

# Live healthy... Work well

A Diabetes Project for a Healthy Workforce

Demonstration to Maintain Independence and Employment  
University of Hawai`i - Center on Disability Studies  
Pacific Rim Conference – April 14, 2008

# Introductions

Presenters: Kathy Richins, Life Coach  
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Participant Relations Coordinator: Patrick Yrizarry

# Presentation Overview

- Introductions & Project Overview
- Goal of the grant
- Partners
- Why this project is necessary
- Issues surrounding employment and healthcare in the workplace
- Project Components
- Evaluation
- Implications for the future
- Questions

# HI DMIE Overview

## Live Healthy...Work Well

### Demonstration to Maintain Independence & Employment (DMIE) Project

- Funded by U.S. Centers for Medicare & Medicaid Services (CMS)
- Through September 2009 (with possible extension)
- \$9.1 million funded
- \$6.7 million contributed
- Total \$15.8 million

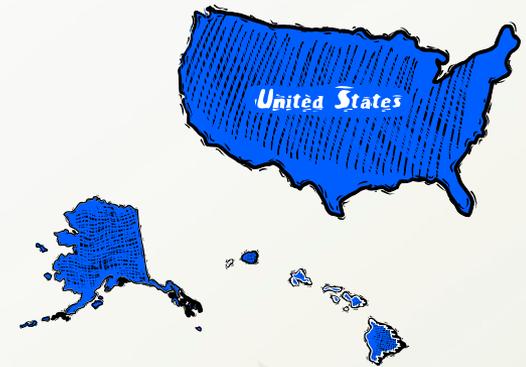
# Goal of Grant

- To help people with diabetes and chronic illnesses stay healthy and employed.
- Will interventions lead to:
  - improved health
  - increased work hours
  - independence from SSI and SSDI

# Partners

- Centers for Medicare & Medicaid Services (CMS)
- Hawai`i State Dept. of Human Services
- Hawai`i State Dept. of Health
- Hawai`i Business Health Council
- Employers
- Times Supermarkets
- Longs Drugs Stores
- O`ahu WorkLinks
- State Division of Vocational Rehab.

# Why Diabetes?



US. Diabetes Prevalence: 20.8 million  
Diagnosed: 14.6 million;  
Undiagnosed: 6.2 million

Hawai`i Prevalence: 107,000  
Diagnosed: 86,000  
Undiagnosed: 21,000 est.

# Estimated annual cost



Why employers care about diabetes  
National cost of diabetes in the U.S. in 2007  
exceeds \$174 billion

Estimate includes:

- \$116 billion in excess medical expenditures attributed to diabetes
- \$58 billion in reduced national productivity

- Source: *Diabetes Care*, Volume 31, Number 3, March 2008 & National Diabetes Education Program [www.ndep.nih.gov](http://www.ndep.nih.gov) & *National Diabetes Education Program, NIDDK, National Diabetes Fact Sheet HHS, NIH, 2005, www.ndep.nih.gov*

# Hawai`i Costs of Diabetes

Hawai`i

Direct Costs:       \$ 764,400,000

Hawai`i

Indirect Costs:     \$ 273,600,000  
(loss of productivity)

Total Cost:         \$1,038,000,000

# Did you know?

Diabetes is the 7th leading cause of death

Other complications:

Heart disease

Strokes

End-stage renal disease

Nervous system damage

Periodontal or gum disease

Amputations

Pregnancy complications

# Related Health Issues

**EVERY DAY, as a result of diabetes, nationally there are:**

**810** deaths

**120** kidney failures

**55** blindness

**230** amputations

*Diabetes is Preventable and Treatable!*

# Why is better health important to employers?

- Reduce employee turnover  
--3.1% unemployment in Hawaii
- Reduce absenteeism
- Improve productivity
- Reduce lost productive capacity due to early mortality
- Improve job satisfaction and employee morale

