The Power and Potential of Peer Support in Workplace Interventions

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Introduction

A big advantage of promoting health at work (vs. other community or health care settings) is that most U.S. adults are employed, spend considerable waking hours at work, and thus can be easily reached at the workplace. Moreover, the potential benefits of a supportive work environment, increased access to programs/services, and coworkers who may be willing to encourage each other to make healthy behavior changes make workplace health promotion an important public health strategy. Despite these advantages, many challenges exist. Some workplaces have limited capacity and/or interest in offering these programs; some employees are reluctant to participate because of competing work or personal life demands or concerns about privacy; some managers and coworkers are not supportive; and sometimes cost is a burden to employers and employees. Another challenge is the ability to identify and effectively implement evidence-based interventions that are appropriate for a particular workplace and employee population.

An ideal workplace health promotion intervention will reach all employees—or at least a representative group of employees—so that high-risk employees and those working from home, or who have virtual offices or work "on the road" or in off-site locations, all have a chance to benefit from the programs. In addition, an ideal intervention will be highly effective—that is, it will produce intended outcomes for intended employees, with minimal negative outcomes. And we expect an ideal intervention to be low cost, relatively easy to implement, and able to adapt to different types of employees and workplace conditions. Although workplace interventions have evolved over the years, and have embraced new technologies as well as advances in theory and practice, it is probably safe to say that there is no perfect intervention. In fact, a one-size-fits-all approach to intervention implementation is probably doomed to fail. Instead, we advocate for interventions that address multiple levels of the social ecological framework.[1,2] For example, multilevel interventions to promote physical activity at work would include a combination of strategies at the intrapersonal (e.g., written materials to influence knowledge, attitudes, motivations, and beliefs about being physically active), interpersonal (e.g., buddy system to promote coworkers walking at lunch time), organizational (e.g., contest at work where employees log minutes of physical activity and win prizes for participation), community (e.g., promoting discounts on local gym memberships), and policy (e.g., tax incentives for employers who offer fitness breaks for their workforce) levels. Multilevel interventions that are high reach, effective, easy to implement, adaptable/flexible, and low in cost are more likely to be adopted, implemented, effective, and sustained over time.

This issue of *The Art of Health Promotion* is designed to focus attention on one intervention strategy—peer support—and its potential for being an important component of a multilevel intervention strategy addressing chronic disease prevention at work. Although peer support at work is not a new intervention idea, the evidence of its effectiveness as part of a worksite-based effort has not been thoroughly studied. It is our belief that peer support interventions hold great promise, but we first provide a working definition of peer support and offer a brief review of the literature on peer support interventions, particularly those related to management of chronic conditions like diabetes. We then review results from several workplace-specific peer support intervention efforts and discuss the benefits and challenges of conducting peer support interventions at work. We conclude with implications for future research and practice needs regarding peer support interventions for the workplace.

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What Is Peer Support and Who Provides It?

There is no universal definition of peer support; however, Mead et al[3] offer one that is useful for the purposes of this discussion:

> Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful....It is about understanding another's situation empathically through the shared experi-

ence of emotional and psychological pain. When people find affiliation with others they feel are "like" them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships."[3(p6-7)]

Peer support is typically provided by "wellness champions," "community health workers," "lay health advisors," "*promotores*," "patient navigators," "peer supporters," and other individuals who are "equal" to those who they are helping.[4] In the workplace, coworkers could be peer supporters—particularly if they have suffered a similar health problem or condition as the peer they are supporting. Although traditional medical care and self-management programs may help individuals understand what to do to stay healthy, people often find themselves disconnected from resources and left on their own to manage a complex set of factors required to initiate and sustain health behavior changes. As a result, for example, the National Standards for Diabetes Self-Management Education and Support of the American Diabetes Association and American Association of Diabetes Educators call for diabetes self-management *support* to help individuals with diabetes "implement and sustain the behaviors needed to manage their illness."[5] Clearly, other chronic health conditions such as cancer, arthritis, stroke, depression, obesity, and asthma might be similarly served by interventions that are characterized by peer support as a way of linking with someone who has a shared experience and can offer a wide range/different types of support.

What Are the Advantages and/or Benefits of Peer Support Interventions?

