

Coaching Terms Study

PURPOSE OF THE STUDY

This study will collect insights to inform the design and content of a new online goal-setting platform.

SIGNIFICANCE

This study will inform the design of an online health behavior change program that includes health coaching and a goal-setting activity. Health coaching is a strategy used to promote health behavior change in a variety of contexts, including health insurance plans, workplace wellness programs, and primary care clinics. Coaching combines health education with psychosocial support and behavior modification techniques in order to meet patient-determined goals; although the particular components used may vary by program (Hill, Richardson, & Skouteris, 2015; Wolever et al.). A positive effect of coaching interventions has been demonstrated for health-related behaviors such as physical activity, nutrition, and weight loss (Hill et al., 2015; Olsen & Nesbitt).

Most often, health coaching is delivered in person or over the telephone. However, programs that deliver coaching via the Internet have been shown to provide many of the benefits of traditional health coaching at a lower cost (Simkin-Silverman, Conroy, Bhargava, & McTigue, 2011). Online coaching programs can reach patients whose schedules may not fit with traditional counseling programs. Personalized advice can be delivered via text messages or emails, and other educational resources (e.g., print booklets, interactive tools) can be distributed through the online program itself or by email.

The characteristics of health coaches and characteristics of the health coaching relationship have been examined to improve the effectiveness of coaching programs. Different modes of referral to coaching services (i.e., in-person referral, clinician-facilitated phone call, patient-initiated phone call) can have different effects on the outcome of the referral, and in-person referral methods have shown more behavior change results (Boudreaux, Haskins, Harralson, & Bernstein, 2015). Limited studies focus specifically on the expectations that patients have in regard to professional health coaches and the health coaching relationship nor do many consider the patient's experience to inform questions related to the characteristics of coaches or the coaching relationship.

The purpose of this study is to conduct formative research that will inform the future design of a health behavior change program involving coaching via messaging through a closed online program. The program will be designed to be applicable to a broad audience, but also allow for self-tailoring or preference settings among users.

STUDY DESCRIPTION

The initial study will focus on the program's goal-setting platform to determine the most efficient and effective methods for engaging individuals. We will examine when to introduce coaching into the goal-setting platform and what to call it, how to present personalized targets for behavior change, and which data-capture methods are most efficient and intuitive for users in helping to set specific behavior change goals.

Up to 100 individuals 18 years or older, from a convenience sample, and 100 members from a Medicaid plan will participate in an in-depth, one-on-one interview. The individuals recruited from a health plan will be mailed a recruitment letter inviting them to participate. Project staff will follow up by phone to introduce the study, invite participation, confirm eligibility, and schedule interviews. Reminder calls and/or emails will be sent to scheduled participants one week prior (when applicable) to the interview and one day before the interview. The interviews will be conducted in a public setting – such as a university, clinic, or community facility (library) – with separate areas to maintain the privacy of members. Interviews will be conducted on a range of days and times to accommodate those with different schedules. Interviews are expected to last 60 minutes to allow for obtaining written informed consent, answering questions, taking breaks

(if needed), and collecting qualitative data. Individuals will participate in one of the following interview types:

- ▶ Semi-structured qualitative interview with card sort exercises to identify participants' familiarity, perceptions, and preferences for "coaching" and related terms.
- ▶ Semi-structured task-focused interview with paper prototypes of the web-based program to assess usability and preferences for specific design elements in the goal-setting platform. Prior to the interview, participants will be asked to complete the NCQA-accredited Health Risk Assessment in order to increase the real-world context of the research tasks.

Participants are given a \$25 gift card for their time. Transportation reimbursement such as bus or metro passes will be available as needed.

PRINCIPAL INVESTIGATOR AND SUPPORT STAFF

The study team responsible for the design and implementation of the study includes Matthew Kreuter, Amy McQueen, Timothy Poor, and Nicole Caito from Washington University in St Louis and Karyn Quinn from Centene.

STUDY METRICS AND EXPECTED OUTCOMES

Several research questions will be addressed: (1) What sources do people use to get health information or support? (2) What terms are people familiar with and associate with our definition [of a health coach]? Do preferences for terms vary across health behaviors? (3) What characteristics and services are expected from an effective [health coach]? And do expectations vary across behaviors? (4) What type of interaction with a coach is envisioned or preferred? (5) What, if any, negative consequences or concerns do participants anticipate? We will use the information obtained from the interviews to inform the design and development of an online coaching program. The goal-setting platform will be custom designed to meet the specific needs of members based on the one-on-one interviews and the findings. A summary of the survey results will be shared with participating health plans and other stakeholders at the conclusion of the study.

REFERENCES

- Boudreaux, E. D., Haskins, B., Harralson, T., & Bernstein, E. (2015). The remote brief intervention and referral to treatment model: Development, functionality, acceptability, and feasibility. *Drug and Alcohol Dependence*, 155, 236-242.
- Hill, S., Richardson, B., & Skouteris, H. (2015). Do we know how to design effective health coaching interventions: A systematic review of the state of the literature. *American Journal of Health Promotion*, 29(5), e158-168.
- Olsen, J. M., & Nesbitt, B. J. Health coaching to improve healthy lifestyle behaviors: An integrative review. *American Journal of Health Promotion*, 25(1), e1-12
- Simkin-Silverman, L. R., Conroy, M. B., Bhargava, T., & McTigue, K. M. (2011). Development of an online diabetes prevention lifestyle intervention coaching protocol for use in primary care practice. *The Diabetes Educator*, 37(2), 263-268. usability.gov. Research-based web design and usability guidelines. Available from: <http://www.usability.gov/guidelines/index.html>.
- Wolever, R. Q., Simmons, L. A., Sforzo, G. A., Dill, D., Kaye, M., Bechard, E. M., . . . Yang, N. A systematic review of the literature on health and wellness coaching: Defining a key behavioral intervention in healthcare. *Global Advances in Health and Medicine*, 2(4), 38-57.