Indian Health Service
Bemidji Area Health Coaches Collaborative

Obesity Prevention Webinar Series – Session 1
National Health Promotion/Disease Prevention Program

Michelle Archuleta – HP/DP Consultant, Bemidji Area
Marsha Kaehne, MSN, NP-C, Leech Lake Diabetes Clinic
Margaret Moore - Founder & CEO Wellcoaches Corporation
Bemidji Area

- Provides services and support to 34 tribes
- 4 Urban Indian Health programs
- 3 Federal Service units
- 125,000+ Native Population
- Health Disparities
  Comparatively: Heart Disease, Cancers & Diabetes
The Bemidji Health Coaching Story

• HP/DP Area Consultant – What brings about positive health behavior change?

• Reflecting back on my HPDP work on Navajo at the community level – Story, Relationships and Culture.

• Oneida, Wellcoaches

• DM Area Program Partnership
Obesity Prevention
Change through Relational Processes

Health Promotion

1. Move for Wellness
   - Increase Physical Activity
2. Partner with Community & Clinics:
   - Behavior change strategies
   - Engagement tools and processes
   - Utilize RPMS/EHR/iCare

Health Coaching

1. Growth-promoting relationships
2. Motivation
3. Capacity to change
4. Creativity
5. Process or Journey of change

KEEP CALM AND
HEALTH PROMOTION

KEEP CALM AND
SEEK A
HEALTH COACH
HEALTH COACHING COLLABORATIVE: October 2013 – April 2014

Introduction:
Unhealthy lifestyle choices related to tobacco, sedentary behavior, unmanaged stress, and poor diets play crucial roles in the well-being of our patients. A Health and wellness coaching approach focuses on supporting patients to take responsibility for their health and well-being, to increase self-awareness, to harness heartfelt motivation connected to life values and purpose, to commit to realistic goals, and to adopt a resilient and confident mindset as they re-learn and re-establish healthy behaviors.

The Bemidji Area Health Coaches Collaborative staff is committed to helping teams succeed in meeting patient, program and organizational goals with patient care and prevention efforts.

Thank you for your interest and we look forward to seeing you in October!

Teams will be announced Sept. 23, 2013.

Application Process
1. Submit Organizational/Team Letter of Intent by **July 19, 2013** at the link:  
   https://adobeformscentral.com/?f=qBI5b5xHvw3CVD5E0q9rnx
   Additional required forms will be sent upon receipt of ‘Letter of Intent’

2. Mail, E-mail, Fax or Scan ALL supporting documents by **August 30, 2013**
   - One (1) letter of interest PER team member for participation with the Bemidji Area Health Coaches Collaborative.
   - One (1) letter of recommendation PER team member.
   - One (1) signed letter of agreement PER the Clinical Applications Coordinator or IT designee for technical support of the Health Coaches EHR.
   - One (1) letter of support from the CEO / Director or Tribal Chairperson of your organization.
   - One (1) signed Supervisor Agreement Form PER team member.
   - Complete online application form at the link:  
     https://adobeformscentral.com/?f=ugz4uQgMKg4F%2AkaYIysbYQ

For more information contact: Michelle Archuleta, M.S.  HPDP Consultant  Indian Health Service Bemidji Area  
Email: Michelle_Archuleta@ihs.gov  Phone: 218-444-0492  Fax: 218-444-0513
“The skills I learned helped me listen and try and find what the person actually wanted. It helped me to quit making assumptions so quickly. It helped me learn to listen and ask great questions.” Health Coach Participant, 2012

RECOMMENDED FOR:
- Health Care Teams using an Electronic Health Record (i.e., IHS or Non-IHS).
- Teams consisting of 3-5 team members.
- MD’s, Health Educators, DM Educators, BH Counselors, Nurses, RD, CHR, Public Health Nurse, Traditional Practitioner & Fitness Specialists.

BENEFITS TO PARTICIPANT:
- Greater understanding of health from the individual, environmental and socio-economic lens.
- Develop a greater understanding of behavior change through the client perspective.

BENEFITS TO PROGRAM/ORGANIZATION:
- Decreased chronic disease rates and complications.
- Integration with GPRA measures and patient education.

“Shared with my director, and what we went over (Health Coaching) with patient education. We are incorporating Health Coaching into new grant opportunities.” Health Coach Participant, 2012

WHAT IS REQUIRED OF TEAMS?
- 6 month commitment: This collaboration starts in October 2013 and concludes April 2014.
- REQUIRED use of an EHR or Non-EHR program.
- Attendance at a 3-day launch event: This event will introduce you to the Health Coaches Collaborative and lay the foundation for the program.
- Participation in 18 weekly (90 Minute, teleconference sessions). These sessions will teach you everything you need to know to become an effective Health Coach.
- Participation in twice a month (for 4 months) learning community discussions.
- Participation in an evaluation process.
- Attendance at the 3-day wrap up event April 2014. This event will highlight team successes, next steps & action plans for integrating Bemidji Area health coaching into clinical and community settings.

