



Deep Dive Into

Health Coaching for Active Military and Veterans

Content

1	Executive Summary	↗
2	America's Active Military – Who Are They?	↗
3	America's Veterans – Who Are They?	↗
4	Top 5 Health Concerns for Active Military and Veterans in the U.S. Today	↗
5	Mental Health and PTSD	↗
6	Suicide	↗

7	Substance Abuse and Addiction	↗
8	Physical Injuries and Disabilities	↗
9	Chronic Health Conditions	↗
10	Unique Challenges Faced by Female and LGBTQ+ Veterans	↗
11	How Health Coaches Can and Do Help	↗
12	The Science of Health Coaching	↗
13	About YourCoach	↗

Executive Summary

In the United States, the active-duty military population consists of more than 1.3 million people, with an added 16.5 million veterans across the country. This population faces distinct and important health challenges—from managing chronic health conditions to addressing complex mental health concerns.

This Deep Dive takes a holistic look at the health concerns afflicting military members and veterans, with the largest concern by far, the ongoing mental health epidemic facing this population. Every fifth individual deployed in the U.S. military experiences PTSD as well as a whopping 76% of veterans. More concerning, still, is that over 90% of veterans live with at least one severe mental health condition, and two-thirds report ongoing depression and anxiety symptoms. These staggering statistics are compounded by worsening suicide rates and often inadequate treatment (if any at all).

In addition to mental health, veterans and military members face significant chronic health conditions. Namely, half of male veterans and a third of female veterans have two or more chronic conditions; a third of all veterans live with disability; every two in ten veterans have a substance use disorder; and more than 90% report poor quality of sleep.

Health coaching has already and will continue to play a valuable role in enhancing overall well-being, preventing and managing chronic conditions, and addressing mental health challenges, substance abuse, and other complex health concerns facing the military and veteran population. Health coaches have already made major strides in supporting our growing population of active duty service members and veterans and are poised to continue to support them moving forward.

America's Active Military – Who Are They?

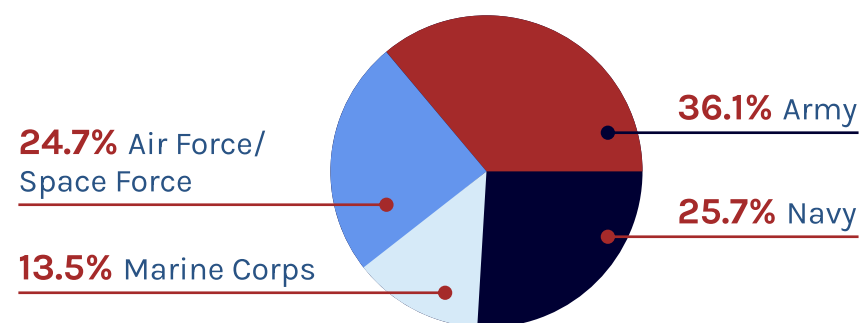
Data:

There are more than

1.3 million ↗

Active Duty members serving in the Army, Navy, Marine Corps, Air Force, and Space Force.

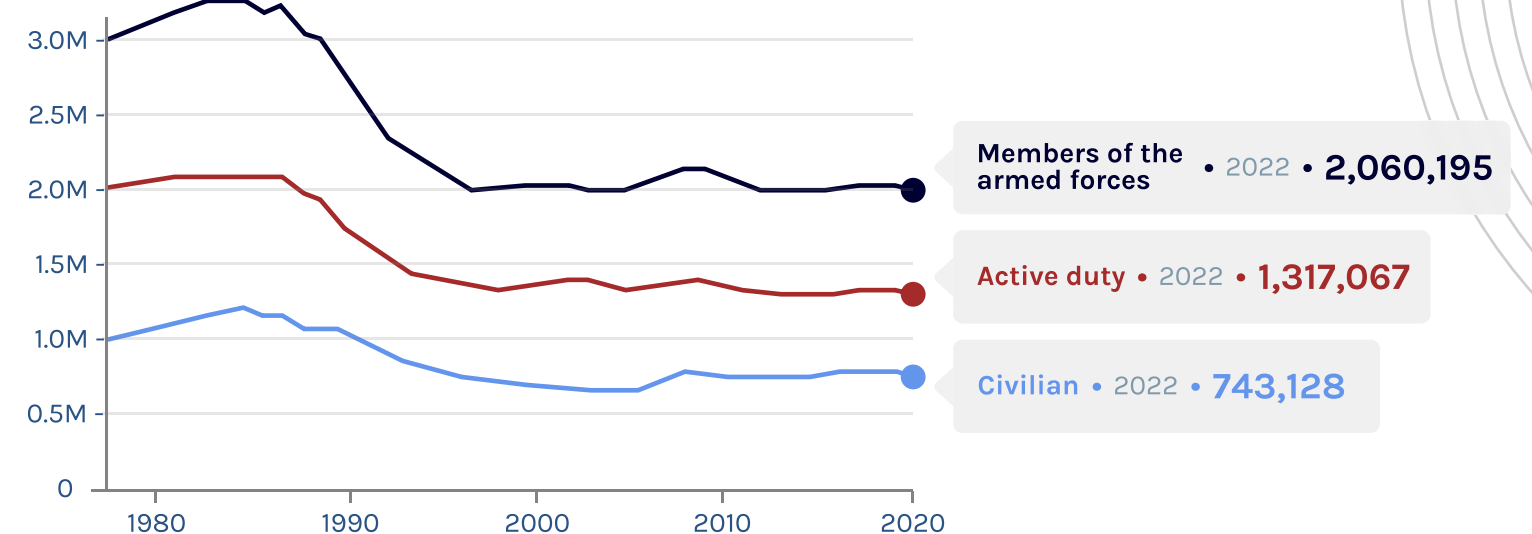
Service Branch



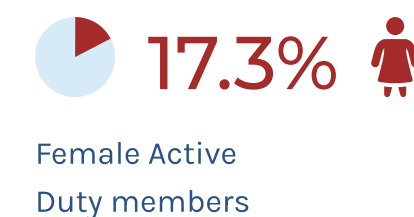
According to [the latest data](#), there were 1.3 million active-duty military in 2022, 39% fewer than in 1987 – its recent peak. The military's size has been consistent over the last 20 years, growing or shrinking by 3% or less in any year.

In 2021, women made up [17.3%](#) of the active-duty force, totaling 231,741 members, and [21.4%](#) of the National Guard and reserves at 171,000 members. Since 2017, the percentage of women in the active-duty and selected reserve has risen [1.1%](#) and [1.8%](#) respectively.

U.S. Armed Forces 1980-2022



Source: [Defense Manpower Data Center](#).



Source: 2021 Demographics Profile of the Military Community (Department of Defense)

Insight: In 2015, the military lifted the ban on women in direct ground combat roles, contributing to increased numbers among females in active duty.

America's Active Military – Who Are They?

Nearly a third (**31%**) of Active Duty members self-identify as racial minority groups, and nearly every fifth (**18%**) of Active Duty members are Hispanic or Latino.

In terms of geographic location, **88%** of Active Duty members are located in the United States and U.S. Territories. California, Texas, Virginia and North Carolina are four U.S. states with the largest percentage of Active Duty members.

