

Multi-State Survey of Wages and Financial Well-Being of Mental Health Peer Specialists

Laysha Ostrow, PhD (corresponding author)
Live & Learn, Inc.
785 Quintana Road, Suite 219
Morro Bay, CA 93442
School of Global and Community Health, Claremont Graduate University
150 E. 10th Street
Claremont, CA 91711
Laysha@LiveLearnInc.net
805-900-7610

Judith A. Cook, PhD
University of Illinois at Chicago
1601 W. Taylor Street M/C 912, Room 468
Chicago, IL 60612

Mark S. Salzer, PhD
Temple University
1700 N. Broad Street, Suite 313
Philadelphia, PA 19122

Morgan Pelot, BS
Live & Learn, Inc.
785 Quintana Road, Suite 219
Morro Bay, CA 93442

Jane K. Burke-Miller, PhD
University of Illinois at Chicago
1601 W. Taylor Street M/C 912, Room 468
Chicago, IL 60612

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Abstract

BACKGROUND: Certified Peer Specialists (CPSs) serve a critical role in the behavioral health workforce, but little is known about their job quality or financial well-being. **OBJECTIVE:** Using cross-sectional analysis of baseline data from a three-year study of recently certified individuals, we examine the quality of peer specialist (PS) jobs in terms of wage, hours worked, and tenure, and CPS financial well-being (FWB). We also examine whether PS jobs are higher quality and enhance CPS FWB compared to non-PS jobs worked by CPS. Research on job quality and FWB can be used to enhance the peer specialist workforce. **METHODS:** A sample of 448 employed adults with a recently completed CPS credential participated in an online survey about job characteristics and FWB. **RESULTS:** Compared to Bureau of Labor Statistics data on comparable non-peer Community/Social Service occupations, PS jobs are lower wage and have shorter job tenure. Compared to the general workforce, PS jobs are more often part-time. Compared to a national survey of all adults in the United States, CPS report lower FWB regardless of job type and are at risk of financial hardship. In multivariable analyses and compared to non-PS jobs, PS jobs were not associated with significantly higher wages, more full-time status, longer tenure, or greater FWB. Higher wage jobs among CPS were associated with higher education, being a Veteran, and residence in an urban/suburban region rather than small town or rural setting. Full-time work was associated with not receiving federal disability benefits. CPS FWB was associated with higher hourly wage, older age, Latinx ethnicity, Veteran status, and better physical health. **CONCLUSIONS:** CPSs are at risk of financial hardship. Among recently certified CPSs, working in PS jobs was not associated with higher wages or greater financial wellbeing compared to CPSs working in other jobs.

Background

Certified peer specialists (CPS) are mental health workers who have had personal experience of a psychiatric disorder and use their lived experience of recovery combined with skills learned in formal training to help other people with psychiatric disorders (Chen, 2017; Daniels, Bergeson, Ashenden, Fricks, & Powell, 2012; SAMHSA-HRSA Center for Integrated Solutions, 2014). Peer services are effective at improving health status and wellness behaviors of people diagnosed with a mental illness (Cook et al., 2020; Druss et al., 2018), as well as a range of recovery outcomes including enhanced quality of life and reduced use of inpatient services (Chinman et al., 2014). Peer support also has been shown to reduce public mental health costs by offsetting expensive inpatient and other clinical services billed to Medicaid (Bouchery et al., 2018; Optum, 2013).

The CPS workforce is positioned to address two persistent problems in mental health services: a severe shortage of behavioral healthcare providers and the need for services that integrate behavioral healthcare with primary care (Myrick & del Vecchio, 2016; University of Michigan Behavioral Health Workforce Research Center, 2019). The certified peer specialist workforce is among the fastest growing in behavioral healthcare (N. Jones et al., 2019). A 2018 survey of licensed U.S. mental health treatment facilities found that 25% offered peer services, with states such as Texas and Oregon reporting higher percentages (University of Michigan Behavioral Health Workforce Research Center, 2019).

