has among the highest rates for diabetes and diabetes complications such as heart attack, stroke, kidney disease, amputation, and eye problems. Many people who have diabetes do not take their medications every day. Taking your diabetes medications every day as directed by your doctor is one of the ways that can help you live as well as you can, as long as you can.

The goal of the study is to help people take care of their diabetes by taking their medications every day as directed by their doctor, eating healthy foods, exercising, having effective interactions with their healthcare team, reducing stress, and getting positive support from family and friends. We think that this program will help people with diabetes live as well as they can, as long as they can.

What is a Peer Advisor?

Peer Advisors are people who live in the Black Belt and want to help their communities. We are looking for people with diabetes, or people who care for someone who has diabetes. The essentials: you care about your community, you want to help, and you have familiarity with what it is like to live with diabetes day in and day out.

How long would I be involved?

The Living Well with Diabetes study will last approximately 1 to 1.5 years.

Do I have to participate until the program ends?

We are looking for people who would be willing to work with us for at least one year.

What would I need to do?

Getting Trained and Certified as a Peer Advisor

- Attend 2 days of in-person training, followed by a 10-week telephone training.
 - Costs you nothing
 - Learn about diabetes basics, motivational interviewing, talking to the doctor, medications for diabetes, blood pressure, and cholesterol
 - Practice your new skills. **NOTE: It is easier for some people to develop these skills than it is for others. There will be a test at the end of the 2 days of in-person training to see how much you have mastered. Unfortunately, some people may not move on to become Peer Advisors.**

- Time Commitment for Training:
 - 2 In-person trainings: 6 hours each day, lunch will be provided
 - 10-Week Telephone Training: 2 to 4 hours each week, depending on the week
 - 30-60 minutes listening to audio recording of the session and watching session video
 - 30-60 minute telephone call with the other peer advisor candidates
 - 30 minutes roleplaying as a client
 - 30 minutes roleplaying as peer
 - 30-60 minutes talking with UAB staff, providing feedback on the program, and completing certifications
 - *(as needed)* additional practice time with the community coordinator in order to complete certification

Working as a Peer Advisor

- Work with someone with diabetes on the phone for 5 months, one-on-one, over the phone.
- Time Commitment as a Peer Advisor:
 - First 2 months: talk with client on the telephone weekly (30-45 minutes per call)
 - Last 3 months: bi-weekly or monthly (10-20 minutes per call)
 - Special call before and after a doctor visit (10-15 minutes each call)
- Attend a weekly group call with other peer advisors (30-45 minutes)
- Speak with a UAB staff member every 1-2 weeks (15-30 minutes)

What's in it for me?

Peer advisors will be UAB employees.

- \$50 Gift card for completing the 1st in person training, whether or not you pass the test (1 day)
- \$50 Gift card for completing the 2nd in person training, whether or not you pass the test (1 day)
- \$250 Gift card for completing the 10 week telephone training, whether or not you pass the test
- \$150 for completing the program with each study participant.

When does it start?

The first in-person training will be July.

The second in-person training and 10-week telephone training will start late summer/early fall.

I have trouble with transportation. Does that matter?

Most of the Living Well with Diabetes program is done over the phone. We can arrange transportation for training.

I only have a cell phone. Is this OK?

You will receive an UAB cell phone for use for the study.

How much travel will I need to do?

You will need to attend the 2-day training in person.

You will have to meet with your community coordinator regularly to receive / turn in study materials.

Thank you for your interest in this study. It is our hope that by working together we can design innovative and effective ways to manage the burden of diabetes in Alabama's Black Belt.

If not interested, please find out reasons for not wanting to participate: *(check all that apply)*

- Transportation Difficulties
- Do not want to become a UAB employee
- Don't have enough time
- Other: *(specify)*

If not interested, please find out if there is anyone else the person would like to refer to become a peer advisor:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

INCLUSION CRITERIA: Who are we looking for to become peer advisors?

To be invited to participate in the study, peer candidates must answer “Yes” to all questions in the gray squares. Questions in the white squares are “informational” and are other important characteristics/information to consider when interviewing Peer Advisor Candidates.

If you have any questions or concerns about someone, please reach out to the other community coordinators, Dr. Safford, Lynn, and/or Susan.