Race and Ethnicity



of Active Duty members identify with Racial Minority groups*

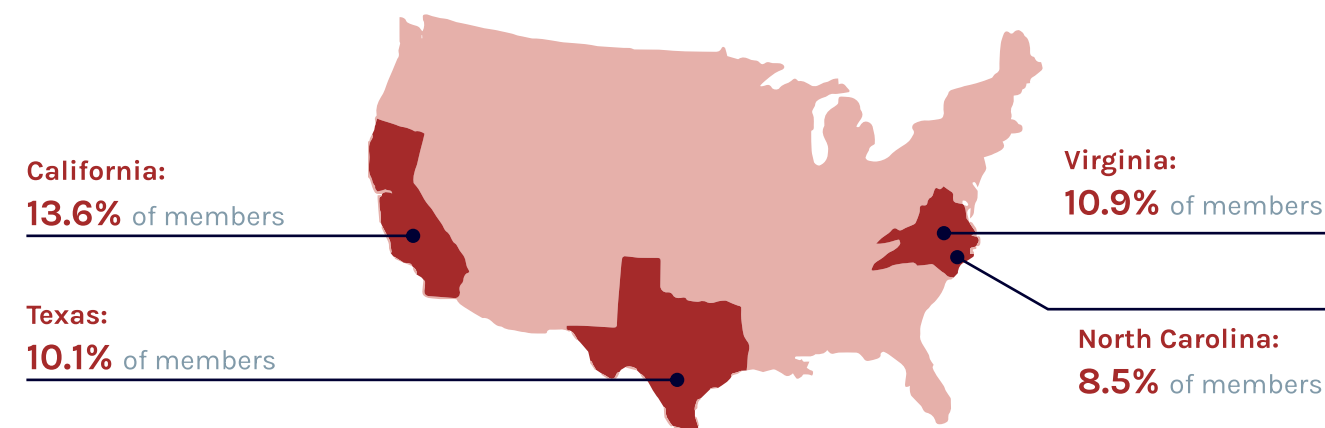


of Active Duty members are Hispanic or Latino

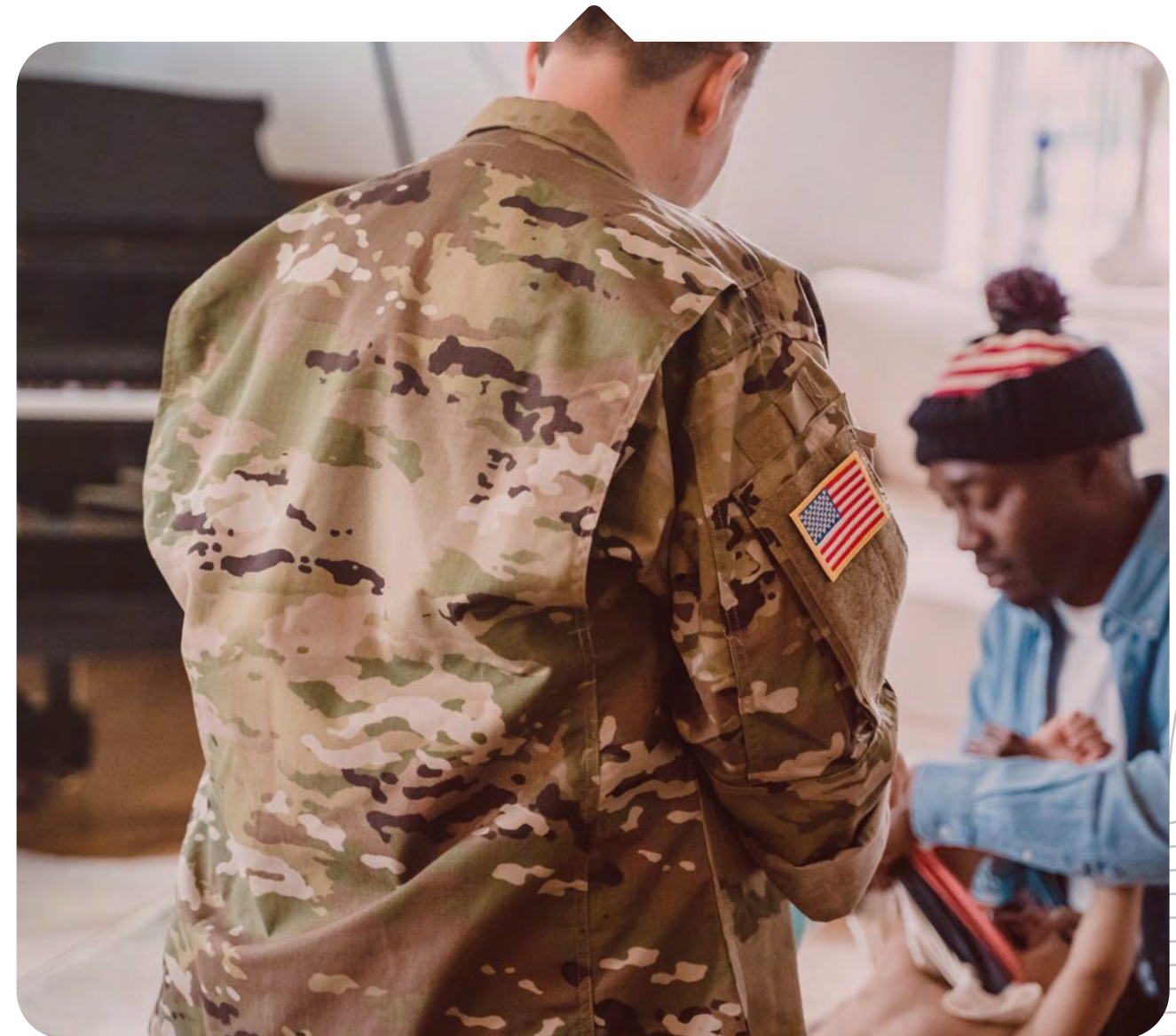
*Racial minority includes Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multi-racial, and Unknown

Source: 2021 Demographics Profile of the Military Community (Department of Defense)

Geographic Location of Active-Duty Members



Source: 2021 Demographics Profile of the Military Community (Department of Defense)



America's Veterans – Who Are They?

■ Data:

There are

16.5 million ↗

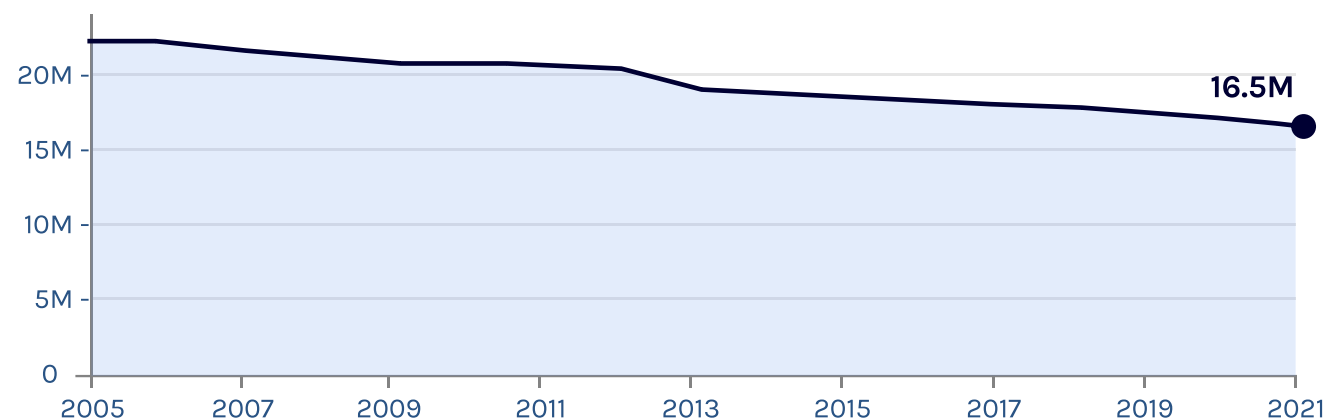
veterans living in the United States and Puerto Rico who have served on active duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard.