However, meeting behavioral healthcare needs through the growing certified peer specialist workforce may depend on improving the quality of jobs and career outcomes available to those working in the field. Prior research has found that people working as certified peer specialists are generally satisfied with the work that they do (Ostrow, Cook, Salzer, Pelot, &

Burke-Miller, 2022), but are dissatisfied with certain job characteristics and lack of opportunities for career advancement. (N. Jones et al., 2019; National Association of Peer Specialists, 2007). In general, they are paid relatively low wages, work fewer hours than other mental health professionals, and often lack financial security (Lapidos et al., 2018; National Association of Peer Specialists, 2007). National surveys of peer specialists in 2007 (N=173), 2014 (N=597), and 2015 (N=1,608) estimated average hourly pay rates for peer specialists at \$12.15, \$13.87, and \$15.42, respectively (Cronise, Teixeira, Rogers, & Harrington, 2016; Daniels, Ashenden, Goodale, & Stevens, 2016; National Association of Peer Specialists, 2007). Adjusted for inflation, these rates would be the equivalent of \$15.11, \$15.08, and \$16.74 in 2020 dollars (comparing July to July of each year) (U.S. Bureau of Labor Statistics). Although higher than minimum wage, in many States these rates would not be considered a living wage, defined as adequate to provide for basic necessities such as food, shelter, child services, and healthcare (Iacurci, 2021).

Salary differences among certified peer specialist workers have been found to be associated with individual characteristics, job characteristics, and geographic location. Two surveys in 2014 and 2016 found that hourly pay was significantly higher among males than females and that this difference persisted after adjusting for full-time hours, years on the job, age, and education (Cronise et al., 2016; Daniels et al., 2016). PS wages are generally higher for full-time than part-time work, increase with longer job tenure, and are higher in the Northeastern U.S. compared to other regions (Cronise et al., 2016; Daniels et al., 2016).

Between half and three-quarters of PS jobs are full-time (Cronise et al., 2016; Daniels et al., 2016; National Association of Peer Specialists, 2007). In one survey, a third of respondents identified concern over losing public disability benefits as the

primary barrier to full-time work, followed by poor mental health (17%), and poor physical health (12%); only 7% reported low wages as a barrier to full-time work (National Association of Peer Specialists, 2007). In the 2014 survey (Cronise et al., 2016), the most frequently reported reasons for not working full-time included preferring part-time work (40%), lack of available full-time work (40%) and fear of losing disability cash benefits (31%). People working PS jobs tend to stay in those jobs, with an average of 2.8 years on the job (National Association of Peer Specialists, 2007). Another survey found that 41% of PS workers had job tenures of at least 1 year and another 21% had been in their jobs for over 3 years (Daniels et al., 2016).

In addition to objective measures of income such as hourly wage and hours worked, job quality can influence workers' subjective perceptions of financial security and well-being (Collins & Urban, 2020). Research on the concept of Financial Well-Being (FWB) is a developing area of inquiry that measures subjective perceptions of respondents' control over finances, ability to absorb a financial shock, being on track to meet financial goals, and having the financial freedom to make choices that permit enjoyment of life (Consumer Financial Protection Bureau, 2017). The Consumer Financial Protection Board defines FWB as "a state of being wherein a person can fully meet current and ongoing financial obligations, can feel secure in their financial future and is able to make choices that allow them to enjoy life" (Consumer Financial Protection Bureau, 2017). FWB generally increases with income and age and decreases following negative financial events. However, FWB varies significantly within income and age groups and is not only explained by objective financial measures (Collins & Urban, 2020). While FWB has not yet been studied in the PS workforce, a 2017 survey in Michigan found that the majority (66%) reported financial insecurity in that they were "probably" or "certainly" unlikely to have the funds needed to meet common financial shocks such as unexpected car repairs or home maintenance expenses

(Lapidos et al., 2018).

