



**March 17, 2009**

## **State Policy Conference**

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**ACTIVATE**

**Activating Consumers Toward  
Health Care Involvement Versus  
Traditional Health Education**

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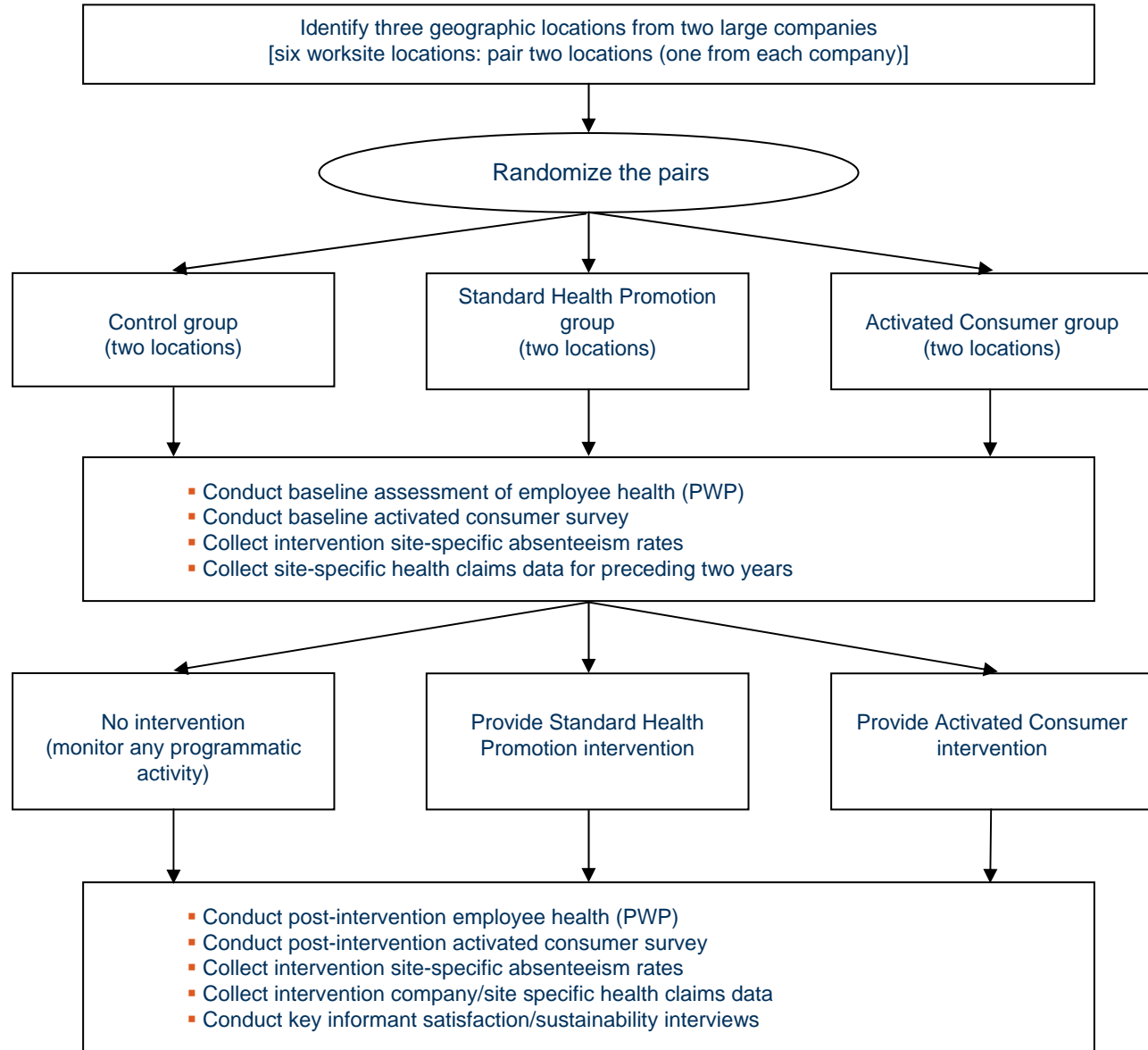
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# Study Objectives

