**Program Evaluation (Methods, Results, Recommendations):**

***STEPs to Better Health among Immigrants and Refugees* Health Coach Experiences Bilingual International Assistant Services (BIAS)**

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**Methods**

The evaluation included a total of 5 participants, all of whom were employed with BIAS (Bilingual International Assistant Services) as health coaches. None of the *STEPs* health coaches were born in the United States and the length of time of their residency in the U.S. ranged from 4 to 20 years. The majority of the health coaches were familiar with one culture in addition to the United States and one was familiar with two additional cultures. All of the health coaches were fluent in English and one other language. One health coach has only coached one participant while two of the health coaches have coached 5 clients each. Another health coach has coached 10 individuals with the remaining health coach with a total 30 individuals.

The evaluation focuses on qualitative data collected from in person interviews with the 5 *STEPs* health coaches. Three evaluators coordinated with *STEPs* coaches on an individual basis to begin the interview process. Each of the in-person interviews were held at the BIAS offices. Evaluators or interviewers read the appropriate instructions and received consent according to IRB protocol. Health coaches were informed of the minimal risk attributed to participation in the evaluation, mainly the fact that the information could identify them based upon the small pool of step coaches. A structured interview in the form of open ended questions was conducted. Answers were recorded on paper and no electronic recording devices or alternative methods were utilized to record interview answers.

The in-person interview began with demographic information pertaining to the health coaches’ academic and personal background. This is how the evaluators were able to determine how long they had held residence in the United States, how many cultures with which they were familiar, and other pertinent questions pertaining to their work as health coaches for immigrants. Many of the following questions targeted information about the actual implementation of the *STEPs* health coaching program. After each category of implementation, a question was asked focusing on the barriers or problems with the respective category and the health coaching outcomes. There were also inquiries made as to how to improve specific portions of the health coaching program.

An online survey was emailed to each of the *STEPs* health coaches after the in-person interview was completed. The survey asked questions and collected data about individual experience and well-being of the health coach as it relates to the program in addition to client interactions. Four of the five health coaches completed the online survey, but due to the low number of participants there is not enough data for a quantitative analysis.

After the completion of the *STEPs* program evaluation, the results will be disseminated through various means. Results, discussed during an in-person presentation with the original grant writer for the program, Dr. Matsuo, will be reviewed by other researchers at Saint Louis University. After further editing by the team, a copy of results will be submitted through email to the staff members at BIAS responsible for the implementation of the *STEPs* health coaching program.

**Results**

Overall, the health coaches generally coalesced in their understanding of the overarching goals of the *STEPs* program, signifying their training effectively communicated the program’s main purpose. The coaches identified one of the central goals of the *STEPs* program is to motivate clients to care about their health and healthcare services. Coaches indicated some of their clients do not think scheduling and attending doctor appointments is important, nor do they think altering their diet to incorporate more healthy food choices and increasing their physical activity is necessary. Due to the demographic characteristics of the population *STEPs* serves, coaches’ elderly, immigrant clients are likely to have various barriers in their healthcare access. Moreover, these individuals are more likely to be socially isolated in a society in which they are often not fluent in the language and may not have extensive social networks. As such, many of the health coaches asserted one of the main goals of the program is to educate clients about the importance of their health and consequently motivate clients to care about their health. As such, one coach said, “We care a lot about their health and that makes them care about their health too.”

In addition to first motivating their clients to care about their health and healthcare services, the second central goal to be achieved by the end of the program is to bolster clients’ independence in managing their health and healthcare. As one coach noted, “This is only a 6-month program for the client. The client should know this, so the goal should be for the client to be independent.” To enhance clients’ independence in their health management, coaches create personalized treatment plans to address the individual difficulties clients experience in attaining and maintaining healthcare services as well as healthy practices. One coach stated, “Each client needs something different, so you have to address that.” For example, some clients are more fluent in English than others, so language is more of a barrier for some clients compared to others. Some clients may have access to transportation to doctors’ appointments, while others do not. Moreover, clients have different health needs. Some clients may need to manage high blood pressure, while others are diabetic and need to manage their blood sugar level. Consequently, coaches assess and address clients’ varying health and healthcare needs to equip clients with solutions for these needs and ultimately strengthen their access to healthcare and increase their healthy behaviors.

Health coaches attributed their success in coaching to the quality of the training they received. One coach said, “The training is very good or I would not know how to teach the clients.” In addition, another coach echoed that same sentiment by stating, “…we have training often about different goals to reach and…they are very informative and helpful.” Through the training, the coaches learned various techniques they found particularly beneficial for the clients. Many coaches mentioned their clients responded well to stress-relieving techniques, such as meditation and deep breathing exercises. In addition, coaches increased clients’ motivation by teaching them a journaling technique. A coach noted, “One of my clients showed me the log he kept of all the steps he walked every day for a month, so it showed me he was making changes.” Another coach said, “I have clients write down their blood pressure a couple times a day, what they ate for each meal, and when they took their medication. After a month of writing these things down, they are more responsible and motivated.” Therefore coaches were able to apply various techniques they learned in training when serving their clients and witnessed the effectiveness of several of these techniques.