In addition to different types of support, an important and obvious advantage of a peer support intervention is the ability to link or connect people living with a chronic disease or condition to others who are suffering from a similar condition. In the workplace, employees with a particular chronic condition recruited to provide peer support have the opportunity to share knowledge and experience that others, including many health care professionals, do not have. In addition to contextually relevant information, peers can also offer practical guidance for behavior changes that might be required.[6] For example, for the employee with diabetes, learning how to monitor his or her glucose levels is a skill that must be learned that can benefit from peer support and guidance. Peer support can also offer social and practical assistance for how to begin, achieve, and sustain complex behavior changes that are critical for managing chronic conditions and staying healthy.[7-11] For example, changes in diet, managing weight, and/or beginning a physical activity program might benefit from the support of a peer who can encourage the peer at every step of the process. Moreover, peer support interventions may complement other health care services and/or enhance recommended changes from health professionals. Peers can encourage people to recommended care management plans, stay motivated, and cope with the stressors that chronic diseases often produce. And peer support can facilitate employees' staying better connected with their health care providers to get the care they need, often in a more cost-effective manner.[12-15] For example, peers can encourage regular visits to a health care professional, and can help someone get care from a primary care provider vs. a more costly trip to the emergency room. The potential benefits of high-quality peer support interventions are extensive.

What Is the Evidence for Peer Support Interventions?

As we shall discuss in later sections, peer support can be implemented through programs that provoke peer support among those in naturally occurring social groupings, such as among coworkers or neighborhood residents. Such approaches are common among worksite health promotion programs but are rarely evaluated separately from the programs of which they are a common component. Peer support can also be implemented through interventions in which individuals are trained to provide peer support. These are the focus of most research that seeks to evaluate the specific contributions of peer support. However, few of these studies evaluate peer support in the worksite. They are nevertheless reviewed here, as they document models that might make substantial contributions to improved worksite programs.

The majority of research studies examining specific contributions of peer support address it in the context of prevention and chronic disease management. We identified 24 reviews of such interventions published between 2000 and 2011 and addressing a variety of health problems and settings. Of these, 21 were focused on peer support in the prevention or care of a specific health problem area (e.g., breastfeeding support) or modality (telephone support). Three reviews that examined peer support more broadly included one by Viswanathan et al.[16] who found "moderate" evidence for peer support across improvements in knowledge, health behaviors, utilization, and cost effectiveness. It focused on interventions that included peer support activities to "create a bridge between community members, especially hard-to-reach populations, and the health care system."[16(p793)] Another review, by Tyus and Gibbons,[4] also focused on peer support for those traditionally lacking access to care and limited its focus to U.S.-based programs. It reported "efficacy in enhancing outcomes" across mammography, cervical cancer screening, and a variety of other health/prevention objectives.

A third review, by Elstad and colleagues,[17] included peer support interventions from around the world, addressing a wide variety of prevention and health objectives entailing sustained behavior change (in contrast to relatively isolated acts such as cancer screening), and using a broad definition of peer support entailing assistance and encouragement for those behaviors as well as linkage to appropriate care. It included papers from the United States (25 papers), Canada (8), the United Kingdom (6), Pakistan (3), Bangladesh (3), and one from each of Brazil, Mozambique, and New Zealand. The health issues that these papers addressed included prenatal/postnatal care (15 papers), diabetes (7), asthma (5), cardiovascular disease (CVD) (5), HIV (4), and, with 2 for each, smoking cessation, mental health, and drug use. Across all 47 papers, 39 (83%) reported significant between-group or pre-post changes showing benefits of peer support. Among the 37 papers reporting randomized controlled

trials, 30 (81%) reported significant between-group or pre-post changes.