According to [the latest Census data](#), there were [16.5 million](#) veterans in 2021, making up about 6.4% of the nation's adult population. This marks a 1% decrease from [2019 estimates](#), continuing a steady decline in the veteran population throughout the 21st century.

United States Veteran Population, 2005-2021

■ Veteran Population

Source: USAFacts



Women account for [10%](#) of veterans nationwide - a 37% increase from just 10 years ago, mostly explained by [a lifted ban](#) on women in direct ground combat roles in 2015.

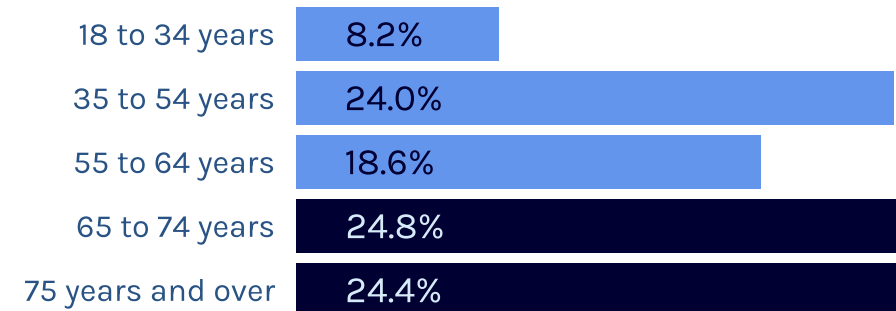


90% are male and 10% are female

Source: U.S. Census Bureau

In 2021, almost half ([49.2%](#)) of veterans were aged 65 years or older, and nearly a quarter ([24%](#)) were between 35-54 years old.

Veteran Demographics - By Age, 2021

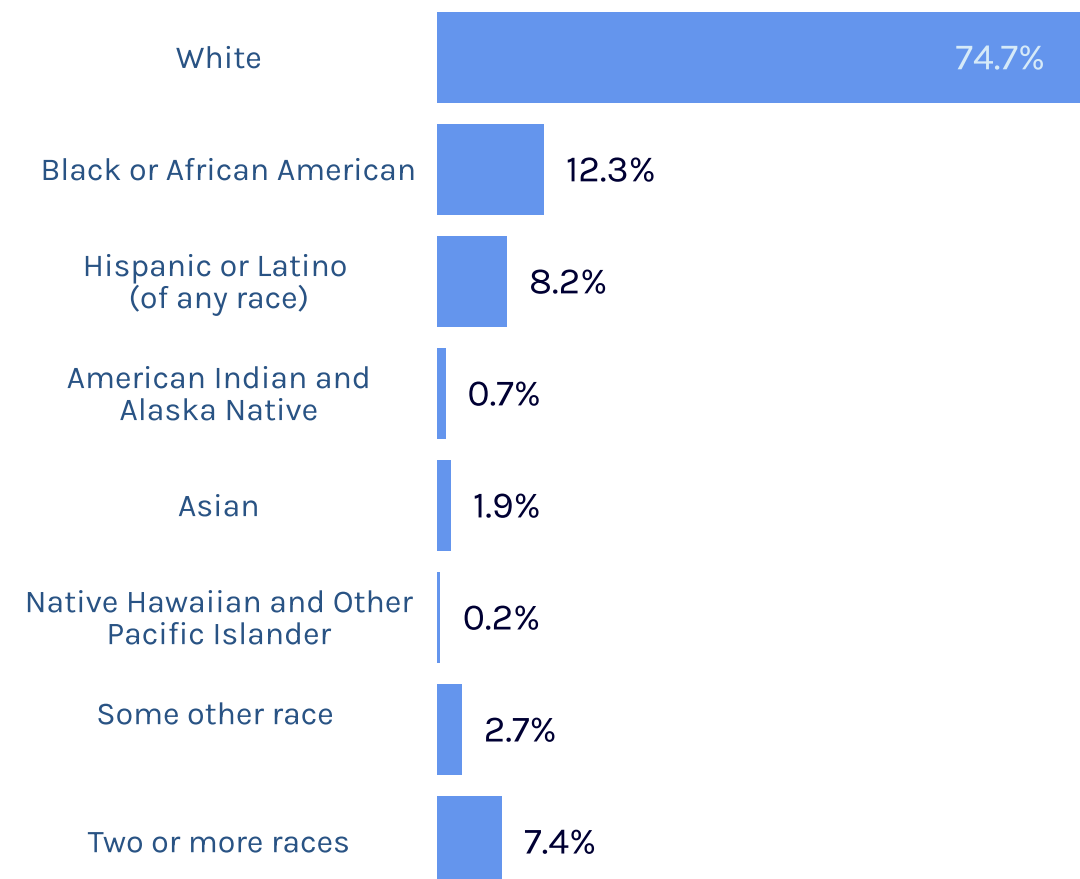


Source: U.S. Census Bureau

America's Veterans – Who Are They?

The majority of veterans are white ([75%](#)), down from 84% in years prior. A quarter ([25%](#)) of veterans self-identify as part of racial minority groups, and nearly ten percent ([8.2%](#)) of veterans are Hispanic or Latino.

Veteran Demographics - By Age, 2021



Source: U.S. Census Bureau

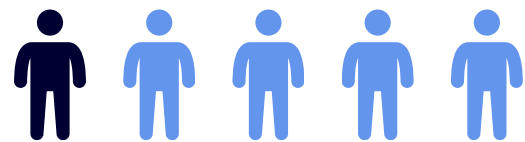




Top 5 Health Concerns for Active Military and Veterans in the U.S. Today

1. Mental Health and PTSD

Data:



One in five U.S. veterans of Iraq and Afghanistan experience the “invisible wounds” of posttraumatic stress disorder (PTSD) or major depression, but only half seek treatment.

Post-Traumatic Stress Disorder (PTSD), depression, anxiety, and other mental health concerns are continuously mounting among military personnel and veterans due to exposure to combat, traumatic events, and the challenges of transitioning to civilian life.

While not all stressors result in a trauma disorder, risks increase depending on how severe the trauma was, how strong a person’s reaction was at the time of the event, whether someone close to them died, and if they were injured.

Post-traumatic stress disorder (PTSD) is one of the most common health diagnoses U.S. service members receive:



Nearly one fifth (**16%**) of deployed U.S. military personnel have PTSD



5% of Veterans met DSM-5 criteria for past-month prevalence of PTSD in 2019-2020



7% of Veterans have PTSD in their lifetime

Data:



91% of injured post-9/11 Veterans live with severe mental health conditions



76% of injured post-9/11 Veterans live with severe mental health conditions



76% of soldiers have or have had anxiety



74% of soldiers experience depression

Source: the Annual Warrior Survey 2022.

1. Mental Health and PTSD

The latest data from studies suggests PTSD is more common among Veterans of particular service eras, specifically Vietnam Veterans. Moreover, the evidence [shows](#) deployment increases the risks of PTSD. In some studies, PTSD is [3 times more likely](#) among Veterans who were deployed compared to those who were not (of the same service era).



Another study pointed out that nearly a third (29%) of Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) veterans have had PTSD at some point in their lives, with one in every seven (15%) in the past year.

PTSD Prevalence Among U.S. Veterans by Different Service Eras

Service Era	PTSD in the Past Year	PTSD at Some Point in Life
Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF)	15 out of 100 (15%)	29 out of 100 (29%)
Persian Gulf War (Desert Storm)	14 out of 100 (14%)	21 out of 100 (21%)
Vietnam War	5 out of 100 (5%)	10 out of 100 (10%)
World War II (WWII) and Korean War	2 out of 100 (2%)	3 out of 100 (3%)

Note: The data in this table is from Veterans alive at the time of the study. As such, it does not include Veterans in any service area who have died and may have had PTSD.

