

1-5-2017

Barriers to Enrollment in a Pharmacist-Led Fitness, Nutrition, and Weight Management Coaching Program

Matthew J. Lengel

The Ohio State University and Kroger Pharmacy, mlengel@gmail.com

Cathy Kuhn

Kroger Pharmacy, cathy.kuhn@kroger.com

Allison Wehr

The Ohio State University, allison.wehr@osumc.edu

Marialice Bennett

The Ohio State University College of Pharmacy, Bennett.10@osu.edu

James McAuley

The Ohio State University College of Pharmacy, mcauley.5@osu.edu

Follow this and additional works at: <http://pubs.lib.umn.edu/innovations>

Recommended Citation

Lengel MJ, Kuhn C, Wehr A, Bennett M, McAuley J. Barriers to Enrollment in a Pharmacist-Led Fitness, Nutrition, and Weight Management Coaching Program. *Inov Pharm.* 2017;8(1): Article 1. <http://pubs.lib.umn.edu/innovations/vol8/iss1/1>

INNOVATIONS in pharmacy is published by the University of Minnesota Libraries Publishing.

Barriers to Enrollment in a Pharmacist-Led Fitness, Nutrition, and Weight Management Coaching Program

Cover Page Footnote

Acknowledgements: Marcia Worley, PhD, FAPhA Professor of Clinical Pharmacy The Division of Pharmacy Practice and Science, The Ohio State University College of Pharmacy

Barriers to Enrollment in a Pharmacist-Led Fitness, Nutrition, and Weight Management Coaching Program

Matthew Lengel, PharmD, MS, RPh¹; Catherine H. Kuhn, PharmD, RPh²; Allison M. Wehr, MS³; Marialice S. Bennett, BS, RPh, FAPhA¹; James W. McAuley, PhD, RPh, FAPhA¹

¹The Ohio State University College of Pharmacy; ²The Kroger Co., Columbus Division; ³The Center for Biostatistics, Department of Biomedical Informatics, The Ohio State University

Conflicts of interest: We declare no conflicts of interest or financial interests that the authors or members of their immediate families have in any product or service discussed in the manuscript, including grants (pending or received), employment, gifts, stock holdings or options, honoraria, consultancies, expert testimony, patents and royalties

Funding support: American Pharmacists Association Incentive Grant; The Kroger Co., Columbus Division – Pharmacy (in-kind); The Ohio State University, College of Pharmacy, Division of Pharmacy Practice and Science (in-kind)

Previous presentations: Lengel M, McAuley J, Kuhn C, Bennett M, Wehr A. A pharmacist-led fitness, nutrition, and weight management coaching program: patient utilization and expectations. *J Am Pharm Assoc.* 2015;55(2):e198. Presented at the American Pharmacists Association Annual Meeting, San Diego, California, March 2015.

Abstract

Objectives: To investigate barriers to utilization of a pharmacist-led fitness, nutrition, and weight management coaching program, as well as describe patient reported expectations and explore the patient characteristics potentially associated with a higher willingness to participate in the future. **Design:** Cross-sectional, descriptive study using an anonymous, electronic survey. **Setting:** A large, national, grocery store chain. **Participants:** Employee benefit plan members, eligible for a pharmacist-led fitness, nutrition, and weight management (FNWM) coaching program, who were not currently or previously enrolled in the program, and met coaching program qualifications. **Intervention:** Peer-reviewed, electronic survey administered and collected using an Internet survey analysis software. **Main Outcome Measures:** Barriers to enrollment in the pharmacist-led fitness, nutrition, and weight management coaching program. **Results:** Of 1,130 emailed employees, 352 responded and 133 met study inclusion criteria and completed the whole survey. Of those who fit inclusion criteria, the majority (53.4%) of the respondents were aware of the coaching program (75.2%) and expressed interest in future participation (53.4%). “I am already taking steps to improve my health” and “I do not have time to participate in the program” were the highest rated barriers for both those interested and not interested in participating in the coaching program. The majority of participants believed pharmacists were qualified to provide the coaching service (78.2%) and preferred one-on-one coaching with the pharmacist (67.7%). Key topics respondents wanted the pharmacist to cover included general diet and nutrition, weight management strategies, and vitamins and supplements. **Conclusion:** The two major barriers reported in the study were lack of time and the use of other health improvement methods; however, a large number of respondents indicated future interest in participating. Future programs may be able to increase utilization by focusing on programming that is more accommodating to participants’ schedules and integrating along with other weight loss programs. This study also provides some support regarding patient acceptance of pharmacists in innovative roles, such as fitness, nutrition, weight management coaching.

