



# Peer Support in Diabetes Management

Postgraduate Diabetes Management and Education

Module 7102

Semester 1

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# Learning Outcomes

- Define peer support in diabetes care
- Discuss core functions of peer support
- Discuss the different approaches of offering peer support
- Discuss evidences of peer support in diabetes management and education

# History of Peer Support



- Started at a Psychiatric Hospital (Bicêtre Hospital) in late 18th century at Paris, France to recognize the value of employing recovered patients as hospital staff.

The chief physician at the hospital, Philippe Pinel, praised these peer staff for being “gentle, honest, and humane” vs “averse from active cruelty”.

Hiring former patients marked a shift in the philosophy of mental health care that ushered in the “moral treatment” era.

[http://peersforprogress.org/pfp\\_blog/a-brief-history-of-peer-support-origins/](http://peersforprogress.org/pfp_blog/a-brief-history-of-peer-support-origins/)

**A Brief History of Peer Support: Origins**

Patrick Tang, MPH

# History of Peer Support in Diabetes

- From..... peer support quickly found new applications in chronic disease management (diabetes, mental health, heart disease, cancer, asthma, HIV/AIDS, substance abuse)
- Screening and prevention (cancer, HIV/AIDS, infectious diseases)
- Maternal and child health (breastfeeding, nutrition, post-partum depression)

[http://peersforprogress.org/pfp\\_blog/a-brief-history-of-peer-support-origins/](http://peersforprogress.org/pfp_blog/a-brief-history-of-peer-support-origins/)

**A Brief History of Peer Support: Origins**

Patrick Tang, MPH



# Peers for Progress

## *Peer Support Around the World*

A program of the American Academy of Family Physicians Foundation

# 2006

Funded by Eli Lilly Foundation

Located at the Department of Health Behaviour, University of North Carolina, Chapel Hill, USA



Prof. Edwin Fisher  
Professor of Health Behavior and Health  
Education  
UNC Gillings School of Global Public Health

- To ensure people living with diabetes or other chronic health conditions have access to similar peer support networks that can offer:
  - ☐ Emotional
  - ☐ Social
  - ☐ Practical assistance
- Help people become healthy



# Peers for Progress

## *Peer Support Around the World*

A program of the American Academy of Family Physicians Foundation

Funded by Eli Lilly Foundation

Located at the Department of Health Behaviour, University of North Carolina, Chapel Hill, USA

- Support development of Peer Support curriculum and training resources, research, collaborate leadership in Peers for progress with 14 projects globally
- “Unless they are not very sick, people with diabetes probably spend fewer than **SIX** hours or **<2%-5% of their life** each year in a health professional's office

*Prof. Edwin Fisher*

<http://peersforprogress.org>

# Why 6 hours?

- If people with diabetes consult their doctor every 3 months i.e. 4 x a year
- Each visit the person spend 15-30 minutes with their doctor i.e. total of 1-2 hour a year
- \*\* People with diabetes consult their diabetes nurses/ dietitians 2-3 times a year. Each time 1 hour i.e. 2-6 hour a year
- **The rest of the life the person with diabetes decide how to take care of their diabetes!**
- **In conclusion - 95-98% of diabetes care in daily life is decided by the person living with diabetes**





# Taking care of Diabetes.....8760 hours/Year.....



*Peer support help people take the plans they make in the doctor's office and put them into practice in their daily lives.*



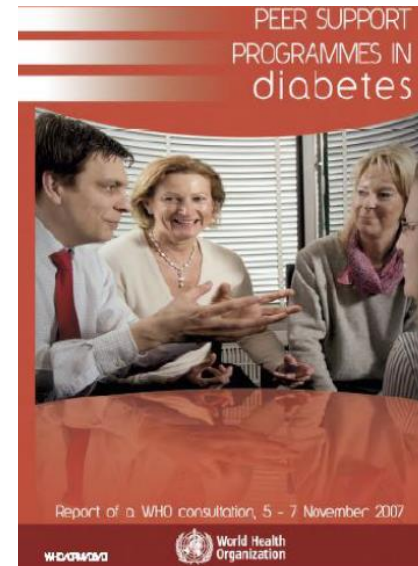
# Living with Diabetes On Your Own- 8,760 Hrs



