



Health Leadership
& Learning Network

health | YORK
UNIVERSITÉ
UNIVERSITY

Chronic Disease Management Health Coach Certificate

Module 3

2021

Dear Student/Participants,

Please find the York University copyright statement. This is an annual reminder to all students about the copyright policy of the University.

Access to and use of the course materials is restricted to students enrolled in the Chronic Disease Management Health Coach Certificate course offered by Health Leadership & Learning Network. All materials for this course are provided with the permission of the rights holder, under the terms of a license or other agreement, or under the application of statutory exceptions of the Copyright Act. Copyright and all rights are maintained by the author(s) or by other copyright holder(s). Copying this material for distribution (e.g. uploading material to a commercial third-party website) can lead to a violation of Copyright law. Find out more about copyright here: www.yorku.ca/copyright

If you have any questions, please contact us here in HLLN at 416 736 2100 X22170 or hlln@yorku.ca. Thank you, Tania Xerri



Tania Xerri, Director, Health Leadership and Learning Network

A Leader in Health Continuing Professional Education

Faculty of Health York University

4700 Keele St. HNES 019, Toronto, ON M3J 1P3

Information, Privacy and Copyright | Office of the Counsel

1050 Kaneff Tower | York University | 4700 Keele St., Toronto ON M3J 1P3

Canada



DORIS HOWELL

R.N., PhD., FAAN

Senior Scientist, Supportive Care, Princess Margaret Cancer Centre Research Institute

Professor (status), Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Doris Howell is a health services research graduate of the Institute of Health Policy, Management and Evaluation (IHPE)-Outcomes and Evaluation, University of Toronto. She holds a position as Senior Scientist, Supportive Care, Princess Margaret Cancer Centre Research Institute and Professor (status), Lawrence S. Bloomberg Faculty of Nursing with a cross-appointment in IHPE, University of Toronto. She also holds an Affiliate Scientist with the ELLICSR Health, Wellness & Cancer Survivorship Centre, University Health Network; and was an Associate Scientist, Institute for Clinical Evaluative Sciences, University of Toronto.

As Co-Director of the Ontario Patient Reported Outcomes-Symptoms and Toxicity Research Unit (On-PROST), she made significant contributions to the measurement and implementation of Patient Reported Outcome Measures (PROMs) in routine cancer care. She also led the development of pan-Canadian psychosocial and survivorship guidelines that have been adapted for use in federal jurisdictions in Canada, the American Association of Clinical Oncologists and internationally in countries such as Australia.

Dr. Howell's current research focuses on testing innovative models of healthcare delivery including proactive cancer self-management support and health coaching and remote monitoring and 'real-time' management of symptoms using mobile health devices. She is also conducting clinical trials testing the effects of behavioural self-management interventions to reduce the morbidity associated with complex cancer symptoms (dyspnea, fatigue, acute treatment toxicities) and optimize health recovery across the cancer trajectory. She also leads outcomes research to examine the psychosocial impact of breast cancer in young women and the role of self-efficacy as an executive member of the pan Canadian RUBY longitudinal cohort study.

Module 3: Session 1 Case Formulation in Health Coaching

Dr. Doris Howell RN, PhD, FAAN

1

Review: Self-Directed Learning and Handouts

- **Self-Directed Learning**
 - Article: Formulation for Beginners
 - Video: How to do an Accountability Check with Health Coaching Clients
 - Complete the observational checklist for accountability as you view the video
- **Breakout Activities:**
 - Breakout 1: Case Formulation Worksheet
 - Breakout 2: Coaching Formulation Planning for Goals Worksheet
- **Handouts:**
 - 21 Questions to Extraordinary Goal Setting
 - Hannah Case Study

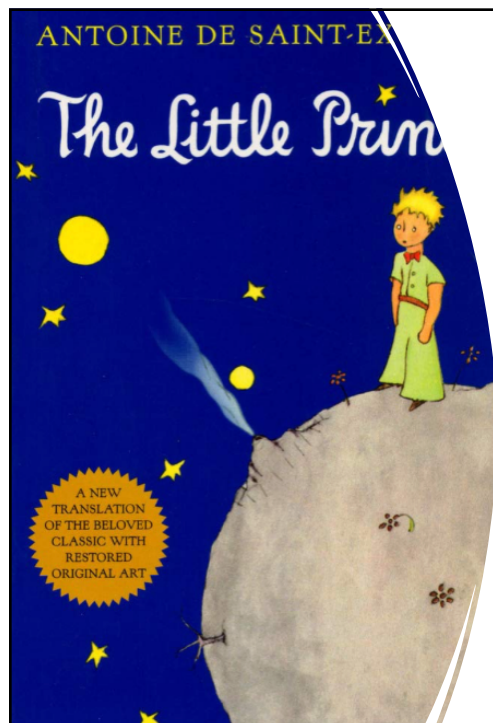
2

Learning Objectives:

1. Define case formulation in chronic disease health coaching.
2. Identify how to track and measure client progress as part of self-monitoring of outcomes
3. Formulate a health coaching plan for client-three month and weekly behavioral goals
4. Describe the importance of accountability in coaching.



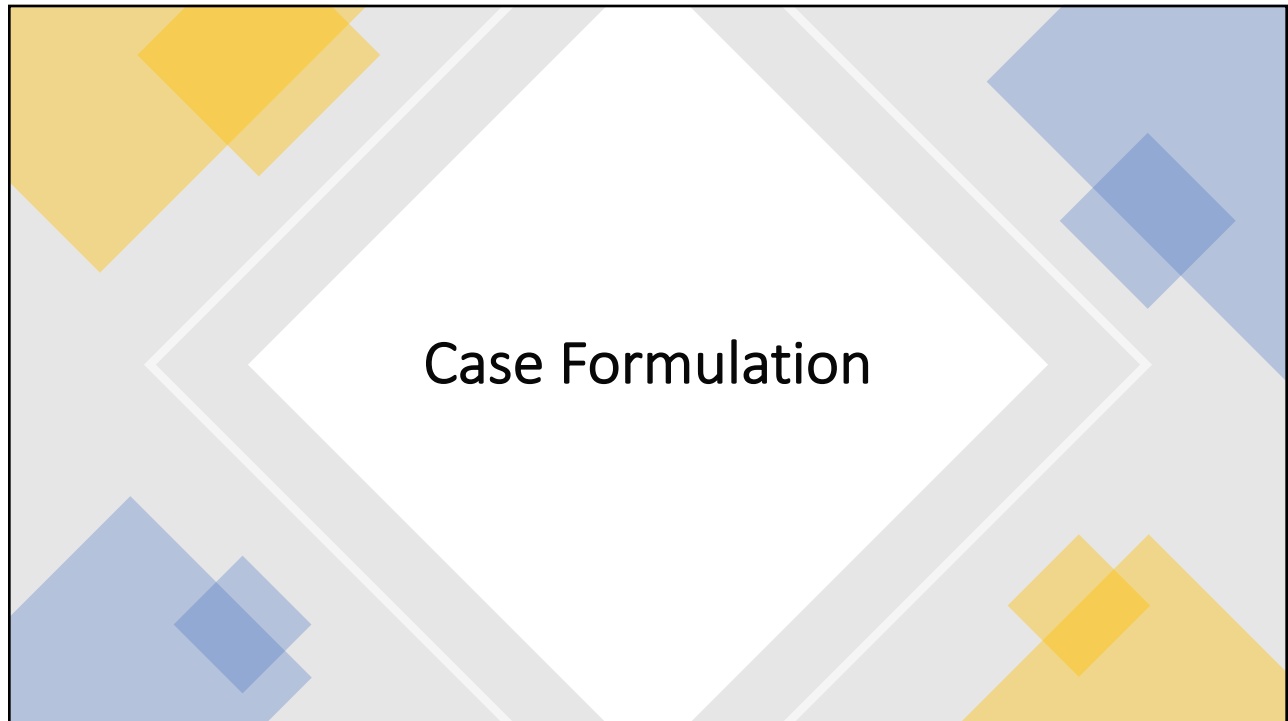
3



"A goal without a plan is just a wish."

Antoine de Saint-Exupéry

4



5

Case formulation asks what is wrong,
how it got that way, and what can be
done about it.

6

What is case formulation?

- A report that is based on information gathered, organized and assessed to provide an explanation of a client's behavior.
- Coaches look for emotional, stated, non-verbal, and behavioral information that will help develop a picture of the client's experience and will lead to collaboration with the client on goals for change.



7

Why Case Formulation?

