

AtRisk – A multimodal lifestyle intervention for employees with health-related risk factors: implementation, participation and effectiveness

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Aims

- (1) The evaluation of the effectiveness of a multimodal workplace-related lifestyle intervention
- (2) The evaluation of the implementation of the multimodal workplace-related lifestyle intervention
- (3) The identification of facilitators and barriers in cross-provider collaboration
- (4) The identification of different stakeholders' expectations and demands regarding a health coach (HC)

Object of evaluation: The cross-provider intervention of the German Pension Fund Rhineland (DRV, 2013)

- Target population: Employees with health risks
- Aim: Promoting a health-related lifestyle

The **design** and research questions of the AtRisk-study were guided by the RE-AIM-Framework (Figure 1). The **methods** are based on a mixed-methods approach.

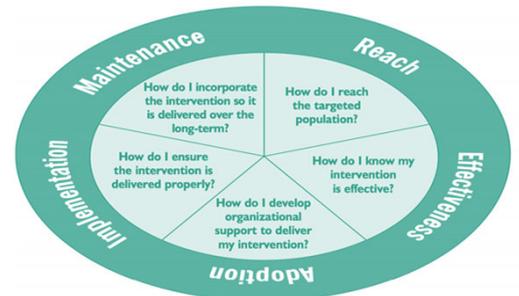


Figure 1: RE-AIM-Framework (Glasgow et al., 2006).

Current status

Modification: Focus shift from quantitative to qualitative questions

- Predicted sample size failed
- Complex intervention, performed in a real-life setting
- Most interventions without HC



Quantitative	Qualitative
Non-randomised controlled trial	Semi-structured interviews, systematic field notes of stakeholder meetings and document analyses
<ul style="list-style-type: none"> ✓ Questionnaire development & pretesting ✓ Outcomes: physical activity, health literacy, person-related variables, work-related variables ✓ Organization data management ✓ Data collection in process (state 27/10/2016) <ul style="list-style-type: none"> ✓ Provider: 7, groups: 15 ✓ T0= 129 ✓ T1= 51 ✓ T2= x ➤ Data analyses in process 	<ul style="list-style-type: none"> ✓ 13 semi-structured interviews (requirements of a HC) ✓ 4 semi-structured interviews (health economics) <ul style="list-style-type: none"> ✓ Audio recorded, transcribed, structured content analysis (Kuckartz, 2014), MAXQDA 12 ✓ Structured field notes of 19 stakeholder meetings (implementation, cross-provider collaboration) ✓ Document analyses ➤ Results report in process <ul style="list-style-type: none"> ✓ Requirements of a HC ✓ Implementation

Publications:

Schaller, A., Dejonghe, L., Alayli-Goebbels, A., Biallas, B., & Froboese, I. (2016). Promoting physical activity and health literacy: study protocol for a longitudinal, mixed methods evaluation of a cross-provider workplace-related intervention in Germany (The AtRisk study). *BMC Public Health*, 16, 626. doi:10.1186/s12889-016-3284-6

Dejonghe, L., Schaller, A., Becker, J., & Froboese, I. (2016). Long-term effectiveness of health coaching in rehabilitation and prevention: A systematic review. *Health Education and Behavior* (under review)

2nd funding phase

- (1) Development of a curriculum and training documents for workplace-related health coaching
- (2) Revision of the conceptual guideline "Präventionsleistungen der Rentenversicherungsträger im Rheinland" (DRV, 2013)
- (3) Evaluation of the effectiveness of health coaching as a component of a cross-provider intervention and a non-intervention control group-development of a RCT (Figure 2)
 - Evaluation of a non-randomised controlled trial of the 1st funding phase
- (4) Formulation of recommendations for a cross-provider collaboration

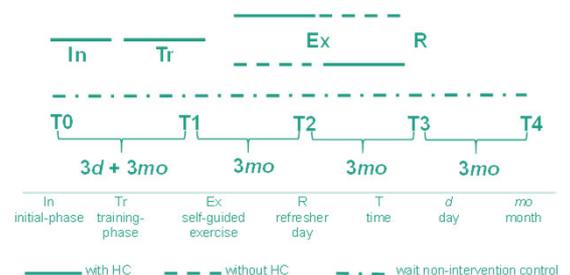


Figure 2: Study design RCT.