Peers for Progress, a program of the American Academy of Family Physicians Foundation, promotes peer support in health care and prevention around the world (peersforprogress.org).[18] Peers for Progress has focused much of its work on diabetes, given the global burden it entails and the status of diabetes as an excellent model for most areas of prevention and chronic care. Because the focus of much of the work of Peers for Progress is on diabetes, they examined papers addressing peer support in diabetes included in the review by Elstad and colleagues[17] and extended its scope through July 2012. Among a total of 20 studies identified, 19 showed statistically significant evidence of benefits of peer support, either through health practices and/or clinical outcomes changes within groups receiving peer support interventions[19–29] or in comparisons with control groups.[30–37] The one paper that did not provide evidence for peer support, that of Smith et al.,[38] centered on peer support meetings offered less than bimonthly (nine over 24 months). Additionally, participants were not encouraged to contact the peer supporters between meetings; instead of taking advantage of peers to engage those who did not attend, project staff contacted them. These and other issues were discussed in a commentary cautioning against generalizing from null effects that can be found at http://www.bmj.com/content/342/bmj.d715?tab=responses.

Fourteen of the 20 papers on peer support in diabetes provided preintervention and postintervention measures of hemoglobin A1c (HbA1c) as a measure of glucose control.[19–26,29,31,33,35,36,38] Using the individual publication as the unit of analysis, the average HbA1c declined from 8.63% prior to intervention to 7.77% after intervention ($p = .001$). In diabetes circles, a reduction of HbA1c by half a percentage point, e.g., from 8.6% to 8.1%, is generally considered clinically meaningful. Thus, the average reduction across these 14 studies of .86 points is very striking and adds considerably to the evidence for the benefits of peer support in diabetes management.

Peers for Progress has also contributed to the evidence base for peer support by sponsoring 14 evaluation and/or demonstration projects in peer support for diabetes management in nine countries around the world. Among projects that were initially funded in 2009 and whose results are now emerging, a peer support program implemented as an extension of clinical teams caring for low-income and ethnic minority patients with diabetes in a large health center in San Francisco showed significant reductions in HbA1c measures of glucose control relative to controls.[43] Providing evidence for the success of peer support in reaching those most in need, the differential benefit of peer support was significantly greater among those in the low and mid tertiles for medication adherence at study initiation.[44] In Argentina, diabetes education and ongoing support implemented by peers performed "at least as well" as that implemented by professionals in terms of clinical, self-management, and psychosocial indicators.[45] In sum, peer support interventions have been shown to be an effective disease management strategy to enhance linkages to care and attend to the dynamic and evolving conditions of real-world environments and circumstances that influence health behavior.[46–54]

What Is the Evidence for Peer Support as a Workplace Intervention?

The creation of a supportive culture has been identified as a best practice for worksite health promotion programs seeking to facilitate behavior change.[55] Peer support interventions may contribute to a workplace culture where people care for each other and support each other. As such, peer support interventions have been recognized as a promising approach for improving employee health behaviors.[56] Workplace studies that have incorporated peer support as an intervention component have addressed numerous health topics including nutrition, weight loss, cancer screening, HIV/AIDS screening, smoking cessation, and alcohol abuse prevention. These studies have been focused on improving the health of employees from a variety of worksite settings and sectors, including construction, small and medium worksites, and rural worksites, as well as large international worksites. To date, most worksite studies have integrated peer support using the "peer educator" or "peer advisor" approach, where employees are trained to provide specific health information to their coworkers using a specified protocol. As a result, peer support in worksite settings has focused on the delivery of informational support, in addition to other types of support, including emotional support, appraisal support, and instrumental support.

A recent study by Escoffery and colleagues[57] found that naturally occurring support from workplace peers was important in encouraging changes in eating and weight among employees who were interviewed from small, rural worksites in Georgia. During the in-depth interviews, coworkers were acknowledged for providing helpful information and encouragement about healthy eating, including the types of foods individuals eat as well as methods for eating healthy, providing input on food preparation, and discouraging each other from eating unhealthy foods. Participants indicated that weight loss–related conversations between coworkers were focused on strategies for losing weight, such as eating healthy, participating in weight loss programs, consuming prepackaged meals, and bringing homecooked lunch.

Several studies have specifically focused on understanding the role of peer support in health promotion at worksites and how coworker support influences employees' diet and nutrition behaviors. Sorensen et al.[58] conducted a baseline survey to assess the relationship between support from coworkers and readiness to increase fruit and vegetable consumption among employees (N = 1359) of 22 community health centers in eastern Massachusetts. In the study, guided by the transtheoretical model, coworker support was measured by assessing how often employees perceived their coworkers encouraging them to eat fruits and vegetables and how often their coworkers brought healthy foods, fruits, or vegetables to work for others to try. Coworker support was observed to be significantly associated with the community health center employees' being in the preparation stage in their readiness to increase fruit and vegetable consumption, compared to precontemplation/contemplation, suggesting that support from coworkers assisted employees in moving forward in their readiness to increase fruit and vegetable consumption.

