

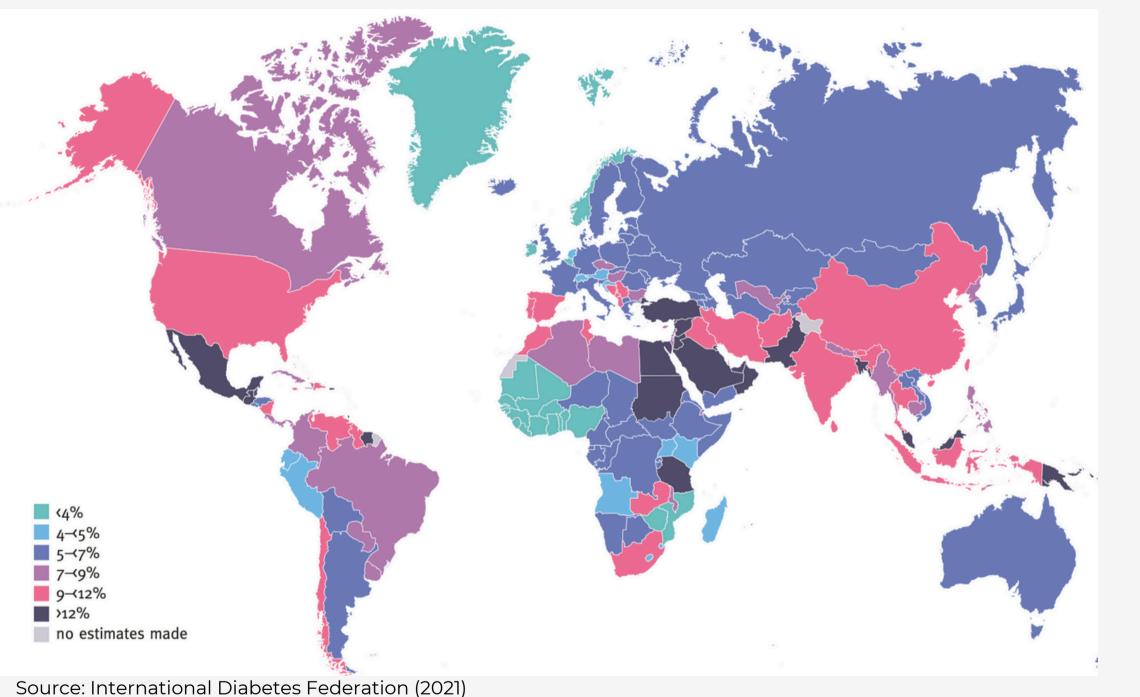
"Does health coaching have an impact on the ability to apply health information in diabetic patient?"

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Background



• The purpose of this study was to assess the effect of health coaching on improving health literacy in patients with type 2 diabetes mellitus in the hospital.

In some countries **health coaching** has been used as a behavior change tool for patients with diabetes, and has been shown to be effective in improving the quality of life of patients with chronic diseases.



• **Diabetes** is a major health issue that has reached alarming levels.

Indonesian Society of endocronology (2021)

• The goal of diabetes management is to improve quality of life

• The current management of diabetes is **lifestyle** modification through health education and pharmacological approaches.





Methodology



registered Randomize control ISRCTN trial. at (registration number 15141896)



phone

STATISTICAL ANALYSIS

tests.

Enrolment Assessed for eligibility (n=334)Excluded(n=200)• didnot met criteria (n-196) • Decline to participation (n=4) Randomized (n=134) Alocation received health education + Received only health coaching (n=66) education (n=68) Follow up Lost to follow-up (n=3)Lost to follow-up (n=5) Discontnued (n=1) Readmission(n=1) Follow up Analized (n=62) Analized (n=62) Excluded from analysis (n=0) Excluded from analysis (n=0)

ETHICAL APPROVED

This study was approved by the Ethics Commission for Research and Public Health Services of Universitas number 28/UN2. Indonesia (approval F.10/PPM/00.22/2019)

