

among participants⁴⁷⁷ and can result in higher weight loss and ability to achieve target blood sugar levels compared to standard care (39% vs 20%).¹⁶¹ These studies collectively highlight the crucial role of health coaching in enhancing health outcomes for individuals with T2D and provide evidence for incorporating at least 12 health coaching sessions over a minimum of 6 months to see meaningful health improvements.⁴⁸³

For GDM, evidence regarding health coaching is limited and derived mainly from small studies. Pregnant women at 12-14 gestational weeks who received health and wellness coaching (HWC) interventions for 8 weeks limited their weight gain more effectively than those who did not, reducing their weight gain by about 2.5 kg more than the control group.⁴⁸⁶ This significant reduction in weight gain can decrease the risk of developing GDM. In people with GDM, telephone coaching over 4 weeks, when compared to standard of care (no HWC), resulted in a 3.2% relative reduction in fasting blood sugar and a 1.4% relative decrease in HbA1c, indicating better glucose management.⁴⁸⁷ Moreover, HWC improved self-care behaviors by 22.5%, while depression scores decreased by 11.4%, highlighting the program's effectiveness in enhancing both diabetes management and mental health for these participants.⁴⁸⁷

Digital technology integration to support T2D prevention was studied in the context of coaching, tracking, social support, goal setting, feedback, and/or self-monitoring. A meta-analysis found that these technologies can optimize digital diabetes prevention interventions to achieve significant weight loss of at least 3% weight loss in 6 months or under, and at least 5% weight loss over 1 year.⁴⁸⁸

Evidence from an umbrella review of 41 systematic reviews across 33

countries, utilizing diabetes self-management education and support interventions, highlighted a significant reduction in HbA1c levels (0.25% to 0.5%), underlining its clinical importance in mitigating diabetes-related complications.⁴⁸⁹ BMI, weight, and blood pressure, however, did not consistently show significant changes, except for a small, sustained decrease in BMI (0.51 kg/m²). Self-management support was significantly successful as a culturally tailored intervention, particularly for minority ethnic groups, in improving glucose management. Therefore, clinicians and HCPs must carefully and sufficiently facilitate and support individuals in moving toward fully independent self-management integration, while leveraging technology to improve engagement and support, when possible. By increasing the clinical application of person-centered, self-empowering modalities like HWC, clinicians and HCPs can help people with diabetes achieve improved self-management outcomes while also respecting cultural preferences.^{490,491}

Substantial evidence highlights the critical role of integrating CBT-type interventions with tailored eating patterns and lifestyle interventions in diabetes care, to effectively address both the physical and psychological health of people living with T2D.^{267,362,492-500} CBT interventions led to a meaningful decrease in blood sugar levels by about 0.3%, and reduced depression symptoms by nearly 3 points on average, showcasing CBT's effectiveness in both managing diabetes and improving mental health.²³ In a separate study, individuals receiving a more intensive behavioral weight loss treatment experienced an average weight loss of 4.2 kg, significantly more than those in a less intensive program.⁴⁹⁵ These findings underscore the efficacy of CBT-based interventions, tailored to individual

needs and preferences, in the management of diabetes, addressing the physical, emotional, social, physiological, and psychological aspects for comprehensive, meaningful, thoughtful, and individualized care. Table 19 summarizes the strength of evidence of these different person-driven, behavior-change interventions for diabetes, prediabetes, and GDM.

By incorporating behavior change-centered interventions into prediabetes and diabetes management, clinicians and HCPs can support discussions, integration, and/or maintenance of the lifestyle medicine pillars into diabetes by empowering the activation of individuals, enhancing capacity, identifying threats of care burden, and ensuring an informed SDM process. Table 20 provides a framework for actionable steps, referral approaches, and resources to assist clinicians and HCPs in their management discussions and plans. Integrating these interventions into diabetes management emphasizes a holistic approach that considers the individual's unique needs and preferences, fostering collaborative partnerships between clinicians, HCPs, and individuals in achieving optimal health outcomes. Table 21 provides clinicians and HCPs with practical tips, techniques, and examples they can leverage to create a medium for behavior change-centered conversations. Table 22 additionally provides practical methods for using evidence-based approaches to achieve person-driven, sustained positive behavior change.

KAS 13: Establishing a Plan for Continuity of Care

For adults with prediabetes, T2D, or a history of GDM, the clinician or HCP should establish a plan for