In a randomized controlled trial by Buller et al.,[59] peer-led worksite nutrition education in the Five a Day Peer Education Program was found to be associated with a significant increase in fruit and vegetable consumption over the general Five a Day Program among lower-socioeconomic-status, multicultural labor and trades employees (n = 2091) from 10 public employers in Arizona. Peer educators in the study were selected from "cliques," or informal networks of employees, that were identified using social network analysis. The selected individuals were primary candidates for the peer educator role because they were central communicators within the coworker cliques and

had strong relationships with their coworkers. The peer educators, primarily consisting of male employees, received 16 hours of training about health and nutrition, cultural eating practices, peer educator expectations, and strategies for persuasively communicating about the importance of nutrition. During the intervention, the trained peer educators engaged their coworkers in nutrition education for 2 hours a week, as well as disseminated Five a Day nutrition education materials among their coworkers. Fruit and vegetable intake, as measured by a 24-hour recall log, was significantly greater among employees who received nutrition education from peers than among the control group who did not receive the peer education component. Specifically, a significant intervention effect of .77 ($p < .0001$) on fruit and vegetable intake (e.g., nearly one serving) was observed during the 18-month intervention posttest, and a significant effect of .41 ($p = .034$) (e.g., approximately one-half of a serving) was observed during the 6-month follow-up assessment.

Peer support has also proved to be an effective approach for promoting cancer screening among employees. In a 16-month randomized controlled study involving 26 worksites, peer health advisors at each intervention worksite were trained to serve as role models for breast and cervical cancer screening behaviors to female employees at their worksites. The peer health advisors were also responsible for disseminating breast and cervical cancer information to employees, providing social support, and facilitating the processes of screening becoming a social norm in the workplace.[60] Other activities led by the peer health advisors included small-group health discussion sessions guided by the social cognitive theory, one-on-one outreach to reach female employees who did not attend the small group sessions, and planning and implementation of two worksite-wide health promotion campaigns. Positive results were observed among worksite participants in the intervention condition: participants had a significantly greater cervical cancer screening rate (odds ratio [OR] = 1.28, 95% confidence interval = 1.01, 1.62) than did comparison group participants.

Worksite-based peer support has also been effective in reducing infectious disease risk behaviors. Peer support was utilized as an intervention strategy to improve HIV/AIDS prevention behaviors among 993 employees of 21 ExxonMobil worksites in sub-Saharan Africa in a study by Richter et al.[61] To deliver the intervention, employees nominated by their coworkers to serve as peer educators attended a 3-day training intensive training. Peer educators were also provided with detailed guides and lesson plans to discuss topics with groups consisting of 15 to 30 employees. Topics covered during the group discussions included HIV/AIDS information, personal risk perception, condom use, sexually transmitted infections (STIs), STI testing, living with and caring for those living with HIV/AIDS, and gender issues. Following the 12- to 18-month peer-led program, participants' confidence in their ability to use condoms correctly increased (OR = 2.48). Additionally, participants were also more likely to report being tested for HIV following the intervention.

Worksite peer support has also had a positive influence on substance abuse prevention behaviors. Bondy and Bercovitz[62] recently conducted a qualitative content analysis of an existing Internet-based forum for individuals working in the construction and renovation sector, consisting of approximately 250 users of the discussion group. Within the forum, peer support was evident for encouraging smoking cessation, a highly prevalent cancer risk behavior among individuals in this industry. In particular, the researchers observed that peer support was provided for avoiding smoking, and focused on skills for smoking cessation, personal commitment, and the benefits associated with smoking cessation. Closely related to these findings, results of a systematic review of worksite interventions for alcohol problems conducted by Webb et al.[63] also suggest that peer support may be effective for addressing alcohol abuse. In particular, the authors suggest that peer referral, in which coworkers provide assistance to peers who are seeking help for alcoholism, may produce beneficial results for reducing alcohol abuse among employees.