Many people with diabetes suffer mental exhaustion, feelings of isolation related to disease management, experiencing stigma, feelings of guilt, shame, and failure.....Need of Peer Support

# Definition of Peer Support

- Support from a person who has knowledge from their own experiences with diabetes
  - a person with diabetes
  - a person affected by diabetes (immediate family member/carers)
- Assistance in applying disease management and prevention plans in daily life
- Provision of emotional and social support linkage to clinical care and on-going support
- American Academy of Family Physicians (AAFP) program Peers for Progress
- World Health Organization





# Why Peer Support

**Healthcare Providers are the Experts**  
**Listen to what I said**



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**Peer Support Provides Non-  
hierarchical Relationship**



# When do People with Diabetes need Education and Support



Margaret A. Powers etc. Diabetes Self-management Education and Support in Adults With Type 2 Diabetes A Consensus Report of the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. The Diabetes Educator. Volume 46, Number 4, August 2020

# Peer Support-Core Functions

Assistance in  
applying disease  
management in  
daily life

Provide emotional  
and social support

Linkage to clinical  
care and  
community  
resources

Ongoing  
availability of  
support



# 1. Core function of Peer Support

- Assistance in applying disease management in daily life

- Peer supporters use their own experiences with

- ☐ nutrition
- ☐ physical activity
- ☐ medication adherence
- ☐ Monitoring
- ☐ Problem solving

- To help people figure out how to manage diabetes in their daily lives.

## 2. Core function of Peer Support

- Provide Emotional and Social Support.
- Through empathetic, active listening and encouragement, peer supporters help patients cope with social or emotional barriers
  - ❖ Reassurance
  - ❖ stay motivated
  - ❖ absence of criticism
- To reach their goals

## 2. Core function of Peer Support

Provide emotional and social support

'I don't know anyone else who has type 1 so the forums (peer support) are really useful to vent our frustrations, to make you feel like you are not alone.'



Gilbert K, Dodson S, Gill M. et al. Online Communities Are Valued by People With Type 1 Diabetes for Peer Support: How Well Do Health Professionals Understand This? Diabetes Spectrum 2012; 25(3): 180-191

## 2. Core function of Peer Support

Provide Emotional and Social support

I type out my story.... The response were astronomical!' People who had done the same- skipping insulin to lose weight...etc and all the positive encouragement in my process to recovery was something I never expected but really appreciated'

It is not there to tell me off for NOT doing the expected diabetes management.



Gilbert K, Dodson S, Gill M. et al. Online Communities Are Valued by People With Type 1 Diabetes for Peer Support: How Well Do Health Professionals Understand This? Diabetes Spectrum 2012; 25(3): 180-191

### 3. Core function of Peer Support

- Linkage to clinical care and community resources
- Peer supporters help bridge the gap between patients and primary care providers and encourage individuals to seek out clinical care when appropriate
- They can also help in identifying key resources such as where to buy healthy foods or convenient locations for exercise



# Peer-Led Diabetes Education Programs in High-Risk Mexican Americans Improve Glycemic Control Compared With Standard Approaches

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A Project Dulce promotora randomized trial

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this disease burden, additional cultural barriers exist, preventing optimal care and clinical benefit in these groups, putting them at even greater risk for complications.

When Peer promoters noted the their peers were not meeting the ADA treatment goals, encourage follow-up with their primary care providers but did not make any medication recommendations

## 4. Core function of Peer Support

- Ongoing availability of support; proactive contact

Peer supporters keep their peers engaged by providing proactive, flexible and continual long-term follow-up as well as sense of belonging

I see my HCPs... every 4 months or so. This site is there all the times, in between and especially when I don't need a medical opinion.