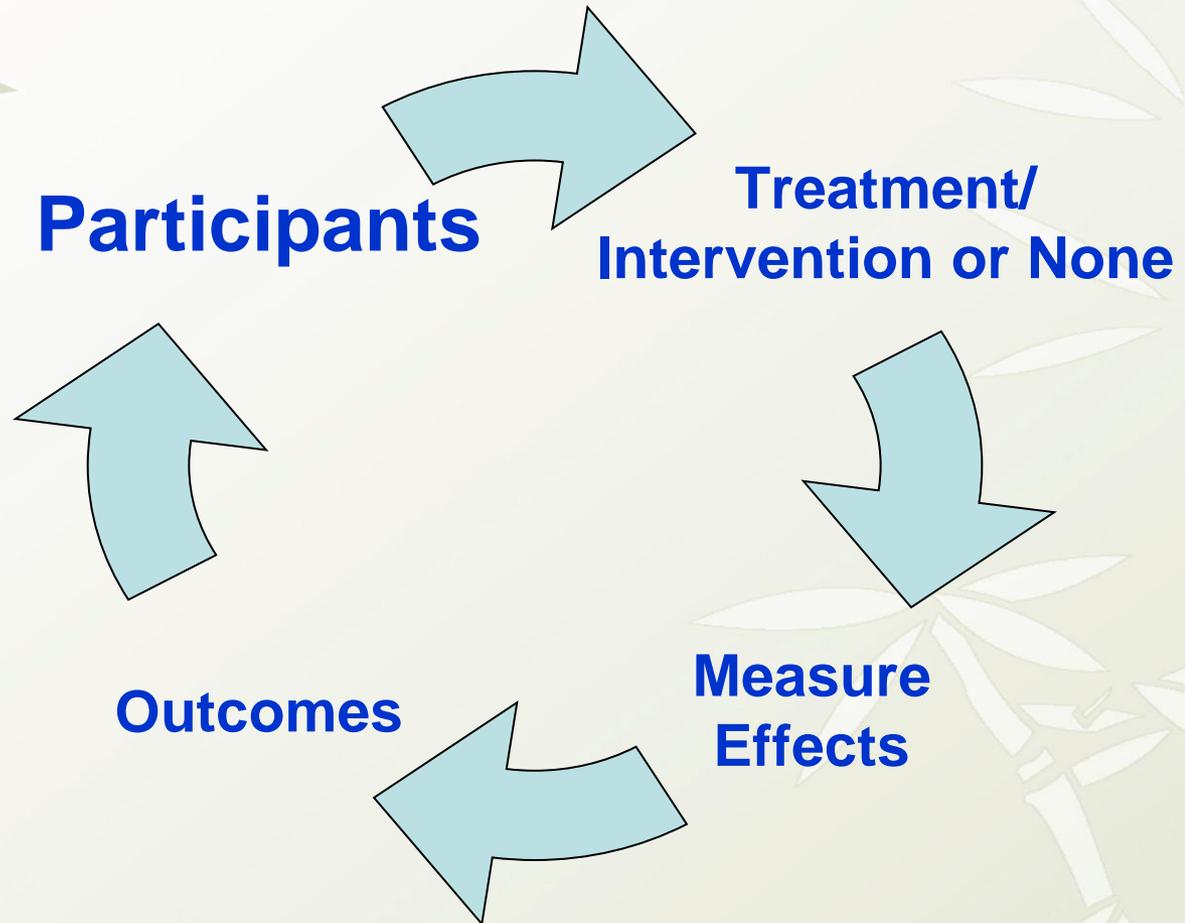
# Why is better health important to employees?

- Potential for a longer lifespan
- Improved quality of life
- Enhanced mental health
- Enhanced general life experience
- More productivity and reduced absenteeism on the job
- Improved job satisfaction