This article presents results from a cross-sectional analysis of baseline data certified peer specialist from the Certified Peer Specialist Career Outcomes Study, a three-year, national study of peer specialists that gathers information on the work experiences and career perspectives of certified peer specialist following recent state-sponsored certification (Ostrow et al., 2022). We describe the wages, hours, tenure and financial well-being of a cohort of CPS and examine whether employment in peer services positions compared to non-peer services positions results in higher quality jobs and greater financial well-being.

Methods

This study recruited a sample of 681 adults who completed a peer specialist certification in one of four participating states in four regions of the United States who received a personalized survey link via email to an informed consent, after which respondents completed the questionnaire (Ostrow et al., 2022). The target population was individuals who were recently certified, regardless of their current employment status, but this analysis includes only those who were currently employed in any type of job (N=448), involving providing peer support services or not, at the time of the survey (April – October 2020). The study was approved as exempt from Temple University Institutional Review Board. Recruitment and administration of the survey coincided with the onset of the COVID-19 pandemic.

Respondents were asked if jobs were peer services jobs, and to describe their current or primary job, if they held more than one job, in terms of: average hours worked per week; hourly or annual pay; job title, location, and activities; and job start date. Based

on this information, jobs were coded as peer services (PS) versus other jobs; average hourly wage in dollars was calculated; jobs worked 35 or more hours per week were coded as full-time; and job tenure of 1 or more years was computed from job start date to survey date. Financial well-being was assessed using the Consumer Financial Protection Board (CFPB) Financial Well-Being Scale (Consumer Financial Protection Bureau, 2017), a 10-item validated and standardized measure scored from 0-100 with higher scores indicating higher levels of financial well-being. Scores can be classified into 6 levels of financial well-being and associated financial hardship.

The majority of participants reported only 1 job, with 12% (55/448) working multiple concurrent jobs. Of these, 4% (2/55) were working one PS job but identified a non-PS job as their primary job. For both of these individual participants, the PS job was worked fewer hours and had lower hourly wage than the non-PS job so they remained in the non-PS job primary job category.

Survey data also included items capturing respondents' demographic characteristics, health, and geographic context. Demographic characteristics included age, gender, race, ethnicity, receipt of Social Security Disability Insurance (SSDI) or Supplement Security Income (SSI), Veteran status, and highest level of educational attainment (less than high school, high school diploma or equivalent, some college, associates/vocational degree, Bachelor's degree, graduate or professional school). Measures of health status included self-rated physical health coded on a 5-point scale from poor to excellent and any inpatient psychiatric hospitalization reported in the past year. Respondents' residential zip code was characterized as rural or small-town versus suburban or urban using rural-urban commuting codes from the U.S. Department of Agriculture's Economic Research Service (U.S. Department of Agriculture, 2021). The local labor market was characterized by county unemployment rate in 2020 using data from the

Bureau of Labor Statistics (U.S. Bureau of Labor Statistics, 2021a). States represented the northeast [Pennsylvania], southeast [North Carolina], southwest [Texas], and west coast [Oregon]. Following an agreement with participating states, results are not reported by state, although we do include state in our multivariable models.

Statistical Analysis

Participant demographic, health, and geographic characteristics by job type (PS job versus other type) were characterized using descriptive statistics; differences by job type were tested using chi-square tests of association for nominal or categorical variables and t-tests for continuous distributions. Job characteristics and FWB were also described and compared by job type. The independent variable of job type (PS job versus other type) was tested in separate regression models with outcome variables of hourly wage, full-time work, job tenure, and FWB. Hourly wage and FWB had approximately normal distributions and were modeled using linear regression, full-time work (≥ 35 hours per week versus less) and job tenure (≥ 1 year versus less) were modeled using logistic regression. Job type and covariates were entered first in unadjusted bivariate models and then simultaneously in multivariable models. Non-collinearity of variables in the multivariable linear models was assessed by Variance Inflation Factors which were all found to be in the acceptable range of < 2.0 (Miles, 2014).

