



**Peers for Progress**

*Peer Support Around the World*

A program of the American Academy of Family Physicians Foundation

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## **Peer Support in Health and Health Care**

A Guide to Program Development and  
Management

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**Peers for Progress**

*MISSION: accelerate best practices in peer support  
as a regular part of health, health care and prevention around the world*

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## INTRODUCTION

### Why support?

Ongoing support is a key factor for managing health. People need practical, social, and emotional support to manage and maintain good behaviors for health. Ongoing support has been shown to be a critical and effective strategy for ongoing health care and sustained behavior change for people with chronic diseases/risks and other conditions. While access to and use of health care services are extremely important, they alone are often not enough for people to be able to master and maintain kinds of everyday behaviors that enable people to live as healthily as possible. In fact, there is ample evidence that without sustained support, many people will not succeed in managing their condition well, leading to poor health outcomes, including expensive and debilitating complications.

### What is Peer Support?

Peers – people sharing similar experiences with a disease or condition - can be great sources of support for each other. People with a common condition are able to share knowledge and experiences – including some that many health workers do not have. Peer support refers to the practical, social, and emotional support from a person sharing similar experiences with a disease or condition.

**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 their own" to do all the things that managing a disease or conditions like diabetes requires.**

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

Peer Support can take many forms – phone calls, text messaging, group meetings, home visits, going for walks together, and even grocery shopping. There is no “one size fits all” approach or uniform strategy for peer support to meet the needs of all populations in all places around the world. Complex behaviors (e.g., eating patterns), social contexts (e.g., family roles), and styles of support (e.g., appropriateness of eye contact) associated with health are fundamentally dependent on culture, so peer support approaches will need to vary to address them. Still, a set of common, functional components can coherently define peer support around the world, and then be applied flexibly according to local and regional contexts, populations, health systems, and cultural perspectives to effectively address needs.

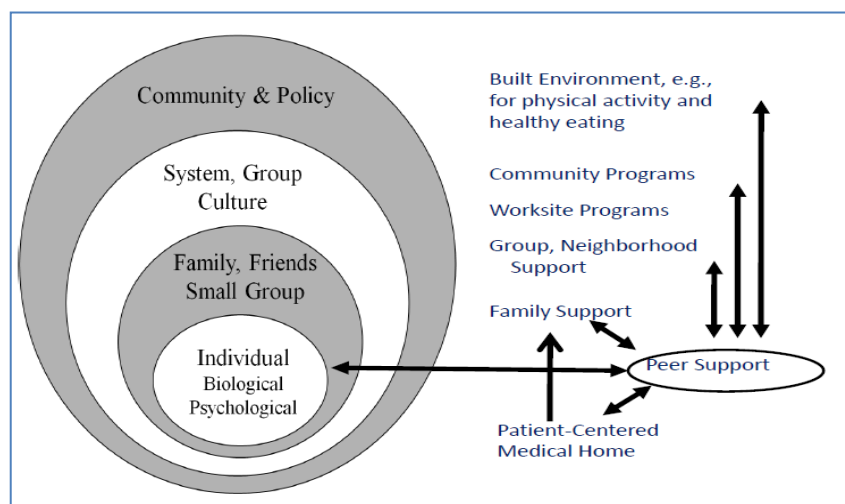
Peer Support often shares a common set of functions:

- **Assistance in applying disease management or prevention plans in daily life** (daily activities include healthy eating, physical activity, stress management, and taking medications);
- **Emotional and social support** (e.g., encouragement in use of skills, dealing with stress and simply being available to talk with people troubled by negative emotions);
- **Linkage to clinical care** (e.g., liaison to clinical care-encouragement to see a health professional when appropriate); and
- **Ongoing support** (e.g., proactive, flexible, as-needed/on-demand and extended over time).

Overall, Peer Support complements and enhances other health care services by creating the emotional, social and practical assistance necessary for managing the disease and staying healthy. As these core functions have emerged based on research and experience, Peers for Progress anticipates revisions to the scope and extent of peer support's key functions over time to evolve with ongoing learning.