# Peer Support Models/Approaches

# Peer Support Model 1

Peer-led face-to-face self-management support group (most common)

- A person/ a team who share the same condition as the peer lead(s) an interactive group discussion on daily self-management provide emotional and practical support

# Peer Support for Rural Ugandan Adults with Type 2 Diabetes

Linda Baumann, PhD, RN, FAAN





# Peer Support Model 2

## Peer coaches or mentors

- Meet one-on-one with peer or groups on less structured basis to listen, discuss concerns, provide emotional support and serve as role model
- Home visit

# WHO Peer Support Group



# Peer Support Models 3

## Telephone/SMS-based peer support

- Support via regular phone calls
- Telephone  $\pm$  complement other intervention(s)

- Advantages
  - overcome distance barriers
  - Cost\*
  - privacy and anonymity
- Disadvantages
  - Cost (phone call)
  - loss of privacy with sharing phone numbers
  - Lack of human contact with interactive voice response (AI)

# Peer Support Model 4

Web based support group using technology-mediated communications

- e-mails, facebook, twitter, U-tube etc

- Advantage

- ❖ Convenience
- ❖ low cost
- ❖ no geographical limitation

- Disadvantages:

- ❖ IT related e.g. knowledge and technology

# Peer Support Model 5

## Community health workers

- They do not necessarily have a chronic condition, but share language, culture and community with the patients
- Community promoters bridge the gap between their respective communities and healthcare providers/system



# Peer Support Models 6

Professional-led group visits  
with peer exchange

- People who share the same disease are brought together by health care providers to discuss their self-management challenges



Diabetes  
Camp



Grocery Teaching Session

Group  
exercise



# Evidences of Peer Support in Diabetes Management and Education

# A Peer Support Intervention in Improving Glycemic Control in Patients with Type 2 Diabetes

## Objectives

- To assess effectiveness of 6-month diabetes self-management structured training provided by peer support intervention among patients with T2DM
- Primary outcomes:
  - HbA1c, BMI, self-care behaviors, self-efficacy and life quality

## Methods

- RCT in a University Diab Specialty clinic
- Number: 200 patients allocated to peer support (Intervention) or control group.

## Methods

- Both groups received usual education by diabetes educators.
- Intervention group worked with the trained volunteer peers who encouraged participants to engage in daily self-management (6 sessions)
  - medication
  - diet, exercise
  - Weight management,
  - healthy coping and problem solving
- Discuss and share their experiences and challenges of diabetes management.

# A Peer Support Intervention in Improving Glycemic Control in Patients with Type 2 Diabetes

## Results

Effect of intervention on BMI, HbA1c, Diabetes self-management activities, Diabetes self-efficacy and Quality of life.

Variables	Baseline (mean ± SD)	After 6 months (mean ± SD)	* P-value	Diff (post-pre) (mean ± SD)	** P value
Body mass index (kg/m <sup>2</sup> )					
Peer-Support group	28.11 ± 5.29	27.52 ± 5.52	0.162	-0.59 ± 4.19	0.197
Control group	28.35 ± 4.80	28.50 ± 5.20	0.85	0.15 ± 3.89	
P value <sup>†</sup>	0.859				
Glycosylated hemoglobin (%)					
Peer-Support group	7.29 ± 1.33	6.98 ± 1.31	0.045	-0.31 ± 1.02	0.027
Control group	7.47 ± 1.49	7.50 ± 1.44	0.84	0.03 ± 1.14	
P value <sup>†</sup>	0.670				
Diabetes Self-management					
Peer-Support group	28.11 ± 10.26	37.35 ± 10.54	<0.001	9.24 ± 8.06	<0.001
Control group	27.27 ± 9.13	22.68 ± 11.25	<0.001	-4.59 ± 8.13	
P value <sup>†</sup>	0.890				
Diabetes management self-efficacy					
Peer-Support group	60.40 ± 12.90	40.77 ± 11.50	<0.001	-19.63 ± 9.54	<0.001
Control group	61.95 ± 11.86	69.95 ± 11.38	<0.001	8 ± 9.01	
P value <sup>†</sup>	0.091				
Diabetes quality of life					
Peer-Support group	150.34 ± 20.49	198.75 ± 26.5	<0.001	48.41 ± 19.02	<0.001
Control group	148.40 ± 18.55	132.50 ± 18.50	<0.001	-15.9 ± 14.35	
P value <sup>†</sup>	0.749				