Although most worksite studies employing peer support have focused on health behavior outcomes, selected research findings suggest that peer support may also have a direct effect on employee work behaviors, such as absenteeism. A study by Odeen et al.[64] focused on sick leave as an outcome for a peer-based low back pain prevention program conducted among employees in Norway. In the cluster randomized controlled trial, employees of 135 work units were randomly assigned to participate in one of two intervention groups (education and peer support [EPS] or education and peer support plus clinic access [EPSOC]). In the intervention groups, peer support was delivered through "peer advisers," or fellow employees who assisted others with work modification to prevent lower back pain and decision making for seeking medical services for back-related injuries. Peer advisers were also trained to assist their coworkers with making decisions about whether or not to use sick leave. A control group received education concerning lower back pain. Results indicate that the peer support intervention contributed to a decrease in sick leave among intervention group participants, where EPS and EPSOC participation were associated with a 7% and 4% reduction in sick leave, respectively. In contrast, control group participants' sick leave was observed to increase by 7% following the intervention. Thus, peer support interventions in the workplace have shown some promising results for a variety of health behavior outcomes, screening behaviors, and even work-related outcomes such as absenteeism and sick leave use. Much more research is needed, but the workplace intervention results appear generally consistent with results from the general peer support literature. So if peer support interventions are a promising worksite health promotion strategy, what are the components of peer support that are essential for producing effective outcomes?

Key Components of Peer Support

Peers for Progress—which focused initially on peer support for individuals with diabetes—has pursued a strategy of defining the key components of peer support not by specific implementation protocols or details but according to four "key functions of support."[65,66] This follows a strategy of "standardization by function, not content."[67,68] The four key functions are (1) assistance with daily management, (2) social and emotional support to encourage management behaviors and coping with negative emotions, (3) linkage to clinical care and community resources, and (4) ongoing support designed to sustain behavior change.[66] With tailoring according to the needs and strengths of a specific setting (e.g., workplace) and health challenge (e.g., diabetes, asthma, arthritis), these key functions can serve as a template for planning and evaluating peer support programs.[65] The hardiness of this approach was demonstrated by its application in programs in Cameroon, South Africa, Thailand, and Uganda and the benefits they achieved across clinical, self-management, and quality-of-life indicators.[65] We are not aware of any workplace-based peer support studies that have tested an intervention based on these key functions, but it will be an important future research step.

Critical Peer Support Considerations

In addition to the key functions of peer support, there are a number of other features of peer support that should be considered. In most contexts and for most objectives, peer support should emphasize:

- Empowerment and encouragement of self-efficacy to adopt healthy changes.
- Participant and/or patient-centered approach that addresses health concerns within the context of individuals' interests and values and lives as they live them, e.g., not "carbohydrates, fats and proteins," but "breakfast, lunch, and dinner."
- Attention to current concerns of the individual (e.g., current stress regarding problems with an adolescent child).

Additionally, worksite program planners may need to decide whether peer support should occur "naturally" or whether specific programming to stimulate peer support is required or desirable. A number of worksite health promotion strategies instigate naturally occurring support among colleagues for healthier behavior. For example, team competitions to lose weight are a popular intervention strategy that may promote peer support. And many employers have employee wellness committees, and these groups may support a variety of workplace health promotion and/or safety strategies. Naturally occurring and/or programmed peer support links day-to-day organizational and social environment at work with a variety of health behavior change initiatives.

It is important to take into consideration and acknowledge that broad health promotion programs at work may not reach those at highest risk. In fact, individuals at highest risk were the least likely to participate in one worksite CVD risk reduction program.[69] Evidence suggests that individually directed support by trained peers has distinct advantages over general worksite health promotion programs. For example, "asthma coaches" offering peer support reached 89.6% and sustained engagement over 2 years among mothers of Medicaid-covered children who had been hospitalized for asthma.[12] Among patients of "safety net" providers in San Francisco, those who reported lowest medication adherence at baseline showed the greatest differential benefit of peer support for diabetes management.[44] In the successful cognitive behavioral intervention for perinatal depression carried out by "lady health workers" in Pakistan, individuals with characteristics most predictive of depression (financial debt and not empowered to make financial decisions) were most responsive to the intervention.[70] Thus, encouragement provided by individual peer supporters may be directed to those most in need and reach and engage them effectively.