### Why Peer Support?

As shown in Figure 1, peer support as a strategy can influence an individual's behaviors across different contexts. Peer support programs can help individuals manage their conditions and help health care systems be more effective. With careful adaptation, peer support models would be a promising addition to public health systems that face severe resource constraints and increasing needs among patients living with chronic risks/conditions.



**\*Figure 1 Peer Support Socio-Ecological Model**  
 Sallis et al., in Glanz et al.(Eds) *Health beh and health ed* (2008), pp. 462-484;  
 Fisher et al. *The Diabetes Educator*, 2007 33: 83-94.

### Who is a Peer Supporter?

A peer supporter often refers to someone who has knowledge from their own experiences or that of a close person affected by a disease or condition. In this role, a peer supporter may be a family member of a person with the disease or condition, a person with the disease or condition who has been successful at their own self-management, or a lay health worker and community member.

While a peer supporter may be recognized as an official component of a patient's disease management, their role is to solely provide support, not make recommendations that only a professional can make. A peer supporter is NOT:

- A counselor, such as a licensed psychologist or mental health professional
- A certified educator, such as a certified diabetes educator(CDE)
- A registered dietician
- A health care professional, such as a physician or nurse

### Underlying Principles

Three key concepts underlie the structure and content of this guide:

- Peer support programs are based on the assumption that people sharing similar experience have a great deal to offer one another in terms of knowledge and emotional support.
- The title of those delivering peer support across programs may vary (e.g., *promotoras*, lay health workers, peer leaders), but their role is based on the core functions they aim to serve (i.e., practical and emotional support).
- Because complex behaviors, social contexts, and style of support associated with health are different between cultures, how to implement the core functions in terms of setting-specific features of a peer support program require local tailoring effort.

## PURPOSE OF THE GUIDE

The purpose of this guide is to provide information and resources for designing, enhancing or refining peer support programs. This guide evolved out of Peers for Progress' global initiatives and a global network of peer support organizations and leaders to promote peer support for diabetes and chronic disease prevention and management around the world.

This guide is more specifically directed toward individuals and organizations who wish to start, or are currently sponsoring and managing peer support programs. However, resources in this guide may be helpful to health professionals, health care executives, and policy makers who can help plan or fund peer support programs in their organization, community or region (i.e., state).

The objectives of this guide are to:

- Understand overall process of program development, implementation and management.
- Enable readers to see what successful peer support programs look like and recognize that they can develop such a program.
- Provide interactive tools and web-based resources to help readers actually establish an effective, sustainable peer support program, or strengthen an existing one.

## About Us

*Peers for Progress* is a program of the [American Academy of Family Physicians Foundation](#). It was founded in 2006 to promote peer support as a key part of health, health care, and prevention around the world. The mission of *Peers for Progress* is to accelerate the availability of best practices in peer support around the world. Supported by the [Eli Lilly and Company Foundation](#) and the [Bristol-Myers Squibb Foundation](#), and developed in conjunction with the [American Academy of Family Physicians](#), the program is rooted in peer-to-peer interactions in order to sustain individual behavior changes that will improve health as well as quality of life. *Peers for Progress* is designed to demonstrate the value of peer support, extend the evidence base for such interventions, help establish peer support as an accepted, core component of health care, and promote peer support programs and networks around the world.

Please view a special supplement of the British journal, [Family Practice](#), that includes articles describing much of the background for *Peers for Progress*. There is also a paper depicting the growth *Peers for Progress* and listing our current projects.

