Development of an evidence-based Health Coaching Model: Informing Health Professionals' Practice

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Chronic Diseases: Concern world-wide (Sabate, 2002)

- Cardiovascular disease has been identified as a major cause of death in the western world
  - (Mathers, Vos, Stevenson, & Begg, 2000; National Heart Foundation, 1999; Rich-Edwards, Manson, Hennekens, & Buring, 1995)
- Diabetes has been reported to affect approximately 150 million people world-wide
  - (King, 1999).

Good Life Club
Review of Health Coaching models

- Lindner, H., Menzies, D., Kelly, J., Taylor, S., & Shearer, M. (2003). Coaching for behaviour change in chronic disease: A review of the literature and the implications for coaching as a self-management intervention. *Australian Journal of Primary Health, 9*, 177-185

Evidence for practice: Good Life Club Project

- Sharing Health Care Initiative
  - Better Health Outcomes
    - Demonstration project
    - Whitehorse Division of General Practice
- Self-management of type 2 diabetes
  - Co-morbidity of heart disease
  - Support through telephone coaching
  - Club Activities: web-based information/newsletter
- Health Coach training
  - Allied Health professionals

Health Coach Training
2-day Program Overview

1. Impact of chronic illness
2. Behaviour change counselling techniques
   Motivational interviewing
3. Model of behaviour change
   Transtheoretical Model (TTM) of Change
4. Behaviour change strategies
   - Goal setting and striving
5. Negative affect management strategies

Group Activities

Arrange yourselves into triads

- Client
  - Identify a health behaviour to discuss with coach (e.g., increasing exercise, water intake, reducing weight, high sugar foods, quit smoking, etc.)
- Coach
  - Discuss the target health behaviour to identify readiness to change and the currently used processes
- Observer
  - Take notes on the interaction between client & coach

Engage in this activity for about 5-10 minutes and then swap roles

Homework activities

"Buddy" allocation

Telephone coaching throughout week:

- Assess readiness to change, and processes of change, using motivational interviewing style of discussion

Read

Hotz, S. (1999). *Putting Theory into Practice: Helping Patients Change*. CACR Newsletter

Debriefing sessions

- Coach debriefing sessions
  - Run 4-6 weeks following training
  - Voluntary attendance
  - Recap on skills (processes, depression)

Consultation Map

- Record of Health Behaviour Change

- Section 1: Checking progress
- Section 2: Health Care Management Goals
  - Stage and processes of change (TTM)
- Section 3: Adjustment Issues
  - a) client's mood
  - b) client's thoughts

