# Health Coaching: Practitioner Perspectives in Improving Health Outcomes

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Artwork by Patrick Desjarlait, Red Lake Band of Chippewa

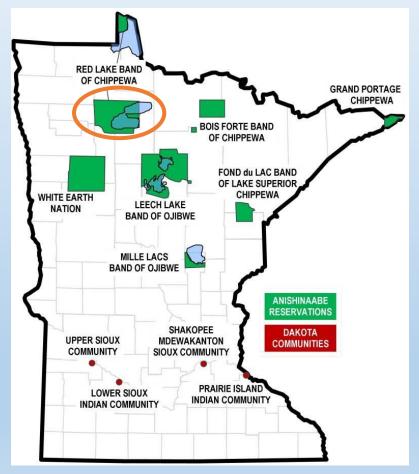
## Objectives

- 1. Examine how health coaching skills and techniques can be adapted into various health care practices.
- 2. Identify the barriers and strengths of health coaching.
- 3. Implement effective health coaching skills into real-life situations.





## Red Lake Band of Chippewa Red Lake, Minnesota











## Coaching in Health Care: A Health Practitioner's Perspective



A comprehensive approach is necessary to reduce the impact of preventable chronic disease on individuals and society. (WHO, 2017)

Six in ten adults in the US have a chronic disease and four in ten adults have two or more.



















Source: National Center for Chronic Disease Prevention and Health Promotion. 2022



Exercise is not medicine (Glasbergan, 2012)

## Barriers to Behavior Change

- Lack of training or expertise to address behavior change
- Limited clinic time
- Competing patient obligations
- Difficulty gaining the patient's trust
- Getting the patient to take an active role in their own care
- Population groups dealing with multiple health disparities

## Strategies to Address Lifestyle-Related Chronic Diseases

- 1. Health and Wellness Coaching (HWC)
- 2. Motivational Interviewing (MI)

\*Increased emphasis on using patient-driven programs to improve health outcomes and lower health costs

"Behavioral strategies should be used to support diabetes self-management and engagement in health behaviors (e.g., taking medications, using diabetes technologies, physical activity, healthy eating) to promote optimal diabetes health outcomes."

-2023 ADA Standards of Care, Section 5.37

## Health Coaching

The health and wellness coaching field is an emerging discipline that champions healthy behavior changes as a means of avoiding, reducing the incidence, or lessening the effects of chronic lifestyle-related diseases such as heart disease and diabetes. Health and wellness coaches are experts on human behavior, motivation, and health. They are "change agents" who help their clients set and achieve health goals and build new habits.

Health Coaching in Indian Country(2023) <a href="https://www.ihs.gov/dccs/nhcpp/">https://www.ihs.gov/dccs/nhcpp/</a>

Health Coaching is about Partnering with the patient in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

International Coaching Federation (2023) <a href="https://coachingfederation.org">https://coachingfederation.org</a>.

## Health Coaching v. Traditional Provider Intervention

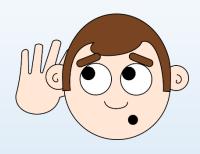
#### **Health Coaching**

- Partner with the patient
- Facilitate change
- The patient discover their strengths and beliefs
- Focus on what they are doing right
- Foster possibilities
- The patient works as hard as the coach

#### **Traditional Provider Intervention**

- Health provider is the expert
- The provider knows what is best for the patient
- The provider solves the problems
- Focus on what is wrong

## Motivational Interviewing



- Involves different communication skills and strategies to elicit change talk
- Improves health outcomes and patient satisfaction related to chronic conditions



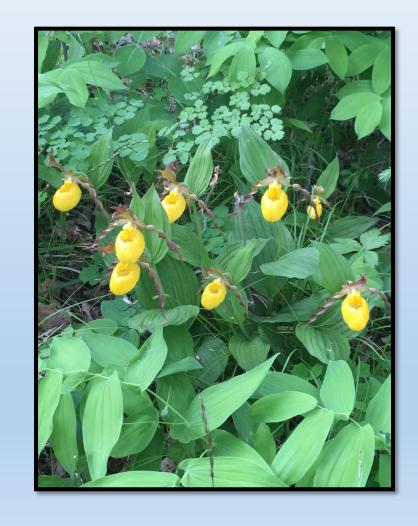
• Important communication tool used as part of Health Coaching

## Bemidji Area HPDP Health and Wellness Coaching Initiative

- 2nd Cohort
- 18 weeks long
- Wellcoaches corporation
  - Endorsed by the American College of Sport Medicine (ACSM)
  - Supports the ICHWC national standards and certifications
- Red Lake team members:
  - RD, CDCES; PHN; RN; PharmD; Dental Hygienist

## How were Coaches Using their Skills?

- Were they using the entire process of HWC?
- How were they fitting it into their clinic or practice?
- Did they find these techniques helpful?
- Am I doing this right?
- What am I missing?



