

Wellness Coaching for Cancer Survivors

RETURNING PATIENTS TO THE COMMUNITY: PROVIDING
PARACHUTES VIA HEALTH COACHING IN CANCER SETTINGS

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Sponsorship & Acknowledgement

LONGWOOD *foundation*

Laffey-McHugh
Foundation



Behavioral Health
& Nutrition

STOCKTON
UNIVERSITY



- Cancer Support Community Delaware
 - Nicole Pickles
 - Sean Hebbel
- Longwood Foundation
- Laffey-McHugh
- Health Coaches:
 - Tara Leonard
 - Diane Beneck
 - Jillian Sullivan
 - Jenna Ferguson
- Graduate Student Support:
 - Alyssa Saienni
 - Emily Clover



History & Development

Exploring Wellness Coaching for Cancer Survivors

Mary Lou Galantino, PT, MS, PhD, MSCE; Pam Schmid, BS;
CWC,HFS/CET; Janet Teixeira, MSS,LCSW

Stockton Graduates: *Stasia Botis, DPT; Courtney Dagan, DPT; Sheila
Mai Leonard, DPT; Anthony Milos, DPT*



Evolution & Dedication: It Takes a Team



Statewide conversation (2007) Cancer Consortium regarding cancer survivorship in the state of Delaware

Innovative ways to explore survivorship and co-survivorship from a public health perspective

Pam Schmid - instrumental in the design and implementation as the coach

Wellcoach faculty - ACSM endorsed

Janet Teixeira - Cancer Care Connection

Laffey McHugh Foundation Funding



WELLNESS SERVICES FOR INDIVIDUALS, ORGANIZATIONS, FITNESS PROFESSIONALS, AND HEALTH PLANS



Survivors face the same challenges most Americans face in living healthier...



**“I know what I need to do,
I just have trouble doing
it!”**

There is consistent, compelling evidence that physical activity plays a role in preventing many types of cancer and for improving longevity among cancer survivors

Patel et al., American College of Sports Medicine Roundtable Report on Physical Activity, Sedentary Behavior, and Cancer Prevention and Control. Med Sci Sports Exerc. 2019 Nov;51(11):2391-2402.



Additional challenges for survivors that effect health, fitness, and well-being:

- Fatigue
- Medication side effects
- Pain
- Cognitive changes
- Sleep problems
- Emotional/mental challenges
- Physical changes



Health Coaching

- Builds on expertise in areas related to health, wellness, and fitness while relying on relevant theories and methods from coaching field.
- Health coaches have professional credentials related to health, wellness, or fitness agendas of their clients.
 - Moves client from intention to action then toward sustainable change.
 - Involves creation of meaningful goals and design of viable action plans.

Gavin & Mcbrearty (2013). *Lifestyle Wellness Coaching*.



Health and Wellness Coaching Competencies

Mindfulness	Compassion	Positive emotions
Autonomous motivation	Appreciative inquiry, motivational interviewing	Reflections
Self-efficacy	Visioning	Goal setting

Sforzo G, Moore M, Scholtz M. (2015). Delivering Change That Lasts: Health and Wellness Coaching Competencies for Exercise Professionals. *ACSM's Health & Fitness Journal*. 19(2), 20-26.



Galantino ML, Schmid P, Milos A, Leonard S, Botis S, Dagan C, Albert W, Teixeira J, & Mao J. (2009). Longitudinal Benefits of Wellness Coaching Interventions for Cancer Survivors. *The International Journal of Interdisciplinary Social Sciences*. 4(10), 42-58.

