Telephonic Health Coaching for the Type II Diabetic  
Gale T. Klinshaw  
Erie Community College  
Roberts Wesleyan College

**Introduction**
Health coaching may be available to people with chronic health conditions but it is not being utilized soon enough, if at all, by those who would benefit most. There is an increase in Type II Diabetes in our country without an increase or improvement in education available to those diabetics.

This evidence based proposal is intended to reach new or unstable adult Type II diabetics who are members of a managed health care insurance program. The program proposed would be introduced immediately after diagnosis to improve patient outcomes. The use of a telephonic health-coaching program would also provide a more comprehensive intervention for those in need of assistance with self-care. Telephonically more diabetics who would otherwise not receive the education required to successfully control their diabetes can be assisted without ever leaving their homes.

**Objectives**
1. Decrease in the members/patients’ Hemoglobin A1c (HgbA1c) to 7 or less.
2. Decrease in members/patients’ Emergency Department Visits and hospitalizations.
3. Overall improvement in members/patients’ general health and quality of life.
4. Continuing increase in member/patient compliance resulting in increased customer satisfaction.
5. Increase in job satisfaction for the health coach nurses and decrease in cost of providing care.

**References**


A complete list is available upon request.

**PERSONAL ACTION PLAN**
1. List specific goals in behavioral terms.
2. List barriers and strategies to address them.
4. Share plan with member/patient and Health Coach Team.

The “5 A’s of Behavioral Change”

1. ARRANGE  
   - Patient Beliefs, behavior and knowledge
2. ASK  
   - Specify information about diabetes health risks and benefits of change
3. ADVISE  
   - Identify personal barriers, strategies, problem solving techniques and associated environmental support
4. AGREE  
   - Together set goals based on patient’s needs, interests and confidence in their ability to learn and change present behavior
5. AGENT  
   - Provide specific information about diabetes health risks and benefits of change

Source: Registered Nurses Association of Ontario (2010)

**Conclusion**
With telephonic health coaching the member/patient will be better prepared to manage their own diabetes as this type of support provides an excellent knowledge base for the new or poorly controlled diabetic. They will not be limited to receive only scheduled support and education. At any time members may call the Nurseline with questions or problems to assist them in the management of present health concerns and receive guidance as to how to act upon them. Research has shown that with continued support patients are more likely to remain compliant with diet, medications and exercise (MacLean, L.G., et al, 2012). They will require fewer emergency visits and hospitalizations when health concerns are not allowed to become critical. This will result in generally healthier, more compliant and happier member/patients with an improved quality of life. Health coach nurses will experience greater job satisfaction and the cost for caring for these patients will also decrease.

**Methods**

**Source**
Registered Nurses Association of Ontario (2010)

**References**