Key words: Workplace Health Promotion Programs, Pharmacist, Health Coaching, Nutrition, Fitness, Barriers, Expectations, Weight Management

Introduction

Obesity affects over one-third of U.S. adults and costs the healthcare system an estimated 147 billion dollars annually.^{1,2} Obesity directly and indirectly impacts many chronic illnesses such as diabetes, cardiovascular disease, and certain types of cancer.³ The most common risk factors for obesity involve

lifestyle factors such as inactivity, poor nutrition, excessive alcohol consumption, and tobacco use. While improvement of these lifestyle factors is essential for prevention and treatment of obesity and most chronic illnesses, they are often the most difficult aspects of therapy to address with patients.

Corresponding author: Matthew Lengel, PharmD, MS, RPh
Clinical Pharmacy Manager
Johns Hopkins Outpatient Pharmacy
Email: mlengel@gmail.com

In 2009, 92% of employers with 200 or more employees reported offering a workplace health promotion program (WHPP) as a strategy to prevent and treat chronic illnesses among their employees.⁴ WHPPs show improvements in patient activity level, dietary choices, weight management

and job satisfaction.^{5,6} As a result, the U.S. national health initiatives and Affordable Care Act strongly support and encourage the continued development and improvement of WHPPs.⁷

To promote effective patient lifestyle modification within WHPPs, all healthcare professionals need to work in collaboration. However, in terms of accessibility and knowledge, few healthcare professionals are positioned in communities as well as pharmacists to assist patients with lifestyle modifications. Additionally, many studies demonstrate that pharmacists can effectively improve patient outcomes through disease specific education and coaching.⁸⁻¹⁰ As employers look for strategies to improve utilization and impact of their WHPPs, utilizing pharmacists in innovative health promotion roles can potentially increase accessibility and effectiveness of these services.

A large, national, grocery store chain, offers a pharmacist-led fitness, nutrition, and weight management (FNWM) coaching program at no cost to overweight and obese employees within a specific benefit plan. In the program, trained pharmacists, employed at various store locations, offer individual or group coaching sessions focused on nutrition and fitness education, goal setting, and progress tracking. This FNWM coaching program is offered to employees in addition to a yearly, incentivized assessment of health risks with feedback (AHRF), in which employees receive a point of care screening, counseling, and appropriate referral(s). Generally, it is during this AHRF that referrals to the FNWM coaching program occur. Although literature reports a significant interest in meeting with a pharmacist regarding nutrition among employees, less than 1% of eligible employees participate in the aforementioned FNWM coaching program.¹¹ This is dramatically lower than the national average for employee participation in WHPPs, which is 11%.⁴

This study investigated the barriers to utilization of an innovative pharmacist-led FNWM coaching program among eligible employees, as well as the employee expectations of such a program. While there are previously reported, general barriers to participation in WHPPs, such as privacy, lack of motivation, perception of health, and unfavorable work schedule, the setting and nature of this pharmacist-led program may present unique barriers to employee participation, such as the perception of pharmacists' capabilities as health coaches.¹¹⁻¹⁴

Objectives

The primary objective of the study was to investigate the barriers to enrollment in a pharmacist-led FNWM coaching program. Secondary objectives were to describe what patients expect from the program in terms of settings and

educational topics and to assess what patient characteristics may be associated with a higher interest in participation.

Methods

The Institutional Review Board at The Ohio State University approved this cross-sectional, descriptive study. Study participants included primary beneficiaries of an employee benefit plan that offers the pharmacist-led FNWM coaching program. Study inclusion criteria were: current members of the qualifying benefit plan, who were not currently or previously enrolled in the FNWM coaching program, and met coaching program body mass index (BMI) qualifications (BMI > 29.0 kg/m² or BMI ≥ 27.0 kg/m² with diabetes, hypertension, and/or hyperlipidemia). BMIs were calculated using self-reported heights and weights. Since, eligibility could not be assessed prior to distributing the survey, questions regarding participant's eligibility were included within the survey tool developed for the study. Only survey responses that met study inclusion criteria were included in the final cohort.