- **Purpose:** To determine the feasibility and benefits of **wellness coaching** in improving health, fitness, well-being, and quality of life
- **Timeframe:** 3, 6 and 12 month changes to explore sustainability



Participant Reported Outcome Measures

Par-Q (Physical Activity Readiness Questionnaire)

HADS (Hospital Anxiety and Depression Scale)

Exercise Stage Assessment and Process of Change (Nigg)

Quality of Life Patient/Cancer Survivor (Ferrell, City of Hope)

Self-efficacy scales

Web based Wellcoach® well-being assessment



Intervention: Wellness Coaching for Cancer Survivors

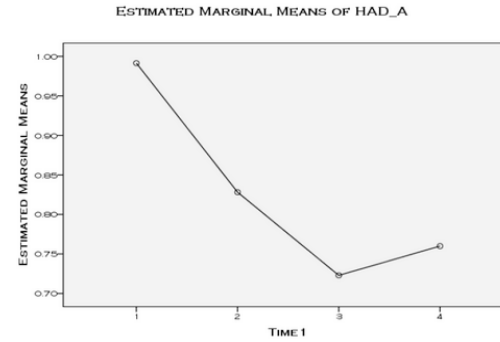
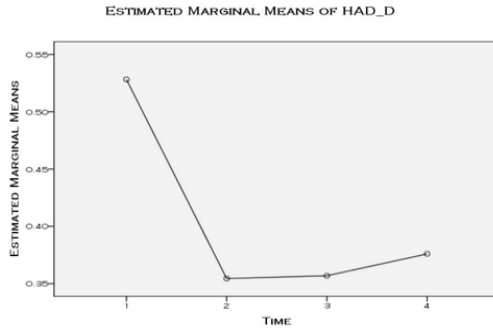
- One initial session – 90 minutes
- 5 subsequent sessions over 3 months – 30-40 minutes
- Follow up measures at 6 and 12 months
- Wellcoach principles used during each interaction



Six sessions of WC intervention for cancer survivors over 3 months resulted in significant improvement in overall quality of life, decreased depression and improvement in exercise stage assessment.

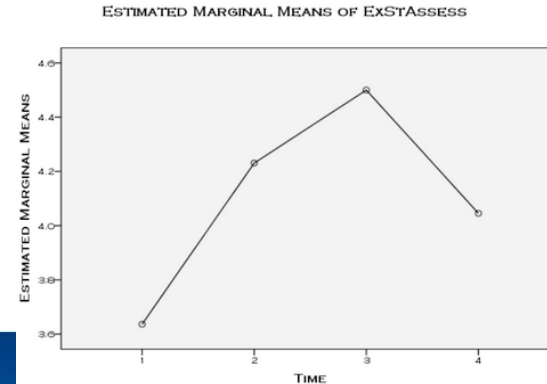
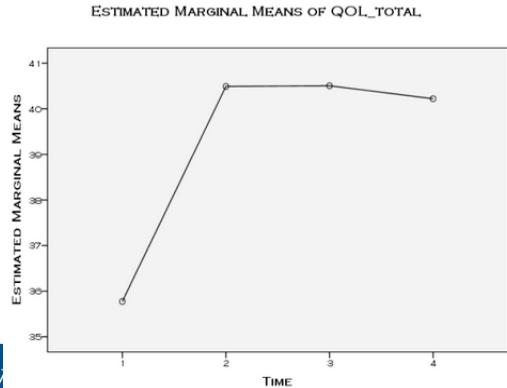
Total Number of Participants	30 (21 female; 9 male)
Age	Average 55.5 (35-76 range)
Race	26 Caucasian; 4 African American
Type of cancer	20 breast cancer; 7 prostate 3 colorectal
Time since cessation of treatment	Average 4.75 years (.5-9 years)





These positive trends continued from the cessation of coaching to 6 months after the intervention.

A slight decline in these improvements was observed from 6 to 12 month but did not return to baseline.



Qualitative Quotes

“It’s wonderful to get a boost... the things I’ve learned will stay with me forever.” “It’s setting me up for success.”

“My mindset has changed. I am thinking about what is good for me instead of being stuck in bad habits.”

“I liked... setting goals; helping me be realistic so I could be successful; having a personal coach; getting positive feedback; focusing on what I did do.”

“It takes the fear away when you have a partner and keeps my vision in front of me.”