Similarly, health coaches also indicated the materials provided through the program for the clients significantly improved clients’ healthy behaviors. Pedometers given to clients were noted as particularly motivating. One coach said, “Giving the pedometer is beneficial. These little motivators increase clients’ motivation.” Likewise, teaching clients how to use pillboxes to organize their medication helps them maintain their schedule, especially for clients with multiple prescriptions.

It’s a hard time to teach them how to use pillboxes, teach them to know the value of their medication and keep their schedule of medication. I have clients with 16 pills they have to take every day and they have a hard time remembering when to take their pills and if they took their pills…But they do really like the pillboxes once they figure it out.

Therefore, the use of pillboxes is an especially important healthcare tool for an elderly population that may have multiple prescriptions and some memories difficulties. Health coaches often label the days of week and time of day on these pillboxes in the clients’ language to provide clients with readable materials to which they may otherwise not have access in America. In addition, coaches reported clients are receptive to using nutrition and diet checklists to keep track of their eating behaviors. As such, various materials provide by the *STEPs* program and disseminated by the health coaches aided clients in successfully improving various healthy behaviors.

Additionally, the support staff embedded in the structure of the *STEPs* program was identified as extremely important in coaches’ perception of their success. Coaches recognized the importance of the support they receive from the director and supervisor of the program. A coach praised, “Our team provides a lot of help and support…if my supervisor wasn’t as supportive, I don’t know if I could support my clients.” One coach said, “My supervisor is very supportive, gives feedback as soon as she can.” Another coach stated, “…most of [the trainings] are led by the program director and she’s very professional and prepared.” Likewise, coaches relied on other health coaches’ experiences and perspective to enhance their own success with clients. “We have a meeting once a week where we can all talk together. All the coaches have different backgrounds with different knowledge and we can all share that in those meetings and that is very helpful.” Furthermore, almost every coach was quite complimentary of the Pharmacist that works with the program to check clients’ medication and educate them about various medications and possible side effects of those medications. One coach explained, “The program has a Pharmacist that checks the medications between the clients and all their different doctors to see if anything is the same or conflicts…this is very helpful.”

Therefore, the programmatic structure of *STEPs*, including the training, materials, and support staff, positively impacted health coaches’ experiences with their clients. Overall, the coaches indicated their clients’ motivation to be concerned about their health and their likelihood to engage in healthy behaviors increased throughout the duration of the program. A coach recalled, “In the beginning, the clients think, okay, okay, we’ll meet just once a week and that’s all. In the end, the clients don’t want to let you go…the clients really appreciate the program.” Another coach noted, “The clients are more motivated at the end. We explain the plan, we say we will meet every week and they think every week is too much at the beginning….after a month, they are more responsible and motivated.” A different coach summarized, “Most clients become more motivated as they move through the program…after they start to see results, [motivation] becomes easier.” Many coaches postulated their clients’ motivation increased throughout the program because they felt like someone cared, they began to see results, and they gained more knowledge about the importance of health and how to tackle various barriers in attaining healthcare. A coach asserted, “We have a super great program. Clients are really appreciative because they feel like someone cares about their health.” Consequently, coaches noted the program generally achieved its goals for clients by bolstering their motivation to actively engage in healthy behaviors and increase their use of and access to healthcare services.

Beyond the many successes of the program, health coaches do face various difficulties in the *STEPs* program. Many of the difficulties the coaches expressed experiencing are expected when working with an elderly, immigrant population. One of the main difficulties clients face is their language barrier in accessing healthcare services. A coach said, “Client has to be able to set up appointments and call for a ride, which is hardest because of their language…we just try to find solutions to make them more involved in their healthcare, despite their language barriers.” Another coach stated, “We teach them how to read food labels…if they can’t read English, I teach them what means sodium, what means saturated fat, sugar, carbs, etc.” Furthermore, coaches teach clients their right to ask for interpreters. “I try to teach them the phrase, ‘…interpreter, please,’ so they can be independent. I also try to teach them to just not make doctor appointments because of language barriers, but to ask for interpreters when they need one.” In addition, coaches have had to inform doctors their responsibility to provide interpreters for patients. “Some doctor offices do not know they are required to have interpreters.” Therefore, coaches provide various solutions to the main issue of a language barrier among the immigrant clients.