\* P-value of paired t-test for comparison of pre and post measurements within each group.

\*\* P-value of Independent sample t-test for comparison of change of responses between two groups.

† P-value of Independent sample t-test for comparison of baseline measures between two groups.

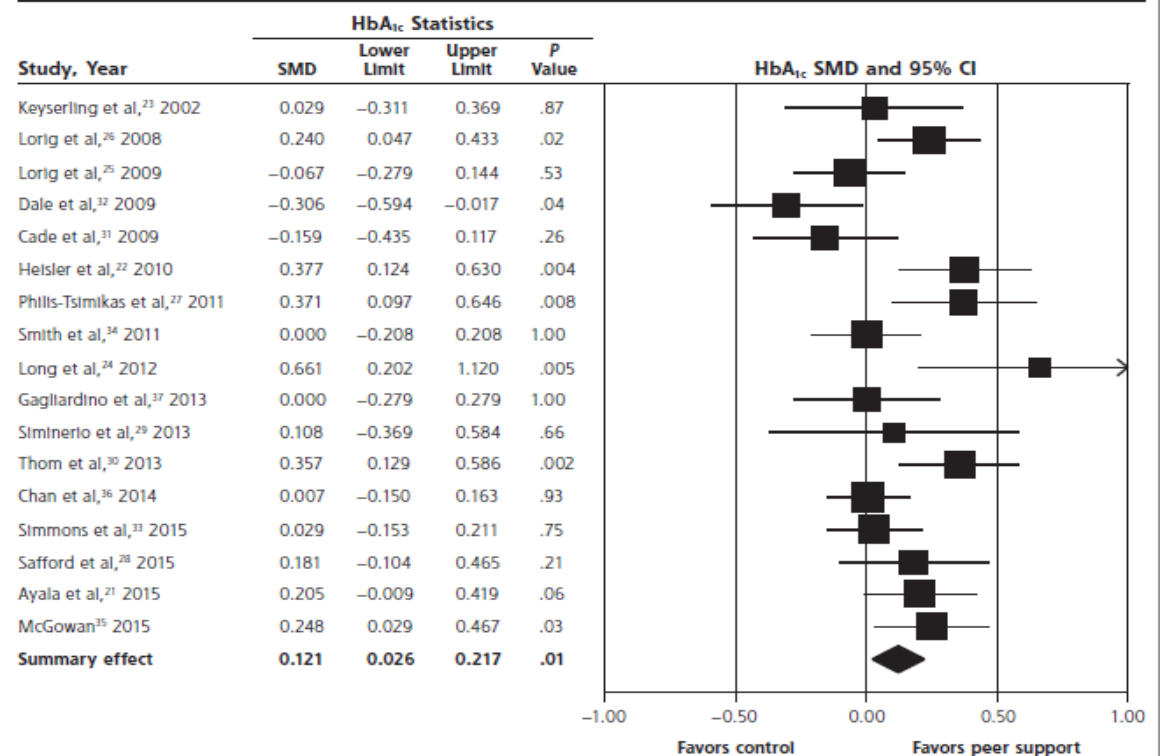
## Conclusion

- Peer support activities can be successfully applied in diabetes self-management, especially in areas with a shortage of professionals and economic resource