“Gave me the focus and support to stop smoking.”



Galantino ML, Schmid P, Milos A, Leonard S, Botis S, Dagan C. *Exploring Wellness Coaching and Traditional Group Support for Breast Cancer Survivors: A Pilot Study.* Rehabilitation Oncology Vol. 28, No. 1, 2010

- Comparison of effectiveness of wellness coaching and traditional social support for breast cancer survivors (BCS) in improving overall quality of life.



Results

Table 1. Average Scores at Baseline and 3 Months

	Wellness Coaching Group		Social Support Group	
	Baseline	3 Months	Baseline	3 Months
HADS	0.49	0.29	0.37	0.21
CD Self-Efficacy	8.27	8.26	9.20	8.67
QOL Physical	7.40	8.16	8.43	8.61
OVERALL QOL	6.13	6.71	7.26	7.43

Table 2. Independent t- test and p-values Comparing Wellness Coaching to Social Support at Baseline and 3 Months

	Baseline	3 months
HADS	0.720	0.489
CD Self-Efficacy	0.084	0.284
QOL Physical	0.081	0.256

Table 3. Paired t-test Results with p-values at Baseline and 3 Months for Wellness Coaching and Social Support Groups

	Wellness Coaching	Social Support
HADS	0.029*	0.259
CD Self-Efficacy	0.961	0.112
QOL Physical	0.003*	0.618
OVERALL QOL	1.490E-05	0.114
* significant at <.05 p-value		

- Significant difference for coaching intervention:
 - Depression subscale of HADS ($p = 0.05$)
 - Physical QOL ($p = 0.002$)
- No significant difference in social support group



Survivorship Plan

“An appropriate weight, a healthful diet, and a physically active lifestyle aimed at preventing recurrence, second primary cancers, and other chronic diseases should be a priority for survivors...”

American Cancer Society guideline for diet and physical activity for cancer prevention. June, 2020

*A Solution for Complying with Standard 4.6 and 4.8
Commission on Cancer Accreditation. American College of Surgeons, January 2020*



ACCEL Community Engaged Research Award

- UD and CSCDE initially worked together on DE-CTR ACCEL Community Engaged Research Award:
 - Developed a community-based physical activity needs assessment for Delaware cancer survivors and service providers.
 - 41 individual interviews and 2 focus groups
 - Key recommendation was to develop a community-based healthy lifestyle specialist-coach with cancer-specific training



Program Overview

- Cancer Support Community Delaware
 - Affiliate of a national organization, in DE for 25 years
 - Mission Statement: We strive to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community. As a statewide nonprofit organization our support groups and programs are professionally led and are provided at no cost to help participants and caregivers cope with the emotional and life changing aspects of cancer.
- Services
 - Support groups for patients and caregivers
 - Mind Body stress reduction programming
 - Educational Programming
 - And more!



Program Overview

- “Health Coaching for Cancer Survivors”
 - Eligible to anyone with a cancer diagnosis, anywhere on the cancer continuum
- 6 individual sessions with a certified health coach
 - 1st session is 90 minutes
 - Other 5 are 30 minutes
 - In-person (pre-COVID), telephonic, videoconferencing
- Sessions are two weeks apart; completed over approximately 3 months
- Rolling admissions for the program



Program Overview

- Enroll interested participants
 - Fill out online interest form, call, or email
- Pass information on to the research coordinator (Nicole)
 - Assessments
 - Assigned a coach
- Provide local resources for referrals
- Monthly reporting of the numbers
 - Grants, state of Delaware
- Continuing to seek out funding for Phase 3 (Spring 2022)
- Promotion, promotion, promotion!



**HEALTH COACHING FOR
CANCER SURVIVORS**

Eligible to anyone with a cancer diagnosis, anywhere on the cancer continuum.

This program connects you with a certified health coach for 6 virtual sessions to work on healthy lifestyle changes.