Finally, should a worksite program with peer support focus on clinical health conditions (e.g., "diabetes self-management") or are workers better served by addressing common health concerns (e.g., "healthy diet and lifestyles for all"?) In most cases in workplace intervention activities, if stigma is a potential issue, it is often better to focus on common health concerns like health promotion rather than focusing on a disease condition where an individual might be labeled (e.g., person with diabetes or obese). Workers may be more willing to engage in activities addressing common problems like eating too many sweets or fried foods, not getting enough exercise, stress management, or "coping with the postholiday blues," but are often reluctant to reveal they have a clinical problem such as diabetes, depression, or CVD. Promotional materials may also be influenced by company policies and/or health insurance benefits. For example, if an employer offers a premium incentive for quitting smoking, employees who smoke may not want to reveal their smoking status at work and may be less responsive to worksite-based programs.

Program planners should also consider social and cultural factors that may influence the appropriateness of group vs. individual programs as well as the acceptability of participating openly in programs addressing specific health problems. There can be substantial nuance in this. For example, "collectivist" workplace cultures may encourage a strong sense of mutual responsibility among members of families or other important groups, but, at the same time, reluctance to share problems for fear of burdening those who would, from the sharing, take on added burden and responsibility.[71] Thus, understanding the workplace culture, including an awareness of workplace policies and benefits that influence health norms at work, will be essential for making key decisions about how to promote and implement effective worksite-based peer support programs.

What Are the Potential Challenges Associated With Offering Peer Support Intervention at Work?

Although more research is needed, we anticipate that the evidence for peer support interventions as a key component of a multilevel worksite health promotion intervention strategy will continue to grow. That said, we believe that a number of important practical and logistical challenges will need to be addressed prior to launching an effective peer support intervention at work. Here are some questions to consider prior to starting a peer support program at work:

Who Should We Select as Peer Supporters?

Identifying appropriate individuals to serve as peer supporters is crucial in all peer support interventions, and especially so in a worksite-based program. The individual should have the right blend of encouragement, nurturing, enthusiasm, passion, and dedication to the task, as well as the ability to tailor his or her approach to the employee while maintaining an appropriate level of respect, privacy, and space. We do not advocate for mandatory peer support assignments; rather, that peer supporters be allowed or encouraged to volunteer and serve.

Some employers may choose to pay a vendor, insurance provider, or other group to identify "coaches" to serve as peer supporters. Wellness coaches may be considered a type of peer support, or they may be more professionalized and no longer considered "peers." The professionalization of peer support into wellness coaching now includes a new profession, with national training and certification programs, and these efforts are growing in number here in the United States. For the purposes of this discussion, we believe that wellness coaches are a new profession, and, although a viable alternative for employers to consider as part of a comprehensive wellness program, they fall outside the scope of peer support.

Should Peer Supporters Be Volunteers? Should They Be Paid or Unpaid?

The answer to this for a worksite-based program may depend on the culture and norms of the workplace. Are there other "extra" roles that employees take on and are paid to do that might be a precedent for the peer support program? Perhaps instead of direct payment for peer support services, there could be another type of reward and/or recognition program for those providing this important service. Because the employer will benefit finan-

cially from having healthier employees, it may be a bonus offering to employees who are peers. For peer support interventions all around the world, there are many strong opinions but no empirical studies about whether peer supporters should be paid or not for their services. That said, when starting a program this decision should be made by considering other programs that might be similar and where norms about volunteering were already established.

Another consideration regarding payment of supporters is the nature and responsibility of the tasks they will assume. If these are fairly casual tasks they can carry out in a typical workday, say chatting with coworkers about the importance of fruit and vegetables in the diet, or teaming up to promote quarterly health promotion activities, then a volunteer role may be appropriate. However, if tasks are more structured and require scheduled performance and reporting, say, providing instructions for all new employees and/or quarterly updates for all continuing employees regarding worksite safety procedures, then payment and inclusion in job descriptions is probably in order.

What Type of Training and Monitoring Is Required of Peer Supporters?

