

Working Session on Health Coaching for Diabetes and Obesity – Executive Summary

Key Findings

The following key findings are summarized from a working session on health coaching held on April 24, 2017 with 20 interdisciplinary subject matter experts.

- Health coaching is most useful to help fill the gaps in the current health care system, to support self-managed care outside of health care provider appointments, and to encourage and sustain behaviour change, in order to help individuals reach their health goals and to reduce escalating costs of health care expenditure.
- Health coaching is a set of skills that can be applied across various settings and contexts but there is a need to define the scope of practice and maintain quality control. The distinction between health coaching, self-managed education, and self-management care must be made, to understand how they can complement each other.
- Health coaching skills should include counselling and behaviour modification training skills, communications skills that build rapport and empathy, and an understanding of chronic diseases and their complexity, health care systems, and community resources.
- Health coaches do not need to be a designated registered health professional at this stage. However, health coaches should be registered health professionals/allied health professional or have demonstrated equivalent education or experience in the community or health-related field.
- A critical mass of health coaches are needed for the intervention to be integrated into the health care systems and address population needs, so that it does not become exclusionary based on affordability.
- Complementary hybrid or tiered approaches and strategies to health coaching, i.e. regulated health professional training coaches to work in community setting or through peer-to-peer coaching programs, is needed to enable scalability of health coaching intervention.
- Current or potential workplaces include family health teams, community weight management clinics, diabetes education centres and clinics, bariatric clinics, community health centres or hubs, wellness centres, retirement homes, community centres and schools and others
- Health coaching practice can be applied across domains, and opportunities can be understood in terms of covered health expense vs. out of pocket expense. Potential funding for health coaches can come from individuals, provincially funded self-management programs, Canadian Diabetes Association, employee wellness and benefit programs, community health centres etc.

Executive Summary

The working session on health coaching for diabetes and obesity hosted by the Health Leadership and Learning Network, Faculty of Health, York University, was held on April 24, 2017 at McMaster University in Hamilton, Ontario. The session featured 20 diabetes and obesity subject matter experts from hospitals, community health centres, health associations, and academia. The session explored how emerging health care needs of the population can be addressed through new and specialized health coach training for an inter-professional audience.

The objective of the working session was to create training modules to be offered through the Health Coach Institute at the Health Leadership and Learning Network, as part of the deliverables on the sub-project to Health Ecosphere: An Innovation Pipeline for Commercial Health Solutions funded by the Federal Development of Southern Ontario. The working session was conducted using an electronic meeting system (EMS), an innovative facilitation process developed from research at the Queen's School of Business.

The group explored the following questions on health coaching.

Why do we need health coaching?

The group indicated top priorities that health coaching can address in the current Canadian health care system.

- Health coaching can fill in the gaps regarding self-management by
 - Providing tools to empower and engage patients ultimately leading to self management
 - Helping people help themselves to improve their own health
 - Providing patients with more frequent support, tools for behaviour change, and timely follow up to improve their health than what the health care system provides for chronic disease management
- People need coaching to encourage and sustain behaviour change to improve their health.
 - Behaviour change takes time
 - Individuals need for more structured support in between appointments with health care providers in order to improve outcomes
- Health coaching can provide additional support for people in addition to time spent with a health care provider and time spent in individual self-management.
- Health coaching can help people achieve their identified goals
- The current system and structures are not meeting needs
 - The current practice of managing diabetes is poor, leading to preventable complications
 - Health coaching is needed to retool the health system to enable patients to better self-manage.
- Health coaching provides an evidence-based intervention to support timely and effective clinical interactions.
- Health coaching can support patients at their visits and between their visit with health care providers.

- Health coaching can co-monitor client's behaviour change and further help them achieve their goals,
- Healthcare expenditures are rising rapidly, locally and globally, largely due to chronic conditions/injuries that are preventable through enhanced social conditions and positive health behaviour change.
- Health coaching is a promising scalable and sustainable approach for prevention and management of chronic conditions

Who should be health coaching?

The general group consensus was that health coaches should be regulated health care professional or individuals with equivalent education and experience in health-related settings. There was concern that increasing qualifications required of health coaches, would reduce the number of available health coaches. As a result, the reach of the intervention may be impacted, and the intervention would be exclusionary based on affordability.

Health coaching intervention may require complementary "hybrid" models or strategies where there are different tiers such as the professional coach, peer coach and mentor, to ensure scalability. This can expand reach of intervention, as long as the roles are clear and complementary. The difference between self-managed education vs. self-managed support must be distinguished.

The tiered approach may include basic level, more advanced training, coach the coach capacity (Stanford Model), or peer to peer coaching where different requirements are needed. For example, community settings may not require regulated health professionals to be health coaches. The Canadian Mental Health Association hires "bounce back coaches" who require only bachelor's degree and a second language. Other models to explore include: diabetes educator model, bereavement support model from the Canadian cancer society etc. There are also audiences that may use tools of health coaching through their own lens such as law enforcement, clergy etc.

There was overall consensus of the need to articulate the standards and boundaries of health coaching - what is health coaching? what it is NOT? And what is the unique offering? What are the boundaries between formal vs. informal coaching?

Where are the practices of health coaching happening? Now? In the future?

A variety of different health coach practice settings were discussed. Examples include within family health teams, diabetes/bariatric education centred or clinics, community health centres or health hubs, cultural community groups, health and safety units in workplaces, schools and others.

Health coaching is a horizontal skill set that can be applied across many domains. Health coaching services therefore do not necessarily exist separately within the binary division of either public or private health care. Funding for health coaching service can perhaps be explored as services that are covered (employee extended coverage/insurance or public health care) vs. out of pocket expenditure.

Conclusion

The working session consultation confirmed the principles and objectives of the Health Coach Institute at the Health Leadership and Learning Network, York University. Professional colleagues validated what knowledge, skills, training were needed for health coaching and who should be doing health coaching. The working session informed the re-development of the existing health coach certificate program and the development of specialized health coaching programs at the Health Coach Institute.

Further research is required to determine how health coaching skill sets and competencies are currently or can be incorporated in roles within the public and private health care and social services.

Please contact the Health Leadership and Learning Network at hlln@yorku.ca for full report information or if you would like to cite any of this information.