**CANCER SUPPORT
COMMUNITY**
DELAWARE



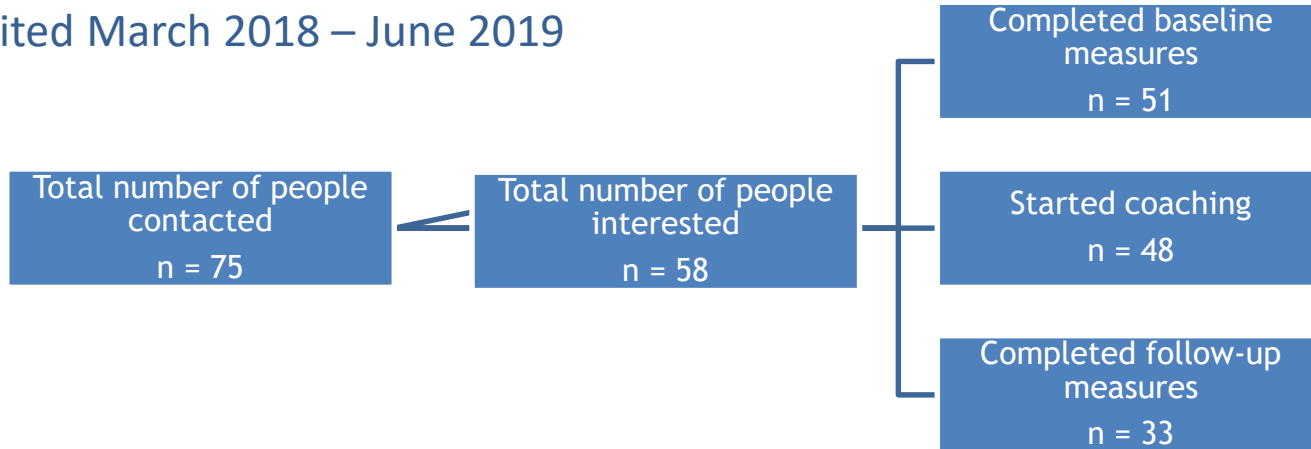
Funding

- Longwood Foundation (90%)
 - Major funder in DE for non-profits (DuPont family)
 - Relationship cultivated into community partnership over 4 years
 - 2 phases of grant:
 - Development
 - Implementing evidence-based research
- Other grants (<10%)
 - American Lung Association of Delaware
 - Highmark Delaware, Blueprints
 - Freeman Foundation in Sussex County



Program Successes

- Recruited March 2018 – June 2019



What is being measured?	Scale
Demographics & Medical Information	University of Delaware Health Coaching Questionnaire
Perceived Stress	Perceived Stress Scale (PSS) (Roberti, Harrington, & Storch, 2006)
Wellbeing/Quality of Life	Functional Assessment of Cancer Therapy: General, V4 (FACT-G) (Cella et al., 1993)
Anxiety and Depression	Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983)
Diet habits	Rapid Eating Assessment for Patients Short Form (REAP-S) (Segal-Isaacson, Wylie-Rosett, & Gans, 2004)
Physical Activity	International Physical Activity Questionnaire – Short Form (IPAQ) (Lee, Macfarlane, Lam, & Stewart, 2011)
Sleep	Pittsburg Sleep Quality Index (PSQI) (Buysse, Reynolds, Monk, Berman, & Kupfer, 1988)



	Screened	Enrolled
Gender		
Male	12	11
Female	46	37
Participant Age		
Under 35	3	3
35-44	1	0
45-54	15	13
55-64	22	18
65+	17	14
Participant Location		
New Castle	32	28
Kent	4	2
Sussex	13	11
PA	6	5
MD	2	2
NJ	1	0



