



**Peers for Progress**  
*Peer Support Around the World*

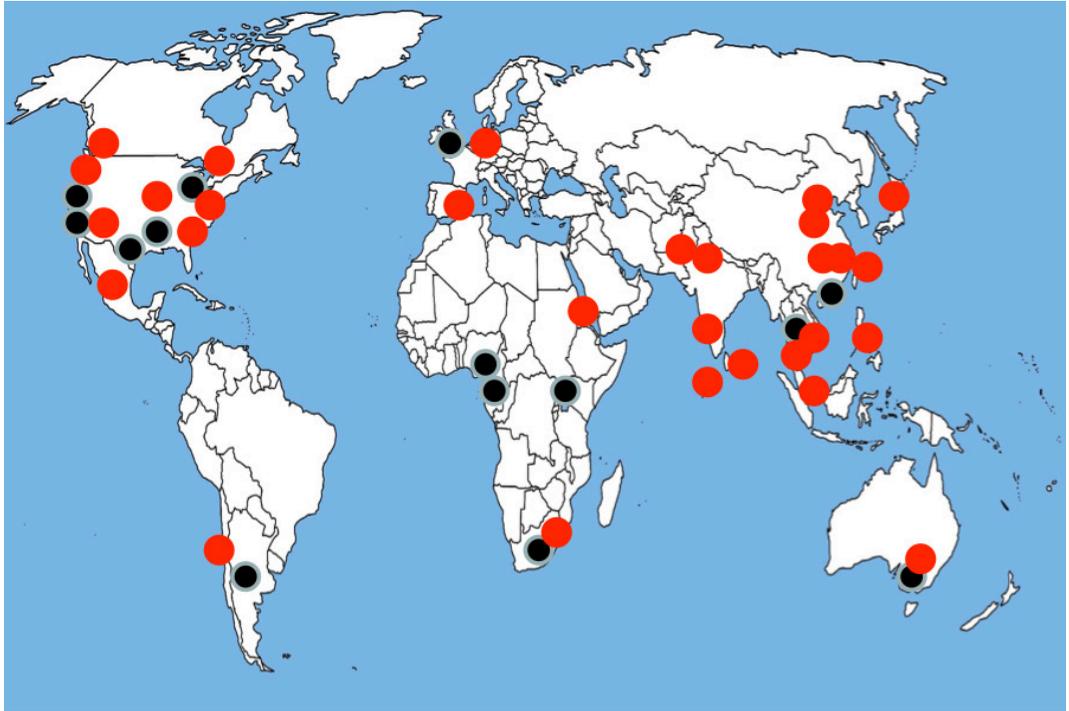
A program of the American Academy of Family Physicians Foundation

Accelerating the Availability of  
Best Practices in Peer Support  
Around the World

# Peer Support

## AROUND THE WORLD

*In addition to the 14 Peers for Progress grantees, the global network of peer support organizations is growing.*



- Original 14 Grantees
- Additional Network Members and Regions



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# Accelerating the Availability of Best Practices in Peer Support Around the World

Peers for Progress is a program of the American Academy of Family Physicians Foundation to promote peer support as a key part of health, health care, and prevention around the world. Ongoing support is a key factor in managing health. Peer support refers to support from a person sharing similar experiences with a disease or health problem. People need practical, social, and emotional support to manage and maintain good behaviors for health, and can be great sources of support for each other.

*Peers for Progress is generously supported by the Eli Lilly and Company Foundation.*

## The Need

Peer Support is as old as humankind. There are literally thousands of peer support programs around the world. Yet many people who need peer support – to maintain their zest for life after being widowed, to take care of a disease like diabetes, to negotiate wisely the challenges of raising a child with asthma, or simply to access and take full advantage of high quality, patient-centered health care – do not receive the support they need.

Peer support programs are often run on very small budgets while trying to help many people. With scant resources, lack of evaluation or communication among peer support programs delays development of a “state-of-the-art” that could be proposed to policymakers. Funding continues to be inadequate. Peer support programs are then not reliably available for patients or professionals who might refer to them.



