

## **Global Systematic Review of Peer Support for Complex Health Behavior**

Emily A. Elstad, Renée I. Boothroyd, Amy L. Henes, Gary R. Maslow, Katherine Nelson, and Edwin B. Fisher

University of North Carolina – Chapel Hill, and Peers for Progress, American Academy of Family Physicians Foundation, Leawood, Kansas

Extant reviews of peer and social support interventions are disease- and approach-specific (e.g., use of community health workers in diabetes management). Because there is limited evidence within any one disease, such reviews do not provide strong evidence for peer support. In contrast, a more general review of peer support across a range of health behaviors can lead to more solid conclusions about its effectiveness. We conducted a systematic review of research on peer support for complex health behavior (e.g., cardiovascular risk reduction) across a variety of health problems. An initial PubMed search of papers published between 1/1/2001 and 8/31/2009 and using cognates of "coach," "promotora," "peer support," etc. identified 902 peer-reviewed articles. Of these, 595 articles were excluded as their titles indicated that they were not patient behavior programs (e.g. coaching for career growth among health professionals). The remaining 307 were reviewed to fit a broad definition of peer support: provided by a nonprofessional and addressing support for multiple health behaviors over time. Exclusion criteria consisted of: Interventions focused on isolated or single behaviors (e.g. cancer screening); interventions evaluating educational classes; and those without outcome data. The resulting 40 papers addressed: breastfeeding (6 papers); diabetes (5 papers), depression (5 papers), and asthma (4 papers), along with a variety of other health issues, and represented 8 different countries. Provisional rating of outcomes was: No evidence of benefit; Modest evidence of benefit (e.g., changes on self report measure of health behaviors or quality of life); and Strong evidence of benefit (e.g. statistically significant changes on objective clinical measure such as blood pressure or blood glucose, or on well validated psychological measure such as the CES-D). Of the 40 papers, 7 were scored as No, 15 as Modest, and 18 as Strong Evidence of Benefit. Further evaluation of effect sizes and weighting by sample sizes and adequacy of controls will be included in presentation at the Congress. This systematic review indicates that peer support is effective in promoting complex health behaviors across a variety of diseases and national settings.

To be presented at the International Congress of Behavioral Medicine, Washington, D.C., August, 2010.