Types of Cancer	Screened	Enrolled
Breast	27	20
Non-Hodgkin's Lymphoma	4	4
Ovarian	4	3
Lung	4	3
Thyroid	4	2
Melanoma	3	2
Endometrial	2	2
Multiple Myeloma	2	2
Prostate	2	2
Leukemia	2	2
Hodgkin's Lymphoma	2	1
Appendix	1	1
Colon	1	1
Sinus paraforma C12 (vocal cord)	1	1
Throat	1	1
Gastrointestinal Stroma Tumor (GIST)	1	1
Rectal mass	1	1
Testicular	1	1
Kidney	1	1
Follicular Lymphoma	1	0
Synovial Cell Sarcoma	1	0
Participants with multiple cancers (counted in above)	8	5



Coaching Sessions

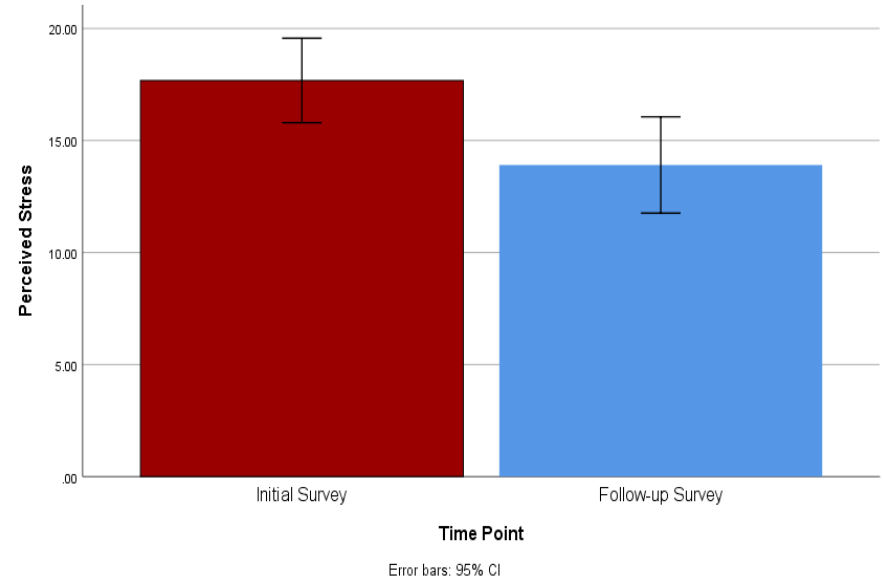
- A total of 48 participants completed an average of 85% of coaching sessions.

# of Sessions	6 sessions	5 sessions	4 sessions	3 sessions	2 sessions	1 session
Attendance	37	2	2	2	1	4
Average number of sessions attended:	5.13/6 WCCS coaching sessions = 85.4%					



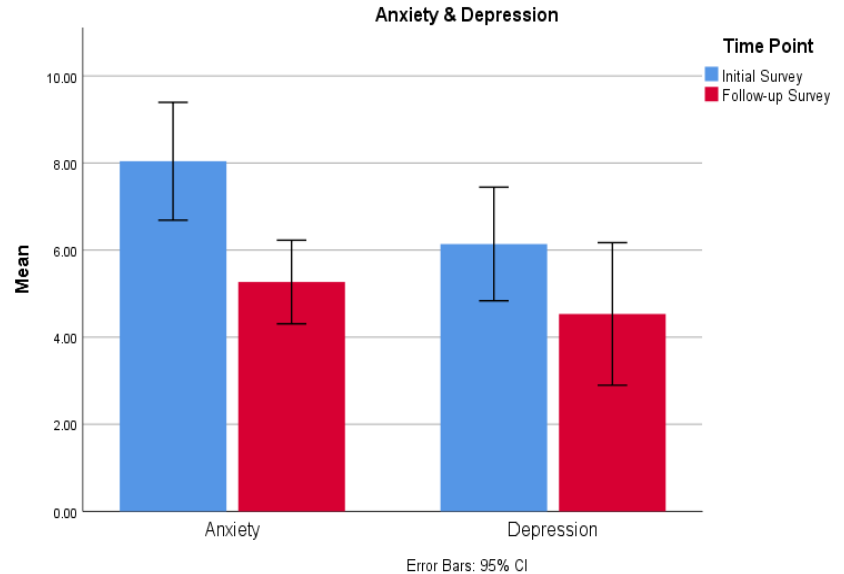
Results: Perceived Stress

- Participants experienced a moderately significant decrease in overall perceived stress from baseline to follow-up ($p < .001$, $d = -0.53$).



