

Peer support workers and programs

Peer support programs have been implemented in a wide variety of both health care and community settings to address a range of conditions, including substance use disorder, diabetes management, support for mental health conditions and loneliness, and improvements in birth outcomes. Many peer support programs are delivered by persons with lived experience of the same condition that is the focus of the program. Dozens of scholarly [reviews](#) have examined the benefits of peer support programs and most findings have been positive. Broadly, peer support has been associated with improvements in clinical and wellbeing outcomes and lower hospitalizations.

Peer support is based on shared experiences, mutual respect, and peer-to-peer learning. Expanding the availability of peer support specialists can help complement therapy and improve recovery outcomes. Peer support focuses on assistance in daily living routines, social and emotional support, and helping to connect with other needed resources and support and help navigate care providers and care plans. Peer support workers often come from communities underrepresented in the behavioral health workforce and can provide support in a concordant language and cultural context to members of communities that are less likely to seek help or have the capacity or trust to navigate complex coverage and care systems. Peer specialists can be effective in integrated care models to help clinicians as well as clients and patients. A helpful resource on the role and effectiveness of peer support in behavioral health care is available (produced with support from PCORI) from [Families USA](#).

Evidence for peer support, health coaching

While not clinicians, when provided with training and supervision, peer support workers have demonstrated they can conduct group counseling sessions for trauma-related mental health conditions and substance use disorders and [improve](#) symptoms reported by participants (PCORI study).

Health coaching is another process which helps patients identify and reach their health-related goals through education and personal support. Models of health coaching include community health workers or ‘promotoras’ in Latino communities, and care or case management that might be done by nurses or other licensed professional to manage complex patients. Other models in community health centers use unlicensed health care workers in primary care teams to support chronic disease management.

Health coaches may provide patients with health-related information and navigation support and connection to community resources. They have shown effectiveness in improving management of diabetes and lung disease and lowering cardiovascular risk factors. One PCORI-funded [study](#) observed health coaches in practice to better describe and define their role in managing chronic disease with the goal of improving the training and utilization of health coaches in practice.

Variation across these roles, populations served, training, and activities performed reflects the adaptability of peer support models but can be challenging for evaluating them. Like behavioral health integration, it is difficult to identify the core elements that drive better outcomes. In addition,

some standardization of the roles may be needed to secure sustainability funding and licensure or certification that is recognized across organizations.

Peer support in the workplace

Occupational safety and health programs have a long history in unionized workplaces. While traditionally focused on reducing workplace hazards leading to injury and disease, unions have expanded the scope of these programs, which are often peer-led, to include behavioral health risks. The International Association of Fire Fighters, for example, has [developed](#) formal peer support programs. Workplace-based peer support can also help disseminate resources and services covered by the health and welfare fund and help connect workers to services they might not be aware of or be hesitant to try.