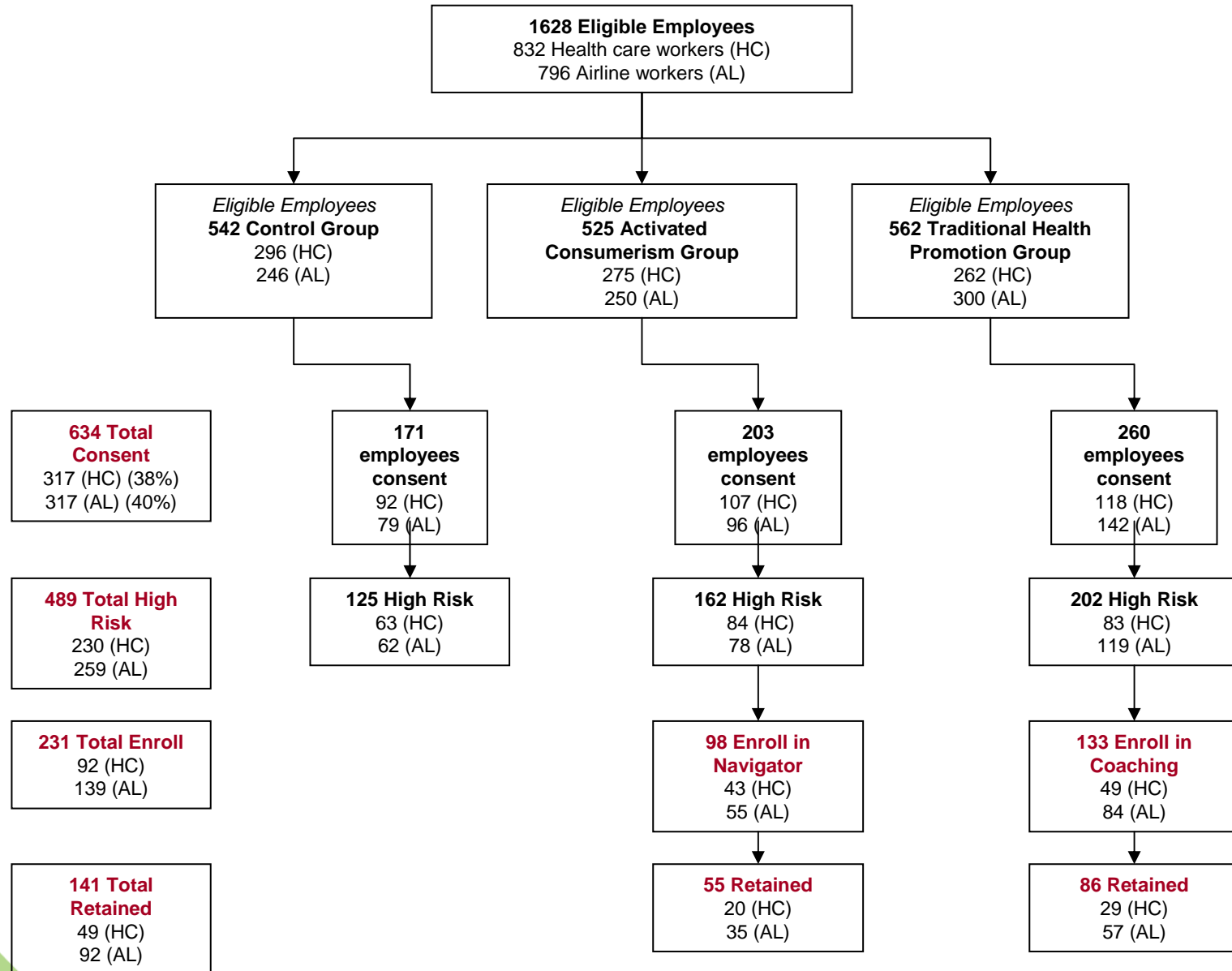
Assess engagement and participation rates and evaluate differences between program participants and non-participants.

Evaluate effectiveness of traditional worksite health promotion and activated consumerism type interventions in reducing health risks

# Study Design: Group Randomized Controlled Trial



# Participant Enrollment in the ACTIVATE program



# Measures of Health-risk Status

- Personal Wellness Profile
- On-site Health Screenings
- Health and Work Performance Questionnaire
- Patient Activation Measure (PAM)

# Analysis

- Results analysis in 2008 and baseline analysis was conducted in 2006
- Characteristics of employees who enrolled in the program were compared both by company and by study arm using chi square statistics for categorical variables and t-tests for interval level variables.
- A logistical regression model was used to examine factors influencing enrollment in the counseling programs for high-risk individuals.
- Pre-post analysis examined within group and between group differences
- Additional logistical regression model was used to examine factors related to retention in coaching and factors predicting health improvement

# Activate Study: Who Got Engaged? Who Stayed Engaged?

39% Consented to Participate in Study Overall (77% at Risk)

Most variables NOT related to recruitment OR retention: type of coaching program, race, health status, body mass index, risk score, or patient activation measure.

Enrollment (63% enrolled in health coaching):

- **High risk health care workers were less likely than high risk airline workers to enroll in either the health coaching or navigator program.**
- **Higher education 5 times more likely to enroll.**
- **Smokers significantly less likely to enroll**

This difference in enrollment occurred in spite of the fact that health workers were no less likely to have chronic health problems including significant weight management issues.

# Activate Study: Who Got Engaged? Who Stayed Engaged?

Retention (61% retained after one year):

- **Men 2/3 less likely to stay engaged.**
- **Older more likely to stay engaged.**

One set of strategies may be needed to encourage program enrollment while altogether different strategies may be needed to sustain participation.