ROLE OF SUPPORTING ORGANIZATION (All Required):
- Support teams with release time to attend ‘launch & wrap up’ events.
- Support teams to participate in weekly dedicated tele-conference calls, (Thursday, 3:00 pm to 4:30 ET).
- Implement EHR Health Coaching Templates.
- Support participation in team-based learning community groups via dedicated tele-conference calls, (Tuesday, 1:00 pm to 2:00 pm ET).

COST:
The Bemidji Area IHS will provide:
- Wellcoaches training/tuition (certification exam not included).
- Lodging/per diem for events.

PARTICIPANT ORGANIZATION WILL BE RESPONSIBLE FOR:
- Travel to launch and wrap up events.
- Supporting teams to attend full (3) day workshops from 8:00 am to 5:00 pm.
- Health Coach Certification exam ($495).

“We’re implementing case management. We are gearing toward looking to the whole perspective of our clients. This experience has helped our organization change some of the ways we are delivering programs.”
Health Coach Participant, 2012
Bemidji Area Health Coaches

Cohort 1 (2012-2013)

• Pilot Program, 25 individuals
• Learning Communities
• Theory of Change
• Lessons Learned
  o Multi-disciplinary, Team-based
  o Tremendous Self-discovery

Cohort 2 (2013-2014)

• 6 Teams/25 participants (1 Federal, 1 Urban, 4 Tribal)
• 4 participants (cohort 1) as Bemidji Health Coach Collaborative Leads
• RPMS/EHR health coaching templates
Priority Health Factors for Health Coaches Collaborative

- Chronic Disease Management: 33% (2)
- Diabetes: 83% (5)
- Increasing Physical Activity: 83% (5)
- Nutrition: 83% (5)
- Tobacco Cessation: 67% (4)
- Stress Management: 17% (1)
- Weight Management: 33% (2)
- Other: 17% (1)

* 6 total responses, 100% of submissions
In what situations have you used the Wellcoaches skills/tools:

Answered: 16   Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>68.75%</td>
</tr>
<tr>
<td>Among Peers</td>
<td>6.25%</td>
</tr>
<tr>
<td>With my Supervisor</td>
<td>0.00%</td>
</tr>
<tr>
<td>With my Employee</td>
<td>0.00%</td>
</tr>
<tr>
<td>As a Parent</td>
<td>6.25%</td>
</tr>
<tr>
<td>With my Spouse/Partner/Significant Other</td>
<td>18.75%</td>
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</tbody>
</table>

Total 16
What coaching skills have you already started to use in your professional practice?

Answered: 16  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Vision</td>
<td>62.50%</td>
</tr>
<tr>
<td>Stages of Change</td>
<td>75.00%</td>
</tr>
<tr>
<td>Open-ended questions</td>
<td>100.00%</td>
</tr>
<tr>
<td>Reflection Statements</td>
<td>93.75%</td>
</tr>
<tr>
<td>Mindful Listening</td>
<td>100.00%</td>
</tr>
<tr>
<td>Empathy</td>
<td>87.50%</td>
</tr>
<tr>
<td>SMART Goals</td>
<td>75.00%</td>
</tr>
</tbody>
</table>

Total Respondents: 16
<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
<th>Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important to wear the 'expert hat' when it comes to helping a patient improve their health.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>12.50% 2</td>
<td>43.75% 7</td>
<td>43.75% 7</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
<tr>
<td>Patient lifestyle choices are the driving factors with health outcomes.</td>
<td>37.50% 6</td>
<td>60.00% 8</td>
<td>12.50% 2</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
<tr>
<td>We can best motivate people to make healthy changes by educating them about what might happen to them if they do not change.</td>
<td>0.00% 0</td>
<td>12.50% 2</td>
<td>31.25% 5</td>
<td>25.00% 4</td>
<td>31.25% 5</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
<tr>
<td>We need to focus on both conditions and behaviors to improve patient health.</td>
<td>37.50% 6</td>
<td>62.50% 10</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
<tr>
<td>Health status is directly impacted by the perceived degree of control over life circumstances.</td>
<td>25.00% 4</td>
<td>62.50% 10</td>
<td>6.25% 1</td>
<td>0.00% 0</td>
<td>6.25% 1</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
<tr>
<td>Begin where the patient wants to begin as a starting point to improve patient health.</td>
<td>87.50% 14</td>
<td>12.50% 2</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>16</td>
</tr>
</tbody>
</table>
How has the Wellcoaches training affected you personally?

