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Effectiveness of Trained Culturally Congruent Health Coaches as Socially Embedded Support Among Older Asian Americans

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ABSTRACT

Health coaching is patient-centered approach, in which patients are to set their own goals, encourage self-discovery, and develop accountability of their health behavior. In 2021, our team received funding to develop a curriculum to train culturally congruent health coaches (HC) to work with the older Asian Americans adults in their community on physical activity. We conducted a program evaluation to determine the effectiveness of trained culturally congruent HCs as socially embedded support for older Asian American adults living in MI. With the help of Listen4Good, we developed 15-item questionnaire that was given to community participants who were working with the HCs. There were 106 participants in the main project and 48 participated in completing the L4G survey (45% response rate). Overall, participants reported that their HCs were able to meet their needs, HCs treated them with respect and were well connected with their HCs. Community engagement was key towards the success of this project. achieving goals that were specific to the community

KEYWORDS – Culturally congruent, health coaches, older Asian Americans, socially-embedded support, health coaching program

1. INTRODUCTION

Health coaching is not a new concept in community engagement. It is a rapidly growing supplemental approach to address issues related to preventable chronic illnesses [1]. It is a patient-centered approach, in which patients are to set their own goals, encourage self-discovery, and develop accountability of their health behavior [1]. Health coaching is defined as, "the practice of health education and health promotion within a coaching context to enhance the well-being of individuals and to facilitate the achievement of their health-related goal" [2]. Evidence showed that short-term health coaching is effective in behavior change in self-management among diabetic patients [3], and weight reduction among overweight and obese children [4].

1.1 Culturally Tailored Health Coaching Program

Culturally tailored strategies are approaches that incorporate culture at both the surface and deep levels [5]. Surface level interventions include educational materials, communication channels, settings, staff and recruitment strategies that reflect the target population. Interventions that build on cultural values (deep level) include spirituality, family, upward mobility, caring orientation, connection to arts, music, foods, and life celebration, which are integral to the different Asian American communities [5,6]. Thus, when planning preventative strategies targeting Filipinos, it will be important to include religion, family and friends on health promotion activities. In support, there is evidence on the role of faith-based organizations or interventions in health promotion [7].

In 2021, our team received a two-year award from the Michigan Health Endowment Community Health Impact to develop a curriculum to train culturally congruent health coaches (HC) that will provide socially embedded wellness and fitness support to their Asian communities. The curriculum to train HC is published elsewhere. Culturally congruent health coaches were defined as individuals self-identified to be a member of Asian American subgroup who speaks, writes, and understands the native language and cultures, has close ties within the community, and is willing to provide long-term support to the members of their community [8]. The HCs were recruited with the help of the various Asian community leaders and stakeholders who identify identified individuals who were good fit as HC. There were 15 HCs who completed the 3-day training. The trained HCs consisted of four Chinese, four Filipinos, two Bangladeshi, and one each – Burmese, Indian, Nepalese, Thai and Vietnamese. At the end of 12 months, there were eight (53%) HC who remained active. Some of the reasons why