Results

Respondent characteristics are shown in Table 1 (N=448). Average age was 46 ± 12 years. Most identified as female (68%, n=304). Most were white (71%, n=316), with 23% Black/African American (n=105), and 6% another race (n=27); 9% were Latinx (n=39). Only 13% (n=57) reported receiving Social Security Disability Insurance

cash benefits and 3% (n=13) reported Supplemental Security Income; 10% (n=43) were Veterans. In terms of educational attainment, <1% reported less than high school, 15% reported high school or equivalent, 38% some college, 15% associates/vocational degree, 23% a four-year Bachelor's degree, and 9% graduate or professional school. On a scale from 1=poor to 5=excellent, average self-rated health was 3.0 ± 1.0 . Only 4% (n=17) reported a past year hospitalization for mental health reasons. Most lived in urban or suburban settings with only 5% (n=23) in rural areas or small towns. Average county unemployment rate for 2020 was $8.2\pm 1.7\%$.

Employment in PS versus other types of jobs was associated with race but not with other participant characteristics. Black/African American respondents made up 23% (105/448) of the cohort, but only 19% of those engaged in PS jobs (63/325) compared to 34% (42/123) of those engaged in other types of jobs ($\chi^2=11.52$, $p<.01$).

Job quality and FWB outcomes by job type are shown in Table 2. CPS had jobs with an average hourly wage of $\$15.84\pm 5.88$; those working in PS jobs had an average hourly wage of $\$15.93\pm 5.96$ which did not differ significantly from the non-PS job average hourly wage of $\$15.60\pm 5.68$.

Participants worked an average of 32.4 ± 11.7 hours per week. Almost two-thirds (63%) of the CPS were working full-time including 64% of those in PS jobs. Years of job tenure averaged 2.4 ± 3.4 years and 2.5 ± 3.1 years among those in PS jobs, with a median of one year for all job types. A higher proportion of those in PS jobs had a longer tenure of at least 1 year compared to those in other job types (72% versus 57%, $p=.003$).

Average FWB score was 52.3 ± 12.4 with a median of 52 and did not differ statistically by job type. By comparison, a nationally representative sample that included employed,

unemployed, retired, and disabled adults in 2017 found a significantly higher median FWB score of 54 (one sample t-test, $t=3.52$ ($df=447$), $p<.001$) (Consumer Financial Protection Bureau, 2017).

Predictors of job quality and FWB are shown in Table 3. PS jobs were not associated with increased hourly wage in unadjusted or adjusted regression models. In unadjusted bivariate models, significant predictors of higher hourly wage were: full-time work ($2.37(.61)$, $p<.001$), longer job tenure ($1.41(.65)$, $p<.05$), being a Veteran ($4.03(.96)$, $p<.001$), and higher educational attainment ($.54(.24)$, $p<.05$). Characteristics that were negatively associated with hourly wage were: being female ($-1.65(.63)$, $p<.01$) and receipt of SSDI benefits ($-2.17(.90)$, $p<.05$). In the multivariable model, Veteran status and higher education remained significantly associated with higher wage ($3.53(1.09)$, $p<.01$ and $.51(.25)$, $p<.05$ respectively), and small town/rural residence was negatively associated with higher wage ($-3.09(1.49)$, $p<.05$).

Employment in a PS rather than other job type was not associated with full-time status in unadjusted or adjusted logistic regression models. Significant predictors of full-time work in bivariate models were: hourly wage ($OR=1.13$ (95%CI: 1.07-1.20), $p<.01$); longer job tenure ($OR=1.78$ (95%CI: 1.17-2.70), $p<.01$); and being a Veteran ($OR=2.10$ (95%CI: 1.01-4.37), $p<.05$); SSDI receipt was associated with less likelihood of full-time work ($OR=.04$ (95%CI: .02-.11), $p<.001$) as was SSI receipt ($OR=.29$ (95%CI: .09-.97), $p<.05$). In the multivariable model, SSDI and SSI remained associated with less likelihood of full-time work ($OR=.03$ (95%CI: .01-.10), $p<.001$) and $OR=.15$ (95%CI: .04-.67), $p<.05$) respectively).

