



# **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

**INACTIVITY, POOR NUTRITION, TOBACCO USE AND FREQUENT  
ALCOHOL CONSUMPTION ARE THE PRIMARY CAUSES OF**  
**CHRONIC DISEASE**

# 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



## **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!

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**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=qB15b5xHvw3CVD5E0q9rng>

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=ugz4u0qMKg4F%2AkaYlysbyQ>

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For more information contact: Michelle Archuleta, M.S. HPDP Consultant Indian Health Service Bemidji Area

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*"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
  - Multi-disciplinary, Team-based
  - Tremendous Self-discovery

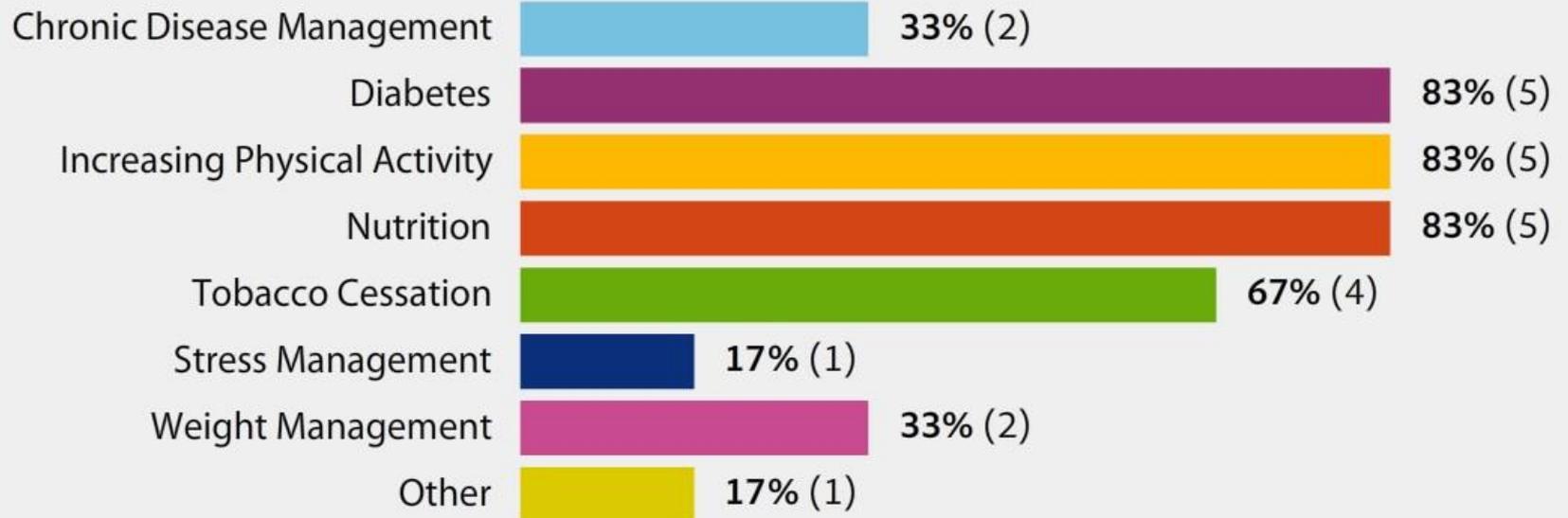


## Cohort 2 (2013-2014)

- 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



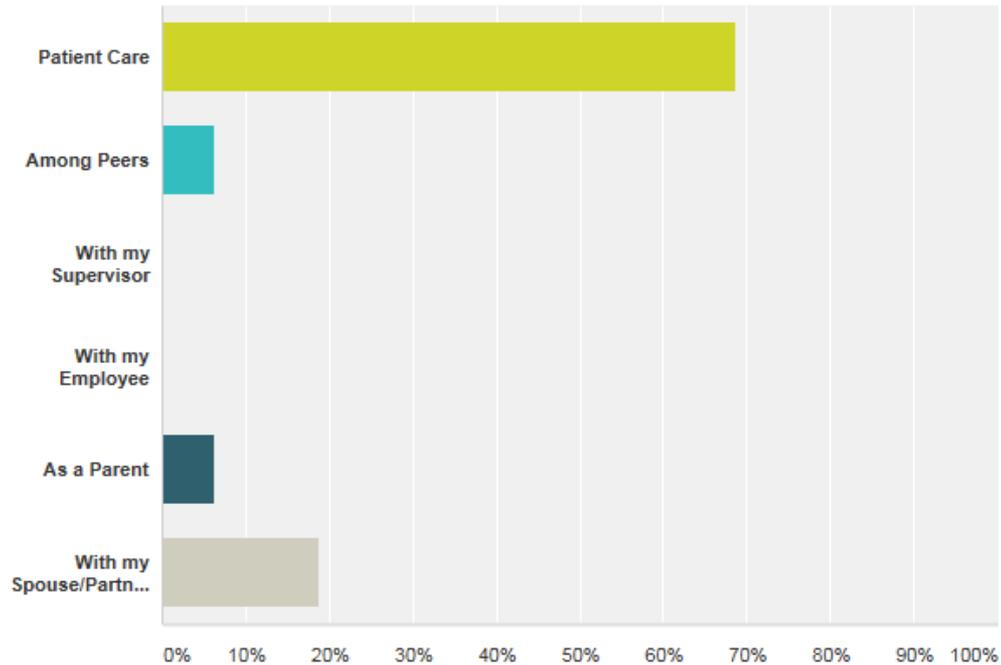
## Priority Health Factors for Health Coaches Collaborative