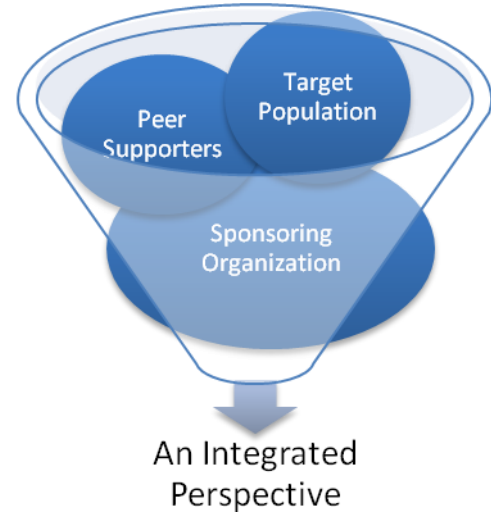
We gratefully acknowledge the input of Principle Investigators and Collaborative Teams of *Peers for Progress* Grantees as well as members of the Global Network of Peer Support Organizations in developing this guide. *Peers for Progress* aims to serve peer support programs around the world by providing a compilation of web-based resources for developing and enhancing programs, and has selected materials from varied sources. In doing so, we have sought to include materials that reflect state-of-the-art knowledge of diabetes, peer support, diabetes and chronic disease management, and health promotion. Readers should exercise their own judgment in assessing the appropriateness of materials for their own setting and population.

To learn more about *Peers for Progress*, please visit [www.PeersforProgress.org](http://www.PeersforProgress.org)

## STRATEGIC THINKING - I

There are three important aspects to any peer support program:

- **The people you aim to serve –**  
 it is important to assess the target population, understand their needs, and explore how features of their culture and communities may influence these needs and how to address them.
- **The peer supporters who will work with them –**  
 it is important to involve people who have knowledge from their own experiences or that of a close person affected by a disease or condition (e.g. immediate family member) and train them to be able to provide social, emotional, practical, and ongoing support; and
- **The program or agency that sponsors and manages the peer support intervention –**  
 there are a number of important ways that an organization can back and strengthen a peer support intervention.



Strategic thinking for peer support programs takes an integrated perspective from all three target audiences, keeping your program aligned with meeting their needs and identifying resources to meet program goals.

Strategic thinking can best benefit peer support programs through an evidence-based process. Depending on areas of interest, the PRECEDE-PROCEED model and the Continuous Quality Improvement (CQI) concept have been well recognized as such process to address population needs, patient care issues, and health system challenges (e.g., high resource utilization). These approaches emphasize a comprehensive diagnosis centering on the needs of the target audiences, and associated contextual factors that influence an intervention delivery. They also heavily rely upon continuous assessments relevant to each stage of program development and management. Because of their evidence-based and comprehensive nature, these approaches can help to create solutions to complex health problems, including those rooted in health behaviors such as chronic disease management and prevention.

More importantly, these approaches share a series of steps—*plan, implement and evaluate*—a continuous action cycle used to carry out needed tasks throughout the process of program development and management. It is expected and encouraged that readers would adopt this general methodology (i.e., a continuous action cycle) when targeting areas of focus for program development and management.

- Click [here](#) to learn more about PRECEDE-PROCEED model of health program planning and evaluation
- [Quality Management for Health Care Delivery](#), a report of the Hospital Research and Educational Trust, introduces the CQI implication in health care delivery. American Academy of Family Physicians website also provides thorough information related to [clinical quality improvement](#).

## STRATEGIC THINKING - II

This guide introduces a core set of domains that frame the strategic thinking with a particular focus on peer supporters. These domains are consolidated from a wide range of issues, and mainly organized by different stages of program development and management. The Content at-a-glance below presents an overview of these domains.

### **Organizational Readiness**

Organizational commitment and ability to really design and deliver interventions is fundamentally associated with the program success. It requires strategic thinking to be accomplished.

### **Program Development**

Peer supporters are irreplaceable to peer support delivery. How to select and train peer supporters needs to be proactively addressed in strategic thinking.

### **Program Implementation**

The efficacy of peer support interventions heavily relies on how the support is being delivered. Inclusion of this domain in strategic thinking helps to assure appropriate adaption of ongoing supervision and monitoring.

