



The Role and Effectiveness of Diabetes Health Coaches in British Columbia Summary of Findings

Background: People with diabetes experience difficulty in managing their condition, and ongoing interaction with clinical staff is hard to obtain. This two-year pilot project, funded by the Lawson Foundation, was a partnership between the University of Victoria and the 11 Diabetes Health Centres in the Fraser Health Region of BC. A 40-member community advisory committee was established and met 15 times to guide the project and offer a community perspective.

What was investigated? The research investigated four major aspects of lay peer coaching, specifically: 1) the feasibility and viability of recruiting, training and pairing peer coaches with patients; 2) whether peer coaching brought about improved outcomes; 3) whether patient characteristics (i.e., sex, age, education level, and number of chronic health conditions) influence program effectiveness; and 4) the process of peer coaching.

Methods: The University of Victoria recruited and trained 109 coaches with various backgrounds. Coaches had type 2 diabetes or had family members or close friend with diabetes. Training included information on type 2 diabetes, behavioural change strategies and navigating the health care system. One hundred fifteen participants with type 2 diabetes were recruited. Eligibility criteria included adults with type 2 diabetes living in Fraser Health, experiencing difficulty managing and the ability to speak English. Coaches and participants were matched by sex and as close to the same age as possible. Coaches agreed to contact their participant by telephone once a week for 6 months and engage in a weekly 30-minute coaching session. Fourteen measures were collected at the start of the study and again at 6 and 12 months. Measures included A1c levels, patient activation, empowerment, self-efficacy, self-reported health, fatigue, pain, depression, communication with physician, medication adherence, health literacy, emergency department visits and nights in hospital in the previous six months. Qualitative research (i.e., Grounded Theory) was used to gather perspectives and opinions from subjects, coaches, diabetes educators and members of a community advisory committee.

Outcomes: The findings relating to feasibility and viability clearly demonstrated that peer coaches can be recruited, trained and paired with persons with type 2 diabetes for a 26-week period. Statistically significant improvements in outcome measures were found at both 6 and 12 months. At 12 months the mean participant A1C level had decreased by 9%; patient activation had increased by 15%, diabetes empowerment had increased by 10%; diabetes self-efficacy had increased by 23%; depression level had decreased by 24% and communication with physician had increased by 22%. These outcomes were not affected by subjects' characteristics such as sex, age, education level and number of chronic health conditions. For the qualitative research that looked at the process of coaching, a description of the role of the diabetes health coach emerged in five main themes: 1) teaching self-management skills; 2) providing accountability; 3) giving encouragement; 4) pointing to resources; and 5) clarifying boundaries. The interactions between the coach and participant (the coaching role) shaped the process

of coaching and resulted in participants reporting improved diabetes management behaviour changes which included: more consistent blood glucose testing, healthier eating and food choices, increased physical activity, improved stress management, better sleep practices and positive change in attitude or outlook.

In addition this study obtained valuable information on recruiting diabetes coaches and participants, training coaches, pairing coaches with participants, length and intensity of the intervention, liaising with diabetes health professionals and monitoring and supporting coach integrity.

Conclusions: This study demonstrated that diabetes peer coaching is viable, effective, and certainly has a role in the spectrum of ongoing diabetes care. A practical low-cost telephone peer coaching intervention assisted persons with type 2 diabetes to improve healthy behaviours and better self-manage their diabetes. The lessons from the pilot also provided valuable information to peer coaching in general. As a result of the study, slight modifications were incorporated into a program for people living in BC with any type of chronic health condition. The Self-Management Health Coach Program is now offered by the University of Victoria.

The Final Report can be accessed at www.selfmanagementbc.ca, and by clicking on “Self-Management Research” and then “Past Research Projects”.

For more information, contact Patrick McGowan PI at pmcgowan@uvic.ca, or Co-PIs Sherry Lynch at slynch@uvic.ca and Frances Hensen at hensenfran00@gmail.com.