Employment in a PS job was associated with greater likelihood of longer job

tenure in the unadjusted model (OR=1.96 (95%CI: 1.25-3.07), $p<.01$) but not in the multivariable model. Other unadjusted predictors of longer job tenure were: hourly wage (OR=1.06 (95%CI: 1.01-1.12), $p<.05$), full-time work (OR=1.78 (95%CI: 1.17-2.70), $p<.01$), and age (OR=1.04 (95%CI: 1.02-1.06), $p<.001$). In the multivariable model, only participant age remained as a significant predictor of longer job tenure (OR=1.03 (95%CI: 1.01-1.06), $p<.01$).

Finally, employment in a PS job was not associated with enhanced FWB. Unadjusted predictors of FWB were: hourly wage (.34(.11), $p<.01$), respondent age (.21(.05), $p<.001$), Black/African-American (compared to white participants) (3.00(1.42), $p<.05$), Veteran (7.85(1.96), $p<.001$), education (1.37(.49), $p<.01$), and self-rated physical health (4.18(.55), $p<.001$). Compared to males, female CPS had lower FWB (-3.28(1.28), $p<.05$). Significant predictors of FWB in the multivariable model were: hourly wage (.22(.11), $p<.05$), age (.14(.06), $p<.05$), Latinx ethnicity (6.96(2.11), $p<.001$), being a Veteran (5.16(2.22), $p<.05$), and self-rated physical health (3.86(.62), $p<.001$).

Discussion

As in previous surveys, we found PS jobs to be relatively low paying, with an average hourly wage of \$15.93, which is well below the 2020 average wage for all occupations of \$27.07, and below the average hourly wages for Community and Social Service (\$25.09) and Community Health Work (\$22.12) occupations, or even the lowest earning occupation in this category of Social and Human Service Assistants of \$18.38 (U.S. Bureau of Labor Statistics, 2021b). This is consistent with findings of an earlier survey in which only 47% of PS workers felt that their pay was consistent with the pay of others who perform similar kinds of work but do not have a lived experience (Cronise et al., 2016). In addition, employment in peer specialist jobs was not associated with significantly higher wages compared to other job types for CPS.

Despite the growth of the PS workforce and stated importance of their valued roles in recovery-oriented systems, their hourly rate does not appear to have changed notably since prior studies in 2007, 2014, and 2015 in terms of inflation adjusted rates which translate in 2020 to wages of \$15.11, \$15.08, and \$16.74. Currently, \$15.00 an hour would not be considered a living wage for single adults in full-time work in about half of the country or for a two-income household in any State (Iacurci, 2021).

Women CPS had lower hourly pay rates than men, although this difference was not significant in a model controlling for veteran status and educational attainment. Nonetheless the gender wage gap across all occupations is an ongoing concern, with women earning 82.3% of men's earnings in 2020 (J. Jones, 2021). In our cohort, women's hourly pay was 90.9% of men's in PS jobs, which is striking because wage parity is more likely in community and social service jobs where women's earnings are 100.8% of men's (U.S. Department of Labor, 2019).

In our sample, 10% of respondents were Veterans and had significantly higher pay rates and FWB than non-Veterans. The 2014 national survey of PS (Cronise et al., 2016) reported that 17.3% were Veterans but did not report on wage differences or employment in the VA system. Peer support workers in the Veterans Affairs (VA) system are required to be Veterans and to have peer certification. The VA PS position is classified as GS – 6, 7, 8, or 9 (Daniels et al., 2016). GS-6 jobs had a starting hourly salary of \$16.08 in 2020. Additionally, VA PS workers may receive better pay not only because of the government's general schedule (GS) pay scale, but also because of the pressing need for veteran's mental health services in the wake of several armed conflicts. For example, a recent report by the U.S. General Accounting Office found a 90%

increase from 2006-2019 in the number of veterans receiving mental health care from the Department of Veterans Affairs (U.S. Government Accountability Office, 2021). If this is the case, and peer specialists are to fill gaps in the public civilian behavioral health system, then similar pay incentives may be needed to reach those goals set by SAMHSA and other behavioral health authorities (Substance Abuse and Mental Health Services Administration, 2019).