Health Coach data

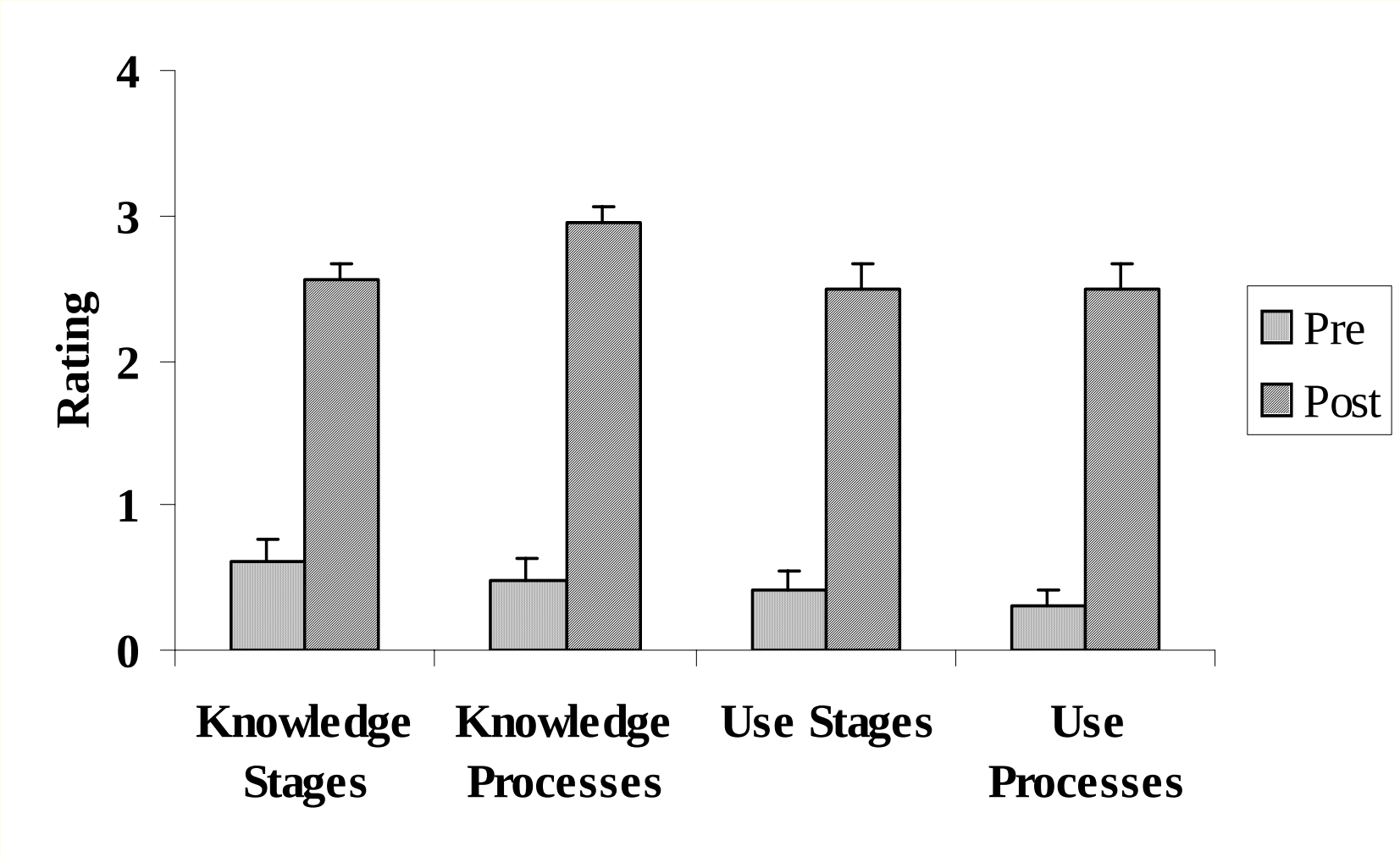
- Participants
  - 45 allied health professionals who completed GLC coach training
  - 3 training groups
- Materials
  - Pre-training questionnaire
  - Post-training questionnaire
- Procedure
  - Pre-training: 1 week prior to training session
  - Post-training: 12 month (groups 1 & 2) or 6 month (group 3) post-training

Table 1

Frequency of 39 coaches' responses to development of skills following the workshop training

	None		*Somewhat*		*Completely*
	0	1	2	3	4
Skills with motivational interviewing	0	0	13	24	2
Skills with self-efficacy	0	1	20	15	3
Use of a balance sheet	5	8	18	8	0
Use of the TTMC processes sheets	4	6	8	17	4
Generalization of TTMC to other client interactions	0	1	23	11	4

Figure 1. Mean scores for the pre-training and post-training assessments for 35 coaches



Coaching contact times

- Significant reduction on time spent telephone coaching over a 10-session sample, $F(15,205) = 2.03$, $p = .015$.
- Mean time on telephone
  - Session1 = 28.36 minutes ($SD = 9.8$)
  - Session 10 = 17.46 minutes ($SD = 9.45$)

GLC coaching- client outcomes

- *Summary from Erikson & Lindner (in press)*

Time 1 data

- Depression significantly associated with
  - Total symptom experience
    - (r = .668, r^2 = .45)
  - Total confidence to self-manage illness
    - (r = -.627, r^2 = .39)
  - Confidence to reduce doctor's visits
    - (r = -.567, r^2 = .32)

