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Understanding and Measuring the Value of Peer-to-Peer Community Support Programs for Older Adults

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The article by Jacobs et al[1] focuses on the important, but understudied, topic of peer-to-peer support for older adults. As the world's population ages, we need to find novel ways to provide affordable care to preserve functional and intrinsic capacity among older persons to enable them to live happily and healthily in community settings. The coronavirus disease 2019 (COVID-19) pandemic also calls for new models of care for older persons, who are at greater risk of increased loneliness, isolation, and disconnection from health and social services because of the need to shield themselves from infection. High-quality peer-to-peer support programs may provide a low-cost solution to tackling the challenges of isolation, loneliness, and difficulties in accessing services in the older population.

Although the existing research is limited, it has demonstrated that peer-to-peer programs can be an effective way to provide emotional, informational, and appraisal support in numerous populations and can be used in older populations to target common geriatric syndromes, facilitate chronic disease self-management, and promote physical activity.[2,3] Findings show improvements in mental health, social functioning, depression, and physical health status, thereby facilitating aging in place.[4] Furthermore, these programs may hold significant benefits for peer supporters, such as an increased sense of purpose and greater levels of social connectedness, self-esteem, and physical activity.[5] The AgeWell project, which is featured in the World Health Organization's *World Report on Ageing and Health*,[6] highlights the value of such programs in low-income settings, where the needs of older persons are often overlooked and resources are particularly limited.

The fact that Jacobs et al[1] did not find a reduction in hospitalization rates as hypothesized should not be seen to undermine the value of the peer support program under study. Aside from the higher level of frailty in the intervention group compared with the control group, the main outcome of the study—hospitalization—is not necessarily the best measure of program efficacy. Length of stay, possible readmission, and the possible economic aspects of access to preventive or early care in this low-income group are not considered when using the relatively crude measure of hospitalization. Older persons experience higher levels of multimorbidity than the general population, and the care of older persons is complex and multifaceted; thus, it may be preferable to focus on other variables such as access to and use of primary care services, social engagement, loneliness, mood, levels of physical activity and fitness, and falls. For programs to affect these or health utilization outcomes, they need to be designed for this purpose. In the case of the program studied here, the activities were quite general (eg, assistance with shopping, social visits, assistance with transportation, and check-in calls) and did not appear to target any specific outcome or involve any early intervention beyond those provided to the control group via the community organization.

Early intervention is key to reducing hospitalization rates, and multidomain geriatric assessment instruments are effective in understanding function and identifying deterioration in intrinsic and functional ability, making medical diagnoses, identifying cognition or psychosocial problems, and facilitating access to appropriate medical care and social support.[7] There is significant potential to strengthen the efficacy of peer support programs by using peer supporters to administer health and wellness screening instruments, such as the interRAI CheckUp Self-report, to screen older persons for losses in intrinsic or functional capacity, make referrals to appropriate services, or conduct environmental assessments to prevent issues such as falls. McMaster University's Health Tapestry program[8] in Ontario, Canada, provides a practical example of this type of intervention, where

volunteers conduct health and wellness assessments in clients' homes to establish unmet needs and link them to interprofessional primary care teams and community resources. Early-stage research demonstrates that the program can potentially reduce hospital visits and hospitalizations.[8]

Peer support and other community-based programs are also particularly valuable in the time of COVID-19. The Long Live the Elderly (LLE) program in Italy has been a particularly effective community-level intervention.[9] During lockdown in Italy, people older than 80 years were contacted frequently and monitored continuously in addition to the programming of regular monitoring, drug delivery, and other health, social, and nutritional support. A study[9] of the program's effectiveness in the context of the pandemic found a 25% reduction in overall mortality in the LLE population over this period compared with age-specific mortality rates of the general population. Although LLE is not a peer-to-peer program, older persons could easily be assisted to make telephonic or digital contact with their peers.

Peer-to-peer support programs acknowledge older persons' independence and capacity to support one another, and we hope that more countries, particularly in low-income and middle-income settings, will implement and evaluate peer-to-peer programs to improve social and physical well-being in this often underserved population. Although these programs have obvious benefits in low-income and middle-income countries, they are also valuable within high-income settings at the macro level, in terms of health cost savings, and at the individual level, in terms of improving health and social service delivery to older persons.

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