## 2017 Bemidji Area Health Coaching Survey

- 27 trained health coaches working for I/T/U health programs in the Bemidji Area
- Training completed through Bemidji Area HPDP Health and Wellness Coaching Initiative during May 2012-April 2016
- Survey purpose:
  - To explore perceptions of HWC

## Organization of Employment

Table 1			
	Participants by Organization of Employment		
	Organization Type	N=27	
	Tribal Health Program	22	
	Urban Indian Program	1	
	Indian Health Service	3	
	Other	1	

## Professional Role or Credential

Profession	N =
Certified Diabetes Educator	9
Diabetes Program Coordinator	6
Exercise Physiologist	1
Licensed Practical Nurse	2
Nurse Practitioner	2
Physical Therapist	1
Registered Dietitian	4
Registered Nurse	12
Certified Personal Trainer	2
Other	6

Breyen, J.M. (2017). Health and wellness coaching utilization and perspectives of health practitioners working in American Indian communities. University of North Dakota.

## Survey Findings

#### 80% of participants

- Confident in their coaching abilities
- Experienced positive behavior outcomes and goal adherence
- Improved client-coach communication and trust
- Increased compassion & empathy
- Increased client engagement
- Plan to continue using HWC in their practice
- Regular training necessary to maintain and improve skills

#### 50% of participants

 Felt clients were more likely to keep follow up visits if HC was used

\*Wide range of skills and techniques used

Breyen, J.M. (2017). Health and wellness coaching utilization and perspectives of health practitioners working in American Indian communities. University of North Dakota.

## Survey Findings: Top Health and Wellness Techniques Used Most Often Among Practitioners

- Asking open-ended questions
- Demonstrating empathy, warmth, acceptance, non-judgmental, curious, non-confrontational demeanor
- Working collaboratively with the client
- Simple reflections
- Affirmations
- Brainstorming
- Setting specific, patient driven goals (SMART goals)

### Survey Findings: Practitioner-Viewed Strengths of HWC

- Improved communication between patient and client
- More engagement with the patient in their care and goal setting
- Increased compassion and empathy for the client

## Survey Findings: Practitioner-Viewed Barriers/Challenges of HWC

- Time restraints by both coach and client
- Separating the health coach role from the health expert role
- Patient barriers and life complications
- Readiness to change stage
- Time it takes to learn and practice health coaching techniques
- Cost to maintain HWC certification

## Survey Findings: Practitioner Modifications to HWC

- Tried not to set so many goals with the client
- Used techniques to further establish rapport
- Integrated pieces of it into visits based on the time and needs of the patient
  - (PT, Dental, DM)
- Used HWC based on the cultural influences
- Used "bits and pieces" of the dialogue set up by Wellcoaches.
- Tried building it into every patient encounter
- Allowed patients to take charge; guided them and attempted to be mindful

## **HWC Beyond Counseling the Patient**



- Leading, Mentoring, Teaching
- Developing Curriculum
- Changing the conversation about health and well-being



Developed by the Bemidji Area IHS HPDP Program In collaboration with the Wellness Coaching Project. (2017)

## The Red Lake Wellness Team Story



Eat Smart
Move More
Stress Less





## Red Lake Wellness Team Story

- Surveyed employees for wants
- Included all areas of wellness
- Incorporated more cultural components
- Dream picture --> grant, year agenda

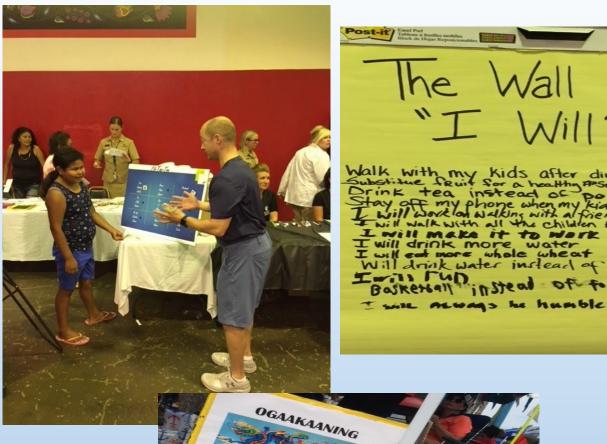












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# walk after Walk with my kids after dinner | Substitute Paul for a healthy Assack instead of Candy Drink tea instead of pop Stay off my phone when my kids are talking to me I will walk with all the children Everyday I will make it to work on time I will drink more water I will est more whole wheat Will drink water instead of pop I will find water instead of pop I will find of pop I will I full Barketall instead of pop





