

Intrapersonal Variation in Goal Setting and Achievement in Health Coaching: Cross-Sectional Retrospective Analysis

Opinion

Purpose of the study

The objective of this study was to conduct a multivariate analysis of the intrapersonal differences in participants' progression in Tele-Health Coaching and goal setting, specifically "examining gender and age-related differences". Sample Population: The population included over 35,000 adults aged 18 years or older enrolled in a HIPAA-secure International Consortium for Health and Wellness Coaching program and who set goals with their Health Coach. The majority of participants (76%) were females, while males comprised 24% of the research study sample. The age breakdown was: 4653 of participants were younger than 30 years, 18,106 were between 30 and 50 years, 8663 were between 51 and 64 years, and 3911 were 65 years and older [1].

Summary

The authors' rationales for selecting this topic are the costly and preventable chronic health problems that plague the United States including obesity. The authors build a strong case for personalizing the online e-health and mobile health coaching experience to each individual for optimal health outcomes and cost savings. "Health information technologies are a critical component of our healthcare system, and often relevant to value-based care" (O'Donnell, 2018, para. 1). The key findings in this study support online health coaching, m-Health Smartphone apps for behavior change, activity trackers and wearable as a significantly effective strategy to achieving value and cost savings in healthcare. The evidence from this research supports the use of Tele-Health Coaching for improved nutrition and fitness, tobacco cessation, weight loss and weight management, and for reducing health risks including but not limited to decreases in blood pressure, lipids, blood glucose, weight, body mass index (BMI), cholesterol, and or diabetes.

Strengths of study

The main strength of this study is the assessment of a large national population sample with demographic and operational data from a very diverse set of employers offering the same Internationally Consortium for Health and Wellness coaching program.

Limitations of study

This study included only two key demographic metrics, age and gender.

Recommendations for further study

Further research should include examination of outcomes

Mini-Review

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beyond goal completion or health coaching program completion. Designing a study to measure health-related outcomes, such as weight loss, BMI changes and biometric changes in health status would provide a more in-depth analysis of Tele-Health Coaching outcomes. Further research could also include demographic metrics of race and socioeconomic status indicators.

Conclusion

Dr. Wallace and her colleagues (2017) have provided appropriate direction and support in their efforts to develop the understanding of how successful administration of a health coaching initiative among a diverse population must be adaptable to gender and age variables and personal preference. This study revealed that women were more likely than men to choose online interactions and engage in face-to-face Tele-Health Coaching sessions, whereas men were more likely to choose telephone and texting Tele-Health Coaching. Men were also more apt to engage with their health coach via mixed modalities including a combination of telephone, texting and online interactions (Figure 1). The authors also include timely content covering Tele-Health Coaching technology as a treatment modality. Integration of Tele-Health Coaching technologies have the potential to reach more patients because of the five A's of psychotechnologies; accessibility, affordability, anonymity, acceptability, and adaptability (Tele Mental Health Institute [TMHI], 2018). Empirical research in Tele-Health Coaching delivered via telephone and online demonstrates it is a key intervention in health behavior change, goal setting and goal achievement [1-3]. My critical review of this article is in consonance with current research and recent empirical studies affirming that Telehealth intervention can facilitate goal achievement and have a beneficial effect on the overall mental health, physical health and behavioral health of several multimorbid patient populations [1,4-8].

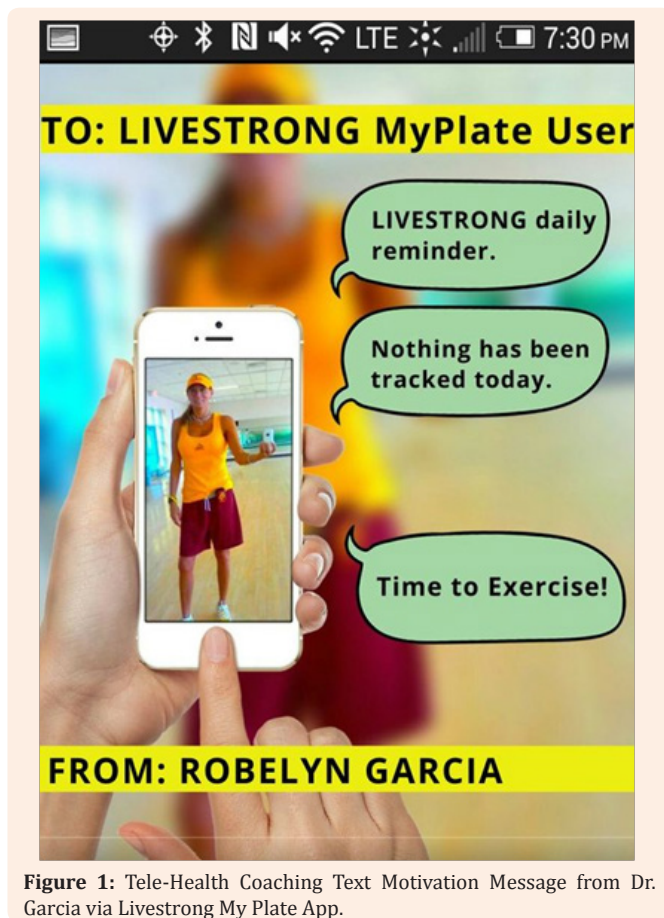


Figure 1: Tele-Health Coaching Text Motivation Message from Dr. Garcia via Livestrong My Plate App.

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3. m-Health for Wellness, Behavior Change and Prevention

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Conflict of Interest

None.

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