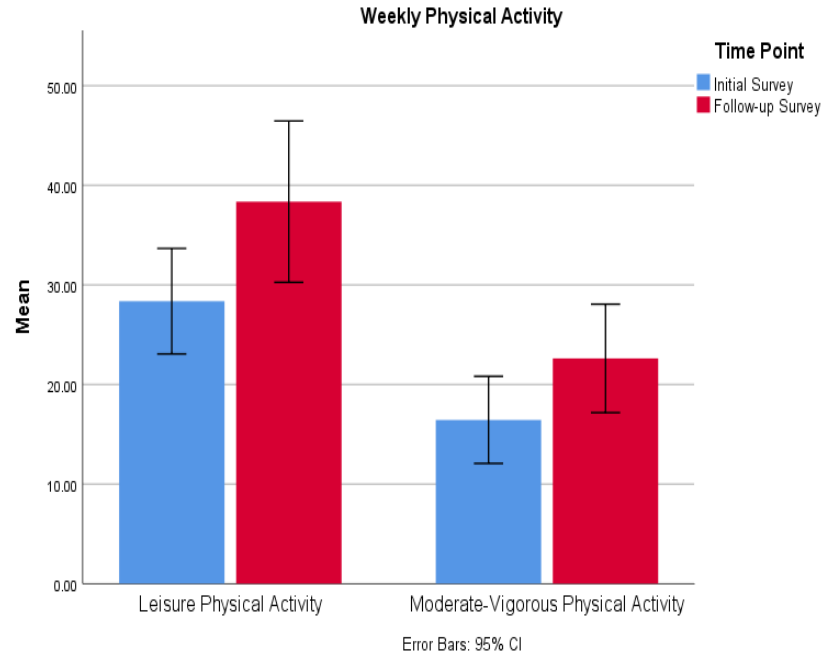
Results: Anxiety and Depression

- There was a moderate decrease in anxiety from baseline to follow-up ($p < .001$, $d = -0.57$).
- There was a small but significant decrease in depression from baseline to follow-up ($p = 0.10$, $d = -0.35$).



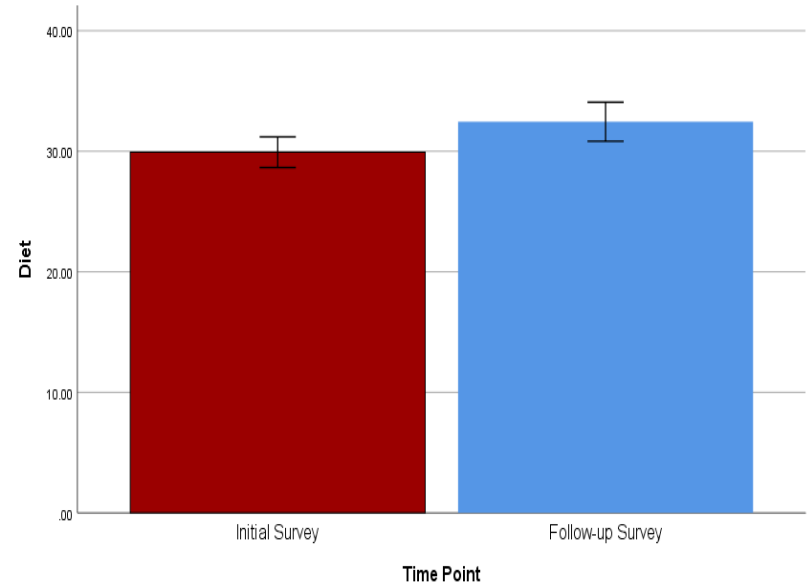
Results: Physical Activity

- Moderate significant increases were found in weekly leisure physical activity score and small increases in weekly moderate-vigorous physical activity score ($p=.007$, $d=0.48$; $p=.034$, $d=0.37$).
- Moderate increases in weekly overall physical activity frequency and small increases in weekly moderate-vigorous physical activity frequency ($p=.004$, $d=0.51$; $p=0.016$, $d=0.43$).