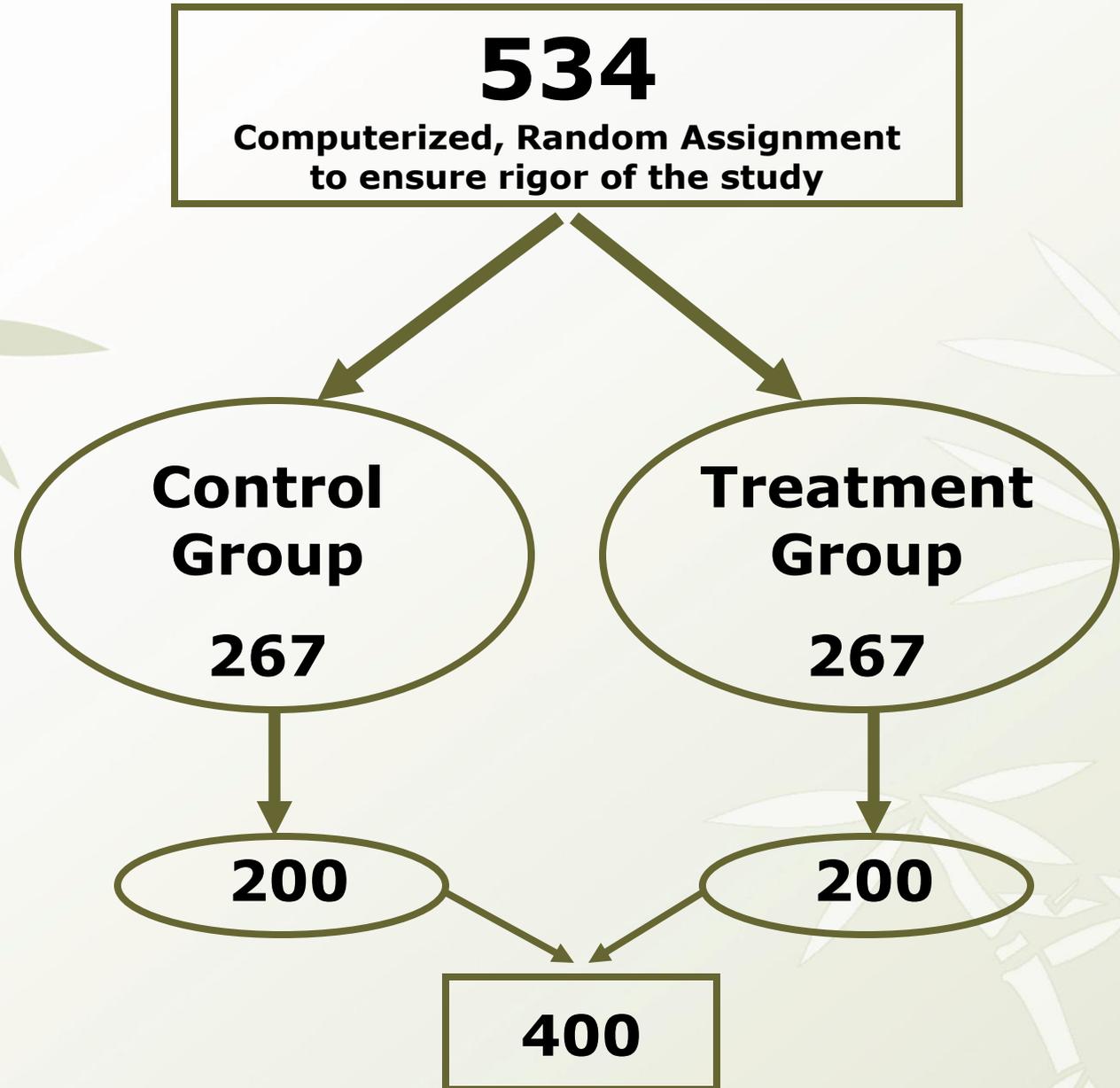
Source: Grant, A. M. (2003). The Impact of Life Coaching on Goal Attainment, Metacognition and Mental Health, *Social Behavior and Personality*, 31(3). 253-264.

# Project Components

What's involved in the study?



# How Many Participants?



# **Control/Comparison Group**

## **“Business as Usual”**

- No intervention
- Data will be compared with Treatment Group
- Will be compensated for participating

# Treatment Group

- See a Pharmacist & Life Coach
- Medical co-pays:
  - Diabetes checkups
  - Endocrinologist
- Prescription co-pays:
  - Diabetes drugs
  - Supplies paid
- Compensated for participating

# Treatment Group's Menu of Services

Pharmacist

(Medication Management)

Life Coach

Diabetes Education

Dietitian

Group Fitness Membership

Certified Diabetes Educator

Support Groups



# Pharmacist

Patient Self-Management: educate and motivate people with diabetes to maintain better control over their disease

- Meet once per month for the first 3 months, then at least once per quarter
- Personal Medication Record
- Foot checks
- Biometrics review