Source: Wisco, B. E., Nomamiukor, F. O., Marx, B. P., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2022). Posttraumatic stress disorder in US military Veterans: Results from the 2019-2020 National Health and Resilience in Veterans Study. *Journal of Clinical Psychiatry*, 83(2), 29m14029.

1. Mental Health and PTSD

Post-Traumatic Stress Disorder (PTSD) Symptoms For Military Personnel and Veterans

Intrusive Thoughts and Memories

Veterans with PTSD may experience distressing and intrusive memories, flashbacks, or nightmares related to traumatic events from their service. They might find it challenging to control or suppress these unwanted thoughts.

Avoidance Behavior

Veterans may avoid discussing or thinking about their experiences, as well as avoiding crowds or specific locations that remind them of their trauma. This might involve actively avoiding people, places, activities, or situations that trigger reminders of traumatic events.

Negative Mood and Emotions

Veterans might also experience a diminished interest in activities they once enjoyed and have difficulty experiencing positive emotions. Related feelings of guilt, shame, anger, or irritability are common in individuals with PTSD.

Hyperarousal and Hypervigilance

Veterans with PTSD may be on high alert, easily startled, or have a heightened sense of danger. They might have difficulty concentrating, experience sleep disturbances, and have an exaggerated startle response.

Negative Changes in Thought Patterns and Beliefs

Veterans might develop negative beliefs about themselves, others, or the world as a result of their traumatic experiences. They may feel detached from others and struggle to experience positive emotions or maintain relationships.

Physical Symptoms

Veterans with PTSD may also have an increased heart rate, sweating, or rapid breathing when triggered. These can also include headaches, gastrointestinal problems, and general physical tension.

Substance Abuse

As a coping mechanism, some veterans with PTSD might turn to alcohol, drugs, or other substances, which can worsen their symptoms and lead to additional health concerns.

Isolation and Relationship Difficulties

Veterans may withdraw from social interactions, have difficulties forming or maintaining relationships, and experience a sense of isolation due to the challenges of relating to others after traumatic experiences.

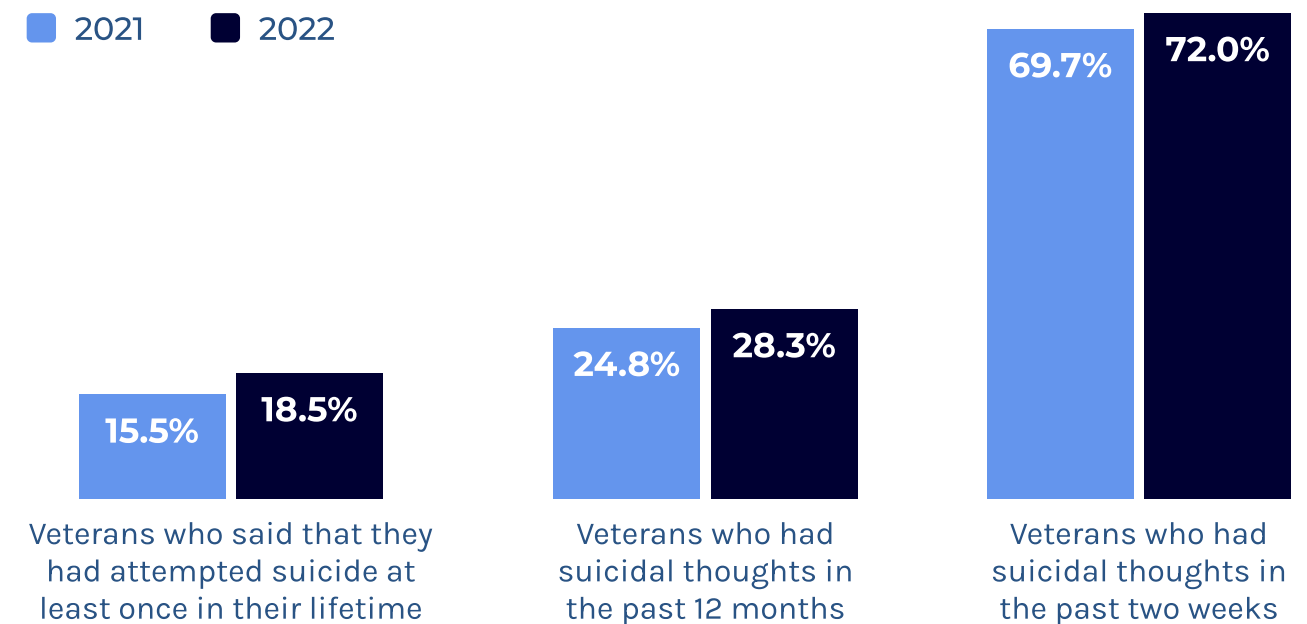
2. Suicide

Challenges faced by veterans and military personnel, stemming from combat experiences, multiple deployments, and the strains of transitioning to civilian life, often converge to create an environment where the risk of suicide is heightened. The psychological toll of witnessing trauma, losing comrades, and navigating the complex emotions associated with military service can lead to severe mental health struggles, such as post-traumatic stress disorder (PTSD) and depression, which significantly increase the vulnerability to suicidal thoughts and actions.

A [2021 study](#) conducted by Brown University estimated that 30,177 veterans of post-9/11 conflicts have died by suicide. When compared to the 7,057 personnel killed in the conflicts, at least four times as many veterans died by suicide than personnel were killed during the last 20 years. Moreover, military suicide rates are four times higher than deaths that occurred during military operations.

According to [the Annual Warrior Survey 2022](#) results, a third of post-9/11 Veterans said they have thought about suicide in the past year, two-thirds had suicidal thoughts during survey and one in five soldiers report that they have attempted suicide at least once in their lifetime—all scores that are significantly higher when compared to the previous year.

Suicidal Thoughts and Behaviors Among Post-9/11 Veterans



Source: [the Annual Warrior Survey 2022](#)

[Addressing the complexities of suicide](#) among military personnel and veterans requires a comprehensive and multifaceted approach that includes improved mental health support, reducing stigma, enhancing access to care, and promoting effective interventions to address the underlying factors that contribute to suicide risk.

Insight: The suicide rate for Veterans is 1.5 times higher among all Veterans and 2.1 times higher among female Veterans compared to the general population.

2. Suicide

Factors That Contribute to Higher Suicidal Rates Among Veterans and Armed Forces:

Combat Exposure and Trauma

Military personnel often experience high levels of stress, trauma, and exposure to life-threatening situations during combat deployments. Witnessing and participating in traumatic events can lead to post-traumatic stress disorder (PTSD) and other mental health afflictions, which increases the risk of suicide.

Mental Health Challenges

Veterans and military personnel may face challenges in accessing timely and effective mental health care due to stigma, lack of resources, or difficulties in seeking help. Untreated or under-treated mental health conditions, such as depression, anxiety, and PTSD can significantly elevate suicide risk.

Transition to Civilian Life

The transition from military to civilian life can be overwhelming and isolating. Losing a sense of camaraderie, structure, and purpose that the military can provide might lead to feelings of disconnection, loss of identity, and hopelessness.

Access to Lethal Means

Easy access to firearms and other weapons increases the risk of completed suicide. Veterans often have greater familiarity with firearms, which can contribute to higher rates of suicide.

Substance Abuse

Substance abuse, including alcohol and drugs, can be used as coping mechanisms for dealing with mental health concerns and trauma. Substance abuse can exacerbate underlying problems and increase suicide risk.