- Identification of relevant issues and goals
- May enhance coach empathy and collaboration
- Co-construction of a narrative for focusing the coaching agenda on short, intermediate and long term goals
- Without a clear plan in place, it can be hard to track progress, stay organized and keep a record of individual patient care



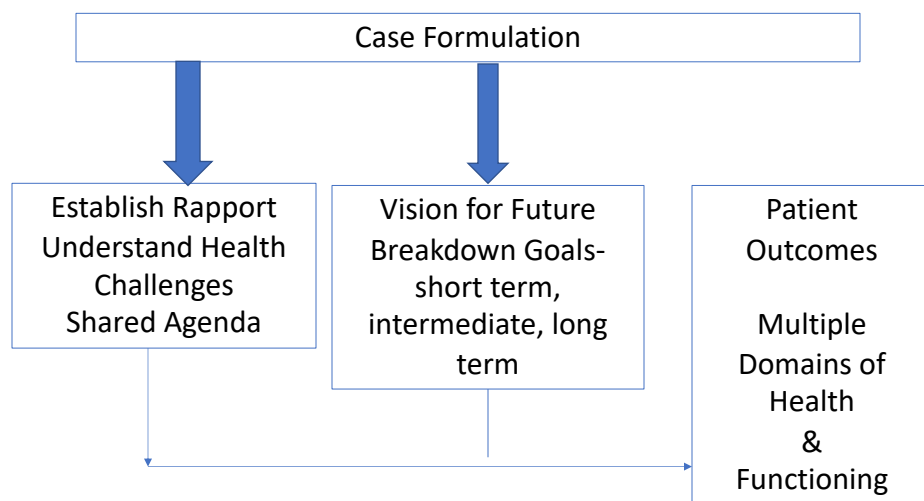
8

Benefits of Case Formulation

- Provides structure for a comprehensive and shared picture of the client's situation and needs
- Helps client and coach make sense of complex situations and identify **contributing factors** and potential solutions
- Aids the coach and client in recognizing the **links between behaviours, thoughts, emotions and situational elements**
- Provides a **framework for idea generation**, particularly in unfamiliar spaces
- Identifies **gaps in information and helps clarify questions and areas of exploration** that may be optimally useful

9

Case Formulation Process



Adapted from: Lane D. et al. Does coaching psychology need the concept of formulation.
International Coaching Psychology Review 2009; 4(2):193

10

Considerations in Case Formulation

- Based on the account of the factors involved, where are you likely to get the most effective results?
- What approaches are most appropriate?
- What barriers to success can you anticipate and what strategies will you use to help the client overcome them?
- Looking at the factors you have identified, are there elements that require a therapeutic approach? If so, how will you address these? (This may include recommending that the client seeks the services of another kind of professional.)

11

	Biological	Psychological	Social
Predisposing	<ul style="list-style-type: none"> • Genetic • Birth trauma • Brain injury • Illness – psychiatric, physical • Medication • Drugs/alcohol • Pain 	<ul style="list-style-type: none"> • Personality • Modelling • Defences (unconscious) • Coping strategies (conscious) • Self-esteem • Body image • Cognition 	<ul style="list-style-type: none"> • Socio-economic status • Trauma
Precipitating	<ul style="list-style-type: none"> • Medication • Trauma • Drugs/alcohol • Acute illness • Pain 	<ul style="list-style-type: none"> • Stage of life • Loss/grief • Treatment • Stressors 	<ul style="list-style-type: none"> • Work • Finances • Connections • Relationships
Perpetuating	↓	↓	↓
Protective	<ul style="list-style-type: none"> • Physical Health 	<ul style="list-style-type: none"> • Engagement • Insight • Adherence • Coping strategies • Intelligence 	

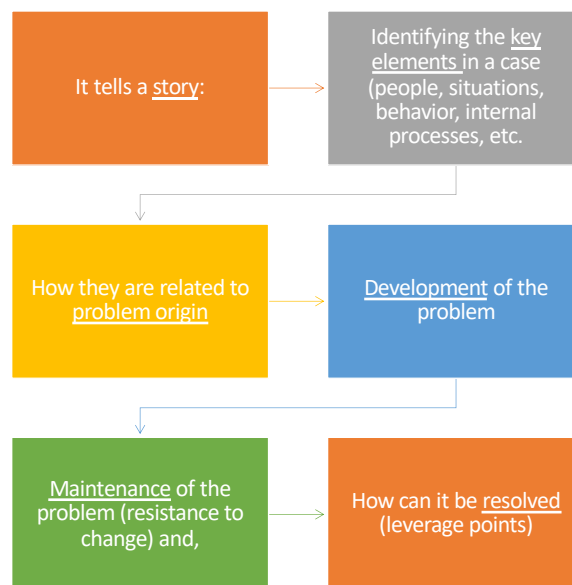
Selzer R. Formulation for beginners. Australasian Psychiatry 2014;22(4):397-401

