

This brief is the second issue in a series of research publications that presents select findings from an independent evaluation of the *Live Healthy... Work Well* project. The purpose of this brief is to provide participants, employers, health care professionals, and project staff a glimpse into the experiences of treatment group participants. Specifically, this research brief describes the project and summarizes data collected on the delivery of intervention components half way through a one-year treatment period. The following research questions guide this brief:

1. What did treatment group participants think of the different components available to them?
2. What barriers were encountered in accessing the different components, and how did this affect their use of the services?

Project Overview

The Live Healthy...Work Well project (LHWW) is a federally funded community-based study that examines how access to life coaching, pharmacist counseling, and other supports impact employed individuals with diabetes. The goal of this study is to determine whether access to diabetes supports can improve health, prevent the loss of employment and independence, and forestall the need for public program assistance.

Between April and September 2008, 190 eligible participants were randomly assigned into treatment (128) or control (62) groups using a 2:1 ratio. The project utilized randomization so that outcome differences between the two groups could be attributed to the intervention. Treatment participants had access to a variety of services for 12 months (Table 1). Life Coaching and Pharmacist Counseling comprised the main intervention components and participants could choose to use any or all of the main, additional, reimbursement, or referral components. Control participants received no intervention and carried on with their usual diabetes regimen. For baseline characteristics of participants and eligibility criteria, please refer to Research Brief #1 (Fukunaga et al., 2009).

Methods

The evaluation team utilized surveys and focus groups to determine treatment participants' perceptions of the different supports available to them. Ninety-seven (76%) treatment group participants responded to a six-month satisfaction survey. Participants rated their satisfaction with five key features of Life Coaching, five key features of Pharmacist Counseling, and four aspects of the additional services using a Likert scale (1 = completely dissatisfied, 4 = completely satisfied). Survey items for Life Coaching and Pharmacist Counseling were based on key behavioral features of each component's theoretical model identified in collaboration with project developers. Survey items for the additional services component focused on administration of these services and overall satisfaction. Participants were also asked how well the additional services were explained to

Table 1: Intervention Components

ACCESS to:

- Main Services
 - Life Coaching
 - Pharmacist Counseling
- Additional Services:
 - Diabetes Education
 - Nutrition Counseling
 - Three Month Fitness Membership

REIMBURSEMENTS for:

- Diabetes-Related Medical Costs

REFERRALS to:

- Diabetes Classes
- Peer Support Groups
- Employment Supports

Did You Know?

Many health management programs are incorporating coaching strategies to help promote healthy lifestyle behaviors because coaching can address the management of multiple health behaviors and risks in a cost-effective way (Butterworth, Linden, & McClay, 2007).



them and if they used these services. Open-ended comments were solicited for each component. Results were determined using descriptive statistics and qualitative analysis.

The evaluation team conducted eighteen focus groups from November 2008 through March 2009. Groups were held on evenings and weekends in community settings and participants were paid \$20 for their time. Recruitment efforts yielded a convenience sample of 47 (41%) treatment participants. All focus groups were audio recorded and transcribed. Two researchers independently classified participant responses. Emergent themes were coded to identify main themes that surfaced most frequently. For the purpose of this brief, treatment group experiences with the LHWW intervention components were categorized by participant satisfaction, project successes, project challenges, and barriers to participation.

Results

Participant Satisfaction

Results from the participant satisfaction survey are presented as they relate to the main and additional intervention components. Participants were completely satisfied with key features of the Life Coaching model (Table 2). Overall satisfaction with Life Coaching was assessed by averaging ratings across all items. Results indicate that participants were completely satisfied with this intervention component (Figure 1). Ninety-one percent (n = 68) of all open-ended life coach comments were positive. Many comments related to the supportive nature of life coaches. Participants also reported that Life Coaching was helpful and insightful. A sample participant comment is provided (see Quote 1).

Table 2. Satisfaction with Life Coaching

How satisfied are you with...	N	Mean	Std. Dev
How well your coach explained the coaching process, purpose of meetings, and coaching related activities.	96	3.80	0.54
Your coach's professionalism in terms of organization, preparation for meetings, and client focused attention.	96	3.89	0.41
The availability of your coach to answer questions, follow through on commitments, and be supportive and encouraging.	96	3.85	0.43
Your coach's ability to elicit answers, actions, and explore alternative perspectives rather than directly advising you.	96	3.85	0.43
Your coach's efforts to be non-judgmental and respectful of your point of view, beliefs, needs and goals.	96	3.90	0.40

Participants were mostly satisfied with key features of Pharmacist Counseling (Table 3) and were mostly satisfied with this intervention component overall (Figure 2). Fifty-four percent (n = 66) of

What is Pharmacist Counseling?