### **Evaluation**

Identifying relevant indicators and choosing appropriate tools are essential to overall peer support program development and management. Linking evaluation to strategic thinking can help ensure the use of evaluation coincides with overall program goals and objectives.

### **Sustainability**

Continuation of peer support programs is often a challenge for a number of organizational, programmatic, and financial reasons. Sustainability needs to be positioned as part of strategic thinking in order to best generate alternatives or solutions to overcome foreseeable challenges.

## CONTENT AT-A-GLANCE



## ORGANIZATIONAL READINESS

It is important to consider the capacity of an organization and the community in which your program operates. Considerations include resources and support from key stakeholders.

### Get Support for Your Program

Getting support for a peer support program varies depending on the culture and structures within a particular organization or community. Overall, there are two main items to address:

#### 1. OBTAIN BUY-IN FROM KEY STAKEHOLDERS

In general, key stakeholders refer to people or interest groups with influence in your organization or community. These often include decision makers (e.g., health care executives, policy makers), community leaders and community-based organizations (e.g., existing advocacy groups, faith-based organizations), and health professionals. It is crucial to engage key stakeholders in moving your program forward.

- Click [here](#) to learn how to communicate peer support to get others on board.
- Use the [scientific evidence](#) behind peer support to make your case.

#### 2. SECURE OR IDENTIFY AVAILABLE RESOURCES

Having a secure funding source is critical. In addition to existing, available internal source of funding, national health services grants, voluntary donations, foundation initiative and local community grants. Focusing on collaboration and social capital building provides opportunities to identify available resources or alternatives. Organizations and approaches with a long history of implementing peer support interventions, such as [Chronic Illness Alliance](#) in Australia, the grassroots, community health worker (*promotora*) model serving Hispanic/Latino populations in the United States, and [Juvenile Foundation of Chile](#), all started with little funding, but have developed or discovered ways to create a sustainable program.

### Develop Program Goals and Objectives with a Stakeholder Team

A successful peer support program starts from clearly specifying program goals and objectives and establishing a stakeholder team. In addition to those key stakeholders mentioned earlier, a stakeholder team should also include the people you aim to serve and the peer supporters who will work with them. Getting the diverse perspectives and advice of the stakeholder team can help you determine the best way to address the needs of the target population.

For more resources on utilizing a stakeholder team to guide program development, click [here](#).

### Designate a Dedicated Staff Person for Program Coordination

It is essential that a dedicated staff person at the organization that oversees the peer supporters and the program as a whole. Depending on the program, the staff person may be appointed from within or hired from outside the organization and can work a varying number of hours in a part-time or full-time capacity. Details about specific responsibilities and allotted time for project coordination should be agreed upon before the program begins.





## DEVELOPMENT OF A PEER SUPPORT PROGRAM

### ***Define Peer Supporter Roles and Responsibilities***

Roles and responsibilities of peer supporters should be clearly defined prior to the implementation of a program. As stated in the Introduction, peer support is a complement to, not a substitute for, clinical care. Considerations when defining roles and responsibilities should include confidentiality, and linkages to clinical care (e.g., how to refer others to seek help from a provider). Defining roles and responsibilities also can help to better integrate peer supporters into a care team or a health system.



For further resources on roles and responsibilities of peer supporters, click [here](#).

### ***Recruit Peer Supporters***

Recruitment of peer supporters will vary between programs and needs to be tailored to fit program goals and context. There are, however, several general guidelines for recruiting successful peer supporters:

- Prior to start recruitment, define the prerequisites of selection (e.g., skills, knowledge) of peer supporters as well as the community characteristics
- Define goals and objectives for the peer supporters
- Provide clearly defined roles and responsibilities, and accurate reflection of your expectations through a written job description and/or presentation
- Employ a systematic screening process of potential peer supporters
- Utilize social networks to recruit

Click [here](#) for further resources on recruitment including [qualities of a peer supporter](#) and [steps to recruitment](#).