Moreover, coaches note their clients’ age can also present difficulty in their jobs as health coaches. One theme among coaches’ responses to what was challenging about the program was clients’ memory. A coach asserted, “Seniors try to memorize English language, instead of learning it, but they forget everything. Seniors’ memory is tricky.” As mentioned previously, a coach recalled, “…they have a hard time remembering when to take their pills and if they took their pills.” Understanding potential memory issues with their clients, coaches actively provide solutions to these problems, such as supplying English phrases for clients to memorize and distributing pillboxes to organize their medication schedules. Additionally, it can be particularly difficult to motivate older individuals. As a coach remarked, “It’s not easy for seniors to be motivated.” Again, knowing this potential difficulty upfront, coaches actively employ techniques learned through training to increase their clients’ motivation, regardless of their age.

Another expected challenge of the *STEPs* program is the presence of cultural differences between the clients and the American society in which they now live. Many of the health coaches commented on these various cultural differences present among clients that can impact their healthy behaviors and their tendency to seek healthcare services. One coach elaborated on these differences among her clients:

If you’re patient with the clients and are understanding, they come from different cultures, so understanding is a big part of your success. In [another country], there is a custom to not take medications the morning of a doctor’s appointment because they believe their blood needs to be clean for doctors. We work with them to explain to them, to understand not taking medication one time won’t clear your blood and it’s not healthy to skip your medication. It’s also hard because they feel timid in front of doctors. We teach them don’t think the doctor is God, you go to the doctor to correct your problems, they are there to listen to you and your concerns. The program is a window for how to support them in different ways.

Another coach noted additional cultures differences among her clients. “There are differences in diets between cultures. In [another country], extra pounds is healthy. We don’t call people fat, we say they are looking healthy when they have extra weight. So there is a cultural difference and we teach [them] to try to reduce fat.” Because *STEPs* actively matches health coaches to clients with whom they share language and knowledge of similar cultures, the coaches are better able to understand and address various culture differences that may affect clients’ healthy behaviors. Therefore, by recruiting coaches with knowledge of clients’ culture and therefore providing context for coaches’ understanding of the reasoning behind clients’ behaviors, the design of the *STEPs* program directly addresses potential difficulties of immigrants’ experiences in the American healthcare system.

Not strictly relegated to elderly, immigrant populations, health coaches note clients with various mental health afflictions can also challenge and affect their impact as coaches. One coach noted:

For my client with depression…the day before the appointment, he didn’t want go anymore, but I was so hoping we would go, so that was unexpected…it’s frustrating because I’ve been trying so hard, and he doesn’t help himself. I know it’s really difficult for him, I just wasn’t expecting how difficult it would be as a health coach.

The coaches note it is very difficult for them to directly address mental health issues among their clients and they believed increased psychological training may help them better serve clients with such issues. Thus, one main suggestion from coaches for improvement to the *STEPs* program is to incorporate more mental health knowledge training into their training schedules. One coach noted:

We do need more mental disease training. Our training focuses a lot on physical health, but not mental health. I know I’m not a doctor, but I need more understanding. I have a client with depression and he was really difficult and didn’t cooperate a lot. I think if I had more knowledge in mental diseases, I could better serve patients with mental diseases.

Because elderly immigrants are at a higher risk of social isolation in American society, mental health issues, such as depression, may be quite common among coaches’ clients. Therefore, given the characteristics of the population *STEPs* serves, it is particularly important for health coaches to receive training in general knowledge of and potential techniques to address clients’ mental health. As such, coaches indicated various experiences with depressed clients and subsequently expressed a desire for more psychological training.

Moreover, coaches noted some difficulties with administering assessments to their clients and consequently offered suggestions on how to improve the assessments. In the *STEPs* program, assessments are given by health coaches to clients to assess their health and their access to healthcare services. Firstly, coaches generally believed the assessments are too long. Because these assessments are over 100 questions, coaches believed this is quite a demanding task of their clients and believed shorter, more concise assessments would be more practical. Secondly, several coaches believed certain aspects of the assessment are unclear. For example, “the measurements are not clear…questions about how much food they eat is measured in ounces, but [the clients] don’t know ounces.” Because clients come from other cultures that do not use ounces as a measurement, questions that seek to measure how much fruit, vegetables, etc. clients eat daily are difficult to answer. Quantities on the assessments should either provide various types of measurements or more easily understood measurements for clients. Coaches also said there are a lot of “academic words” that are difficult for the clients, so simpler words should be used. In addition, coaches believed some open-ended questions would be better presented as ordinal data rather than ratio data. For example, asking clients how many hours a day they engage in certain activities, like sitting, standing, etc., in an open-ended format is challenging for clients and it would be helpful to provide benchmarks for time spent in these activities each day, such as ‘less than 1 hour a day,’ ‘1-2 hours a day,’ etc. Finally, a few coaches do not believe the assessments are comprehensive. Specifically, one coach said:

Every client should be given the SLAM test, which assesses clients’ memory. We try to get clients with no memory problems. But I would like SLAM to be included in assessments to know their memory capabilities, so the program can be successful with client who do not have major memory problems.

