

Introduction

Adjustment to life after spinal cord injury (SCI) is multifactorial and overwhelming. To address the complexities of adapting to life with paralysis, we developed **SCI&U**, a **self-management program** for people living with SCI. SCI&U is delivered virtually using a **peer health coaching model** and supports people with SCI in learning how to manage their health and life.

Peer health coaching is a **strengths-based, person-centered approach** that utilizes **lived experience** in supporting participants with developing skills in identifying goals, finding resources, and building knowledge. The focus is on **participant values and preferences**. The SCI&U study was conducted to evaluate the feasibility of participant and PHC recruitment, interest in the program by the SCI community, and participant and PHC retention.

Methods

Design & Setting:

Feasibility study conducted during the pandemic. PHCs were trained to deliver virtual coaching sessions.

Participants:

18+ years old, ≥ 2 years post-SCI, interest in improving their QoL. PHCs hired had ≥ 5 years of experience as SCI peer mentors.

Intervention:

Weekly, bi-weekly, and then monthly coaching sessions were held over 6 months by phone or virtual coaching platform.

Measures:

- Participants rated satisfaction, relevance, and perceived impact using the *Health Education Impact Questionnaire* (heiQ).
- *Qualitative feedback* was gathered from PHCs via debriefings, interviews, and focus groups.

Results

“PHCs provide support and resources to move people from surviving to thriving”

“PHCs help people rediscover themselves”

– PHC feedback

- **6 PHCs** completed 90 hours of evidence-based training; **18 participants** completed an average of 10 sessions lasting 46 minutes.
- Average *heiQ* score: **3.7/4** across goal setting, information sharing, relevance, validation, and coaching relationship.
- Participants highlighted the value of shared experience and the convenience of virtual delivery.
- Strong engagement and satisfaction suggest **feasibility** and **positive reception** leading to exploring **sustainability** options.

Conclusions

The SCI&U PHC model is feasible, acceptable, and valued by both coaches and participants.

- Virtual peer coaching effectively supported health **self-management** and **quality of life** in the SCI community.
- SCI PHCs not only improved participants’ confidence and connection but also **bridged the gap** between clinical care and community living.
- This project led us to secure **funding** for community program; **3 participants** in this iteration went on to be **hired as PHCs** for the community programs
- We are currently conducting an **RCT** in the **United States** and **Canada** to evaluate the effectiveness of peer health coaching related to addressing self-management skill development with people who are **less than 3 years post-SCI**.