LHWW Pharmacist Counseling was based on the Diabetes Ten City Challenge, a program sponsored by the American Pharmacists Association that paired individuals with a pharmacist coach (DTCC, 2009). LHWW pharmacists provided counseling to help treatment participants manage medications and side effects, monitor blood glucose, develop healthy diet and exercise habits, and prevent diabetes-related complications using Medication Therapy Management and motivational interviewing techniques (HI-DMIE, 2009).

A focus group is an in-depth discussion that explores a specific set of issues in a group setting (Robinson, 1999).

Figure 1. Overall Satisfaction with Life Coaching



Mean = 3.86, N = 96

1 = Completely Dissatisfied

4 = Completely Satisfied

Quote 1.

"I've never had a coach of any kind and never felt I needed one. My experience with my life coach has been nothing but positive. She 'forced' me to set goals that are reachable by pointing out gently and w/o judgment that this would be a viable tool in learning to control my diabetes."

comments made about Pharmacist Counseling were positive. Based on open-ended responses, many positive comments related to pharmacists being helpful and knowledgeable about diabetes, or nutrition and diet (see Quote 2). In contrast, some participants expected meetings to focus on medication management and were confused when pharmacists spent time discussing diet and exercise. Several participants reported that they were not able to meet with a pharmacist or felt that meetings were difficult to schedule. A number of participants also reported that certain pharmacists were uncompromising or unresponsive to their needs (see Quote 3).

Table 3. Satisfaction with Pharmacist Counseling

How satisfied are you with...	N	Mean	Std. Dev
Your pharmacist's efforts to be respectful, non-judgmental, and concerned for you as an individual.	89	3.25	0.82
Your pharmacist's ability to maintain a positive environment by being supportive and encouraging.	89	3.27	0.82
Your pharmacist's ability to collaborate and brainstorm solutions with you that enable autonomy and informed decision making.	88	3.16	0.85
Your pharmacist's efforts to check with you about physician visits and discuss recommendations or changes to your treatment regimen.	88	3.17	0.87
The amount of time your pharmacist offers to spend with you.	88	3.26	0.89

On average, respondents were between mostly and completely satisfied with the administration of the additional services and with their experience overall (Table 4). Participants rated the additional services as being explained well (Figure 3). Of the open-ended comments, 40% (n = 43) were positive and 30% related to future use of these services.

Table 4. Satisfaction with Additional Services

How satisfied are you with...	N	Mean	Std. Dev
The professionalism of the staff offering the additional services you used.	53	3.47	0.61
The promptness of additional services staff in responding to your phone calls & emails.	53	3.51	0.61
The accessibility of the additional services.	53	3.28	0.69
Your overall experience using the additional services.	53	3.42	0.57

The majority of positive comments related to Nutrition Counseling, which was perceived as helpful and informative (see Quote 4). Several participants also positively commented about the 3-month Fitness Membership, but wished they had utilized this component more. One LHWV pharmacist was also a practicing Certified Diabetes Educator (CDE) and qualitative analysis of open-ended comments revealed that several participants were confused about

Figure 2. Overall Satisfaction with Pharmacist Counseling



Mean = 3.22, N = 88

1 = Completely Dissatisfied
4 = Completely Satisfied

Quote 2.

"She inspired me to inspire my family & co-workers to look at nutrition as 'not' boring. She makes understanding the interaction of food to diabetes coherent."



Quote 3.

"In the beginning I was really disappointed with my pharmacist because it seemed she had no compassion. The first visit made me feel upset! She handed me all the handouts, quickly discussed them, and then sent me on my way. I understand that she is there to provide the knowledge about the diabetes, however her attitude was really harsh and cruel."

Figure 3. Explanation of Additional Services



Mean = 3.5, N = 96

1 = They were not explained
4 = They were explained well

whether they had met with a pharmacist or a CDE. Some participants also reported that it was difficult to schedule the additional services due to the availability of these service providers.