12

The Whole is Greater than the Sum of Parts Aristotle

13

Essential Components of Case Formulation



14

Case Scenario: Hannah

- Presenting Concerns:
- Background Details: see Handout
- Diet: Hannah wants to create a healthy household for her family. Eats out 2-3 times a week, works late, feels too tired to cook.
- Diabetes Management: Hannah has not been able to keep her glucose in the recommended range.
- Anxiety: Hannah has sought advice from her family doctor about anxiety. Medication suggested, wants to manage without, but acute anxiety 2-3 times per week.
- Exercise: not currently active. Attended Curves. Low back pain a barrier. Barrier finding the time to exercise.
- Cognitive Impairment: ongoing symptoms of forgetfulness, feeling like she is in a fog and can't think clearly especially by the end of day
- A new DISCOVERY

15

Case Formulation-OARS

- Start by Summarizing what you understand so far!
- Possible questions:
 - What is the most important health problem you want to solve?
 - What would make a lasting difference and not just a temporary one?
 - How does this connect with your overall objectives in life? With your values? Your dreams? Your vision of optimal health?
 - What's behind this?
 - What makes it difficult to make this change?



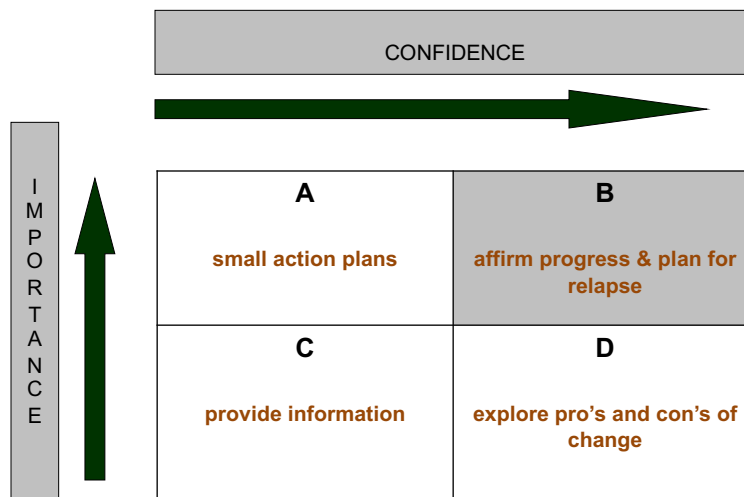
16

Concept Application: Case Formulation

- In groups of 2 (one person is Hannah; the other person is the coach) with a third observer taking notes of skills of summarization, open-ended questions, reflections and other observations.
- Start with a summarization of what you know so far. Use your MI Spirit and OARS to further advance your understanding of Hannah's health challenges (predisposing and precipitating)
- Develop a written case formulation as a group using the worksheet

17

Strategies that align with client readiness for change



Source: Keller and White, 1997.

18

BREAK



19

Establishing the Coaching Plan

- After clients and coaches have a good sense of each other and have developed an understanding of:
 - Values
 - Outcomes
 - Behaviors
 - Strengths
 - Challenges
 - Supports
- Coaches assist clients in developing well-conceived plans through the development of a compelling vision --- one that beckons strongly and goals that lead to that vision, and weekly behavioral goals which generate incremental and steady progress-foundation for planning.

20

A Compelling Vision of Future Health



21

Sample Vision

- My vision is that I feel less tired. I am energetic and I model a healthier lifestyle. Ten pounds lighter, walking everyday, and managing stress better.
- Function (e.g., walk 2 blocks without shortness of breath; live in my own home until I need help from someone at night)
- Symptoms (e.g., reduce back pain enough to perform morning activities without medications that cause drowsiness; get my appetite back and be able to eat the foods I like)
- Life prolongation (e.g., see my grandson graduate from high school in 5 years)
- Well-being (e.g., be as free from anxiety or uncertainty about cancer recurrence as possible)
- Occupational/social roles (e.g., work 3 more years; be able to pick up my granddaughter from school)

22

What might be different for Hannah if she was dealing with another chronic condition (post treatment cancer problems; stroke rehabilitation, hypertension)

23



It is essential that goals are understood and agreed to by the patient. Initiating too many changes at once may result in poor concordance and the client may become discouraged.

Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner EH. Collaborative management of chronic illness. Ann Intern Med. 1997 Dec 15;127(12):1097-102. doi: 10.7326/0003-4819-127-12-199712150-00008. PMID: 9412313.

24

Setting Behavioral Goals

- Outcome goals derived from a vision
 - Lose weight
 - Manage stress and anxiety
 - Lower blood sugar or blood pressure
 - Improve function in daily life
 - Better life satisfaction
- A coaching plan must now shift these to behavioral goals
 - What are the specific actions and behaviors they want to work on next to realize their vision, Now what?
 - Set specifics from baseline-outcome measurement to track progress
 - Set effective behavioral goals. SMART
 - Three month behavioral goals (what will you do consistently 3 months from now? i.e. to lose weight; Walk 3 times a week for 30 minutes
 - Weekly behavioral goals (reachable at least 60% of the time, <80%): 2-3 goals per week.
 - I will walk 15 minutes Monday, Wednesday, Friday



© 2010 CHRISTINE SCHNEIDER

25

Self-Monitoring and Change Management

- Provides direct feedback of progress and accomplishments
- Highlights information for short-term goal setting
- Fosters automaticity and healthy habit development
- Provides an opportunity to track energy level, alertness
- Identifies barriers and supports for target behaviors

Track your cigarettes

1. Cut out the charts beneath.
2. For the next few days, after each cigarette, make a note of what you were doing and when you lit up and give it a rating.
3. Be sure to return to BecomeAnEX.org to update your online cigarette tracker.

Date:		
Time	Urge Level	Trigger
Time of day	Light Moderate Strong Very strong	What were you doing at the time? (ex - coffee, work, driving)
1		

Date:		
Time	Urge Level	Trigger
Time of day	Light Moderate Strong Very strong	What were you doing at the time? (ex - coffee, work, driving)
1		

Date:		
Time	Urge Level	Trigger
Time of day	Light Moderate Strong Very strong	What were you doing at the time? (ex - coffee, work, driving)
1		

cut out >

26

Individual Patient Self-Monitoring

Physiological Measures

- Illness specific markers
- HB A1C, BP, cholesterol, weight, etc.

Clinical Measures

- Scaling measures
- Self-efficacy

Quality of Life-PROs

- Symptom burden
- Functioning
- HRQOL

27



28

Concept Application (Breakout): Case Formulation

- Case Scenario Hannah: Building on your assessment from earlier exercise-assume what you know from Hannah case on earlier slide.
- Follow the steps in Creating a Vision to develop a coaching plan
- What are the possible short term-immediate, 3 months or longer term goals for coaching?
- Develop the plan on the coaching plan worksheet?

29

Accountability in Health Coaching

30

Accountability is the glue that
ties commitment to the result.
Bob Proctor

31

Goal Setting and Accountability

- Accountability means monitoring and giving an account:
 - What was done
 - What happened
 - What worked
 - What did not work
 - What client wants to do differently in the future
- Avoids judgement, what has been accomplished promotes empowerment
- Building in accountability helps ensures clients stay on track



32

Observations from Self-Directed Learning

- Video of Accountability
- What did you learn about accountability?

33

Goal Review in Coaching Sessions



Check on progress toward 3 month goals and revisit the health and wellness vision once/month;
If clients health changes significantly revisit and revise 3-month and weekly goals to fit with circumstances

34

Putting it all Together: Coaching for Accountability



35

Coaching Process: Embedding Feedback

Possible Questions:

- As you went through the coaching journey, how did it change things for you?
- What did you hope to get from coaching with me? Were your expectations met?
- What new strengths can you see you have developed from the experience?
- How did you surprise yourself through the coaching series?
- What was the thing you benefited from and/or enjoyed the most?
- What do you see as the major insights or breakthroughs you made through coaching?
- What will you now do differently to how you operated before the coaching experience?

36

Your accountability in health coaching

- Reflect and Record:
 - Can use a tool, example: *Health Coach Checklist*.
 - Questions to Ask Yourself:
 - Am I working on what is important to this client?
 - What did I do well in this session? Would I do something different next time?
 - Does my coaching work for this clients personality and learning style?
 - Are we making good progress toward the coaching objectives? Is there a need for adjustment?
 - What intuitive cues/intrinsic motivation need to be remembered?
 - Where is my challenge/affirmation balance at with this client?
 - What do I need to do more of/less of; is the person energized/motivated?