The survey questions were developed using previous literature and were reviewed by colleagues at The Ohio State University. The 25-question, electronic survey was administered using Qualtrics™, an Internet survey analysis software. All participants were asked if they had heard of the coaching program and whether they were interested in future participation. Those who had not heard of the coaching program were given a brief description prior to asking about future interest. Members, who were interested in participating in the coaching program, were asked to rate what potential barriers may limit their ability to participate in the program, while those who were not interested were asked to rate the same barriers regarding why they were not interested. Using a 0 to 100 sliding bar tool, with 0 indicating strongly disagree, 50 indicating neither disagree or agree, and 100 indicating strongly agree, participants were asked to rate the following potential barriers: already taking steps to improve health; do not have time to participate; do not see the value of meeting with a pharmacist for fitness, nutrition, and weight management; do not feel lifestyle changes are a priority; and already at a healthy weight. Additionally all participants were asked whether there were other concerns not included in the survey items and given the opportunity to provide further detail. Survey questions related to secondary objectives included expected program educational topics, perceived health benefits, visit structure/frequency preference, perception of pharmacist qualifications and willingness to participate. Finally, patient demographics were captured for all survey participants. (Appendix 1).

Members were invited to take the anonymous survey via email. Two emails were sent over a two-week period with each containing a research description, informed consent,

and link to the online survey. Messages were sent through a secure email system, and the email recipient list was concealed from all recipients. Participants were allowed to withdraw at any point during the survey but respondents were offered entry into a prize drawing after completion to incentivize survey participation. All survey data remained confidential and anonymous with no connection to employee identity. Contact information was collected separate from the survey responses for the incentive drawing.

Descriptive statistics were generated for all survey items of interest. Demographics were reported both overall and broken down by whether or not the patient expressed willingness to participate in the program in the future. Continuous responses were expressed using means, medians, standard deviations and other appropriate measures of spread. Categorical responses were expressed using frequencies and percentages. All analyses were performed using SAS version 9.4, SAS Institute, Cary, North Carolina.

Results

Of the 1,130 employees emailed, 352 (31.2%) responded to the survey. One-hundred and thirty three responses were included in the final cohort after excluding those that did not meet inclusion criteria (N=211) or did not complete the survey (N=8) (Figure 1). Among those in the final cohort the average age and BMI were 44.3 years old and 34.1 kg/m², respectively. Respondents were predominantly white (87.2%), 24.1% were pharmacists, and there was roughly an even distribution of gender (Table 1).

Overall, 53.4% of the 133 respondents expressed interest in future participation in the FNWM coaching program and the majority of the respondents had prior knowledge of the program (75.2%). Note that 110 respondents (82.7%) had received their yearly assessment of health risks with feedback (AHRF) and of those 24% indicated they had not heard of the coaching program.

Barriers

Barrier responses were broken down by whether or not the participant expressed interest in future participation. For the purpose of this discussion, barriers with overall mean ratings above 50 (scale 0-100) were characterized as potential barriers.

As expected, respondents who were not interested in participating in the FNWM coaching program, tended to rate each barrier higher as compared to those who expressed interest. "Already taking steps to improve health" was a highly rated potential barrier among both respondents interested in future participation (mean=67.7, SD=21.8) and those not interested (mean=74.3, SD=25.1). "Lack of time" was another potential barrier among those not interested in

future participation (mean=69.2, SD=27.1); however, it was not as highly rated among those interested (mean=48.8, SD=27.4). Those not interested in future participation indicated the value of a pharmacist coach as a potential barrier (52.0, SD=28.9); however, the large interquartile range (25.0-78.0) indicates that there is a large diversity of opinion regarding the utility of meeting with a pharmacist in this group. Conversely, the majority of respondents in the interested group disagreed that the value of a pharmacist coach was a barrier (mean=28.6, SD=22.1). (Table 2).

Additionally, the majority of both groups indicated that perception of weight and lifestyle change motivation were not barriers to participation. Also, most respondents (78.2%) believed pharmacists were qualified to provide this type of coaching.

Characteristics/Expectations

When asked about setting and frequency preferences, the majority of respondents expressed preference for one-on-one coaching with the pharmacist (67.7%), as opposed to group sessions (9.0%), and to meet for 15-30 minutes (78.9%) every few weeks or monthly (55.6%) at a pharmacy location (48.9%). Other potential locations included remotely via telephone or video chat (21.1%) and a classroom outside of work (15.8%). Key topics that respondents wanted the pharmacist to cover were weight management strategies (66.2%), vitamins and supplements (60.9%), and general diet and nutrition (55.6%) (Table 3).

