

# Is Diabetes Coaching Effective?

### What is this research about?

Health coaching involves health-related education, behaviour change and support by a healthcare professional. Health coaching has been shown to improve clinical health outcomes, medication adherence, healthcare utilization and adherence to evidence-based practices. Although diabetes coaching shows promising results, a summary of the research evidence is yet to be completed.

### What did the researchers do?

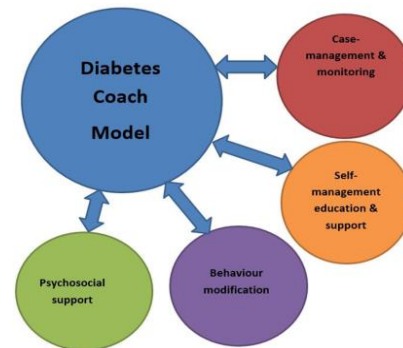
A comprehensive literature review of multiple databases was completed. To be included, studies had to report on adults with Type 2 diabetes receiving usual diabetes education in addition to coaching by a health care professional. A total of 8 studies were found and analyzed.

### What did the researchers find?

With the analysis of over 700 participants, the researchers found that diabetes coaching led to decrease in glycated hemoglobin (A1C) by 0.3%. Diabetes coaching studies that were shorter in duration (< 6 months) found a smaller decrease in A1C (0.2%); whereas longer exposure to coaching ( $\geq$  6 months) led to a decrease in A1C by 0.6%.<sup>1</sup>

Further analysis of the evidence identified components that are integral to diabetes coaching. Those components include: 1) diabetes self-management education; 2) behavior modification; 3) case management/monitoring; and 4) psychosocial support (Figure 1)<sup>2</sup>. Diabetes coaching also comprised strategies such as goal setting, diabetes knowledge acquisition, individualized care, and frequent follow-up. Promising practices included coaching via internet-based platforms or applications that support the collection and analysis of behavior and clinical data.

**Figure 1: Diabetes Coaching Model (Sherifali, 2016)**



Moreover, researchers examined how to best deliver diabetes coaching and found that the most effective approach was a combination of telephone and face-to-face sessions delivered via short but frequent interactions. Finally, the evidence suggests that a diabetes coaching model that is patient-centred, collaborative, encouraging of active learning, based on behaviour change theory and human motivation is most effective.

### About the Lead Researcher

Diana Sherifali is an Associate Professor in the School of Nursing, McMaster University. Her research interests are developing, implementing and evaluating strategies to support diabetes self-care.

### References

<sup>1</sup>Sherifali D, Viscardi V, Bai JW, Ali RM. (2016). Evaluating the Effect of a Diabetes Health Coach in Individuals with Type 2 Diabetes. *Can J Diabetes*. Feb;40(1):84-94. doi: 10.1016/j.jcjd.2015.10.006.

<sup>2</sup>Sherifali D. (2017). Diabetes coaching for individuals with Type 2 Diabetes. A state-of-the-science review and rationale for a coaching model. *Journal of Diabetes*. February 28, 2017. DOI: 10.111/1753-0407.12528

### Key Words

Diabetes, coaching, type 2 diabetes

# HEALTH COACHING FOR OBESITY

### What is this research about?

Health coaching for obesity involves the provision of health-related education related to weight regulation and management, the incorporation of tools for individuals' to self-monitor weight management behaviours (diet, physical activity, sedentary time) and progress toward goals, strategies to enhance individuals' motivation for change, a variety of skills to overcome barriers to successful weight loss and maintenance, and the creation of a supportive relationship to facilitate accountability for change.

### What have researchers done to date?

A series of evidence-based clinical practice guidelines in both Canada<sup>1</sup> and the United States<sup>2</sup> have been published to guide the planning and delivery of effective weight management interventions across a variety of healthcare settings. The results of these guidelines have identified the most efficacious elements of weight management interventions to help combat the rising rates of overweight and obesity.

### What did the researchers find?

Among overweight and obese adults, comprehensive lifestyle programs should be offered that assist individuals' to adhere to a reduced calorie diet (1200 – 1500 kcal/day for women, and 1500 – 1800 kcal/day for men; OR 500 to 750 kcal/day from baseline deficit), and increase their physical activity using a variety of behaviour change tools and strategies.

Lifestyle programs should be intensive ( $\geq 14$  face-to-face individual or group visits, over a period of 6 months) and followed by monthly weight loss maintenance support for  $\geq 1$  year. Maintenance support should help individuals' to incorporate 200-300 minutes per week of moderate intensity physical activity, self-monitor their weight at least weekly, and assist individuals' in continuing to adhere to a calorie controlled diet.

Electronically delivered weight loss programs can be offered, but may result in lower weight losses compared to face-to-face interventions<sup>3</sup>. Practitioners need to assess individuals' motivation for weight loss, readiness to implement the recommended behavioural changes, and work with individuals' to enhance their motivation for healthy change. Weight management interventions should also be tailored to meet the unique needs of individuals, taking into account individual characteristics including culture, and settings in which interventions are delivered.

### About the Researcher

Dr. Michael Coons is a Clinical, Health and Rehabilitation Psychologist in the Medical Bariatric Program at St. Joseph's Healthcare Hamilton. He previously served on the Obesity Scientific Committee of the American Heart Association (2012 – 2016). He is a Co-Director of the Health Coach Institute at the Health Leadership & Learning Network at York University.

### References

1. Canadian Task Force on Preventive Health Care. (2015). Recommendations for Prevention of Weight Gain and Use of Behavioural and Pharmacologic Interventions to Manage Overweight and Obesity in Adults in Primary Care. *CMAJ*. 187(3): 184-95.
2. Jensen, M., et al. (2014). 2013 AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation*. 129(25 suppl 2): S102 – 38.
3. Rao, G., Coons, M.J., et al. (2011). New and Emerging Weight Management Strategies for Busy Ambulatory Care Settings. *Circulation*. 124(10): 1182 - 203.