### ***Select Peer Supporters***

Recruitment and selection of peer supporters are closely related. Therefore, it is important to use the defined prerequisites of peer supporters and community characteristics to guide the selection process. Specifically, in addition to direct experience with managing a disease or condition, peer supporters should be similar to the population profile of the people with whom they will work in regards to issues such as age, ethnicity, and other personal characteristics. More importantly, peer support relies on the ability to develop quality relationships. Therefore, inclusion of certain interpersonal traits (e.g., empathy, motivation), social skills, and sufficient time availability is also crucial.

Here is a list of sample questions to consider in selecting peer supporters:

- What is your target community?
- Are your peer supporters part of that community?
- Will you pay your peer supporters?
- What is the time commitment for peer supporters?
- Is it a requirement that your peer supporters have direct experience with the condition?
- What is this person's knowledge about the condition?
- How well does this person manage their condition?
- How well does this person relate to others?
- What motivates this person?
- How available is this person to provide regular and ongoing support?

Click [here](#) for further resources on selection including page 25 of this [peer support manual](#).

### ***Design Training Curricula and Conduct Pre-Program Training of Peer Supporters***

Pre-program training can help to build the skills and competencies necessary for delivering effective peer support. Training curricula can include modules to address general knowledge about the condition, and how to address [the common functions of peer support](#) -assistance in applying disease management or prevention plans in daily life, emotional and social support, linkage to clinical care, and ongoing support.

- Click [here](#) for more specific structuring of training units and modules for peer support for diabetes and chronic disease management.
- Click [here](#) for other examples of peer supporter training curricula. Make sure to tailor sample curricula and agendas to best meet the needs of your specific setting or population(s).

Consider including the following in designing your training logistics:

1. LENGTH:
  - How many training sessions will you have?
  - How long will each session be?
  - Over what timeframe will you hold the sessions?
2. TOPICS:
  - What are essential skills you want your peer supporters to have?
  - What knowledge is essential to effective peer supporters?
  - What order will you teach topics?
  - How will you distribute topics among training sessions?
3. ACTIVITIES
  - How can you make this training both fun and useful to participants?
  - Will you open each training session with an ice breaker activity?
  - What are skill-building activities you need to include?

Click [here](#) for a list of issues that can be addressed during training, including:

- confidentiality
- role conflict
- limits and liability
- ethical issues
- communication facilitation and listening skills
- nonverbal communication
- problem assessment
- problem-solving skills
- cross-cultural issues\*
- stress management
- burn-out
- crisis management
- when to seek health consultation and referral information

\*For information about cultural sensitivity, please click [here](#).



***Reminder: Use the four common functions of peer support to guide your program development!***

## IMPLEMENTATION OF A PEER SUPPORT PROGRAM

### **Conduct Ongoing Supervision, Training and Obtain Feedback**

It is unrealistic to expect to get everything right before starting a peer support program. Many issues are not controllable, and what peer supporters encounter in the field is very likely to differ from what was being addressed in the pre-program training. Therefore, ongoing supervision, training and feedback are critical.



Soliciting feedback from peer supporters as well as those receiving peer support can help detect delivery issues (e.g., peer supporters giving directive support by telling people what to do rather than helping them to implement their plans through non-directive support) and intervene to address these issues. Additionally, arranging regular meetings with a designated program staff (e.g., a nurse) and conducting refresher training courses can enhance peer supporters' ability and confidence to continue providing effective peer support. Also, ongoing training can be a good retention strategy. Topics covered during pre-program training sessions can be cycled through so peer supporters revisit topics in light of their experiences with the program.