Therefore, coaches expressed a desire for an overall improvement in the assessments given to clients by making them more concise; making them clearer by addressing measurements, terminology, and scales used; and making them more comprehensive with the inclusion of a memory assessment.

Finally, coaches expressed various personal benefits from participating in the *STEPs* program. Many coaches said they improved their own healthy behaviors after learning more health knowledge through program’s training. One coach said, “Now, I have changed my eating habits because of the food knowledge I’ve gained through the program. I also try to remember to relax and importance of exercise.” In addition, many coaches noted the motivating effect their clients’ improvement had on them personally. A coach asserted, “When I see seniors trying hard to maintain their health, I remember the younger generation need to look out for their health too. Youth think, I’m young, I don’t need to care about my health, I can eat what I want, I won’t get really sick, but it’s important to be healthy at all ages.” Likewise, a coach remarked, “When I see the results and clients becoming more responsible about their health, exercising more, and they are less sad/depressed, this makes me happy.” Therefore, the health coaches reported an overall pleasurable experience in working with the *STEPs* program. While they noted several difficulties of the program and provided suggestions for improvements to the program, they generally believed the *STEPs* is helpful for their clients and recognized the benefits it had both for the clients and for themselves.

**Program Recommendations**

The purpose of this program evaluation was to examine the experience of health coaches in the *STEPs* program through qualitative interviews. While previous studies had examined the experience of health coaches qualitatively, in seniors, and in the immigrant population, no study could be found that examines the experience of health coaches for the senior immigrant population qualitatively.

The stakeholders in the *STEP*s program include the health coaches, the client population, the supervisors of the health coaches, BIAS, the St. Louis community, Saint Louis University researchers, and the Missouri Foundation for Health, which funds the grant through Saint Louis University for the *STEP*s program. The following recommendations are made by members of the Saint Louis University research team.

This qualitative assessment resulted in several suggestions, including comments about what is effective regarding the program in addition to areas needing improvement. It is recommended that the *STEP*s program continue to provide this needed service to the immigrant population, due to the large population and the increased demand of health care needs in this senior group. Not only does the program have apparent positive benefits for the clients, it also seems to have a positive effect on the coaches, as well. This positive effect on the coaches goes beyond the interaction of clients with a similar background. It carries over to the daily habits of the coaches themselves, with improved health and eating habits.

Through the interviews with the coaches, it was determined the level of support of the supervisors should be maintained, as well as the level of training the coaches receive. This foundation provides a framework that seems to promote positivity with the coaches. It would be beneficial to incorporate mental health education into the coaches training. With the age of the clients and the deteriorating mental health that can accompany advanced age, along with the frustration associated with being in a new culture, clients are perceived to be at risk for isolation and depression, for example. This education would benefit the coaches as they determine and make suggestions for services needed by the client. While there would be a cost with this training, the benefit would be a stronger program that identifies problems among the clients sooner.

Another positive finding of the program is its stress on the client achieving independence. With the input of the coaches and the training, along with the output of active learning by the client, the outcomes of the program are a better understanding of health by the client and more independence of the client.

One suggestion of the coaches is to modify the assessment form used with the clients at the initial visit. It seems to be too long in general and has the potential to be condensed in certain areas. Also, the use of open-ended questions, such as number of hours spent sitting and lying, could be modified to include choices of blocks of time. This change of ratio to ordinal data would bring more consistency to the results. While the form is likely not to change under the current iteration of the program, future programs might benefit from this consideration.

It is also recommended for the BIAS team and SLU researchers to perform a cost-benefit analysis of membership and certification through the International Consortium for Credentialing Health & Wellness Coaches (ICCHWC). Recognition through this international organization would bring more visibility to the program, allowing other programs to model the *STEP*s program and potentially create new initiatives and opportunities for funding upon completion of this program.

With the mention of health care providers, including physicians and pharmacists, it would be advisable to investigate involving health care providers. As mentioned previously, the teamlet model is a commonly used model that draws on the expertise of pertinent health care providers in developing plans for the clients. While there would be an additional cost to such a model, the value of such an addition should be considered.

Overall, the *STEP*s program has numerous benefits for the clients and health coaches, as evidenced by this qualitative study. While the recommendations for improvement set forth here are taken from key stakeholders in the program, it should also be noted that the program is viewed in a positive light as noted by numerous comments made during the interview process. The needs of the clients, health coaches, and local community appear to have been adequately assessed with involvement of all stakeholders. Further evaluation of this program could investigate qualitatively the experiences of the clients to determine strengths and areas needing improvement in the program. While quantitative outcomes were not measured in this process, this data can be studied further from both the perspective of the client and that of the coach to determine measurable links of success.