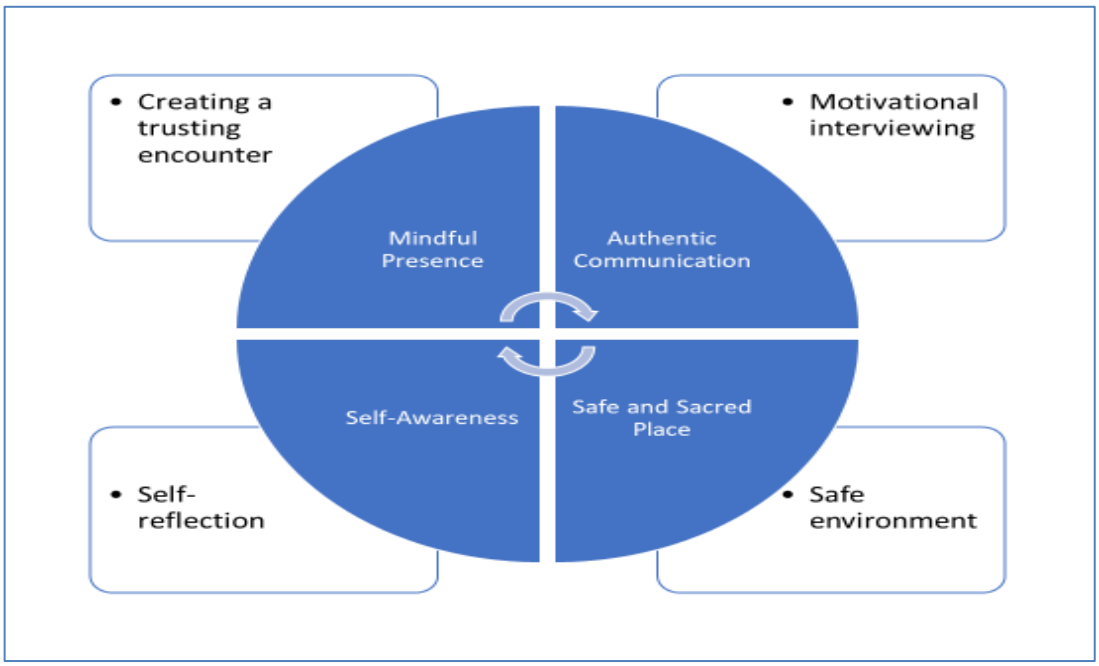
the HC did not continue included conflict with work schedule or current commitments. The HCs were able to recruit 111 community members to work with for the duration of one year in this project.

1.2 Purpose

This paper will present the program evaluation conducted to determine the effectiveness of having culturally congruent HCs as socially embedded support for older Asian American adults living in MI.

2. THEORETICAL FRAMEWORK

Lawson's [9] Four Pillars of Health Coaching was used to guide the training of the HC. The four pillars are mindful presence, authentic communication, self-awareness, and a safe and sacred place (Fig 1). Mindful presence refers to practicing mindfulness in relation to another person, focusing intentionally and being non-judgment bringing in awareness to present situation. HCs were taught about mindfulness during training and to practice mindfulness regularly to create a therapeutic encounter. Authentic communication builds upon "motivational interviewing, appreciative inquiry, and non-violent communications" [9]. Part of the HC's training was motivational interviewing. The third pillar is self-awareness refers to HCs being constantly aware of their feelings and reactions during each encounter with the community members. They were asked to self-reflect frequently with each community encounter. The last pillar is safe and sacred place, in which HC must create a safe environment to establish trust with and ensure safety of community members.



Fig, 1. Four Pillars of Health Coaching. Source: Adapted from Lawson (2013). https://doi.org/10.7453/gahmj.2013.038

3. METHODS

3.1 Design

The main project was community based participatory action research physical activity. A quantitative survey was utilized to assess effectiveness of culturally congruent HC with the help of Listen4Good (https://listen4good.org/about/) . Listen4Good (L4G) was a third-party capacity building group, referred to by the funding organization that helps non-profit collect client experience data. The investigator worked with L4G to develop questionnaires for participants to evaluate the program and HC.

3.2 Ethical Consideration

The project received approval from our university's Human Subjects Review Committee [IRB Study #: UHSRC-FY20-21-220]. Health coaches received human subject training at the beginning of this project.

3.3 Sample/Setting

Health coaches were recruited from various Asian American communities and willing to work closely with their community. Community health workers who have worked with the Center were also invited to participate in this project. Asian Americans over the age of 50 years of and were willing to work closely with their community. We

also recruited community health workers who have worked with our Center. The HCs were from various counties in MI.

3.4 Instruments

3.4.1 Survey Questionnaire

Listen4Good is a third-party organization recommended by the funder to assist awardees in conducting program evaluations. The researchers in this project met with Listen4Good multiple times to develop the 15-item questionnaire; four of the questions were fill in the blacks. See Table 1 for qualitative questions.

Table 1.

Qualitative Questions

1) What is the Health Coaching program good at?
2) What could the Health Coaching program do better?
3)What else could the Health Coaching program do to help you be more physically active?
4)Besides physical activity, what else would you like the Health Coaching program to offer?

3.5 Data Collection

The survey was distributed to the community members either electronically or through the HCs. The survey was only translated into Chinese, and the rest of the members received the survey in English.