# Peer Support Interventions for Adults With Diabetes: A Meta-Analysis of Hemoglobin A1c Outcomes

- 17 RCT (1960- Nov 2015)
- Country: 10 (United States) 4 (Europe), 1 (Canada), 1 (China), 1 (Argentina)
- N= 4,715 participants.
- Result: Overall improvement in HbA1c level of **0.24%** (95% CI, 0.05%-0.43%).
- An improvement in pooled HbA1c in subset of minority which translates to an improvement in HbA1c level of **0.48%** (95% CI, 0.25%-0.70%)

Figure 2. Effect of peer support interventions on hemoglobin A<sub>1c</sub> levels.



HbA<sub>1c</sub> = hemoglobin A<sub>1c</sub>; SMD = standardized mean difference.

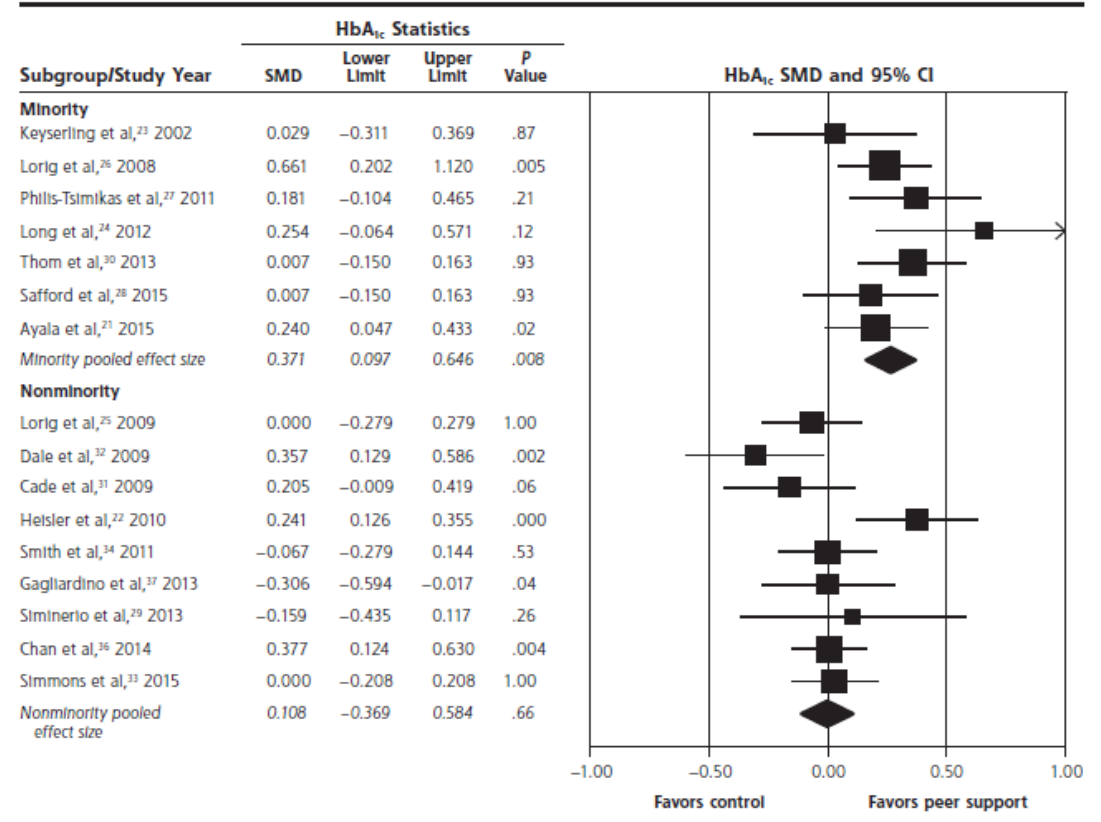
Notes: Random effects model. I<sup>2</sup> = 60.66%; P for heterogeneity = .001.