Existing curricula for training peer supporters in a wide range of health promotion/disease prevention topics exist in the community health worker literature and from researchers who have tested peer support interventions. Groups like Peers for Progress have shared resources that are available for these training programs. Initial training should be followed by opportunities for peer supporters to learn from and support each other. Offering booster training sessions where peer supporters can get together (even virtually) will be advantageous to the program. In addition to initial/ongoing training, employers should consider putting into place a program that monitors the amount and type of support being provided to peers, as well as the satisfaction of those both giving and receiving peer support. There are likely to be mismatches from time to time with peer supporters, so monitoring early in the process will allow changes to be made before any negative interactions prevent positive health outcomes. An evaluation of the initial/ongoing training component and asking those who receive peer support to evaluate the program will yield important insights and allow for continuous quality improvement.

Ways of measuring and monitoring quality of peer support are a concern often voiced among program planners. Selecting peer supporters will emphasize resourcefulness, responsibility, and the like. Individuals with these characteristics are unlikely to let problems go undetected or unaddressed. Instead, they will act, and, because they are selected to be responsible, they will act with the best resources they have at hand. It follows that wise action is to make appropriate resources available to peer supporters, and not leave them to deal with problems for which they are unprepared, untrained, or without resources. Additionally, peer supporters often address disturbing or urgent concerns, e.g., a colleague despondent over a pending divorce, an individual recently diagnosed with serious illness, or coworkers struggling with serious mental health problems. Depending on the specific responsibilities of the peer support program, program managers should consider:

- Regular meetings of the peer supporters through which they can share concerns as well as strategies for addressing them.
- Regular individual meetings with the program manager to review concerns, performance issues, difficult participants and their problems, etc.
- Regular backup to ensure availability of appropriate advice and care paths, again depending on the nature of the peer supporters' responsibilities. If peer supporters are providing regular counseling for individuals with health problems, i.e., individuals among whom emergent problems are common, 24/7 backup is advisable, perhaps through a nurse hotline or on-call nurse backup capable of ready triage.

Peers for Progress, through its website, peersforprogress.org, provides a variety of resources for planning, implementation, and evaluation of peer support programs.

What Are the Costs of a Peer Support Program?

The costs of a worksite-based peer support program are dependent upon the number of peers who are supporters/advisers and the number of peers who are advised; whether the peer supporters are compensated (and how much); and the costs of initial/ongoing training, evaluation costs, and materials/supplies for the programs.

Is Privacy an Issue With Peer Support Programs?

At a minimum, researchers who offer peer support interventions must comply with Health Insurance Portability and Accountability Act (HIPAA) regulations and human subjects protections monitored by an institutional review board (IRB). These rule-making and enforcing groups exist to ensure that private health information is not shared without appropriate permissions being granted, and that individuals who participate in research studies are protected. Workplace health promotion specialists and practitioners do not typically report to IRBs, but may need to comply with HIPAA, the Americans With Disabilities Act, and even some of the newer provisions of health care reform instituted by the Affordable Care Act. Thus, employers who institute peer support programs would benefit from legal consultation to make sure any peer support training and/or program components are in compliance with federal guidelines put in place to protect and keep private employee health information. Once these privacy assurances are in place, it will be important to let employees who might receive peer support know how privacy will be maintained in all aspects of the program.

Despite the challenges of considering whom to select as peer supporters and how to train them, monitor them, and then evaluate their success over time, the limited evidence available on peer support interventions in the workplace is quite promising. As an extension and/or adjunct to other intervention strategies, we believe the next generation of research studies and evaluation of peer support interventions should address the following key questions:

- What are the characteristics of peer supporters who are most effective in producing successful outcomes?
- What is the right amount and type of training that produces the best outcomes re: peer support?
- What types of health promotion and/or disease outcomes are best addressed with peer support?
- What components of support work the best? What are the least effective components?
- What are the characteristics of employees who benefit the most from peer support? Can we match peer supporter to peer in ways that produce the most effective health outcomes?

- How can peer support be used to maintain successful health changes?
- What factors predict most effective implementation of a peer support program?
- What are some practical tools for monitoring and/or evaluating the effects of a peer support program?
- Are peer supporters who are paid more effective than those who are unpaid? What type of incentives provided to peer supporters (e.g., payment, rewards, recognition, or none) produces the best outcomes?