When comparing demographic features between those interested in future participation and those not interested, there was a larger proportion of males (59.2%) in the interested group versus the non-interest group (45.2%). Additionally, there were more non-pharmacists (80.3% in the interested group versus 69.4% in the non-interest group) and those indicating no weekly exercise (39.4% in the interested group versus 22.4% in the non-interest group) in the interested group. Age, BMI, race, and education level were similar between those interested and not interested in future participation.

Discussion

As the pharmacy profession continues to advocate for provider status and compensation for non-dispensing patient care services, outcomes from innovative pharmacist-led programs, could offer evidence to support the profession. However, it is difficult to evaluate program outcomes without adequate patient participation. Not to mention, participation is essential for employees and employers to reap the potential health and financial benefits of WHPPs. Understanding employee barriers to participation and preferences are important steps when developing or improving participation in WHPPs. Two major barriers

highlighted in our study were: “already taking steps to improve health” and “lack of time”.

Knowledge of patient preferences is important when considering the design of any patient care service. The majority of respondents in our study indicated interest in one-on-one sessions; however, a similar study assessing WHPP preferences showed a significant interest in group classes.¹¹ This difference could be due to our WHPP’s focus on weight, which can be a source of embarrassment or previous discrimination in the workplace for overweight and obese patients.¹² Therefore, our study indicates WHPPs with this focus may want to emphasize private coaching sessions. Although the majority of respondents preferred meeting at the pharmacy, some did express interest in meeting remotely (via telephone or video chat). This may be a simple and effective option to improve flexibility for some patients within WHPPs.^{16,17} Our survey also showed that patients may desire general diet and weight management coaching over fitness related coaching within this FNWM coaching program. The topic of vitamins and supplements was also popular among respondents. These preferred topics may be unique to pharmacist led programs and thus might not be generalizable to programs in a different setting or using a non-pharmacist coach.

“Lack of time” as a barrier to participation is consistent with previous literature; however, “already taking steps to improve health” was unique to our study.¹¹⁻¹⁴ Prior studies report that “lack of perceived need to participate” is a common barrier. However, we observed low ratings for the “I feel that I am already at a healthy weight” and “I do not feel lifestyle changes are a priority at this point” barriers. Thus, our study results may indicate that participants reporting “already taking steps to improve health” may have recognized the need for behavioral change, but preferred alternative lifestyle modification methods over FNWM coaching. People may not be aware of the potential improvement in self-efficacy and health outcomes associated with health coaching.^{16,18} Additionally, when examining successful WHPPs, those with comprehensive interventions, such as utilizing various wellness methods together, have increased participation and better outcomes.¹⁹ Educating patients on the potentially synergistic benefits of multilevel approaches, such as using a coaching program along with other wellness methods, could help overcome this barrier to participation.

Our study supports the fact that successful WHPPs need to address the lack of time reported by employees. The best method or program structure to accomplish this is not well established; however, Healthy People 2010 supports integration of WHPPs into organizations’ administrative structure.^{20,21} Programs should provide and market convenient times and locations that fit into their target

employees’ schedules. Some WHPPs report allowing employees to participate in the programs during work hours, which could further reduce this barrier.²²

Pharmacists are medication experts; with public acceptance, their knowledge of other important health information can be leveraged to address dietary and lifestyle causes of illness. Our study indicated that the pharmacist coach was generally not a barrier to participation. However, due to the large variation in rating among those not interested in participating, some patients may still need to be educated about the benefits of having a pharmacist provide this service. These results are supported by results from a previous survey by Bright et al, in which only 43.2% of respondents indicated interest in meeting with a pharmacist for nutrition information.¹¹

Marketing of our FNWM coaching program relies heavily on referral to the program during their annual AHRF. The fact that nearly 1 out of every 4 eligible respondents that received their annual AHRF had not heard of this coaching program, indicates this referral may not be happening appropriately. Programs that use AHRF along with additional health promotion services, such as ours, should verify that the AHRF providers are knowledgeable about the additional services offered and refer employees appropriately.