As in prior studies, there were notable geographic variations in wage rates among all certified peer specialists regardless of job type. Residence in a small-town or rural community was associated with lower pay for all job types including PS jobs. These areas tend to have a lower cost of living and lower wages in general (Hawk, 2013), but also to have greater healthcare professional shortages (Bureau of Health Workforce, 2021) which may be alleviated by adding PS jobs to provide community support and add to service capacity.

Over a third of the CPS were working part-time hours at their primary jobs, similar to rates found in prior studies of PS (Cronise et al., 2016; Daniels et al., 2016; National Association of Peer Specialists, 2007). Full-time work was associated with higher hourly wage and longer job tenure in bivariate analyses but not when adjusted for other factors. Almost a third of the jobs in our sample were held for a tenure of less than one year. However, this may not be representative of the workforce due to our focus on recently certified peer specialists. In the general labor market, working part-time hours is often associated with lower wage and less stable jobs (Liu & Nazareno, 2019). For CPS, part-time work may reflect personal preference, concern over loss of disability benefits, or physical or mental health needs (National Association of Peer Specialists, 2007).

Our cohort's average FWB score of 52 indicates a moderate likelihood of struggling to make ends meet and of experiencing material hardship, as reported by developers of the FWB

scale (Consumer Financial Protection Bureau, 2017). It also falls below the median of 54 found in a nationally representative sample that included employed, unemployed, retired, and disabled adults in 2017 (Consumer Financial Protection Bureau, 2017). While the strongest predictor of FWB is availability of liquid assets to handle unexpected expenses, recent research also suggests that FWB is associated with social as well as economic environments, including social capital such as better health and social ties with family, friends, co-workers, and community (Yeo & Lee, 2019). This is mirrored in our sample, where in addition to higher hourly wage, better physical health was associated with greater FWB. Efforts to increase FWB among certified peer specialists might include focusing not just on increasing pay rates and job security, but also enhancing physical wellness and social capital factors such as social and professional support networks.

There is some evidence that effective financial literacy programs can help individuals develop greater FWB (Nanda & Banerjee, 2021), suggesting that certified peer specialists could benefit from workplace supports that include financial education programs, particularly those with a focus on financial skills, effective money management, and asset development (Burke-Miller et al., 2010; Cook & Mueser, 2013). Such programs may help certified peer specialists develop the kind of assets that would provide a financial cushion capable of absorbing unexpected expenses as well as enhancing long-term financial security. In addition, given the strong relationship between physical health and FWB, workplace supports that include evidence-based peer led self-management programs also might have indirect impacts on FWB (Cook et al., 2020).

Limitations

Limitations of this exploratory study include constraints on generalizability due to

the absence of probability or random sampling, although the sample size is large and represents the majority of certified peer specialists in four geographically diverse States. Another limitation is the high proportion of white respondents in the cohort, which exceeds that of prior certified peer specialist workforce studies. Yet another limitation is the use of self-report for most study variables, although the key inclusion criterion – certification as a peer specialist – was reported independently by state behavioral health authorities and not self-report as in many prior studies. Finally, the survey was conducted at the onset of the COVID-19 pandemic and this may have altered responses and response rates. Indeed, we found that numbers of surveys completed increased each month between April and August. Recent studies have found high levels of job stability in peer services and other types of employment in post-pandemic 2020 (Adams et al., 2021; Jonikas et al., 2021).