2. Suicide

Factors That Contribute to Higher Suicidal Rates Among Veterans and Armed Forces:

Barriers to Care

Limited access to quality healthcare, mental health services, and support programs can prevent veterans and military personnel from receiving the help they need.

Stigma

Stigma surrounding mental health and seeking help within the military culture can discourage individuals from seeking treatment, leading to a lack of early intervention and support.

Relationship and Family Issues

The strain of military service can lead to strained relationships and family dynamics. Marital problems, divorce, and lack of social support can contribute to feelings of isolation and despair.

Financial Stress

Transitioning to civilian life, finding employment, and dealing with financial instability can add stressors that contribute to suicide risk.

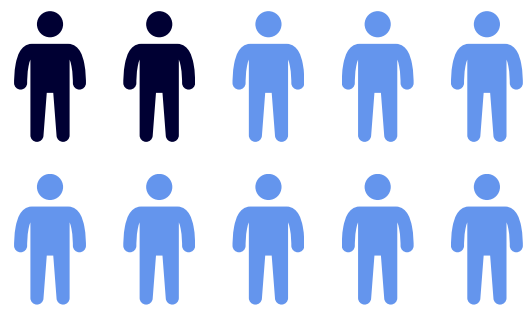
Cumulative Stress

The accumulation of multiple stressors over time, including deployments, frequent relocations, and exposure to traumatic events, can take a toll on mental well-being and increase the risk of suicide.



3. Substance Abuse and Addiction

■ Data:



Nearly 2 in 10 Veterans **have** a Substance Use Disorder (SUD)

The unique stressors [associated](#) with military service, including combat exposure, multiple deployments, and the challenges of transitioning to civilian life, can create an environment conducive to developing substance use disorders. Active or former military personnel [may turn to substances](#) such as alcohol, prescription medications, and illicit drugs as a coping mechanism for dealing with physical injuries, mental health conditions like post-traumatic stress disorder (PTSD), and the broader emotional toll of military experiences.



70%
[struggled](#) with alcohol use



20%
struggled with both illicit drugs and alcohol



42%
struggled with illicit drug use



18%
of Veterans aged 18 or older have a Substance Use Disorder (SUD)

Source: For Veterans - SAMHSA. 2020 National Survey on Drug Use and Health: Veteran Adults

[The link](#) between substance abuse and mental health is particularly concerning in the veteran and military population. Veterans struggling with PTSD, depression, and anxiety may use substances to self-medicate, inadvertently worsening their psychological distress and making recovery more challenging.

■ Data:

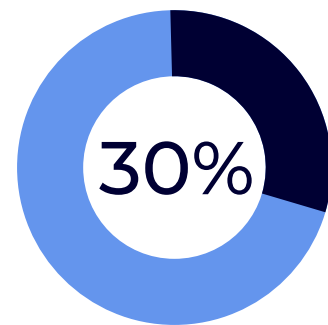
1.1 million ↗

or 6% of Veterans aged 18 years or older struggled with BOTH Substance Use Disorder and a mental illness in 2020.

Moreover, deployment [appears](#) to have a significant impact on the development of SUD disorder. [A 2015 systematic review](#) showed those recently deployed to Iraq and Afghanistan were 1.36 times more likely to develop an alcohol use disorder and 1.14 times more likely to develop a drug use disorder than non-deployed service members who served during the same time period.

4. Physical Injuries and Disabilities

Data:



of Veterans *are currently living* with a disability, according to *the latest Census data.*

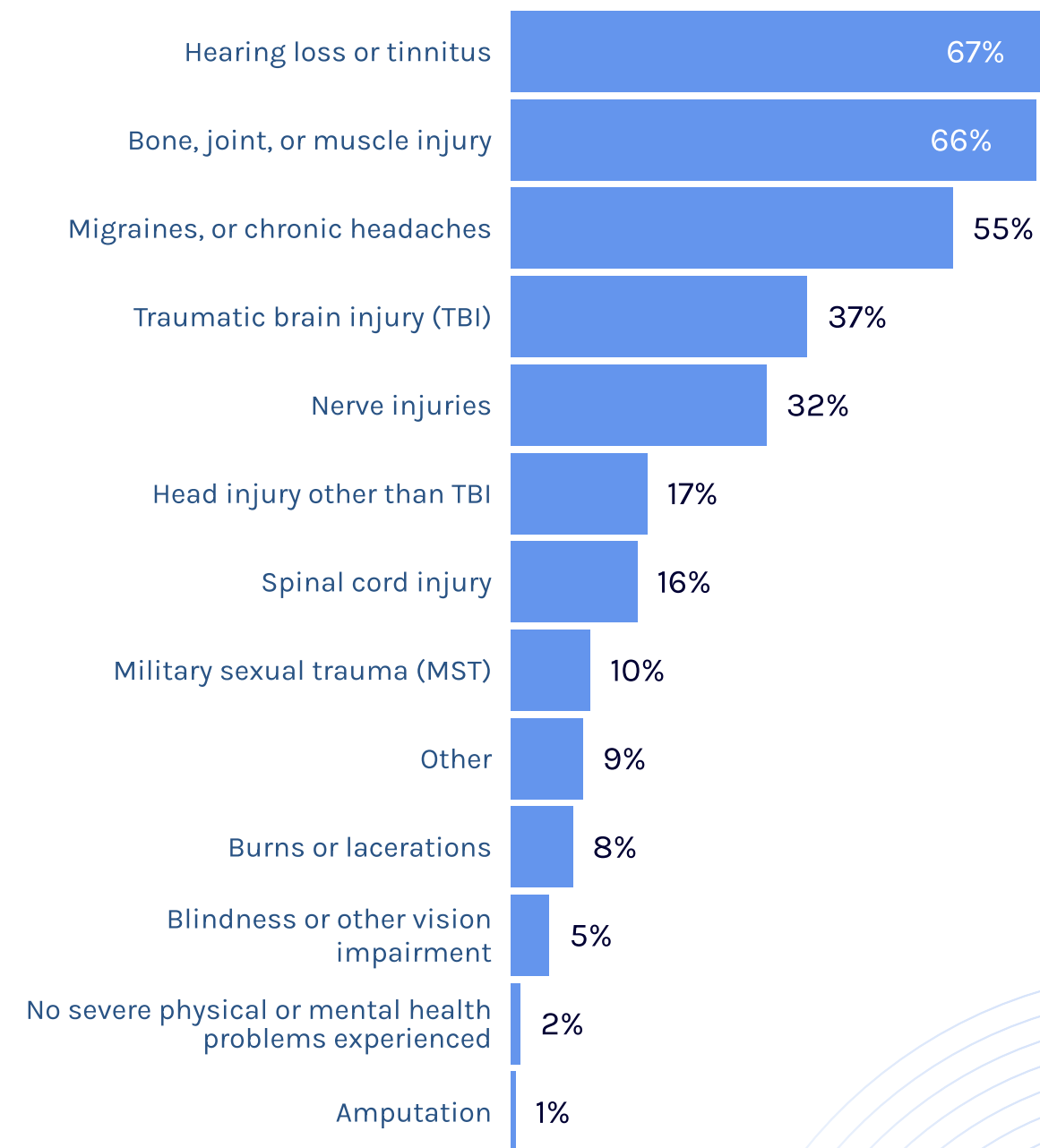
Military service can lead to physical injuries such as amputations, traumatic brain injuries (TBI), spinal cord injuries, and musculoskeletal problems. These injuries can have long-term effects on veterans' health and well-being.

Nearly [5 million](#) veterans, more than 30% of the full veteran population, are currently living with a disability, [Census data shows](#). This represents a 15% increase over the last 10 years, and twice the disability rate of the general adult population.