Our survey suggests a higher interest in participation among males, sedentary individuals, and non-pharmacists. However, the large amount of overall interest (53.4%) in future participation compared to the current program utilization rate of less than 1%, suggests that interest does not necessarily translate to active participation. Wing et al. reported that, although individuals who indicate interest in WHPPs are more likely to participate in the future, only 21% of those that expressed interest actually participated 6 months after the survey.¹² Although these individuals fitting these demographic characteristics could be targeted for recruitment; it would seem more beneficial to focus on reducing reported barriers for all potential participants.

Limitations

Given the response rate of 31.2%, there is a significant potential for non-response bias.²³ Those who responded may have had a greater interest in participation compared to those who did not respond, which may have influenced the high interest rate we observed. Our survey was sent via company email, and since a portion of the plan members did not have a company email address, the barriers and preferences of this group were not represented. Additionally, our study was conducted at one regional worksite, which may also decrease the generalizability of results to other regions or workplaces.

Due to logistical and privacy reasons, we were not able to refine the distribution list to include only those employees that met program inclusion criteria before sending the survey. Although our survey included an assessment of inclusion criteria, the self-reported nature of the responses used in our study may have introduced recall and/or reporting bias. Additionally, due to the design of our study, examining casual relationships between demographic groups and barriers and/or preferences was not possible.

Lastly, the survey allowed participants to provide additional comments after each section. Although no additional barriers emerged from the comments, not all potential barriers could be assessed with this single survey so some potential barriers could have been missed.

Conclusion

To ensure the success of a WHPP, it is important to offer programs that are suited for the employee population. This study set out to investigate what types of barriers were reported in a severely underutilized program and what eligible participants prefer. The two major barriers reported in this study were a lack of time and the use of other health improvement methods. A large amount of respondents indicated future interest in participation and referral of such employees to the FNWM coaching program should be improved during their annual AHRF. Respondents desired pharmacists to provide one-on-one, general education about nutrition, weight management, and vitamins/supplements. This study also provides some support regarding patient acceptance of pharmacists in innovative roles, such as fitness, nutrition, and weight management coaches as well as the continued expansion of pharmacists' role in these types of services.

These results will be used to improve enrollment in this WHPP and provide insight for other similar programs. Future programs should focus on creating flexible programming that can also be incorporated into other health improvement methods that patients may already be using. Future studies could evaluate integration of services by identifying what methods patients are using to improve health, as well as their individual or additive effectiveness.

References

1. Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. *Health Affair.* 2009;28(5):822-831.
2. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *J Am Med Assoc.* 2014;311(8):806-814.
3. Renehan AG, Tyson M, Egger M, et al. Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. *The Lancet.* 2008;371(9612):569-578.
4. Mattke S, Schnyer C, Van Busum KR. A review of the U.S. workplace wellness market. Rand Corporation, U.S. Department of Labor and the U.S. Department of Health and Human Services; 2012 July. Document Number: OP-373-DOL.
5. Schröer S, Haupt J, Pieper C. Evidence-based lifestyle interventions in the workplace--an overview. *Occup Med-Oxford.* 2014;64(1):8-12.
6. Hammerback K, Hannon PA, Harris JR, et al. Perspectives on workplace health promotion among employees in low-wage industries. *Am J Health Promot.* 2015;29(6):384-392.
7. HealthyPeople.gov. 2020 Topics and Objectives: Nutrition and weight status. <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29>. Accessed September 9, 2014.
8. Fera T, Bluml BM, Ellis WM, et al. The diabetes ten city challenge: interim clinical and humanistic outcomes of a multisite community pharmacy diabetes care program. *J Am Pharm Assoc.* 2008;48(2):181-190.
9. Cranor CW, Bunting BA, Christensen DB. The Asheville project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc.* 2003;43(2):173-184.
10. DiDonato KL, May JR, Lindsey CC. Impact of wellness coaching and monitoring services provided in a community pharmacy. *J Am Pharm Assoc.* 2013;53(1):14-21.
11. Bright DR, Terrell SL, Rush MJ, et al. Employee attitudes toward participation in a work site-based health and wellness clinic. *Journal of Pharmacy Practice.* 2012;25(5):530-536.
12. Rongen A, Robroek SJ, Ginkel W, et al. Barriers and facilitators for participation in health promotion programs among employees: a six-month follow-up study. *BMC Public Health.* 2014;14:573.
13. Person AL, Colby SE, Bulova JA, Eubanks JW. Barriers to participation in a worksite wellness program. *Nutr Res Pract.* 2010;4(2):149-154.
14. Kruger J, Yore MM, Bauer DR, Kohl HW. Selected barriers and incentives for worksite health promotion services and policies. *Am J Health Promot.* 2007;21(5):439-447.
15. Puhl RM, Heuer CA. The stigma of obesity: a review and update. *Obesity.* 2009;17(5):941-64.