Results: Eating Behaviors

- A small significant increase in diet quality was observed ($p=.009$, $d=0.40$).
- Changes to diet was one of the themes most prevalently mentioned by participants in a follow-up questionnaire.

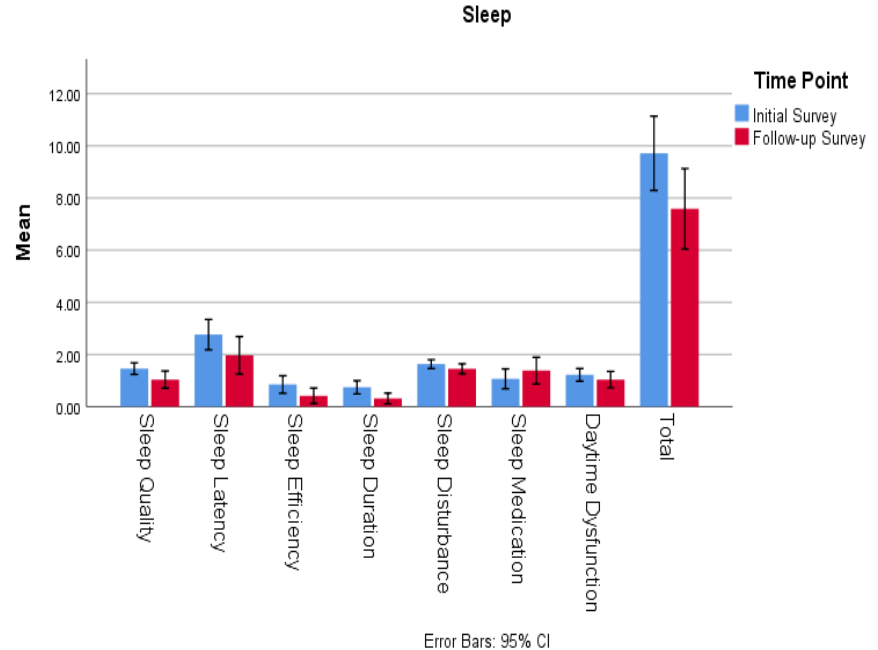


Error bars: 95% CI



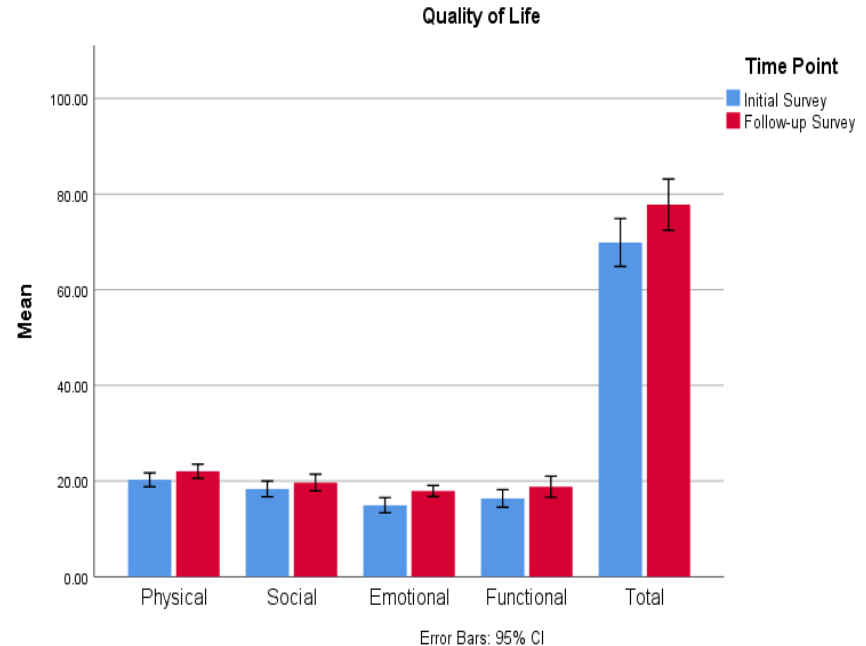
Results: Sleep

- Participants reported a moderate change in the quality of their sleep ($p=.006$, $d=-0.46$).
- Participants also reported small but significant changes in the duration of their sleep and sleep efficiency, or time asleep while in bed ($p=0.05$, $d=-0.35$; $p=0.035$, $d=-0.27$).
- Overall, participants reported that their sleep was better, they were sleeping longer, and reported falling asleep faster.



Results: Quality of Life

- Participants reported moderate increases in physical and emotional well-being ($p < .001$, $d = 0.46$; $p < .002$, $d = 0.56$).
- Smaller increases were found in functional and total well-being ($p = 0.011$, $d = 0.36$; $p = 0.002$, $d = 0.39$).



“Absolutely!! From the diagnosis of cancer through a post treatment care plan I am hopeful that this program will be expanded and that survivors can learn that life after cancer, while leaving permanent reminder, can be managed and lived fully. Support, family, friends being engaged in life in whatever form one can manage is crucial to emotional well being and that in turn let's one seek a healthier life style.”



Program Specifics



Clinical Health Coaching Training

- UD Clinical Health Coaching Certificate
- NBHWC
 - National Board for Health and Wellness Coaching





- Advance 21st century health care via high quality, evidence-based health coaching practice into clinical, organizational and community settings.
 - Train high quality, nationally recognized clinical health coaches
 - Conduct evidence based, quality health coaching-related research
 - Provide community-engaged health coaching services, training and mentorship



Coaching underpinning

- Motivational Interviewing
- Appreciative Inquiry
- Behavioral Theories
 - Transtheoretical Model
 - Self Determination Theory