Moreover, according to [the Annual Warrior Survey's 2022](#) results, 29% of post-9/11 Veterans reported disabilities, with hearing loss and bone, joint or muscle injuries among the most common self-reported injuries.

The complexities of physical injuries and disabilities among veterans and military personnel are intertwined with mental health and emotional well-being. The adjustment to life with a disability, coupled with the psychological trauma of combat, [can contribute](#) to mental health issues like [post-traumatic stress disorder \(PTSD\)](#), [depression](#), and [anxiety](#). [This interplay](#) between physical and mental health underscores the importance of comprehensive and holistic healthcare tailored to the unique needs of veterans.

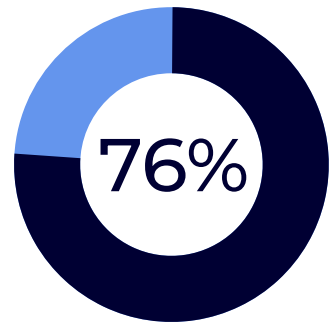
Self-Reported Service-related Injuries Among Post-9/11 Veterans



Source: [the Annual Warrior Survey 2022](#)

5. Chronic Health Conditions

Data:

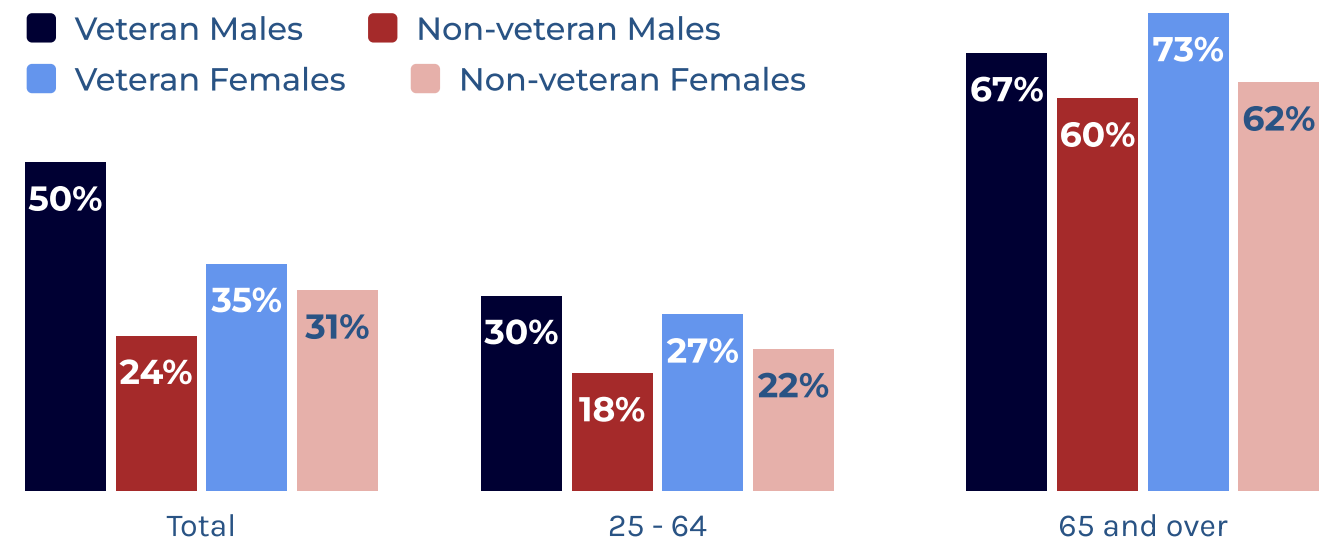


of post-9/11 Veterans [experience](#) moderate or severe pain that interferes with activities and enjoyment of life.

Military service can expose individuals to a range of environmental hazards, physical injuries, and stressors that [contribute](#) to the development of chronic health conditions. These conditions, such as cardiovascular diseases, diabetes, respiratory disorders, and musculoskeletal problems, [can arise](#) from factors like exposure to combat, deployment-related stress, and the challenges of transitioning to civilian life.

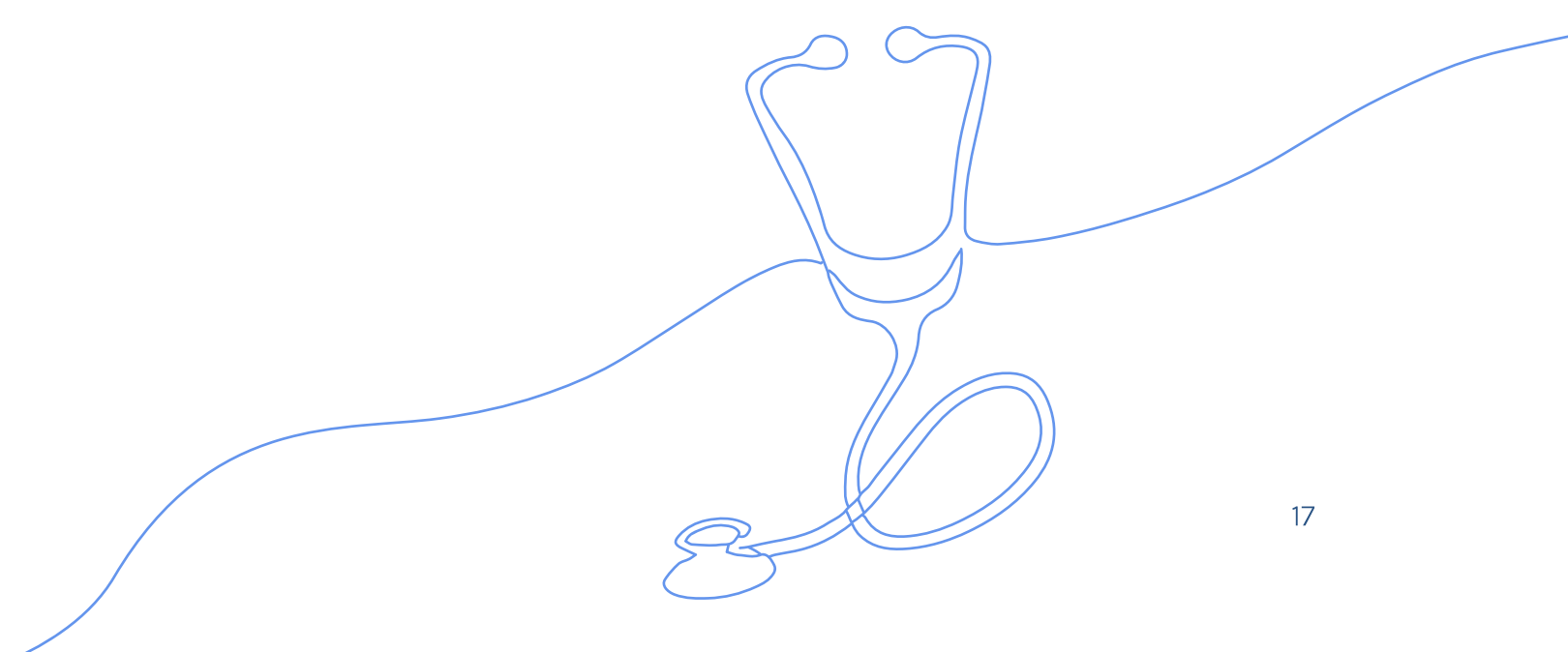
Moreover, [the survey results](#) suggest that the prevalence of multiple chronic diseases, meaning having two and more chronic conditions at the same time, is higher among veterans than non-veterans for both males and females.