“Personally, opened my eyes to many new things. Personal growth and sharing with family and friends. I learned the right way to show empathy. Greater mindfulness, empathic listening, more awareness, more reflective, more self compassion, clearer thinking, more focused and use self action plans.”

How has the Wellcoaches training affected you professionally?

“Professionally, opened my eyes to new ways and tools. I think I had the tools within me and now I am able to identify and explore further to help clients. I now listen to emotions with clients. Listen better, brainstorm better, and work to get past barriers. Wellcoach training reinforced the work I do professionally.”

2014 Phone Interview Response – American Indian Health and Family Services, Detroit Urban Program
Please describe parts of the team-based experience beneficial to you?

“The team based experiences at the original 3 day meeting gave the teams time to discuss individual visions and potential team visions. They realized they were very similar and were excited about moving forward together. They felt supported by one another and the individual departments came together to move toward a healthier place for their clients. They felt passionate about helping their teammates.”

What are your actions steps as a team for sustainability?

“The few times that we did one on one work within the team were very beneficial. Everyone was easy to work with, we could bounce things off one another and because we were from the same area and agency we were able to focus on familiarity and similar experiences. It was more individual action steps rather than group steps toward sustainability that we actually accomplished. The value of the tools for each of us personally will help with sustainability as a group.”

2014 Phone Interview Response – American Indian Health and Family Services, Detroit Urban Program
KEEP CALM AND REACH YOUR GOALS
From Surviving to Thriving
FACILITATING HEALTH, FITNESS, AND WELLNESS
AS A TRIBAL PROVIDER

Marsha Kaehne, MSN, NP-C, RN, PHN
Primary Care Nurse Practitioner
Leech Lake Diabetes Clinic
Leech Lake Band of Ojibwe
Cass Lake, Minnesota
Coaching Approach in Primary Care:

**Expert Hat vs. Coaching Hat**

- Facilitating change - Not fixing the problems (change or die)
  Creating possibilities: patient to determine the direction
- Vision: tapping into the life force that drives the patient
  Energy – values - best experiences – exploring possibilities
- Negative bias: more weight to negative vs. positive experiences
- Guiding the patient to the positive:
  Looking for past successes – support – strengths
  Not win/lose but win/learn – goals as an experiment
  Observation vs. evaluation – no judgment
- Communication Tools: Reflections, Open Ended Questions, Non-violent communication, Self-Compassion, Brainstorming
- Don’t assume anything! Takes time
  Not all on the surface – connections on a deeper level
- Importance of presence – mindfulness – silence

Patient History:

- 20 year old female
- Diabetes Type 2 – onset at age 15
- Weight - 340 pounds
- Mental Health: periodic therapy since age of 8
- History of abuse/neglect/foster homes/homelessness
- Not taking medications x over 1 year
- Social: Living with S.O. – healthy/safe relationship
- Both working minimum wage jobs
- Education - attending Tribal College
- No alcohol, tobacco, recreational drug use
**Relationship - Establishing Trust**

The Heart of Coaching
An Existence of Surviving

Cultural Mistrust: History of N.A. mistreatment
- Give unconditional Positive regard:
  - Non-judgmental, non-violent communication

Personal Mistrust: History of abuse and neglect
- Create a safe place:
  - Assure privacy/confidentiality, be honest

Lack of stability/security: Foster homes, homelessness
- Show empathy:
  - Respectful understanding of experiences, needs, feelings

Lack of nurturing: Eating disorder, low self esteem
- Mindfulness:
  - Pay full attention, show genuine interest, listen

**Vision**

A compelling vision of desired future self
A Vision of THRIVING

Key to self-efficacy, self-esteem
ultimately the key to health, fitness and wellness

**Mindfulness and Self-Awareness:**

- Life calling?
  *Career goal – desire for higher education*

- Possibilities that generate excitement?
  *Achieving potential: career, health, helping others*

- Positive core that supports the client?
  *Autonomy - Self-determination*
Precontemplation:  
“I won’t” or “I can’t”  
*Hope and Compassion*

- Demonstrate respect for feelings and needs
- Demonstrate Understanding - Empathy
- Identify strong, positive motivators – Self determination
- Sort through the barriers
  - *Fear of failure*
    - Negative emotions r/t past experiences
  - *Lack of Self-Efficacy*
    - Fate vs. self-determination (Diabetes/Poverty)
  - *Native Culture*
    - Negative feedback from friends/family to change
  - *Poverty Culture – Hierarchy of needs*
    - Focus is on meeting present needs – Surviving