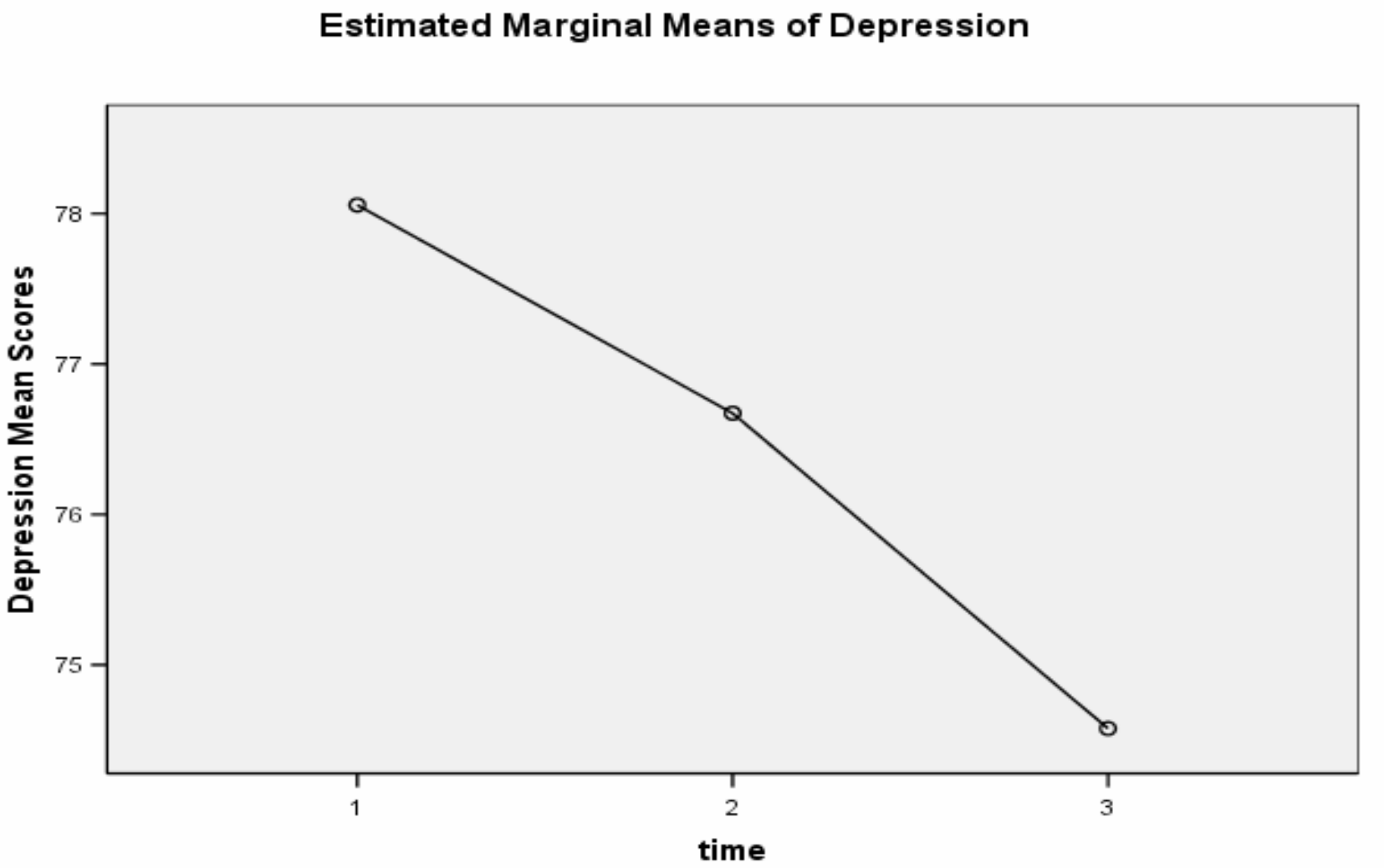
GLC coaching- client outcomes

- *Summary from Browning & Thomas (2003)*

Six-month assessment data

- Significant reductions in
  - Fearful of health ($p < .001$)
  - Shortness of breath ($p < .01$)
  - Visits to GP ($p < .02$)
- Confidence in managing conditions/disease related activities
  - fatigue, physical discomfort, emotional distress, treatments other than medication (all $p < .001$)

GLC coaching- client outcomes



GLC Economic Evaluation

- *Mortimer & Kelly (2006)*
- GLC intervention compared to usual care for a 18-month period
- Cost = $1,457
- Incremental cost-effectiveness ratio > $16,000
- Saving of approximately $14,500 per person for an 18-month period

Summary

- Management of health conditions depends upon successful client self-management.
- Self-management of conditions typically requires behaviour and cognitive change.
- "Growing recognition that knowledge alone is insufficient to produce significant changes in behaviour." (WHO, 2003)
- Rapidly growing recognition of GLC-based health coaching as a valid and effective (+cost effective) intervention for chronic illness self-management