16. Dennis SM, Harris M, Lloyd J, et al. Do people with existing chronic conditions benefit from telephone coaching? A rapid review. *Aust Health Rev.* 2013;37(3):381-388.
17. Maclean L, White J, Broughton S, et al. Telephone coaching to improve diabetes self-management for rural residents. *Clinical Diabetes.* 2012;30(1):13-16.
18. Hill B, Richardson B, Skouteris H. Do we know how to design effective health coaching interventions: a systematic review of the state of the literature. *Am J Health Promot.* 2015;29(5):e158-168.
19. Trickett EJ. Multilevel community-based culturally situated interventions and community impact: an ecological perspective. *Am J Commun Psychol.* 2009;43(3-4):257-266.
20. Goetzel RZ, Henke RM, Tabrizi M, et al. Do workplace health promotion (wellness) programs work? *J Occup Environ Med.* 2014;56(9):927-934.
21. Healthy People 2010. With Understanding and Improving Health and Objectives for Improving Health. Washington, DC: US Department of Health and Human Services; 2000. Available at:http://www.healthypeople.gov/2010/Document/HTML/Volume1/07Ed.htm#_Toc490550857. Accessed August 20, 2015.
22. Nurminen E, Malmivaara A, Ilmarinen J, et al. Effectiveness of a worksite exercise program with respect to perceived work ability and sick leaves among women with physical work. *Scand J Work Environ Health.* 2002;28(2):85-93
23. Nulty DD. The adequacy of response rates to online and paper surveys: what can be done? *Assessment & Evaluation in Higher Education.* 2008;33(3):301-314.

Figure 1. Survey Flowchart.

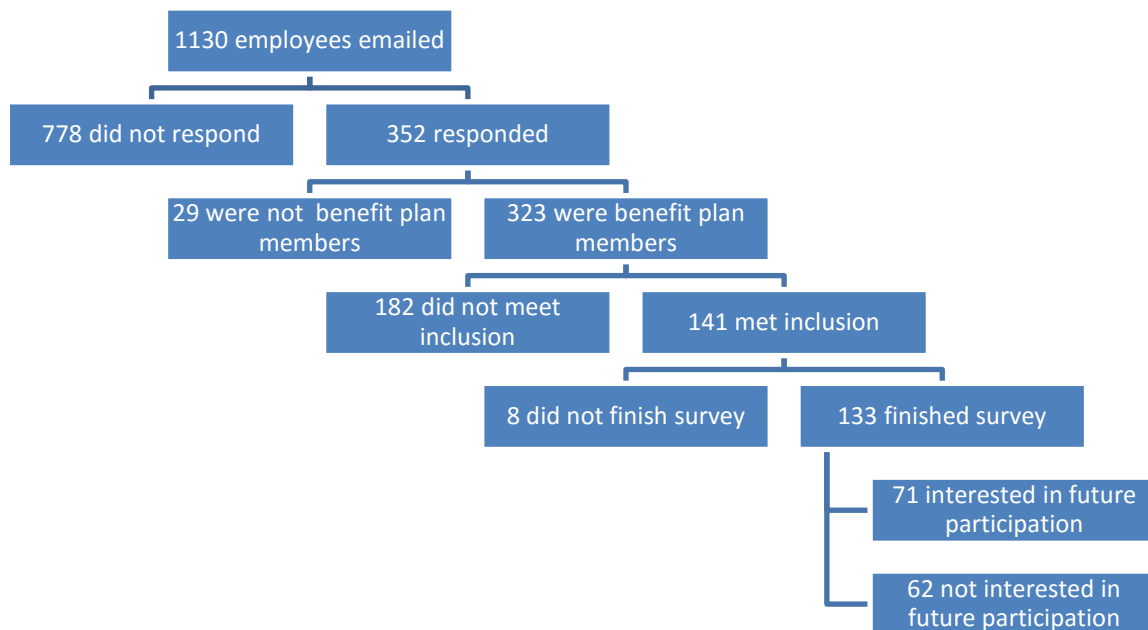


Table 1. Demographics.