Treatment Model & Session Structure

- 6 sessions over 12 weeks
 - 90-minute initial session
 - 30-minute follow-up sessions
- Bi-weekly sessions



Typical Coaching Topics

- Sleep
- Treatment side effects
- Physical Activity
- Nutrition
- Time management
- Care coordination (connecting the dots)



Topics unique to the population

- Financial implications of survivorship
- Unique referrals and resources (community based and nationwide)
- Timing of coaching relationship (onset, during and after treatment)
- Alternative Complementary therapy inquiries



Resources and Referrals

- Community resources
- National resources
- Loop back to CSCDE
- Refer to other supportive health professionals when needed



Health Coaching in Cancer Care

- Health coaching has potential to bridge between clinical medicine and multiple health disciplines to improve overall well-being of cancer survivors.
- Health coaching allows cancer survivors to discuss issues that impact their health and well-being.
- Coaches can also support and optimize recommendations given by oncology, primary care and other health professionals.
- Unique opportunities to make referrals and address issues or concerns that might not otherwise be supported.



Benefits & Future Directions

Benefits

- To the community:
 - Evidence based programming with professionally trained health coaches at no cost to participants
- From the partnership:
 - The researchers are able to provide their expertise in health coaching
 - CSCDE is able to provide expertise in cancer survivorship and program implementation
 - Allows for the tailoring of the program to meet the needs of the population and organization, while providing hard data for the academic community and to help secure future funding for both parties



Successes in Uncertain Times

- Virtual/remote means of coaching
 - Telephonic sessions
 - Zoom sessions
- Coaches are able to meet people where they are



Future Directions

- Group coaching
 - Starting in early 2022
 - Small group sessions
 - Offered through Zoom
- Hybrid between remote and in-person
- CPT and NPI



Q&A