**If the average individual with a disease like diabetes spends as many as six hours a year in a doctor's or other health professional's office, that leaves 8,760 hours a year they are “on your own” to do all the things that managing a disease or condition like diabetes requires.**

**THIS IS WHERE PEER  
SUPPORT COMES IN!**

## The Opportunity

Peers for Progress is determined to advance and promote peer support programs. Doing so requires three broad strategies:

- 1. Evidence**—Peers for Progress extends the evidence for peer support and its contribution to health. The 14 evaluation and demonstration grants Peers for Progress funded in nine countries on six continents will help all peer support programs make stronger claims for their value.
- 2. Global Networking for Knowledge Management and Exchange and Program Quality Improvement**—Peers for Progress compiles knowledge and supports exchange among peer support programs so they can learn from each other, build state-of-the-art models, tools, and other resources together, and create best practices in peer support.
- 3. Advocacy**—Peers for Progress provides reviews, business cases, and collaborative networking to assist advocacy for the inclusion of peer support as a routine part of health, health care, and prevention policies and systems — promoting peer support for all people in nations and regions around the world.

# What Is Peer Support?

In **Hong Kong**, peer supporters are linked with medical practices to integrate patients' self-management with their medical care. They provide group and individual education, as well as support, and help patients put into practice the plans they developed with their doctors. A 75-year-old woman who needs to have her eyes checked and get her medications updated finds the encouragement she needs to see the doctor.

In **Australia**, members of peer support groups (run by Diabetes Australia-Vic) trade tips and share some of the frustrations of the 24/7 task of managing diabetes. They learn by each other's example how to do a better job of caring for themselves. A 50-year-old man, who hasn't been able to lose weight, picks up some pointers from a 55-year-old. He makes progress by cutting back on beer and reducing portion sizes.

Peer support is practical, social, and emotional support between people who share similar experiences with a disease or health problem. There is no "one-size-fits-all" approach to peer support around the world. Different cultural contexts influence health behaviors like diet, how we feel about diseases and health, and even how we give and receive support from others. Also, health care resources and systems vary tremendously. Amidst such variation, a core set of functions outline peer support around the world:

- Help to implement daily personal plans for preventing and managing diseases. Daily activities include healthy eating, physical activity, stress management, and taking medications.
- Social and emotional support — "being there" to promote use of skills, comfort, and help in dealing with stress.
- Encouragement to see a health professional when appropriate — regular and quality care and taking care of things before they become problems.
- Ongoing support — proactive, flexible, extended because prevention and disease management are "for the rest of your life."

Applying these core functions of peer support may take many forms. For example, peer support can involve home visits, use of mobile phone technologies, group activities, and integration with health care teams. Thus, the four key functions provide a general outline for peer support while leaving flexibility to tailor programs to local and regional needs, populations, health systems, and cultures.



## Evidence for Peer Support

- Peer support benefits health in a variety of ways, including promoting mammography, improving access to anti-malarial and anti-TB treatment, and improving adherence in HIV/AIDS, etc.<sup>1,2,3</sup>
- Peer support interventions in the Robert Wood Johnson Foundation's Diabetes Initiative achieved a variety of benefits, including improved blood sugar control.<sup>4,5</sup>
- In Denver, Community Health Workers shifted costs away from urgent care, inpatient care, and outpatient behavioral health care to increase utilization of primary and specialty care visits. This yielded a return on investment of 2.28:1.00.<sup>6</sup>
- In St. Louis, a peer support program for mothers of Medicaid-covered children hospitalized for their asthma resulted in a 50% reduction in the rate of re-hospitalization.<sup>7</sup>
- In randomized studies in Pakistan, the combination of family based education from lay health workers and annual training of primary care providers improved blood pressure,<sup>8</sup> and cognitive behavior therapy interventions implemented by lay health workers reduced post-partum depression by 50%.<sup>9</sup>

## References

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9. Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet* 2008;372:902-9.

## Evaluation and Demonstration Grants of Peers for Progress

Alabama: Community peer advisors linked to rural health centers serving African Americans  
University of Alabama School of Medicine: Monika M. Safford, MD

Argentina: Community-based comparison of patient education with patient education PLUS peer support  
National Research Council of Argentina (CONICET) with the Centre of Experimental and Applied Endocrinology (CENEXA) and WHO Collaborative Centre for Diabetes: Juan Jose Gagliardino, MD

Australia: Developing existing peer support group programs for national dissemination  
Monash University and Diabetes Australia-Vic: Brian Oldenburg, PhD

California: Volunteer peer support intervention for Mexican/ Mexican American adults along California- Mexico border  
San Diego State University School of Graduate Public Health and Clinicas de Salud del Pueblo, Inc.: Guadalupe X. Ayala, PhD, MPH

