

Diana Pernigotti <sup>1</sup>, Sarah Everhart Skeels <sup>2</sup>, Yaqi Shi <sup>3</sup>, Sonya Allin <sup>4</sup>, John Shepherd <sup>5</sup>, Bethlyn Houlihan <sup>6</sup>, Susan Jaglal <sup>2</sup>

<sup>1</sup> Spinal Cord Injury Association of Connecticut, Milford, CT, USA; <sup>2</sup> Department of Physical Therapy, University of Toronto, Toronto, ON, Canada;

<sup>3</sup> Onvida Health DBA Yuma Regional Medical Center, Yuma, AZ, USA; <sup>4</sup> Department of Electrical Engineering and Computer Science, York University, Toronto, ON, Canada;

<sup>5</sup> Rehabilitation Sciences Institute, University of Toronto, Toronto, ON, Canada, <sup>6</sup> Boston University School of Social Work, Boston, MA, USA

## 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,  $\geq 2$  years post-SCI, interest in improving their QoL. PHCs hired had  $\geq 5$  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.

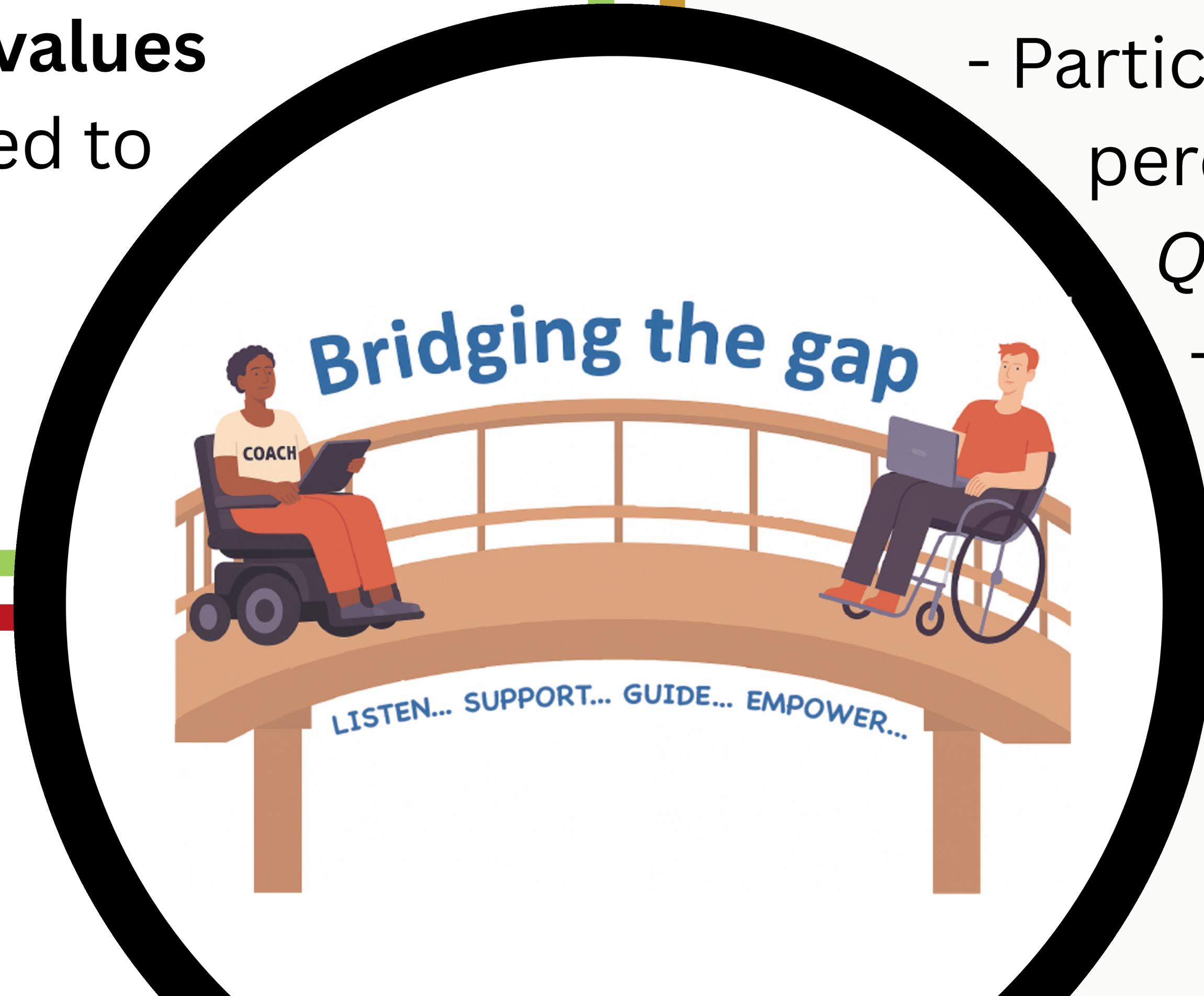
## Results

**"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**.

Scan here for information on current opportunities.