Demographic	Total (N=133)
BMI, mean (SD)	34.1 (5.0)
Age, mean (SD)	44.3 (11.2)
Gender, n (%)	
• Male	70 (52.6%)
• Female	63 (47.4%)
Race, n (%)	
• White	116 (87.2%)
• Black/African American	11 (8.3%)
• Asian and Pacific Islander	1 (0.8%)
• Other	3 (2.3%)
• No response	2 (1.5%)
Education level, n (%)	
• High school or less	17 (12.8%)
• Some college/associates	47 (35.3%)
• Bachelor's degree or higher	67 (50.4%)
• Other	1 (0.8%)
• No response	1 (0.8%)
Exercise level, n (%)	
• No exercise	42 (31.6%)
• 1-4 days/week	76 (57.1%)
• 5-7 days/week	14 (10.5%)
• No response	1 (0.8%)
Have comorbid condition(s), n (%)	59 (44.4%)
Licensed pharmacist, n (%)	32 (24.1%)

Table 2. Barriers.

Barrier	Value	Barrier Ratings (0=strongly disagree, 100=strongly agree)	
		<i>Interested in future participation (n=71)</i>	<i>Not interested in future participation (n=62)</i>
I am already taking steps to improve my health	Mean (SD) <i>Median (Q1-Q3)</i> <i>(Min, Max)</i> <i>No response</i>	67.7 (21.8) 72.0 (50.0-81.0) (9.0, 100.0) 8	74.3 (25.1) 80.0 (68.0-92.0) (0.0, 100.0) 4
I do not have time to participate in the program	Mean (SD) <i>Median (Q1-Q3)</i> <i>(Min, Max)</i> <i>No response</i>	48.8 (27.4) 51.0 (29.0-70.0) (0.0, 100.0) 5	69.2 (27.1) 80.0 (50.0-91.0) (0.0, 100.0) 7
I do not see the value of meeting with a pharmacist for fitness, nutrition, weight management	Mean (SD) <i>Median (Q1-Q3)</i> <i>(Min, Max)</i> <i>No response</i>	28.6 (22.1) 22.0 (13.0-40.0) (0.0, 88.0) 12	52.0 (28.9) 50.0 (25.0-78.0) (0.0, 100.0) 13
I do not feel lifestyle changes are a priority at this point	Mean (SD) <i>Median (Q1-Q3)</i> <i>(Min, Max)</i> <i>No response</i>	29.5 (27.0) 20.0 (9.0-40.0) (0.0, 100.0) 13	40.9 (25.5) 39.0 (20.0-56.0) (0.0, 100.0) 14
I feel that I am already at a healthy weight	Mean (SD) <i>Median (Q1-Q3)</i> <i>(Min, Max)</i> <i>No response</i>	25.2 (21.5) 19.5 (10.0-35.0) (0.0, 82.0) 9	31.2 (23.2) 29.0 (18.0-50.0) (0.0, 81.0) 13

Table 3. Expectations.

Question	Response	Total (N=133)
Believe pharmacists are qualified?	Yes	104 (78.2%)
	No	29 (21.8%)
Gender preference for pharmacist coach?	None	87 (65.4%)
	Same sex	34 (25.6%)
	Opposite sex	8 (6.0%)
	No response	4 (3.0)
Coaching location preference?	At the pharmacy	65 (48.9%)
	No preference	38 (28.6%)
	Remotely (ex. video chat or telephone)	28 (21.1%)
	In a classroom	21 (15.8%)
	No response	7 (5.3%)
Coaching setting preference?	Individually (1 on 1)	90 (67.7%)
	No preference	25 (18.8%)
	In a group	12 (9.0%)
	No response	6 (4.5%)
Topic the pharmacist coach would be most helpful with?	Improved knowledge of diet/nutrition	64 (48.1%)
	Weight loss	40 (30.1%)
	Increased exercise/activity	14 (10.5%)
Coaching frequency preference?	Once a Week	17 (12.8%)
	Every few weeks	27 (20.3%)
	Once a month	47 (35.3%)
	every few months	21 (15.8%)
	once a year	4 (3.0%)
	No Preference	14 (10.5%)
	No response	3 (2.3%)
Coaching session length preference?	0-15 min	39 (29.3%)
	15-30 min	66 (49.6%)
	30-60 min	9 (6.8%)
	I don't know	11 (8.3%)
	No response	8 (6.0%)
Coaching session topic preference?	General weight management strategies	88 (66.2%)
	Vitamins and supplements	81 (60.9%)
	General diet/nutrition information	74 (55.6%)
	General fitness information	56 (42.1%)
	Goal Setting	54 (40.6%)
	Meal planning	53 (39.9%)
	Prescription medication review	50 (37.6%)
	Exercise concepts	46 (34.6%)
	Nutrition label reading	45 (33.8%)
	Diet/fitness technology	42 (31.6%)

Appendix 1. Survey.