DESAIN STUDY

SUBJECTS

Patient with type 2 diabetes, age \geq 15 yo, HbA1c >6,5%, have health insurance, no mental disorders, not pregnant, no functional impairment and not received blood transfusions in the last two or three months

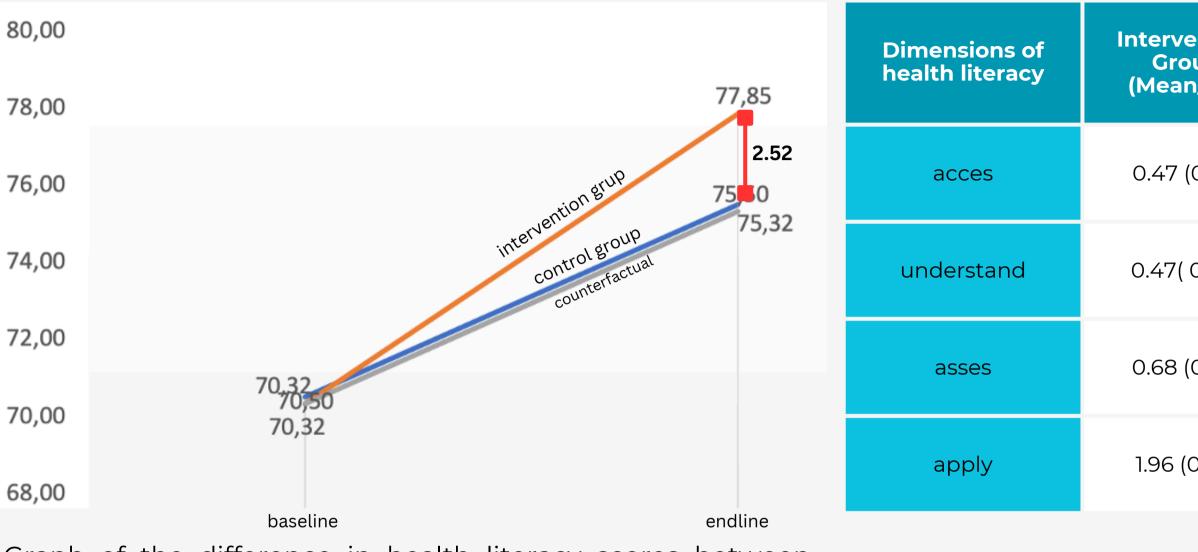
INTERVENTION

Subjects in the intervention group received additional health coaching four times, once face-to-face in the hospital during discharge, and three times by telephone (once by hospital staff in the first week after discharge and twice by primary care staff in the fourth and eighth weeks after discharge). Each coaching session lasted between 45 and 60 min, whether face-to-face or over the

Statistical analyses to determine differences in health Ikiteracy score changes within groups and between groups were performed using paired and independent t-

Result, Discussion

Table of Mean Change in Health Literacy Score between Baseline and 12 Weeks by Health Literacy Dimension between Intervention Group and Control Group



Graph of the difference in health literacy scores between intervention and control groups

DISCUSSION

- There is a difference in the increase in health literacy scores in diabetic patients between the intervention group and the control group of 2.52 points. In line with Vanderwolf's research (2012) -the difference in self efficacy detected 2.98
- The distinguishing dimension of health literacy is the ability to assess and apply the health information received, in line with Withmore's (2017) opinion that coaching unlocks a person's potential to maximize their performance.

ention oup n/SD)	Control group (Mean/SD)	Diff in Diff (Cl 95%)	p value
(0.53)	0.53 (0.56)	0.06 (-0.13-0.26)	0.515
0.64)	0.61 (0.58)	0.14 (0.11-0.18)	0.191
(0.62)	0.42 (0.56	0.25 (0.05-0.46)	0.017
(0.77)	0.85 (0.67)	1.11 (0.85-1.37)	0.000

Conclusions

- health coaching increases the confidence and commitment of diabetic patients in applying the health information they have received
- coaching can be integrated as a new standard in the management of patients with diabetes as part of lifestyle modification to achieve a better quality of life.

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