\* 6 total responses, 100% of submissions

## In what situations have you used the Wellcoaches skills/tools:

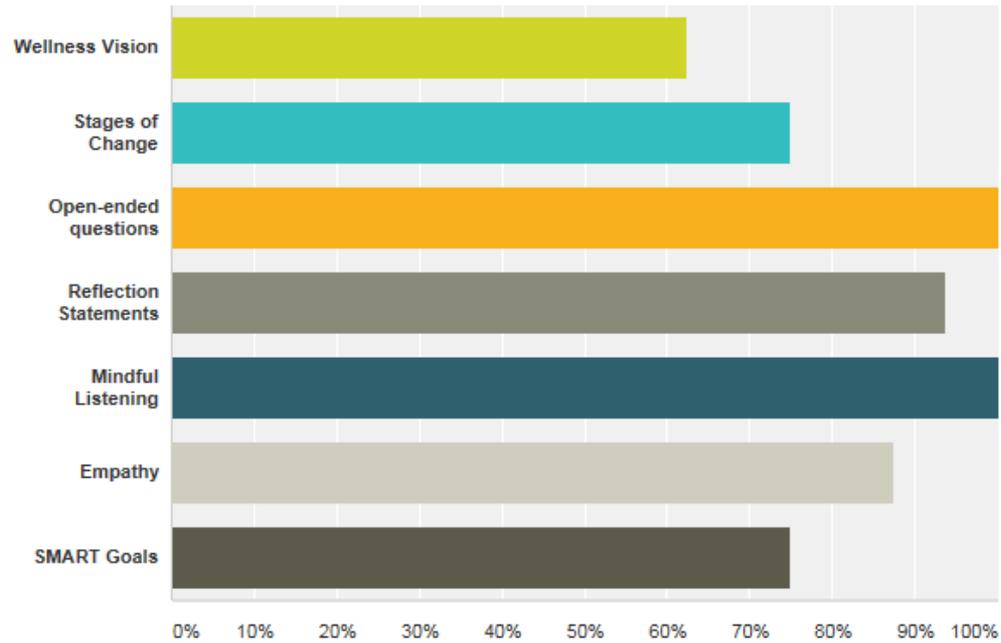
Answered: 16 Skipped: 0



Answer Choices	Responses
– Patient Care	68.75% 11
– Among Peers	6.25% 1
– With my Supervisor	0.00% 0
– With my Employee	0.00% 0
– As a Parent	6.25% 1
– With my Spouse/Partner/Significant Other	18.75% 3
Total	16

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

Answered: 16 Skipped: 0



Answer Choices	Responses
– Wellness Vision	62.50% 10
– Stages of Change	75.00% 12
– Open-ended questions	100.00% 16
– Reflection Statements	93.75% 15
– Mindful Listening	100.00% 16
– Empathy	87.50% 14
– SMART Goals	75.00% 12
Total Respondents: 16	

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>N/A</b>	Total Respondents
Important to wear the 'expert hat' when it comes to helping a patient improve their health.	0.00% 0	0.00% 0	12.50% 2	43.75% 7	43.75% 7	0.00% 0	16
Patient lifestyle choices are the driving factors with health outcomes.	37.50% 6	50.00% 8	12.50% 2	0.00% 0	0.00% 0	0.00% 0	16
We can best motivate people to make healthy changes by educating them about what might happen to them if they do not change.	0.00% 0	12.50% 2	31.25% 5	25.00% 4	31.25% 5	0.00% 0	16
We need to focus on both conditions and behaviors to improve patient health.	37.50% 6	62.50% 10	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16
Health status is directly impacted by the perceived degree of control over life circumstances.	25.00% 4	62.50% 10	6.25% 1	0.00% 0	6.25% 1	0.00% 0	16
Begin where the patient wants to begin as a starting point to improve patient health.	87.50% 14	12.50% 2	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16