# Peer Support Interventions for Adults With Diabetes: A Meta-Analysis of Hemoglobin A1c Outcomes

- Result: In subset of minority, improvement in HbA1c level of 0.48% (95% CI, 0.25%-0.70%)
- Why minority?
- *Peer health coaches might be providing more culturally appropriate health education in ethnic minority populations, particularly Latino ones*

Figure 4. Subgroup analysis of the effect of peer support interventions on hemoglobin A<sub>1c</sub> levels in studies by predominant minority status of the participants.



HbA<sub>1c</sub> = hemoglobin A<sub>1c</sub>; SMD = standardized mean difference.

Notes: Minority subgroup: I<sup>2</sup> = 9.24%, P for heterogeneity = .35. Nonminority subgroup: I<sup>2</sup> = 45.90%, P for heterogeneity = .06.

Patil SJ, Ruppar T, Koopman RJ et al. Peer Support Interventions for Adults With Diabetes: A Meta-Analysis of Hemoglobin A1c Outcomes. *Annals of Family Medicine* 2016;14 (6): 540- 551

## Review Article

# The Effectiveness of Peer Support on **Self-efficacy** and **Self-Management** in People with Type 2 Diabetes: A Meta-Analysis

### Aims

- To assess efficacy of peer support on self-efficacy and self-management

### Methods

- 17 RCT studies with 3884 participants from 2008-2018

### Results

- Peer support significantly improved self-efficacy [SMD = 0.41, 95 % CI = (0.20, 0.62),  $p = 0.0001$ ]
- Self-management [SMD = 1.21, 95 % CI = (0.58, 1.84),  $p = 0.0002$ ]
- No significant effect on distress (Stress management) ( $p = 0.34$ )

Liang D , Jia RY, Zhou X et al. The effectiveness of peer support on self-efficacy and self-management in people with type 2 diabetes: A meta-analysis. Patient Education and Counseling 2021; 104 :760–769

# Review Article

## The Effectiveness of Peer Support on **Self-efficacy** and **Self-Management** in People with Type 2 Diabetes: A Meta-Analysis

- **Sub-analysis of effectiveness of peer support**

Duration of intervention time by peer supporter	<b>&lt;6 mths</b> SMD = 0.27, 95 % CI= (0.02, 0.51) p = 0.03	<b>&gt;6 months</b> SMD = 0.45, 95 % CI= (0.19, 0.71) p = 0.0006
Countries	<b>Developing countries (n = 5)</b> SMD = 0.44, 95 % CI= (0.14, 0.74) p = 0.005	<b>Developed countries (n = 6)</b> SMD= 0.39, 95 % CI= (0.07, 0.72) p = 0.02
Age Group	<b>&lt; 60 years</b> SMD = 0.26, 95 % CI= (0.07, 0.45) p = 0.007	<b>&gt; 60 years</b> SMD= 0.36, 95 % CI= (0.07, 0.65) p = 0.01