Cameroon: Community-based peer support intervention in Yaoundé  
Health of Population in Transition Research Group:  
Jean Claude Mbanaya, MD, PhD, FRCP

Cameroon: Peer support in rural and urban districts  
Centre for Population Studies and Health Promotion: Paschal Kum Awah, PhD

England: Comparing group-based with individually provided peer support in Cambridgeshire  
Cambridge University Hospitals NHS Foundation Trust, Institute of Metabolic Science: David Simmons, MD

Hong Kong: Peer support combined with automated telephone support  
Asia Diabetes Foundation and Hong Kong Institute of Diabetes and Obesity,  
The Chinese University of Hong Kong: Juliana C.N. Chan, MD, FRCP

Michigan: Peer-led self-management support in "real-world" clinical and community settings among Latinos and African-Americans  
University of Michigan Medical School: Tricia S. Tang, PhD & Michele Heisler, MD, MPA

San Francisco: Integration of peer coaches in to nurse/doctor treatment teams  
University of California at San Francisco, School of Medicine, Department of Family and Community Medicine: Thomas Bodenheimer, MD, MPH

South Africa: Peer support "buddy" program based on effective HIV model among Xhosa women  
University of Western Cape and Women for Peace with UCLA Global Center for Children and Families: Mary Jane Rotheram-Borus, PhD

Texas: Peer support in an HMO setting in San Antonio  
American Academy of Family Physicians National Research Network (with Latino Health Access, LA Net, WellMed Medical Group): Lyndee Knox, PhD

Thailand: Integration of village health volunteers into existing health system among four rural villages  
Mahidol University: Boosaba Sanguanprasit, PhD, MPH

Uganda: Peer champions using cell phone and face-to-face visits in rural and urban settings  
Mulago Hospital with University of Wisconsin - Madison School of Nursing:  
Linda Baumann, PhD, APRN, BC, FAAN

## Global Networking for Knowledge Management and Exchange and Program Quality Improvement

With its Program Development Center in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, Peers for Progress assists peer support programs and their leaders in a variety of ways, such as:

- Providing clear and varied program models so people can find examples that fit their settings and realize that they, too, can develop such a program.
- Compiling curricula, program planning guides, training manuals, hand-outs for those receiving peer support, and other program development materials.
- Facilitating sharing of program resources, plans, and evaluations among leading peer support programs around the world.
- Providing a web-based resource through which programs can post their own descriptions and program materials to share with others around the world.
- Participating in social networking to enable communication and exchange among peer support programs around the world for open discussion of questions, challenges, and opportunities.
- Consolidating global evidence and consensus-based best practices in peer support as the basis for advocacy within countries.

**Find many more program models and resources for program development at [WWW.PEERSFORPROGRESS.ORG](http://WWW.PEERSFORPROGRESS.ORG)**

## Advocacy

Peers for Progress is developing resources and collaborative networks to share approaches to advocacy. These will:

- Identify model policies for inclusion of peer support with health, health care, and prevention programs and systems.
- Develop key components of business cases for promotion of peer support and circulate examples of business cases.
- Support regional and national efforts toward integration of peer support in health care.

## Successful Peer Support Interventions

In Thailand, “village health volunteers” (part of the Thai health system since 1981) were trained in diabetes management, including home visits and diabetes screening. Ratings of volunteers’ helpfulness increased among people with diabetes and were associated with improvements in BMI and blood sugar or metabolic control (as indexed by hemoglobin A1c–HbA1c). In Cameroon, peer supporters — via monthly group meetings, regular personal visits, and other support activities — led to benefits in BMI, blood pressure, diet, exercise, and HbA1c. Based on a successful program for HIV screening and management, dyad “buddies” among women in South Africa utilized group support events, mobile phone probes, and text messaging for ongoing, reciprocal support. A similar program of mobile phone and face-to-face contact with “peer champions” in Uganda led to beneficial changes in healthy eating, systolic blood pressure, HbA1c, and appropriate contact with health clinics.



## Leadership

- **Global Director**

Edwin B. Fisher, PhD, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill

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Wilson Pace, MD, Director, National Research Network, American Academy of Family Physicians

Mary Jo Welker, MD, FAAFP, President, American Academy of Family Physicians Foundation

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[www.peersforprogress.org](http://www.peersforprogress.org)

With evidence, global knowledge sharing, development of consensus best practices, and advocacy, Peers for Progress aims to show how peer support can contribute to the health and well being of all people and to help establish peer support as a regular part of health, health care, and prevention around the world.