## Jill's Tips for Successful Coaching

- Patient trust and good communication are key!!
- Be sincere and be curious
- Silence is golden
- Simple reflections and rulers are easy, effective tools
- Know what is important to your patient right now



## Jill's Tips for Successful Coaching

- Ask for permission to provide education or recommendations
- Set SMART goals- Specific, Measurable, Achievable, Relevant, and Time-Bound.
  - Use confidence rulers when reviewing SMART goals.
  - "Experiments" make goal setting seem less daunting



## Coaching in Healthcare

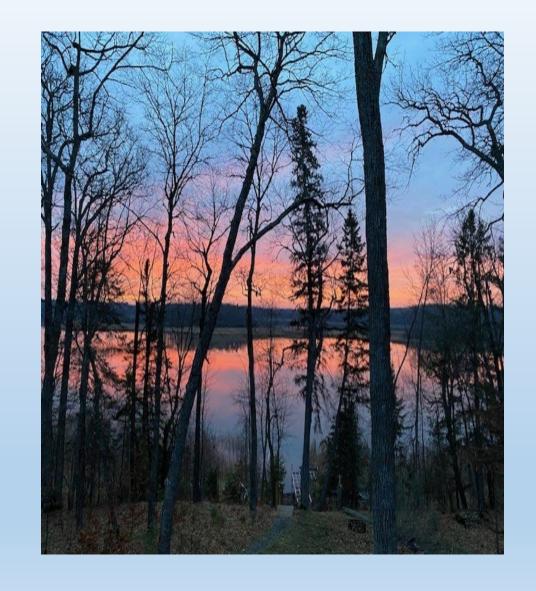
- Enhanced quality of care
- Improved patient satisfaction
- Active participant with health care
- Personalized patient goal setting
- Meeting the patient where they are
- Enhanced well-being

- Improved satisfaction
- Improved communication (engagement) skills
- Effective method of prevention and management of chronic disease
- \*Increased trust and communication
- \*Stress and frustration reduction

## Miigwetch

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#### References

Bennett H., Coleman E., Parry C., Bodenheimer T., & Chen, E. (2010). Health coaching for patients with chronic illness. Family Practice Management, 17(5): 24-29. Retrieved from <a href="http://www.aafp.org/fpm/2010/0900/p24.html">http://www.aafp.org/fpm/2010/0900/p24.html</a>.

Breyen, J.M (2017). Health and wellness coaching utilization and perspectives of health practitioners working in American Indian communities. University of North Dakota.

Butterworth, S., Linden, A., McClay W. (2007). Health coaching as an intervention in health management programs. Disease Management Outcomes, 15(5): 299-307. doi:10.2165/00115677-200715050-00004

Castor, M. L., Smyser, M. S., Taualii, M.M., Park, A.N., Lawson, S.A., & Forquera, R. A. (2011). Nationwide Population-Based Study Identifying Health Disparities Between American Indians/Alaska Natives and the General Populations Living in Select Urban Counties. American Journal of Public Health, 96,(8), 1478-1484. doi: 10.2105/AJPH.2004.053942

Cronk, N. J., Russell, C. L., Knowles, N., Matteson, M., Peace, L., & Ponferrada, L. (2012). Acceptability of motivational interviewing among hemodialysis clinic staff: A pilot study. Nephrology Nursing Journal, 39(5), 385-391. Retrieved from 4213-9819- 6d7364a0eef2%40sessionmgr104

Centers for disease control and Prevention(2022). About Chronic Disease. Obtained from <a href="https://www.cdc.gov/chronicdisease/about/index.htm">https://www.cdc.gov/chronicdisease/about/index.htm</a>.

Glasbergan, R. (2012). Exercise is not medicine. [image]. Retrieved from http://www.activeliving.com.au/diet-exercise/exercise-is-not-medicine/

Hayes, E., McCahon, C., Panahi, M.R., Hamre, T., & Pohlman, K. (2008). Alliance not compliance: Coaching strategies to improve type 2 diabetes outcomes. Journal of the American Academy of Nurse Practitioners, 20:155-62. doi:10.1111/j.1745-7599.2007.00297.x.