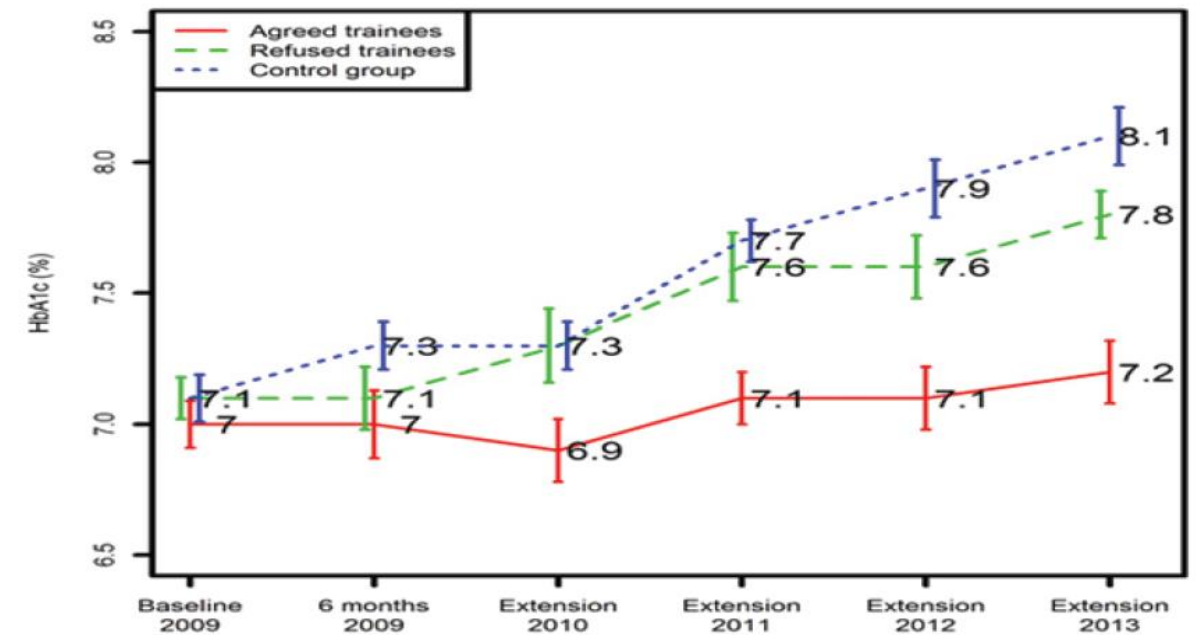
Liang D , Jiaa RY, Zhoua X et al. The effectiveness of peer support on self-efficacy and self-management in people with type 2 diabetes: A meta-analysis. Patient Education and Counseling 2021; 104 :760–769

# Advantages of Being Peer Supporters

# Effect of Providing Peer Support on Diabetes Management in People with Type 2 Diabetes

- **PURPOSE:** Examined effects of participating in a “train-the-trainer” program and being a peer supporter on metabolic and cognitive/ psychological/ behavioral parameters
- **N:** 79 participants
- **METHODS**
- 59 completed training programme,
- Group 1: 33 agreed to be peer supporters (“agreed trainees”) and were each assigned to support 10 patients for 1 year, with a voluntary extension period of 3 additional years,
- Group 2: 26 trainees declined to be supporters (“refused trainees”).
- Group 3: Control group: 60 patients who did not attend the training program
- Primary outcome was the change in average HbA1c levels for the 3 groups from baseline to 6 months.

Figure 2. Comparison of glycemic control in agreed trainees, refused trainees, and the comparison group during a 4-year observational period.



Data were presented as mean  $\pm$  SE.

$P = .001$ : Comparison of HbA<sub>1c</sub> at extension year 2013 among the accepted trainees, refused trainees, and the comparison group.



# Evaluation of Diabetic Peer Support in Malawi

Objectives	Methods	Results	Conclusion
<ul style="list-style-type: none"><li>• To assess and evaluate the Kamuzu Central Hospital (KCH) diabetic peer support program's (DPSP) impact 4 years later on<ul style="list-style-type: none"><li>• knowledge</li><li>• self-efficacy</li><li>• Behaviours</li></ul></li><li>• DPSP members compared to non-members</li></ul>	<ul style="list-style-type: none"><li>• Cross-sectional study</li><li>• N=176 (98 diabetic peer supporter (DPSP), 78 non-peer supporters)</li><li>• Tool: self- and interviewer-administered questionnaires</li></ul>	<ul style="list-style-type: none"><li>• DPSP members were more knowledgeable regarding the effects of skipping meals and sweet juice on blood glucose and conditions not associated with diabetes.</li><li>• DPSP members believe that they are more able to correct hypoglycaemia, to communicate their concerns to health workers and to perform daily foot exam</li></ul>	<ul style="list-style-type: none"><li>• The KCH Diabetes Peer Support program has positively impacted its members.</li></ul>