### **Recruit Program Participants**

The nature of an organization will affect how to recruit program participants. Clinic-based programs have access to a list of patients who may be eligible and interested in peer support as a complement to their care. Other organizations may need to be more proactive in recruiting program participants. Strategies include creating a website, distributing print materials, recruiting by word-of-mouth, attending events relevant to target populations, and spreading the word to other programs or organizations that may be in contact with the people you aim to serve. [Resource Source: *MENTORING PARTNERSHIP PROGRAM: [PROGRAM MANUAL](#) - Planning and Implementing a Peer Mentoring Program for Individuals with Brain Injury and Their Families*]

Also, peer supporters often share similar experience and/or background with target population(s). Therefore, remember to involve peer supporters in the process of framing strategies to reach members of the target population(s) and recruit them for the program.

### **Deliver Peer Support**

Key lessons learned from successful peer support programs around the world have indicated that variety, frequency, and amount of contact is directly proportional to efficacy and amount of impact. When translating this understanding to peer support delivery design and implementation, try to incorporate multiple layers and modes of delivery of peer support (e.g., resource books, manuals, one-on-one interactions, phone contact, social networking).

Here is a list of key questions that need to be considered related to peer support delivery:

- How will peer supporters be paired with participants?
- How many participants will each peer supporter manage?
- How will peer supporters contact each participant (e.g., face-to-face, phone, group)?
- How often will peer supporters contact each participant?
- Will peer supporters follow a set curriculum with participants or will content be flexible?

### ***Retention and Turnover of Peer Supporters***

Expect turnover – a key benefit of peer support programs is their enabling supporters to gain skills and move on to more advanced positions, return to school, etc. However, sometimes peer supporters may also experience burn out and drop out from the program. Therefore, be realistic about retention of peer supporters and be proactive to have a plan in place to address turnover. When peer supporters do leave the program for some reasons, it is important to notify their participants and find a new peer supporter to fill that role.

Keeping peer supporters engaged throughout the program can help with retention. Once peer supporters are selected, a number of steps can be taken to clarify, recognize, honor, and maintain their contributions.

Here are several steps that may be taken to ensure peer supporters' [retention](#):

- Encourage peer supporters' input in defining their roles, activities and responsibilities.
- Ask about peer supporters' expectations for being a peer supporter and how they feel about meeting these expectations.
- Outline the responsibilities of peer supporters and regularly remind of these responsibilities.
- Provide adequate ongoing training and training materials for peer supporters.
- Require a workable time commitment to the project.
- Provide and reinforce the message that input of peer supporters is valued and appreciated.
- Organize peer supporters' get-together events on a regular basis where they can provide support to each other and suggest various problem-solving strategies.
- Make sure that peer supporters have constant support from program staff in case they need any advice related to their peer supporting activities.
- Maintain contact information of peer supporters and update it regularly.
- Have a protocol to follow if a peer supporter leaves the project.
- Cover travel, communication and other related expenses.

For further resources about support and retention, click [here](#).

## EVALUATION OF A PEER SUPPORT PROGRAM

Organizations, program managers, and other people who manage peer support programs are often responsible for monitoring and evaluating them. Activities may include monitoring the experience of peer supporters, tracking the programs they deliver, measuring the satisfaction and experience of people who receive the support, and determining how behaviors, quality of life, and the overall health of participants improve upon participating in the programs.



Evaluation can take on many forms and levels, from tracking what is being done to determining how it is making a difference. Here is a list of scenarios for evaluation:

- Evaluate the peer support training.
- Monitor the interaction between peer supporters and participants.
- Evaluate how the program is implemented ([Process Evaluation](#))
- Evaluate behavior changes ([Impact Evaluation](#))
- Evaluate changes in health status or clinical outcomes ([Outcome Evaluation](#))
- Evaluate benefits to a health care or health system

As an example of evaluating the peer support training, [Annex 2 \(pg. 144\)](#) and [Annex 3 \(pg. 147\)](#) of this [peer mentor training manual](#) includes sample pre- and post-training tests to rate the quality of the training and also sample peer educator and trainer evaluation forms.

In terms of monitoring the interaction between peer supporters, several useful methods include

- Asking peer supporters to fill out and submit logs for each session with a participant,
- Maintaining regular (monthly) contact with peer supporters via telephone check-ins, and
- Observing peer support sessions if the program occurs in a group setting.