## **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.”*

## **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.”*



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*

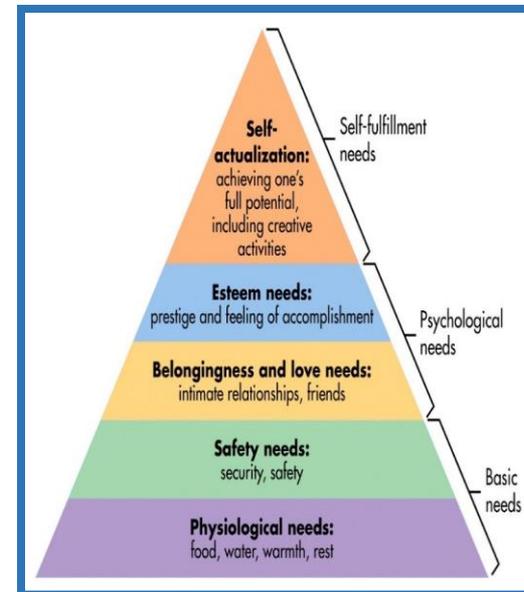
Focus is on meeting present needs – Surviving

## 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"*

Moore, M. & Tschannen-Moran, B. (2008). *Coaching psychology manual*. <https://wellcoaches.customerhub.net/coach-training-manual>.

# Intro to Health & Wellness Coaching

## How Coaching Works

*YouTube – 880,000+ views*

**Margaret Moore**

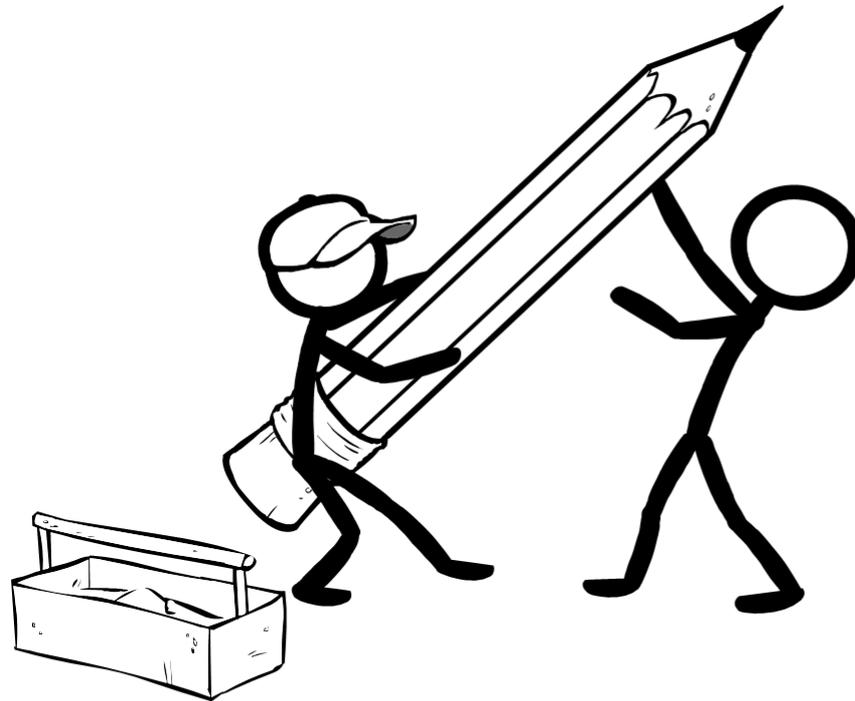
Founder & CEO  
Wellcoaches Corporation  
[www.wellcoaches.com](http://www.wellcoaches.com)

**Co-Director**

Institute of Coaching  
McLean/  
Harvard Medical School  
[www.instituteofcoaching.org](http://www.instituteofcoaching.org)