Hettema, J., Steele, J., & Miller, W.R. (2005). Motivational interviewing. Annual Review of Clinical Psychology, 1, 91-111. doi:https://doi.org10.1146/annurev.clinpsy.1.102803.143833

Indian Health Service. (2017, April). Indian health disparities fact sheet. Retrieved from <a href="https://www.ihs.gov/newsroom/includes/themes/newihstheme/display">https://www.ihs.gov/newsroom/includes/themes/newihstheme/display</a> objects/documents/factsheets/Disparities.pdf

Indian Health Service (2023). Health Coaching in Indian Country. Retrieved from <a href="https://www.ihs.gov/dccs/nhcpp/">https://www.ihs.gov/dccs/nhcpp/</a>

International Consortium for Health & Wellness Coaching. (2017). Retrieved from <a href="http://ichwc.org/">http://ichwc.org/</a>

International Coaching Federation (2023). Retrieved from <a href="https://coachingfederation.org/">https://coachingfederation.org/</a>

Kivelä, K., Elo, S., Kyngäs, H., & Kääriäinen, M. (2014). The effects of health coaching on adult patients with chronic diseases: A systematic review. Patient Education and Counseling, 97(2), 147 – 157. doi:https://doi.org/10.1016/j.pec.2014.07.026

#### References

Miller, W.R., & Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd ed.). New York, NY: The Guilford Press.

Moore, M, & Tschannen-Moran, B. (2010). Coaching Pyschology Manual (2nd ed.). Wellesley, MA: Lippincott Williams & Wilkins. (n.a.) (2016). Wellness coaching.[Image]. Retrieved from <a href="http://www.maximizefit.com/services.html">http://www.maximizefit.com/services.html</a>

Pollak, K. I., Nagy, P., Bigger, J., Bilheimer, A., Lyna, P., Gao, X., . . . Armstrong, S. (2016). Effect of teaching motivational interviewing via communication coaching on clinician and patient satisfaction in primary care and pediatric obesity-focused offices. Patient Education and Counseling, 99(2), 300-303. doi:10.1016/j.pec.2015.08.013

Rollnick, S., Miller, W. R. & Butler, C. (2008). Motivational interviewing in health care: Helping patients change behavior. New York, NY: The Guilford Press.

Sharma, A.E., Willard-Grace, R., Hessler, D., Bodenheimer, T., Thom, D.H. (2016). What happens after health coaching? Observational study 1 year following a randomized controlled trial. Annals of Family Medicine, 14(3), 200–207. doi:10.1370/afm.1924

Simmons L. A. & Wolever R. Q. (2013). Integrative health coaching and motivational interviewing: synergistic approaches to behavior change in healthcare. Global Advances in Health and Medicine, 2(4), 24-31. doi:https://dx.doi.org/10.7453%2Fgahmj.2013.037

Söderlund, L. L., Madson, M. B., Rubak, S., & Nilsen, P. (2011). A systematic review of motivational interviewing training for general health care practitioners. Patient Education and Counseling, 84(1), 16-26. doi:http://dx.doi.org/10.1016/j.pec.2010.06.025

Welch, G., Rose G., & Earnst, D. (2006). Motivational interviewing and diabetes: What is it, how is it used, and does it work? Diabetes Spectrum, 19(1): 5-11. doi: https://doi.org/10.2337/diaspect.19.1.5

West, D. S., DiLillo, V., Bursac, Z., Gore, S. A., & Greene, P. G. (2007). Motivational Interviewing improves weight loss with type 2 diabetes. Diabetes Care, 30, 1081-1087. doi:10.2337/dc06-1966

Wolever, R.Q., Caldwell, K. L, Wakefield, J.P, Little, K.J., Gresko J, Shaw, A, . . . Gaudet, T. (2011). Integrative health coaching: An organizational case study. Explore, 7(1):30-6. doi:10.1016/j.explore.2010.10.003.

Wolever, R. Q. & Eisenberg, D.M. (2011). What is health coaching anyway? Standards needed to enable rigorous research. Archives of Internal Medicine, 171(22), 2017-2018. doi:10.1001/archinternmed.2011.508

Wolever, R. Q., Simmons, L. A., Sforzo, G.A., Dill, D., Kaye, M., Bechard, E. M., . . . Yang, N. (2013). 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. doi:10.7453/gahmj.201.042

Woollard, J., Burke, V., Beilin, L. J., Verheijden, M., & Bulsara, M. K. (2003). Effects of a general practice-based intervention on diet, body mass index and blood lipids in patients at cardiovascular risk. Journal of Cardiovascular Risk, 10, 31-40. doi:https://doi.org/10.1177/174182670301000107

World Health Organization (2017). WHO fact sheet. Noncommunicable diseases. Obtained from http://www.who.int/mediacentre/factsheets/fs355/en/