Evaluating program impact on a health care or health system can help heighten the value of peer support programs for obtaining buy-in from policy or decision makers.

The **RE-AIM** evaluation framework, a model commonly used by program planners and evaluators, helps understand the relative strengths and weaknesses of different approaches to health promotion, chronic disease self-management and behavior change interventions. It emphasizes the importance of examining the following five dimensions:

- Reach into the target population;
- Efficacy or effectiveness of the intervention;
- Adoption by target settings or institutions;
- Implementation-consistency of delivery of intervention; and
- Maintenance of intervention effects in individuals and populations over time.

For more information about RE-AIM and other tools and strategies related to evaluation, click [here](#).

## SUSTAINABILITY

Sustainability requires attention to people, organizations and resources. The scope of sustainability covers programmatic, financial and systematic aspects.

Demonstrating efficacy of peer support interventions in terms of positive health outcomes is a main concern when thinking about sustainability. To do so needs organizations to heavily invest professional's time and organizational resources in peer supporter recruitment, selection, training and ongoing supervision.



Affordability has been a leading concern for any peer support program. Discussion on problems and potential solutions often suggest efforts toward to institutionalization and policy advocacy in order to increase financial stability. However, how to maintain financial stability through a structured system but at the same time not to lose the rich benefits that evolve from a naturalistic scenario rooted in the community-based settings remain to be a struggle for many peer support programs.

The issues related to sustainability shared above are difficult to address, and sometimes seems to be beyond the control of program planners or organizations. However, from a perspective of program development and management, several findings are useful to sustain a program:

- Sustainability of peer support needs some kind of infrastructure on which to anchor programs and building the capacity of organizations to respond. This applies to both volunteer-based and paid-based peer support programs.
- As health care service organizations and community-based organizations have different strengths and resources, wisely building and enhancing partnership between these two can help to maximize the reach and influence of a program.
- Social capital is as crucial as financial resources especially when peer support is rooted in peer-to-peer interaction. Development of social capital is essential to sustainability as well.

Here are two presentations sharing real-world experience about peer support for community advocacy and the development of social capital: [Presentation 1](#) by Leticia Ibarra and [Presentation 2](#) by Dr. Cristina Jose- Kampfner.

## EXAMPLES OF PEER SUPPORT IN PRACTICE

Peer support can take many forms and delivery modes. However, determining how peer support interventions are going to be delivered requires particular attention to resources, setting and cultural context. Common models from extant research on chronic disease management include professional-led group visits with peer exchange, peer-led face-to-face self-management programs, peer coaches, community health workers, support groups, telephone-based peer support, and web- and e-mail-based programs. For more information on types of programs, click [here](#).

Here are links to presentations and program descriptions featuring several successful peer support programs or approaches in practice addressing different conditions:

- [MoPoTsyo](#), a Non-Governmental Organization (NGO) in Cambodia, organizes Peer Educator Networks (P.E.N.) to reach people with diabetes who are not receiving care.
- Models Peer support in [HIV/AIDS and co-morbid conditions in South Africa](#)
- Peer support in [HIV in various settings](#) around the world
- Peer support as [lady health workers to treat postpartum depression in Pakistan](#). Also, program development described in Rahman, A. (2007). Challenges and opportunities in developing a psychological intervention for perinatal depression in rural Pakistan--a multi-method study. Arch Womens Ment Health, 10(5), 211-219.
- [Chinese CDC Community-based peer support approach](#) for individuals with type 2 diabetes in Anhui Province
- [National Council of La Rosa Promotores de Salud programs](#) serving Latino/Hispanic populations
- A Peers for Progress demonstration grantee project targeting [individuals with type 2 diabetes in Cameroon](#)
- The [Best Practice Framework](#) provided by the Chronic Illness Peer Support Network, which covers all aspects of managing a chronic illness peer support program.