Multiple Chronic Conditions by Veteran Status and Age: United States, 2015–2018



Notes: Multiple chronic conditions include arthritis, cancer, chronic obstructive pulmonary disease, coronary heart disease, current asthma, diabetes, hepatitis, hypertension, stroke, and weak or failing kidneys. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population.

Source: National Center for Health Statistics, National Health Interview Survey, 2015–2018.



5. Chronic Health Conditions

The impact of chronic conditions on veterans' long-term health underscores the urgent need for preventative measures and comprehensive care. Moreover, [the evidence shows](#) how crucial and important preventative measures are for veterans and military personnel, since the majority of them suffer from poor quality sleep and chronic pain.



of post-9/11 Veterans [reported](#) poor quality sleep



are NOT meeting the WHO recommendation of 10 MET (physical activity for metabolic regulation - MET) hours per week



sleep less than the recommended seven hours of sleep per night



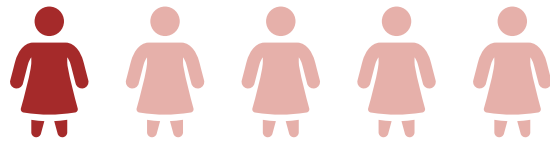
said they are NOT effective or less effective at managing their chronic pain

Insight: A 2021 study reported that undiagnosed and undertreated sleep disorders are common among veterans at risk for cardiovascular disease. In a sample of 420 veterans, more than half (52%) screened positive for sleep apnea and almost half (39%) for an insomnia disorder.

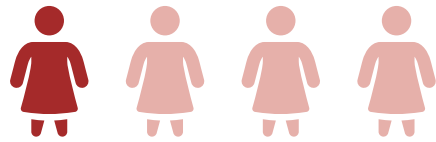


Unique Challenges Faced by Female and LGBTQ+ Veterans

Data:



One out of every five female veterans report having experienced sexual trauma while serving in the military.

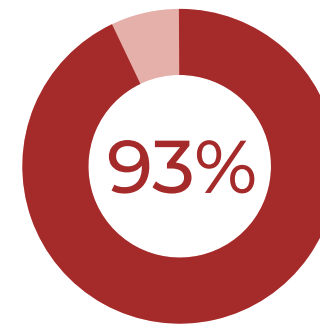


One out of every four women veterans report having experienced sexual harassment by male veterans on VA grounds alone.

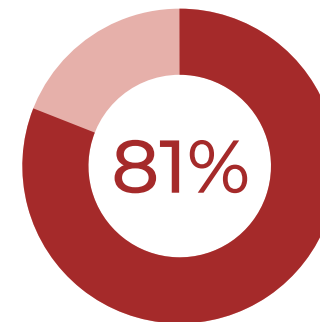
Women, which account for 17.3% of the active-duty force, and 10% of all veterans, and LGBTQ+ veterans and military personnel often face unique challenges and considerations within the armed forces and upon transitioning to civilian life. These challenges can be distinct from those experienced by their male and heterosexual counterparts, highlighting the need for tailored support and awareness.

Insight: LGBTQ+ veterans are five times as likely as non-LGBTQ+ veterans to receive a diagnosis for post-traumatic stress disorder (PTSD), while transgender individuals experience significantly higher rates of mental illness.

Data:



of transgender service members have reported at least one instance of stigma in the military because of their gender identity, including bullying and barriers to obtaining gender-affirming services



of LGBTQ+ veterans report experiencing at least one case of sexual harassment during their service



Unique Challenges faced by Female Veterans

Gender Disparities

Women have historically been underrepresented in the military, which can lead to challenges in terms of gender bias, limited opportunities for advancement, and unequal treatment.

Combat Exposure

As the roles of women in the military have evolved, female veterans are likely to have experienced combat and exposure to trauma. This can result in gender-specific experiences of post-traumatic stress disorder (PTSD) and mental health challenges.

Military Sexual Trauma (MST)

Female veterans are at a higher risk of experiencing sexual harassment and assault during their military service. MST can have severe and lasting impact on their mental health and well-being.

Healthcare

Access to gender-specific healthcare, including reproductive and gynecological services, may be limited within military healthcare systems. Additionally, issues related to maternal health and care for female veterans who become mothers can be challenging to navigate.

Unique Challenges faced by LGBTQ+ Veterans

Don't Ask, Don't Tell (DADT) and Discrimination

Prior to the repeal of DADT, LGBTQ+ service members were often forced to hide their sexual orientation, leading to increased stress and mental health challenges. Discrimination and stigma can persist even after policy changes.

Isolation and Harassment

LGBTQ+ individuals in the military may experience isolation, harassment, and discrimination due to their sexual orientation or gender identity, impacting their overall sense of belonging and well-being.

Health Disparities

LGBTQ+ veterans may face health disparities, including higher rates of mental health conditions and substance abuse. Some may also encounter challenges in accessing gender-affirming care if they are transgender.

Family and Relationship Recognition

Challenges related to recognition of same-sex partners and legal rights can affect access to benefits and support systems, both within the military and in civilian life.

How Health Coaches Can and Do Help

Health coaching can be a keystone to ensuring important behavior changes become incorporated into daily routines, which is essential when protecting and promoting the health of veterans and armed forces. Coaches leverage an evidence-based approach to help with managing disease catalyzing changes in nutrition, behavior, physical activity levels, self-acceptance, mental health improvements, enhanced quality of life, and more.

At the heart of health coaching is a holistic approach, which considers the person as a whole, rather than focusing on an individual illness or health concern.

Health coaches maintain a client-centered approach, wherein the client is the expert in choosing their goals, engaging in self-discovery or active learning processes, and self-monitoring behaviors to increase accountability, all with the support and help of a health coach, until the desired outcomes are achieved. Instead of telling clients what they should or shouldn't do, coaches help clients to discover their own power and path to change.



A Health Coach **is** ...

- ✓ A highly skilled and certified professional
- ✓ Knowledgeable in human behavior, motivational techniques and health outcomes
- ✓ A change agent helping clients set and achieve health goals and build new habits
- ✓ Trained in helping a client maintain a positive and healthy mindset while working towards health and wellness goals by focusing on their strengths



A Health Coach is **NOT** ...

Although health coaches **can and do work alongside patient care teams or in collaboration with other health care professionals** to help clients enact health change day-to-day, it's important to understand their *scope of practice*.

A health coach is NOT a Doctor

Health coaches can not diagnose or prescribe. Health coaches are integral members of the health and care team and work with patients in helping them reach their health & wellness goals and adhere to a plan prescribed by their doctor.

A health coach is NOT a Therapist

Health coaches don't need to be therapists or psychologists, and great coaches don't try to mimic what a mental healthcare professional does. These professionals can complement one another and often work together.

A health coach is NOT a Personal Trainer

While health coaches encourage physical activity, they focus on many other aspects of a person's wellbeing including emotional and mental wellness. They do not typically create fitness regimens in the same way that personal trainers do. However, some health coaches do hold fitness certifications and can help those who are seeking both a health coach and a personal trainer.

A health coach is NOT a Nutritionist or Dietitian

Health coaches can help clients establish action plans for generalized healthy eating behaviors, whereas nutritionists and dietitians can prescribe meal plans and give specific nutritional advice to clients according to their medical needs or goals.

Insight: *Demystifying Health Coaching: Unpacking the Differences Between Dieticians, Nutritionists & Health Coaches*

How Health Coaches Can and Do Help Veterans and Armed Forces

Personalized Wellness Plans

Health coaches work collaboratively with members to develop personalized wellness plans tailored to their individual needs, goals, and challenges. These plans encompass various aspects of health, including physical fitness, nutrition, mental health, and stress management.