Conclusion

In this 2020 survey of certified peer specialists, we found that PS jobs continue to be low-wage compared to non-peer Community and Social Service occupations, and not superior in quality to other jobs worked by CPS in terms of hourly wage, hours worked, or tenure. As for financial well-being, certified peer specialists have at least a moderate likelihood of financial hardship and those with poorer physical health have a higher probability of struggling to make ends meet and of experiencing material hardship. Finally, employment in PS jobs did not result in greater financial well-being when compared to other types of work, suggesting that the financial commitment to this workforce may not be strong enough to retain them in these positions, leading them to seek other types of better-paid employment. On-going research on job quality and financial well-being of peer specialists can be used to inform and enhance the peer specialist workforce (National Association of Peer Specialists, 2007). Wage equity with other

essential healthcare workers should be a policy priority at the state and federal levels if we want to retain and grow the peer specialist workforce.

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Conflicts of Interest

The authors declare that they have no conflict of interest.

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Table 1*Characteristics of a Cohort of Employed Certified Peer Specialists by Job Type: Peer Services**Versus Other Job Types (N=448)*

Characteristic	Total (N=448)		Peer services (N=325)		Other job type (N=123)		P- value
	%	N	%	N	%	N	
Gender, female	68	304	66	214	73	90	
Race							
White	71	316	74	240	62	76	**
Black/African American	23	105	19	63	34	42	
Other non-white	6	27	7	22	4	5	
Latinx	9	39	10	32	6	7	
SSDI	13	57	12	40	14	17	
SSI	3	13	3	10	2	3	
Veteran	10	43	10	31	10	12	
Education:							
Less than high school	<1	1	<1%	1	0		
High School or GED or less	15	68	15	48	16	020	
Some college	38	168	38	124	36	44	
Associates degree	15	68	16	53	12	15	
Bachelor's degree	23	103	22	71	26	32	
Graduate or professional school	9	40	9	28	10	12	
Psychiatric inpatient treatment in past 12 months	4	17	3	10	6	7	
Rural or small-town residence area ^a	5	23	5	17	5	6	
	Mean±SD	Median	Mean±SD	Median	Mean±SD	Median	
Age ^a , years	46±12	47	47±12	47	45±12	47	
Self-rated health ^a (1=poor, 5=excellent)	3.0±1.0	3.0	3.0±1.0	3.0	3.1±1.1	3.0	
Unemployment Rate ^a , %	8.2±1.7	7.9	8.2±1.7	7.9	8.4±1.8	7.9	

*p<.05, **p<.01, ***p<.001

^aMeasure has <5% missing values

Table 2*Quality of Jobs and Financial Well-Being Among Certified Peer Specialists: Peer Services**Versus Other Job Types (N=448)*

Characteristic	Total (N=448)		Peer services (N=325)		Other job type (N=123)		P- value
	Mean±SD	Median	Mean±SD	Median	Mean±SD	Median	
Hourly wage ^a , \$	15.84±5.88	15.00	15.93±5.96	15.0	15.60±5.68	14.67	
Hours worked per week ^a	32.4±11.7	40.0	32.9±11.1	40	31.1±13.2	40	
Job Tenure ^a , years	2.4±3.4	1.0	2.5±3.1	1.0	2.3±4.1	1.0	
Financial Well-Being ^a	52.3±12.4	52.0	52.0±12.7	52.0	53.1±11.6	54.0	
	%	N	%	N	%	N	
Full time (>=35 hours/week)	63	277	64	208	58	69	
Job Tenure >=1 year	68	294	72	230	57	64	**

*p<.05, **p<.01, ***p<.001

^aMeasure has <5% missing values

Table 3

Characteristics Associated with Hourly Wage, Hours Worked, Job Tenure, and Financial Well-Being: Bivariate and Multivariable^a Regression^b Models (N=448)