3.6. Data Analysis

Data was placed in an Excel file. Descriptive statistics, including mean, median, standard deviations, frequencies, percentages were used to analyze quantitative data. Thematic analysis was used to analyze the qualitative data.

4. RESULTS

4.1 Participant Demographic

One hundred six Asian Americans were enrolled in the project, and 48 out of 106 participants completed the L4G questionnaires (45% response rate). Over 90% of those who responded to the L4G survey were from the Chinese community. Respondents were mostly females (76%) and 50% were 75 years and older. Over 90% of those who responded reported that they were more active now that before participating in the health coaching program

4.2 Survey Questionnaire

Table 2 presents the responses of participants to the questions. The top five reasons that motivate participants to be physically active were: HC reminds them to stay physically active, acing a coach who speaks their language, having to record physical activity, having family, and friends who walk with them, and having a pedometer to track their physical activity.

Table 2 Participants' Responses to Questionnaire

Overall, how well has your Health Coach met your needs?	**Not well at all**	**A little bit**	**Fairly well**	**Very well**	**Extremely well**	
CHDIS* (n=47, mean = 4.15)	2%	0	2%	72%	23%	
How often does your Health Coach treat you with respect?	**Never**	**Rarely**	**Sometimes**	**Usually**	**Always**	
CHDIS (n=48, mean = 4.9)	0	0	2%	6%	92%	
How connected do you feel to your Health Coach?	**Not at all connected**	**A little bit connected**	**Fairly connected**	**Very connected**	**Extremely connected**	
CHDIS (n=48, mean = 3.96)	0	0	21%	63%	17%	
How often do you interact with your Health Coach?	**Everyday**	**A few times a week**	**A few times a month**	**Once a month**	**Once every few months**	**Less often than that**
CHDIS	8.7%	54.4%	23.9%	13%	0	0

*CHDIS- Center for Health Disparities Innovations and Studies

5. DISCUSSION

In this project, we developed a health coaching program to train culturally congruent HC to be the socially embedded support to older Asian Americans to promote physical health. This finding showed that community members were satisfied with their HCs. This positive outcome is similar from previous studies on health coaching programs that used both clinical [10] and non-clinical HCs. A case study review of a lifestyle health coaching program that provided services to large number of employees in various setting across the U.S. and Canada showed that LHC program was effective in modifying individual health behaviors, improvement in biomarkers, and improvement in blood pressure, cholesterol and blood sugar levels [11-]. Culturally specific health coaching programs for Asian also showed similar positive results. South Asian adults who participated in a 5-year culturally specific program that utilized non-medical personnel as HCs and targeted cardiovascular disease found the program appealing and feasible [12]. The HCs in the program provided individualized culturally specific dietary, physical activity and stress reduction recommendation, as well as encouraged behavior change and modification in cardiovascular risks [12].

The premise of socially embedded support is that knowledge alone does not promote change, but when motivation is added into the equation, change is likely to occur [13]. There is evidence that of the relationship between socially-embeddedness and weight loss [14]. In this project, the culturally congruent HCs served as the socially embedded support for their older Asian American communities. Congruence between HC and the community partner on language and culture as well as the HCs availability are important factors to developing trust. The conceptual model of the process of health coaching to support patient's health-related decisions and behavioral change by Thom et al. depicted how congruence between the HC and community members (language, culture and life experiences), and availability of HCs leads to trusting relationship [15]. Some of the activities that support this relationship included education, personal support, decision support and bridge between patient and clinician [15].

6. CONCLUSION

Health and wellness coaching are an evolving approach used worldwide as supplemental intervention to address issues related to preventable chronic illness. Incorporating community engagement is key towards the success of any approach particularly among different cultures. This project can be easily replicated to different communities.

This project acknowledges several limitations. First, participants were from southeast and west region of Michigan, and most were from the Chinese community. Second, those who participated may be more interested in healthy behaviors. Third, frequency of encounters between HCs and community members were not collected. Fourth, the trained HCs in this project were from various backgrounds; all of the community health navigators did not have any formal education in healthcare whereas, the others were registered nurses with varying years of experience; hence the extent of educational components may be different with each HCs. Future recommendations would include a more reliable tool that can be used in long-term to measure physical activity, collecting the frequency of interaction between HC and participants, utilizing only non-clinical HCs

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