**Coach Meg**

[www.coachmeg.com](http://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



**AMERICAN COLLEGE  
of SPORTS MEDICINE**

# 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.*

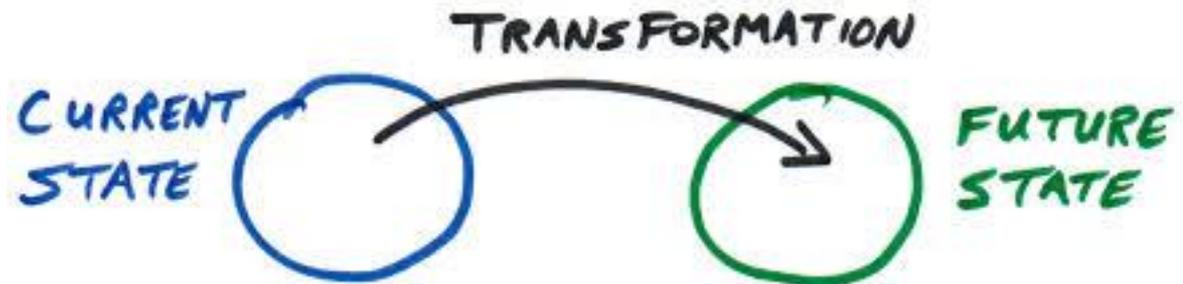
# Mission

## ***Transform Healthcare and Wellness...***

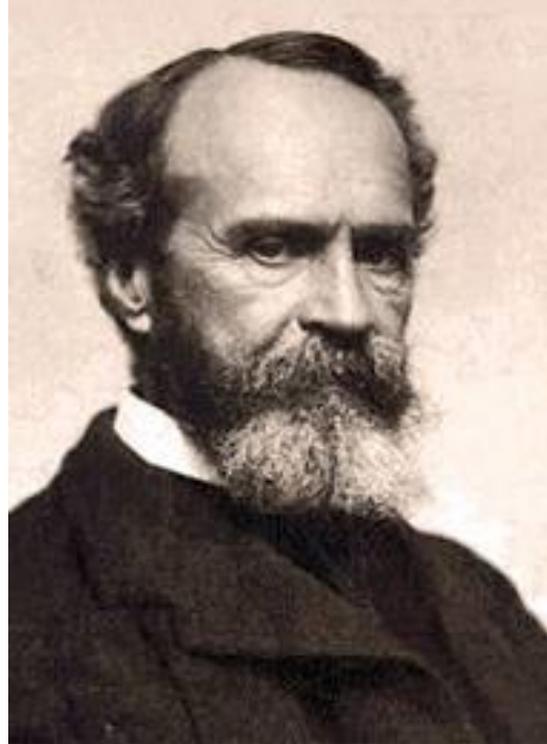
*....from dependency to empowerment*

*....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
3. *Coaching in Leadership & Healthcare conference* by Harvard Medical School – Sep 12/13, 2014
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

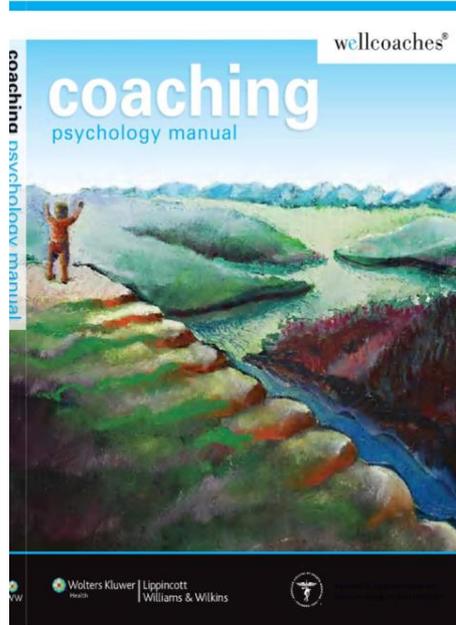
- Credentials & experience in health sciences
- Heartfelt desire and readiness for a transformation
- Practice, practice, and more practice

**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

1. Sforzo et al (2014) - in press paper for smoking cessation
2. Roy, et al (2014) - physician-referred patients with chronic health conditions
3. Sforzo et al (2013) - Ithaca College employees
4. Sherman et al (2014) - primary care setting for MGH employees
5. Schwartz (2013) - alternative to bariatric surgery
6. Berna (2013) - tribal community healthcare center with patients with diabetes
7. Galantino & Schmid (2009) - cancer survivors

## 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
	 Fence				
		0-3 Months	3-6 Months	Over 6 months	
No; Denial	Maybe; Ambivalence	Yes, Let's Go; Motivated	Doing It; Go	Living It	Start Over; Ugh!!

# 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:

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