Goal Setting and Accountability

Health coaches help veterans and active service members set realistic and achievable health and wellness goals. They provide ongoing support and accountability, helping veterans stay motivated, track progress, and make necessary adjustments to their plans.

Behavioral Change Support

Health coaches assist veterans and active service members in making positive behavioral changes, such as adopting healthier eating habits, increasing physical activity, managing stress, and improving sleep patterns. They offer support, strategies, and tools to facilitate sustainable changes.

Stress Reduction and Coping Strategies

Health coaches empower veterans and active service members with effective stress reduction techniques and coping strategies to manage the unique stressors associated with military service. They provide tools to enhance resilience and emotional well-being.

How Health Coaches Can and Do Help Veterans and Armed Forces

Nutrition and Exercise Guidance

Health coaches offer resources and support on healthy nutrition and exercise routines that align with service members' specific health needs and goals. They support members in creating balanced meal plans and fitness routines that promote physical health and vitality.

Mental Health Support

Health coaches provide a supportive environment for veterans and active service members to discuss their mental health concerns, offering active listening, validation, and referrals to mental health professionals when necessary. They help members develop strategies to manage anxiety, depression, and other mental health challenges.

Chronic Condition Management and Prevention

For veterans and active service members with chronic health conditions, health coaches offer education and strategies for disease management and prevention. They help members adapt to their disabilities, offering support to adjust to and effectively utilize adaptive technologies, lifestyle modifications, and regular health monitoring. They help clients adapt to their disabilities, offering guidance on adaptive technologies, modifications to daily routines, and strategies to improve quality of life.

Transition to Civilian Life

Health coaches help service members navigate the challenges of transitioning from military to civilian life. They offer compassion and support to help empower the veteran to find purpose, build new routines, and access and leverage resources for a successful transition.

How Health Coaches Can and Do Help Veterans and Armed Forces

Motivation and Empowerment

Health coaches empower veterans and active service members to take ownership of their health and well-being. Through motivational techniques and positive reinforcement, they inspire members to make meaningful changes and lead healthier lives.

Resource Navigation

Health coaches connect service members with relevant resources and services, such as healthcare providers, mental health professionals, support groups, and community programs. They collaborate with healthcare providers and rehabilitation specialists to ensure a coordinated and integrated approach to recovery and overall health.

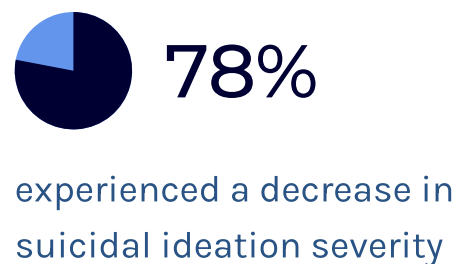
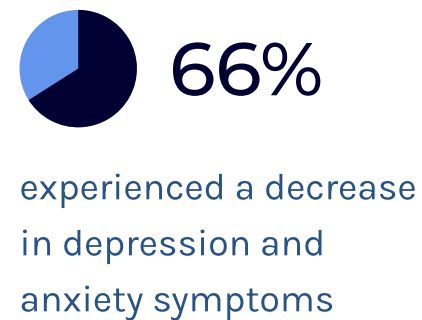




The Science of Health Coaching

Improving Mental Health

A 2019 [pilot study](#) on health coaching effectiveness for Veterans with suicidal ideation reported significant improvements for all measures on post assessment. After 8 weeks of coaching:



Source: Denneson, L.M., Trevino, A.Y., Kenyon, E.A. et al. Health Coaching to Enhance Psychological Well-being Among Veterans with Suicidal Ideation: a Pilot Study. J GEN INTERN MED 34, 192-194 (2019)

Qualitative findings showed high satisfaction with coaching interventions, where study participants mentioned that:



I am in a lot better place. I am not drinking and using drugs, I am not sitting on the couch. I am back to who I was before... I think [this program is] going to change veterans lives and I hope I can look back ten years from now and go 'That program saved my life,' and it really did, so thank you guys



It's liberating. It's something that's self-improvement. It's hopeful, not hopeless



I do not think the program naturally should be 8 weeks, I think it should be longer... Even if it's 8 weeks at first to really bang something out and then have a couple months where a call every month or a checkup every month or 6 months after.

Source: Denneson, L.M., Trevino, A.Y., Kenyon, E.A. et al. Health Coaching to Enhance Psychological Well-being Among Veterans with Suicidal Ideation: a Pilot Study. J GEN INTERN MED 34, 192-194 (2019)

Improving Mental Health

A [2021 study](#) with the purpose to examine the impact of the VA Whole Health Coaching program showed significant improvements over baseline in

- mental health
- stress
- perceived health competence

Other results related to participants' feedback contain positive assessments of both the program components and observed improvements.



The authors conclude:

Whole Health Coaching can help participants make meaningful progress toward health goals, reduce stress, and improve quality of life. The Whole Health model's emphasis on holistic self-assessment, patient-driven goal-setting, supportive, non-judgmental inquiry and mindful awareness contributed to program success and enhanced participants' experience

Source: Purcell N, Zamora K, Bertenthal D, Abadjian L, Tighe J, Seal KH. How VA Whole Health Coaching Can Impact Veterans' Health and Quality of Life: A Mixed-Methods Pilot Program Evaluation. *Global Advances in Health and Medicine*. 2021;10.



Overcoming Post-Traumatic Stress Disorder (PTSD)

Results of a second [2021 study](#) show health coaching is associated with increased and sustained goal achievement in some veterans with PTSD. [Another study](#) showed health coaching for veterans with PTSD increases engagement and satisfaction with intervention programs and identified coaching as a helpful approach to making progress on individualized wellness goals.

Clinical Trial Study Results

	Telephone-based Motivational Coaching sessions	Standard of care
Overall Number of Participants	140	140
Depression (scores 0-27)	9.4	11.1
Anxiety (scores 0-4)	1.2	1.3
Panic (scores 0-4)	0.6	0.7
PTSD (scores 0-80)	25.1	29.7
Quality of life - psychological health (4-20)	13.4	12.7
Quality of life - social relationships (4-20)	13.3	12.1

Source: [Motivational Coaching to Enhance Mental Health Engagement in Rural Veterans](#)
Randomized clinical trial, 2019

[A 2015 pilot randomized controlled trial](#) demonstrated clinically significant reductions in PTSD symptoms among study participants who used PTSD Coach mobile applications in primary care. Among other results, the study ranked highly when it came to intervention retention, clinician fidelity, and satisfaction.

While future research is needed and ongoing, these initial results from completed clinical trials suggest health coaching is effective in maintaining psychological health and managing mental health outcomes.



About YourCoach

[YourCoach.Health](#) is the only operating system for behavior change, powered by health coaches. Our industry partners entrust us to stand up or augment their health coaching operations utilizing our APIs, widgets and tech-augmented army of validated and credentialed health coaches to surround their existing product or service. We're the premier virtual home for health and wellness coaching, an ecosystem built to empower health coaches while expanding access to their services through our industry partnerships. Join us on the Health Coaching Revolution as we strive to deliver the power of health coaching to the 8.5 billion global population by 2030.



Our mission

By the year 2030 our mission is for the projected 8.5 billion people in the world to have access to Health Coaches, creating even more Happy and Healthy Humans.

Health Coaching
Industry Report V2.0



We are here for you!

We stand up, scale and operate best-in-class health coaching services for the health and care industry via our easily and seamlessly embedded technology, powered by the largest army of validated health and wellness coaches. If you are an organization looking to integrate or scale health coaching for your population or around your product or service, we are here for you!