**Hierarchy of Needs**  
*Current focus on survival - basic needs*

Daily struggle to meet basic needs – Surviving
- Physiological needs: food, water, warmth, rest
- Safety needs: security, safety
- Psychological needs – belonging/friends
- PTSD, social phobias, low self-esteem
Vision of self-actualization

*Thriving*

- Evaluating barriers:
  - Constructive, sensible manner
  - No negative emotion
- Finding solutions:
  - Locating resources
  - Identifying strengths
  - What has worked before
  - Support systems
- *Reasons why (vision) + hope = change*
- *Shifting to the contemplation level*

Contemplation:

*“I may”*  

*Affirmation and Self-Efficacy*

Strong Motivators:

- Focusing on the patient’s vision
- Identifying the patient’s values and strengths
- Appreciation - how change will improve her life
- Moving forward by:
  - Accomplishing small goals - discovering, deciding
  - Identifying challenges - possible solutions/strategies
- *Shifting to the preparation level*
Generative Moment
*Connecting the Dots*

**Seeking congruence between vision and behavior**

**Decisional balance: Pros or Gains for Self vs. Cons or Losses for Self**

### Preparation: “I will”

**Self Efficacy**

- Higher Purpose
- Permission to Live her Values
- Saying “No” to Others
- Level of confidence
- Level of commitment
- Level of support

### The plan for change

**Developing a detailed plan for change**

SMART Goals: 3 month/weekly goals
- Specific, measurable, actionable, realistic, and time lined

Self-Efficacy
- + Strengths and Abilities
- + Values and meaning
- + Self-Awareness and Responsibility

= Belief  *Shifting to the action level*
Action

“I am”

*Working the plan*

- Behavioral Steps:
  - Realistic, specific goals
- Problem Solving:
  - Opportunity to learn and grow
- Rewards:
  - Build motivation and confidence
- Results:
  - Creating lasting Change

The Real Me

“Often the real me is buried under extra physical and emotional weight”

“One of the big bonuses of lasting change is that we expand our sense of self and get closer to becoming our best self – or the real me”

Intro to Health & Wellness Coaching

How Coaching Works

YouTube – 880,000+ views

Margaret Moore
Founder & CEO
Wellcoaches Corporation
www.wellcoaches.com

Co-Director
Institute of Coaching
McLean/
Harvard Medical School
www.instituteofcoaching.org

Coach Meg
www.coachmeg.com
Agenda

Intro to Wellcoaches
State of the Health & Wellness Coaching industry
What it takes to become a competent coach
Questions?
Wellcoaches Corporation

- School of Coaching founded in September 2002
- Strategic partnership started in 2002 with American College of Sports Medicine
  - Establish coach certification gold standard
  - Endorse Wellcoaches programs
- Family of 35 faculty, operations team, and advisors
- Trained 8,000+ coaches in 47 countries
- Social Mission – build the standards for professional coaches in health and wellness worldwide and support coaching research
Mission

• Train & Support Health & Wellness Coaches
• Teach Health Professionals basic coaching skills
• Teach non-health professionals as coaches
• Help everyone master self-coaching

Leverage health and well-being to thrive, and live one’s best life.
Mission

Transform Healthcare and Wellness...

....from dependency to empowerment
....from focus on weakness to wellness
....from expert-centered to client-centered
Coaching changes the Brain for Good...

A mind once stretched by a new idea or understanding will never fully return to its original dimensions.

William James (1842-1910)
Leader & Founder Margaret Moore/Coach Meg

- Entrepreneur, biologist, MBA, USA + Canadian citizen
- 17 year veteran of biotech industry in four countries
- Co-led successful startup in the neuroscience field
- Co-founder, Co-director: Institute of Coaching McLean Hospital, Harvard Medical School affiliate
- Co-founder, Co-leader: National Consortium for Credentialing Health & Wellness Coaches
- Co-author of first coaching textbook in healthcare: Coaching Psychology manual published by LWW
- Co-author of Harvard Health book: Organize Your Mind, Organize Your Life
- Faculty, Applied Coaching Psychology, Harvard University Extension School
- Bio at About Us/Coach Meg
Market Need?