# Training of Peer Supporters

- Training varies substantially with duration and intensity between 3 -50 hours
- Usually structured curriculum and training helps to ensure sustainability of peer support program

**Table 2 Topics in each of the 12 group self-management education sessions**

Session	Topics
Session 1	Overview of self-management and diabetes Setting goals and making an action plan
Session 2	Relaxation/cognitive symptom management
Session 3	Increasing aerobic exercise
Session 4	Healthy eating Meal planning
Session 5	Managing medications Insulin injection
Session 6	Fatigue management Dealing with anger/fear/frustration
Session 7	Routine medical checkups Understanding the results of blood tests
Session 8	Preventing and treating acute hypoglycemia
Session 9	Hypertension management
Session 10	Diabetic foot care
Session 11	Communicating and working as a partner with the healthcare team Seeking support from family and friends
Session 12	Planning for the future

Example of Training Process Within an Integrative Structure

Week One	Week Two	Week Three	Week Four	Week Five	Wrap-up:
Patient Empowerment	Making Changes	What is diabetes?	Healthy eating	Stress, coping, depression	Debriefing and Review
Introduction and patient empowerment	Knowledge review: quizlette	Knowledge review: quizlette	Knowledge review: quizlette	Knowledge review: quizlette	Knowledge Exam followed by debriefing of each exam item
Experiential learning: "being a peer leader"	Peer leader simulation: Patient empowerment	Peer leader Simulation: Focusing on feelings	Peer leader simulation: What is A1C?	Peer leader simulation: Carbohydrate counting	<b>Group leader simulation:</b> In 2-person teams, peer leaders will be assigned facilitate a session.
Knowledge Acquisition:  Principles of patient empowerment	<p style="text-align: center;">Knowledge Acquisition National Standards of DSME: Core areas</p> <p style="text-align: center;">←—————→</p> <p style="text-align: center;">disease process – healthy eating – monitoring blood glucose and blood pressure - physical activity acute complications – chronic complications – emotional coping – health behavior change medications</p>				Empowerment and MI-based facilitation skills
Skills development: Behavior Change	Self-reflection care appt. Eliciting change talk services Problem-solving Goal-setting Making an action plan		Scheduling and preparing for health Identifying sources for health care Patient-provider communication Applying for health care coverage		Self-reflection  Discussing emotion
Experiential learning: "being a group participant"	Role-play: 5-step goal setting model	Role-play: Making reflections	Group facilitation simulation: Evaluate action plans	Group facilitation Simulation: Discuss meal planning experiments	Eliciting Change Talk  Problem-solving  Goal-setting  Making an action plan
Feedback and Self-Assessment	Structured Feedback and Self-assessment				

Tang TS, Funnel MM, Gilland M et al. The development of a pilot training program for peer leaders in diabetes: Process and content . The Diabetes Educator 2011; 67-77

# Key Points to Successful Peer Support

No single ingredient

Common components are:

- Peer Support Programme are structured
- Peer Supporters are trained
- Frequent contact
- Maintain linkage with HCPs and Healthcare system
- Common characteristics-demographic, social, cultural
- Considerate of individual rights and privacy



# Conclusion

- Evidence have shown peer support interventions are viable and promising model to overcome problems of lack of target control, shortage of HCPs and resources
- Peer support groups are important members of the healthcare team
- Peer supporters do not replace the roles of healthcare professionals but as complementary role.
- Peer support program fill the GAPS between management by healthcare professionals and the challenges of Living with Diabetes .

# Conclusion

**In the epidemic of diabetes, the solution to improve the situation might be within people with diabetes themselves by having “Peer support system’ within the existing Healthcare system**

*Jose F Caroa and Edwin B Fisher 2008*

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**THANK YOU  
FOR YOUR  
ATTENTION**



**Question?**



Kindly provide  
feedback with this  
QR code provided