# Results

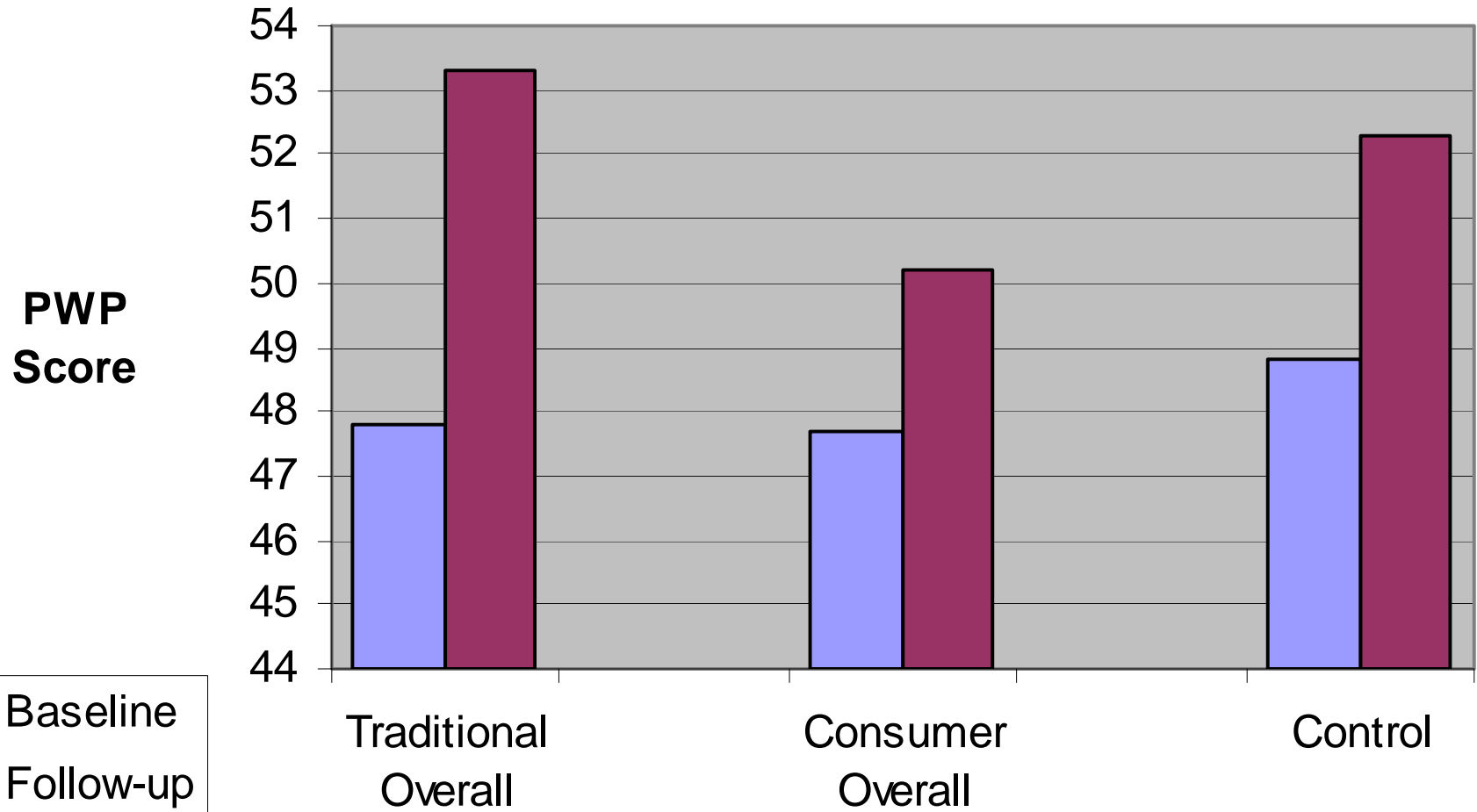
## Significant Improvements in Intervention Groups:

- **Health Assessment Scores**
- **Engagement in education offerings**
- **Physical component score**
- **Eating Breakfast daily**
- **Increased physical activity**
- **Patient Activation Measures**
- **Eating Fruits and vegetables**

## Static Measures (no improvements compared to controls):

- **Number of chronic conditions**
- **Cholesterol levels**
- **Use Internet for health information**
- **Tobacco use/BMI**

# Personal Wellness Profile



$p = 0.0006$

$p = 0.07$

$p = 0.14$

# What is the PAM?

- **Participant self-reported**
- **13 item scale**
  - **“When all is said and done, I am the person who is responsible for managing my health condition.”**
  - **“I know what each of my prescribed medications does.”**
  - **“I know how to prevent further problems with my health condition.”**
  - **“I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.”**
- **Success at chronic illness management**
  - Knowledge, skill, confidence in self-management

# Discussion of Results

## What does this study mean to worksite health promotion?

- Overall, men tend to be less engaged and less likely to participate in health coaching programs, regardless of the modality.
- The major concerns for the future would be best practices for recruiting and engaging already enrolled participants.

## Explanations of findings?

### **You can lead a horse to water but you can't make it drink!**

- **Expectations of perceived benefit**
  - **Impact on self efficacy**
- **Facilitation techniques**
  - **Traditional motivational interviewing versus cognitive behavioral tools**
  - **Role of coach as a peer**
- **Perception of own health risk**
  - **Social acceptance of high risk as “normal”**