# Life Coaching

***Coaching focuses on helping people move forward on their most important goals.***

- *Non-directive guide to help participant discover:*

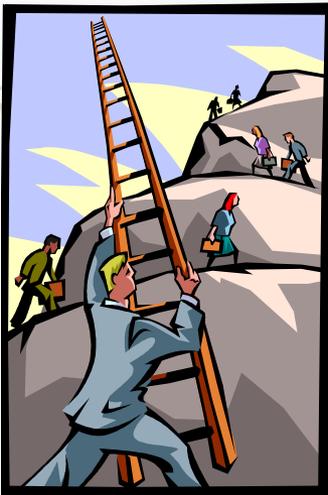
***Where they are now***

***Where they'd like to be***

***How they will get there (Goal setting)***

- Meet weekly/bi-monthly one hour in person for first few months; Later meetings by phone
- Loan of laptop computer & wireless internet card
- Participant choice – menu of services available

***Focus on future possibilities***



# Unique Features

- Innovative implementation in Hawai`i
- Combination: Life & Health Coaching
- Work through Employer Groups
- Open Enrollment ...now!
- Focus on behavioral change for individuals

# Required Independent Evaluation

## Overarching CMS Research

**Question: Can a program of medical assistance and other supports forestall or prevent the loss of employment and independence due to a potentially disabling and medically determinable physical or mental impairment?**

- Focus on Diabetes



# Areas of Evaluation

## 1. Participation in program

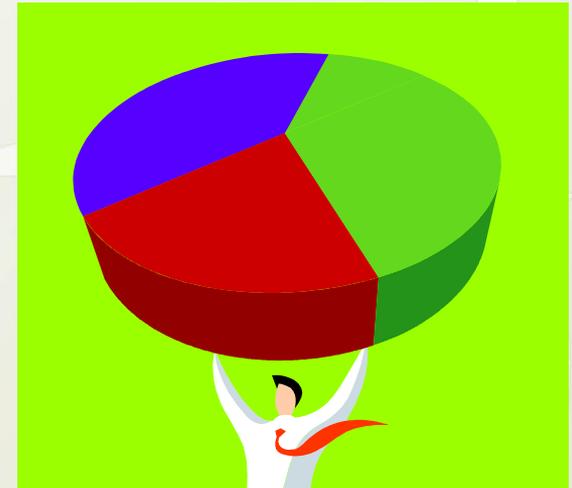
- Recruitment, participation, and retention

## 2. Outcomes

- Work hours, health status, quality of life, enrollment in govt. services

## 3. Treatment fidelity

- Adherence to process



# Evaluation Questions

- **(To what extent) Will employees participate in an employer-sponsored health project?**
  - Apprehension
- **What influence does the intervention have on job performance and other work-related variables?**
  - Increase in work hours
- **(To what extent) Were intervention methods adhered to?**
  - Life coaches and pharmacists



# Outcome Hypotheses

A significantly greater proportion of the treatment group will:

- (1) work more hours per week and at least 20 hours per week
- (2) increase their health status in terms of (diabetes) self-care and self-monitoring, leading to improvements in physical and mental health
- (3) Maintain their independence from SSDI or SSI



# Participation Data Collection

- **Recruitment**

- Identification of participants, types of outreach activities, adaptation to reach diverse groups, recruitment goals, reasons for not enrolling

- **Service Utilization**

- Barriers, most frequently used services, remedies to issues, process of matching coaches and clients

- **Focus groups**

- Program satisfaction, unmet needs

- **Retention**

- Reasons for staying or leaving



# Outcome Data Collection

- Treatment vs. Control
  - Hours worked (hypothesis 1)
  - Health data (hypothesis 2)
    - HbA1C, blood pressure, cholesterol, service utilization
  - Quality of life (hypothesis 2)
  - Functioning (hypothesis 2)
- SSDI/SSI enrollment (hypothesis 3)



# Treatment Fidelity Data Collection

- Fidelity of process
  - Sessions recorded
  - Session logs
  - Participant surveys
  - Focus Groups



# Implications for the future

- Results may be used for future treatment and management of diabetes
- Results may impact health care policy & standard of care
  - Convenient
  - Person-centered – self determined
  - One-on-one coaching, telephonic, use of technology
- Results may impact national public policy on medical assistance programs
- Employers may experience lower health care costs



# Possibilities

- Reduce prevalence of chronic illness, decrease long-term benefit needs of SSI, SSDI
- Creates a replicable infrastructure for other chronic illnesses

# Want More Information?

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On line:

[www.livehealthyworkwell.org](http://www.livehealthyworkwell.org)



# Questions/Comments

*Sign up now with Open Enrollment or give our brochure to a friend!*

***Mahalo!***