Baseline Characteristic	Hourly wage Linear Model				Full-time (>=35 hours/week) Logistic Model				Job tenure >=1 year Logistic Model				Financial well-being Linear Model			
	Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted	
	B	SE	B	SE	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	B	SE	B	SE
PS Jobs (vs other jobs)	.33	.68	.32	.75	1.31	.85-2.01	1.00	.55-1.85	1.96**	1.25-3.07	1.37	.78-2.40	-1.10	1.35	-1.18	1.50
Hourly wage, \$					1.13**	1.07-1.20	1.05	.99-1.10	1.06*	1.01-1.12	1.06	1.00-1.13	.34**	.11	.22*	.11
Full-time	2.37***	.61	1.34	.73					1.78**	1.17-2.70	1.38	.79-2.41	2.24	1.25	2.40	1.47
Job tenure >=1 year	1.41*	.65	1.10	.69	1.78**	1.17-2.70	1.44	.83-2.51					1.15	1.32	-1.07	1.38
Age, years	.04	.03	.04	.03	1.00	.98-1.01	1.01	.99-1.04	1.04***	1.02-1.06	1.03**	1.01-1.06	.21***	.05	.14*	.06
Female (vs male)	-1.65**	.63	-.69	.71	.70	.46-1.06	1.04	.57-1.90	.67	.44-1.08	.72	.40-1.28	-3.28*	1.28	-1.77	1.43
White	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Black/African American	.74	.71	.70	.80	1.04	.66-1.65	1.11	.54-2.28	.99	.61-1.62	1.22	.63-2.37	3.00*	1.42	2.13	1.61
Other non-white	.53	1.20	.80	1.25	1.22	.53-2.80	1.31	.44-3.97	.72	.32-1.65	.84	.32-2.21	-1.63	2.52	-1.10	2.50
Latinx (vs Non-Latinx)	-.75	1.02	-.10	1.05	1.07	.54-2.12	.55	.23-1.32	1.15	.55-2.39	.68	.29-1.59	2.55	2.09	6.96*	2.11
SSDI (vs Non-SSDI)	-2.17*	.90	-1.56	1.09	.04***	.02-.11	.03***	.01-.10	1.08	.58-2.02	1.41	.58-3.45	-.77	1.77	2.97	2.20
SSI (vs Non-SSI)	-2.13	1.72	-2.09	1.83	.29*	.09-.97	.15*	.04-.67	.92	.27-3.12	1.31	.31-5.51	2.71	3.50	2.17	3.67
Veteran (vs Non-Veteran)	4.03***	.96	3.53**	1.09	2.10*	1.01-4.37	2.65	.82-8.60	1.17	.58-2.37	.67	.27-1.67	7.85***	1.96	5.16*	2.22
Education	.54*	.24	.51*	.25	.88	.76-1.04	.85	.69-1.05	1.07	.91-1.27	1.00	.81-1.23	1.37**	.49	.74	.51
Self-rated physical health	.28	.30	.01	.31	1.02	.85-1.23	.96	.74-1.25	.95	.78-1.16	1.03	.80-1.32	4.18***	.55	3.86**	.62

Baseline Characteristic	Hourly wage Linear Model				Full-time (>=35 hours/week) Logistic Model				Job tenure >=1 year Logistic Model				Financial well-being Linear Model			
	Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted		Unadjusted		Adjusted	
	B	SE	B	SE	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	B	SE	B	SE
Psychiatric inpatient treatment past 12 months (vs none)	-.51	1.66	-1.17	1.69	.40	.15-1.08	.47	.09-2.53	58.	.21-1.60	.49	.14-1.73	1.53	3.08	-1.10	3.39
Rural or small-town (vs suburban or urban)	-2.19	1.35	-3.09*	1.49	1.12	.46-2.69	.70	.23-2.14	1.17	.44-3.08	1.30	.40-4.16	2.91	2.78	5.09	3.00
Unemployment rate, %	.23	.18	.11	.22	.97	.87-1.09	1.13	.94-1.35	.96	.86-1.08	1.03	.87-1.23	-.08	.35	-.36	.44

***p<.001, **p<.01, *p<.05

^aModels also control for State.

^bLinear models (Hourly wage and Financial Well-Being); and logistic models (Full-time work and Job Tenure >=1 year)