LHWW Project Successes

Based on focus group responses, four main themes emerged that highlighted LHWW project successes (see Table 5). The Life Coaching component was discussed most frequently as a positive aspect of participation. Participants especially appreciated the process of setting attainable goals with a life coach and being accountable for their own progress (see Quote 5). They described positive attributes of life coaches such as being supportive, encouraging and good listeners. Participants were also pleased with the frequency and scheduling of meetings and felt that this component was helpful and informative. Additionally, several participants liked the ability to track progress toward goal attainment through the online coaching tool.

Table 5. Positive Aspects of Participating in LHWW

Main Themes ^a	Factors ^a
Life Coaching	Goal setting/Accountability (+) Attributes of life coach Scheduling/Frequency of contact Good/Helpful/Informative service Online coaching tool
Additional Services and Reimbursements	Nutrition counseling Diabetes-related medical reimbursements LHWW laptop 3 month fitness membership
Pharmacist Counseling	Information provision Good/Helpful service Medication management
LHWW Project	Good program/Happy to participate (+) Attributes of project staff (+) Contribution to science

^a Themes and factors are presented in rank order according to how frequently they were discussed.

The majority of comments about the additional and reimbursement components related to an appreciation for the variety of services. Specifically, participants discussed Nutrition Counseling, Diabetes-related medical reimbursements (see Quote 6), use of a LHWW laptop, and the 3 Month Fitness Membership.

Participant comments on positive experiences with Pharmacist Counseling most frequently pertained to gaining new information about diet and diabetes management. In particular, some participants thought it was helpful when a pharmacist walked them through the supermarket and demonstrated healthy food choices based on nutritional information (see Quote 7). Some participants mentioned that pharmacists were helpful and others appreciated talking with pharmacists about their medications and glucose.

Finally, numerous participants commented that the LHWW project was a good experience as a whole. Several individuals also reported

Quote 4.

"[Dietician] has great ideas [and] is very enthusiastic about quality health care. She has experience with Diabetes (Type 1) and weight loss surgery. These together make a tricky combination for food issues. Thank goodness she has experience. I don't have time to educate someone I just need help."



Quote 5.

"I was lucky enough to get a life coach, so it's good because when I was diagnosed, it seemed like this huge thing and she helps me break it down so that there are little goals along the way, so that I'm not looking at it as an insurmountable mountain."

Quote 6.

"In the past six months, being in the program has helped me out because I get the medications without having to pay. So I conform to it. I take it every day. I test myself with my glucose meter."

Quote 7.

"There's a lot of other educational things like [she will] help you read the labels on the cans and the cereals, whatever, as well as taking you up and down the aisles of the supermarket to discuss how you might improve your meal planning."

that project staff was friendly while others felt positive about contributing to scientific research on diabetes (see Quote 8).

LHWW Project Improvement

Main themes that emerged for improving LHWW related to issues with the Pharmacist Counseling and reimbursement components, and the LHWW project as a whole. Focus group findings are presented in Table 6.

Table 6. Suggested Improvements for LHWW

Main Themes ^a	Factors ^a
Pharmacist Counseling	Pharmacist communication style Not receptive/Not individualized Confusion of purpose /pharmacist/CDE Never saw pharmacist
Payment and Reimbursement	Not timely/Too slow Confusing/Inconsistent procedure
LHWW Project	Lack of social/emotional/family support Components not coordinated Length of study

^a Themes and factors are presented in rank order according to how frequently they were discussed.

Participants reported that Pharmacist Counseling needed to be receptive to their needs, individualized, and clearly defined. Participants most frequently discussed the communication style employed by certain pharmacists which was perceived as brusque. Some participants also reported that Pharmacist Counseling was not helpful because information, assistance, and recommendations were not individualized based on personal situations or needs (see Quote 9). Additionally, several participants stated that the purpose of meetings was not clearly communicated and that they expected more assistance with medication management. This is not to say that Pharmacist Counseling was not useful, but illustrates a discrepancy between participant expectations and the services received.

Participants reported that administrative procedures for reimbursement were either not set up or changed during the project. Some changes were not explained to participants or service providers before they were implemented which caused further confusion. Additionally, several participants mentioned that payment lagged behind the expected schedule and felt that regular submission deadlines would have helped administrative staff estimate participant payments (see Quote 10). In the case of LHWW, several grant partners were responsible for coordinating and facilitating participant payment which may have contributed to this finding.