Amid growing evidence, programmatic and methodological challenges nevertheless limit what we know about peer support interventions and their impact on health. First, many studies lack the methodological rigor for evaluation.[16,52,72,73] Second, peer support often takes on many definitions, roles, and forms,[74–77] making it difficult to summarize or consolidate evidence across studies. At the same time, full appreciation of peer support contributions requires a global perspective, it being the case that peer support interventions from many different nations can contribute to our understanding and wise application of them.[78] Third, research on workplace-based peer support interventions is just getting underway. As existing and new health care challenges emerge in the United States and around the world, we believe that peer support interventions can play an important role. Thus, new thinking and consideration of both policy and pragmatic ways to effectively implement and evaluate peer support approaches will be in demand.[79–82]

Peers for Progress is developing a model that may be helpful in addressing several of these challenges, especially that of developing models of peer support that provide some base for standardization and, at the same time, flexibility for tailoring across different worksites, health plans, regions, and even nations with their varied cultures and health systems. Specifically, Peers for Progress initiated a consultation organized through the World Health Organization[72] in 2007 with representatives from over 20 countries that encouraged a view that, although peer support programs would have to be tailored to individual health systems, cultures, and patient populations, key aspects of peer support could be generalizable across those differences between nations. As a result, the definition of peer support does not focus on a specific implementation protocol or disease, but rather relates to the four "key functions of support."[65,66] The four key functions—assistance in daily management, social and emotional support to encourage management behaviors and coping with negative emotions, linkage to clinical care and community resources, and ongoing support—provide an important way of structuring the design of peer support that is perfectly suited to future research and evaluation studies. With additional testing of these approaches in worksites and potentially across multiple settings, we expect the evidence base for peer support to grow.

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Do Wellness Champions Have a Job Big Enough for Their Talents?

By Paul E. Terry, PhD

Earl assumed Paul was "being ironic" when Paul first invited him to join a small group of the noon hour walking regulars at work. As Earl recalls, it may have been his workload and his habit of staying tied to his desk that made it feel ironic. Or maybe it was because he was finally recovering from an extended illness and he would not be one's first thought as a fitness partner. Or perhaps Paul's offer sounded ironic because Earl's all-too-rare breaks at work would be with his friends taking their smoke breaks even though he had recently finally managed to quit smoking. But to Paul Bergin, a layout technician at a direct marketing firm, the IWCO Company, not a bit of irony was intended. Paul simply felt that Earl worked too hard and could use more time for himself. So for months Paul would occasionally ask Earl if he wanted to join the walking group and regularly included him on instant messages about when they would be heading out. Paul also "bugged him about getting done at a more normal time" so Earl could get home to do more things with his family.

I asked Paul about his view of employee wellness and he demurred and admitted he is "not a believer" in programs even though he understands a company's rationale of improving health and containing health care costs. "I believe that me asking Earl to get away from his desk at lunch and walk with us is probably supporting the company health policies. But I am just trying to get him to not spend so much time doing work and spend more time doing things for himself and with his family and young kids." Earl Pepper was one of the senior leaders at IWCO who had interviewed Paul for his current job, and, as much as Earl would occasionally say, "I should walk with you guys sometime," this particular "sometime" took months of invitations until Earl came to appreciate that Paul was being quite sincere.

"Finally! One day he said yes!" Paul declared (without irony). "So now he joins us for our daily lunch time walk along the lake."

"I would not have had the motivation on my own," says Earl. "Paul's encouragement and support has been the key to adopting a more active lifestyle again."

In this issue of *The Art of Health Promotion* (TAHP), Laura Linnan, Edwin Fisher, and Sula Hood from the University of North Carolina at Chapel Hill offer an enlightening update on the evidence concerning the effectiveness of peer support and the great opportunities worksites have for tapping the power of peers. Peers for Progress, the innovative program that Dr. Fisher directs and that is referenced in their article, is not only building a science base advancing the role of peers in improving the management of chronic conditions; Fisher is leading a movement that aspires to nothing less than full integration of peer support into health care and preventive services delivery. As worksite health promotion practitioners confront the question of how to increase employee engagement, my hope is that we set a high bar for ourselves in defining what is meant by engagement. This should include taking

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