1. Do you have a desire to help others?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
2. Are you willing to become an UAB employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
3. Do you have diabetes or do you help a close friend or family member take care of their diabetes?	<input type="checkbox"/> Yes, I have diabetes <input type="checkbox"/> Yes, I have diabetes and I care for someone with diabetes <input type="checkbox"/> No, I do not have diabetes, but I care for someone with diabetes <input type="checkbox"/> No, I do not have diabetes and I do not care for someone with diabetes																									
4. Do you have a doctor that you see regularly for your medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, who/city_____																									
5. Do you have a doctor that you see for your diabetes or other medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, who/city_____																									
6. Do you take pills every day that were prescribed by a doctor? Do you help a close friend or family member with their pills that were prescribed by a doctor? <i>(For example: pills for diabetes, high blood pressure, high cholesterol)</i>	<input type="checkbox"/> Yes, I take pills. <input type="checkbox"/> Yes, I take pills and I help someone with their pills <input type="checkbox"/> No, I don't take pills, but I help someone else with their pills <input type="checkbox"/> No, I don't take pills and I do not help someone else with their pills.																									
7. Are you willing to attend and complete the Peer Advisor training? Training will consist of 2 in-person training days, and 10 weeks of training over the telephone.	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
8. Are you willing to work with 5-7 clients over 5 months, by telephone, at first weekly, and then biweekly and monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Are you willing to attend weekly group phone calls with other peer advisors and study doctors?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
10. For every client you take on, you will need to spend about 1 hour a week scheduling calls, completing the program, and completing paperwork. This will be weekly for the first 2 months and then biweekly and monthly for the last 3 months. Most peer advisors choose to take 3-5 clients at a time. In addition to your client calls, you will generally have 2 meetings every week or every 2 weeks. Both meetings together will last 30 minutes. You will meet with UAB staff one-on-one for about 30 minutes per week. On a scale from 1 to 10, 1 being not confident at all to 10 being very confident, how confident are you that you will have enough time for the project?	<table border="1"> <tr> <td colspan="3">not confident</td> <td colspan="7"></td> <td colspan="3">very confident</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> </table>	not confident										very confident			1	2	3	4	5	6	7	8	9	10		
not confident										very confident																
1	2	3	4	5	6	7	8	9	10																	
11. On a scale from 1 to 10, 1 being not easy and 10 being very easy, how easy is it for you to listen to other people?	<table border="1"> <tr> <td colspan="5">not easy</td> <td colspan="5"></td> <td colspan="5">very easy</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> </table>	not easy										very easy					1	2	3	4	5	6	7	8	9	10
not easy										very easy																
1	2	3	4	5	6	7	8	9	10																	
12. Have you volunteered on other research projects as a peer advisor (sometimes referred to as community health advisor, community health worker, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
12.1. If yes, please provide the name of those projects, describe your role, length of time of your participation, and whether you are still volunteering on that project:	If yes, please provide, Project name: Length of time of participation: Whether you are still volunteering:																									

13. What other community volunteer activities do you currently do?	
14. How long have you lived in the present community in which you reside?	Community: Time:
<ul style="list-style-type: none"> We would like to ask you about your personal views about medicines in general. These are statements other people have made about medicines in general. Please indicate the extent to which you agree or disagree by saying if you strongly agree, agree, are uncertain, disagree, or strongly disagree. There are no right or wrong answers. We are interested in your personal views. 	
15. Doctors use too many medicines	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
16. People who take medicines should stop their treatment for a while every now and again	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
17. Most medicines are addictive	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
18. Natural remedies are safer than medicines	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
19. Medicines do more harm than good	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
20. All medicines are poisons	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
21. Doctors place too much trust on medicines	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
22. If doctors had more time with patients they would prescribe fewer medicines	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Uncertain <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
23. Give page 4 of the screening form to the peer advisor candidate. Being a peer advisor for this study will require a lot of writing and reading. I would like for you to complete the following page.	How long did the peer candidate take to complete the task? Did the peer candidate have any trouble completing the task? If yes, please provide details.

Now that we have shared our expectations for the project, we want to give you a chance to tell us why you decided to participate. Take a minute and write down the top 3 reasons why you are interested in becoming a Peer Advisor.

I am interested in becoming a Peer Advisor because:

1. _____

2. _____

3. _____