Although participants in LHWW could participate in community support groups outside LHWW, several individuals wanted to meet with other LHWW participants and involve their families in the process. Some participants also expressed a need for greater coordination between service providers to enhance the delivery of services. A number of participants also discussed a need for a longer intervention period (see Quote 11).

Quote 8.

"[Project staff] has been very, very supportive and very easy to talk to, so [staff] made it very comfortable for me to participate.... I'm very thankful that there is a program like this. I gained a lot and I really appreciate it."



Quote 9.

"So, it's unrealistic. You have to be able to manage it within your own life, it can't be what creates you... and that's what I look for in somebody, is somebody to help me problem solve, to come up with options, to come up with ideas, to be able to say that doesn't work for me, what else can I do..."

Quote 10.

"Maybe if you standardized it for all participants it would be easier for your fiscal office then to get everything piece meal and have to generate reimbursements at different times of the month."

Quote 11.

"This is a very valuable community project.... I think for diabetics they need to have a support system like that and we will be without it in a few months, and that's unfortunate."

Barriers to Participation

Focus group participants were asked specifically about barriers to participation in LHWW. Results are presented in Table 7. They identified scheduling meetings and time limitations as a major barrier to program participation with a majority of comments related to the limited availability of pharmacists and additional service providers. Some pharmacies offered both pharmacist and additional services to LHWW participants and it appeared that these factors related to the scheduling procedures of certain pharmacies (see Quote 12).

Table 7. Barriers to Participating in LHWW

Main Themes ^a	Factors ^a
Scheduling and time limitations	Availability of pharmacist/CDE/RD Personal time limitations Work schedule
Self as barrier	Low motivation/commitment
Online coaching tool	Not motivating/Don't like tool Slow/Time consuming
None	No barriers

^a Themes and factors are presented in rank order according to how frequently they were discussed.

Several participants reported themselves as a barrier, citing lack of motivation or commitment to participation, especially related to setting and achieving diabetes related goals. A number of participants discussed the online coaching tool, some of whom did not like the online format for meeting with their coach or tracking goals; and others who found the online coaching tool to be slow and cumbersome. Participants did not state that these barriers affected the number of times they met with a life coach. Many participants did not experience any barriers to participating in the project.

Quote 12.

"The one that sets up the meetings with them... I had set up to meet with them only on certain times and then a lot of times it's like noon or whatever and I can't just leave school at noon just to go to the meeting and go back, and so if I can't make the meeting that they have open, then I have to wait for the next time [pharmacist] comes around to the [pharmacy] again."



Summary and Implications

Results from the satisfaction survey indicate that treatment participants responded positively to intervention components, especially the Life Coaching component. Participants were most satisfied with the Life Coaching and additional services. Satisfaction survey responses were substantiated by focus group findings which provided detailed information about participant experiences. Participants reported that support, scheduling, and goal setting activities with life coaches were extremely positive. They also appreciated the variety of services provided through LHWW.

Suggested improvements to the LHWW intervention included providing individualized approaches to Pharmacist Counseling, standardized payment procedures, social supports and coordinated services. Most notably participants expressed that meetings with pharmacists and additional service providers needed to accommodate their schedules. This was perceived as a barrier to participating in LHWW. The LHWW intervention offered a complex array of services that could be time consuming if participants chose to use them. Given this fact, it seemed that treatment participants felt that they would like to use the services to a greater extent.

The information provided could be used to guide the development of future programs and health initiatives for employed adults with diabetes in Hawaii. These findings may be generalizable to employed diabetics across a range of ethnic groups including Asian and Pacific Islanders. Limitations include a small, voluntary sample that may have been more motivated to manage their diabetes. The

information presented herein is not an indication of the effectiveness of the Live Healthy... Work Well intervention, which will be examined at the conclusion of the project.

Next Steps

LHWW services ended September 30, 2009 and 147 treatment and control group participants are currently in a 6-month post-exposure period. During this phase of the project, the evaluation team will collect data from participants and treatment staff via surveys, focus groups, and health assessments. After data collection is complete, the evaluation team will examine the impact of the LHWW intervention on employment, health, and use of government assistance programs. For more information please visit us on the web at:

<http://www.livehealthyworkwell.org>

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