- 95% are not engaged in top 5 health behaviors
- 65% are overweight or obese
- 70% aren’t engaged at work
- 58% are ‘addicted’ to technology

80% of adults are not thriving (mentally)
Definition of Health and Wellness Coaching

Health and wellness coaches facilitate a partnership and change process that enables clients to change their mindsets, and develop and sustain behaviors proven to improve health and well-being, going beyond what they have been able to do alone.
Institute of Coaching

1. Bridging science to best coaching practices
2. Coaching research grants - $100,000 per year
4. Institute of Coaching Professional Association – discounted membership for Wellcoaches
National Consortium for Credentialing Professional Health & Wellness Coaches

- 73 organizations – [www.ncchwc.org](http://www.ncchwc.org)

- Plan
  - Build National Board of Certification of Health & Wellness Coaches
  - Establish coach training and education standards
  - Pursue a multi-site coaching research strategy
  - Investigate reimbursement models
  - Set standards for basic coaching competencies to be integrated into scope of practice for health professionals
Coaching models across the spectrum

Professional coaches

- **Health & wellness coach** – optimal health, wellness or well-being (physical and mental)
  - Individual and group coaching
  - Supervising peer health/wellness coaches

Health care and wellness professionals

- **Coaching skills** for all allied health, healthcare/clinical, and wellness providers
Coaches @ Work

Healthcare
- Health insurance plans
- Corporate health centers
- University health centers
- Hospital wellness
- Medical fitness facilities
- Physician practices
- Medical homes
- Gov’t healthcare agencies
- Rehabilitation facilities
- Clinics: weight loss, diabetes, cancer, heart disease, women’s health, men’s health
- Integrative health clinics
- Hospices

Corporate & Consumer
- Employee wellness
- Private practice - fitness
- Private practice - yoga
- Private practice – nutrition
- Private practice - life
- Health clubs
- Spas
- Wellness centers
- Retirement & seniors facilities
- Web health and wellness
Professionals using coaching skills

- Case managers
- Nurses
- Nurse practitioners
- Physicians
- Physician assistants
- Physical therapists
- Occupational therapists
- Exercise physiologists
- Social workers
- Psychologists
- Counselors
- Dietitians
- Alternative practitioners
- Diabetes educators
- Health educators
- Dietitians
- Personal trainers
- Fitness instructors
- Massage therapists
- Athletic trainers
- Ex-professional athletes
- Sports coaches
- Teachers
- Mental health professionals
- Career transitioners
- Recreational therapists
What it takes to become...

...a competent coach

- Credentials & experience in health sciences
- Heartfelt desire and readiness for a transformation
- Practice, practice, and more practice
Coaches see the butterfly in the chrysalis
Science of coaching

Science of coaching relationships designed to facilitate lasting change and optimize health, well-being, and performance

Lippincott, Williams & Wilkins & Wellcoaches Coaching Psychology Manual

Endorsed by the American College of Sports Medicine
Evidence-based Wellcoaching

5. Schwartz (2013) - alternative to bariatric surgery
**Expert Approach**

- Authority
- Educator
- Defines agenda
- Responsible for client’s health
- Solve problems
- Focus on what’s wrong
- Has the answers
- Interrupt if off topic
- Working harder than client
- Wrestle with client

**Coach Approach**

- Partner
- Facilitator of change
- Elicits client’s agenda
- Client is responsible for health
- Foster possibilities
- Focus on what’s right
- Co-discover the answers
- Learn from client’s story
- Client working as hard as coach
- Dance with client
Growth-Promoting Relationships
Thriving: Being Skills and Coaching Presence

- The coach approach / the expert approach
Expressing Compassion for Negative Emotions
Celebrating Our Best – Positive Emotions
Eliciting Autonomy & Self-Motivation
Building Self-Efficacy
Readiness to Change

Pre-contemplation

Contemplation

Determination/Preparation

Action

Maintenance

Relapse/Recycle

No; Denial

Maybe; Ambivalence

Yes, Let’s Go; Motivated

Doing It; Go

Living It

Start Over; Ugh!!

Fence

0–3 Months

3–6 Months

Over 6 months
Building Dreams and Visions
How Fascinating! Crafting Designs

Three month goal:
I will eat 4 servings of fruits and veggies four days a week.

First week:
I will eat an apple with my lunch 3 days (M-W-F) this week.
Generative Moments: Creative insights lead to lasting change
Measuring Results: Appreciative Goal Review
Putting It All Together in Coaching Sessions

Wellness Plan

- Vision
- Three month behavioral goals
- Weekly goals

Coaching Sessions

- 90 minute start-up phase
- 30-60 minute ongoing sessions for three months or more
How Coaching Works: Mechanisms of Action

1. Growth-promoting relationships
2. Motivation
3. Capacity to change
4. Creativity
5. Process or Journey of change
Contact Information:

Michelle Archuleta
Michelle.archuleta@ihs.gov

Marsha Kaehne
Marsha.Kaehne@llojibwe.org

Margaret Moore
margaret@wellcoaches.com