Q1 Do you have Kroger health benefits?

- Yes
- No

Q2 What is your height in feet and inches?

Q3 What is your weight in pounds?

Q4 Do you have any of the following conditions: Diabetes, High blood pressure, High cholesterol

- Yes
- No
- I don't know

Q5 Did you get your annual health screening this year?

- Yes
- No

Q6 Was your health screening provided by a pharmacist?

- Yes
- No
- I don't know

Q7 Kroger offers a fitness, nutrition, weight management coaching program in which you can meet with a pharmacist at your convenience who is trained to help you meet your health and fitness goals. Have you heard about this program before?

- Yes
- No

Q8 How did you hear about this coaching program?

- At my annual health screening
- From a colleague
- From my health benefits plan
- Printed advertisement
- On-line/email
- Other

Q9 Are you currently enrolled in or have you used this coaching program in the past?

- Yes
- No

Q10 Would you be interested in participating in this coaching program in the future?

- Yes
- No

Q11 (Those interested in participating) Rate each of the following statements as to what you feel may limit your ability to participate in this program in the future, by sliding the pointer(s)

- _____ I feel I am already at a healthy weight
- _____ I do not feel lifestyle changes are a priority at this point
- _____ I do not have time to participate in the program
- _____ I do not see the value of meeting with a pharmacist for fitness, nutrition, weight management
- _____ I am already taking steps to improve my health
- _____ Other, please specify

Q11 (Those not interested in participating) Rate each of the following statements as to why you are not interested in participating in this program, by sliding the pointer(s)

- _____ I feel I am already at a healthy weight
_____ I do not feel lifestyle changes are a priority at this point
_____ I do not have time to participate in the program
_____ I do not see the value of meeting with a pharmacist for fitness, nutrition, weight management
_____ I am already taking steps to improve my health
_____ Other, please specify

Q12 Do you believe pharmacists are qualified to provide a fitness, nutrition, weight management coaching service?

- Yes
 No (please explain why not) _____

Q13 What topics would you like the pharmacist coach to cover in a fitness, nutrition, and weight management session?

Select all that apply

- General diet/nutrition information
 General fitness information
 General weight management strategies
 Meal planning
 Nutrition label reading
 Exercise concepts
 Goal setting
 Vitamins and supplements
 Prescription medication review
 Diet/fitness technology
 Other(s) (please specify)

Q14 What aspect of fitness would you expect the pharmacist coach to be the most helpful with?

Rank (1-Most helpful, 3-Least helpful)

- _____ Weight loss
_____ Increased exercise/activity
_____ Improved knowledge of diet/nutrition

Q15 While in the program, how often would you prefer to meet with a pharmacist coach?

- Once a week
 Every few weeks
 Once a month
 Every few months
 Once a year
 No preference

Q16 During a program visit, how long would you expect to meet with a pharmacist coach?

- 0-15 minutes
 15-30 minutes
 30-60 minutes
 Longer than 60 minutes
 I don't know

Q17 During a program visit, where would you prefer to meet with a pharmacist coach?

Select all that apply

- In a Kroger store
- In a classroom outside of a Kroger store
- Remotely (ex. video chat or telephone)
- No preference

Q18 During a program visit, how would you prefer to meet with a pharmacist coach?

- Individually (one-on-one)
- In a group
- No preference

Q19 During a program visit, what gender pharmacist coach would you prefer to meet with?

- Male
- Female
- No preference

Q20 On average, how many days of the week do you currently exercise?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Q21 What is your gender?

- Male
- Female

Q22 Are you currently a licensed pharmacist?

- Yes
- No

Q23 What is your race?

- White
- Black/African American
- Indian American
- Asian and Pacific Islander
- Other (please specify)

Q24 What is your age in years?

Q25 What is your highest level of education?

- Some high school, no diploma
- High school graduate
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate degree
- Other degree (please specify)