37

Summary

- Assessment is one step in telling the story of the client and the areas for coaching.
- Case formulation is an essential step in developing a coaching plan and achieving progress.
- Accountability is an essential step in the coaching process.
- Reflection on your skills as a health coach important for ongoing growth.

38

Module 3: Session 2 Coaching Evaluation

Dr. Doris Howell RN, PhD, FAAN

1

Review: Self-directed Learning and Handouts

- Self-Directed Learning
 - Video: A brief introduction to program evaluation
 - Read: Lin S, Xiao LD, Chamberlain D. A nurse-led health coaching intervention for stroke survivors and their family caregivers in hospital to home transition care in Chongqing, China: a study protocol for a randomized controlled trial. *Trials*. 2020 Mar 4;21(1):240.
 - Complete the Following Worksheets:
 - Evaluation of a Health Coaching Program Across Disease Conditions Worksheet - Identify the Process and Clinical Outcomes and Fidelity measurement used in the Lin article on the worksheet
 - Developing Your Coaching Model Worksheet
- Breakout Activities:
 - Breakout 1: Evaluation of a Health Coaching Program Across Disease Conditions Worksheet
 - Breakout 2: Donabedian Framework for Evaluation
- Handouts
 - Selecting Outcome Measures
 - Sample Health Coach Evaluation Form

2

Learning Objectives

Describe

- Describe complexity of coaching and factors that can affect health coaching effectiveness.

Apply

- Apply the Donabedian framework for evaluating different types of outcomes in your coaching practice.

Select

- Select relevant outcomes for coaching evaluation-coaching individual or population-based coaching.

Formulate

- Formulate an evaluation plan for health coaching.



3

Health Coaching

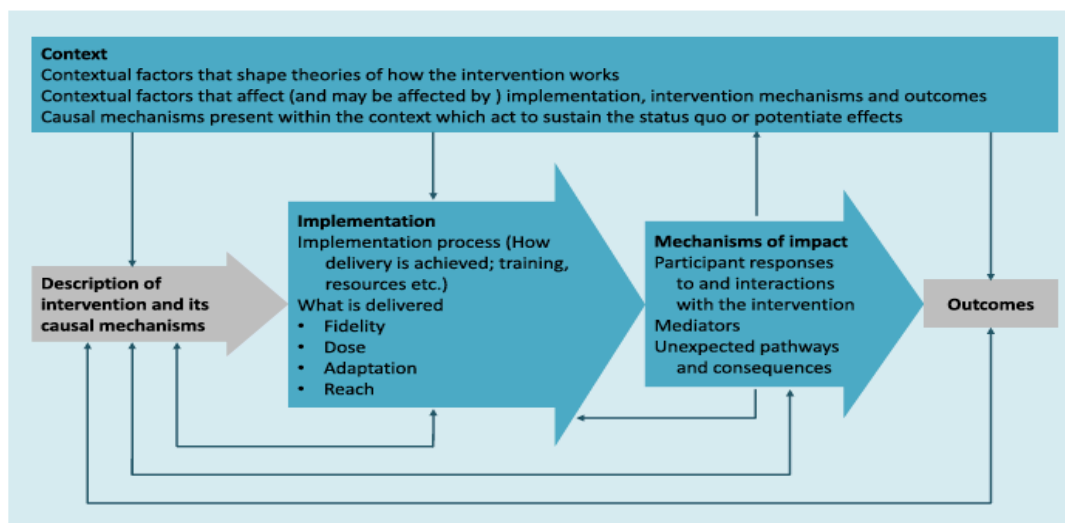
- Health coaching defined as
- *“a patient-centred process that... entails goal setting determined by the patient, encourages self-discovery in addition to content education, and incorporates mechanisms for developing accountability in health behaviours”.*

Wolever et al. A systematic review of the literature on health and wellness health coaching: defining a key behavioral intervention in healthcare. *Glob Adv Health Med* 2013;2(4):38-57.



4

Health Coaching: a Complex Intervention



<https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/>

5

Complexity of Health Coaching as an Intervention

Health coaching- an umbrella term to describe many different interventions-common focus on client goals

Chronic disease specific or wellness or both

Comprises elements of wellness, health promotion, disease prevention and management/care/rehabilitation

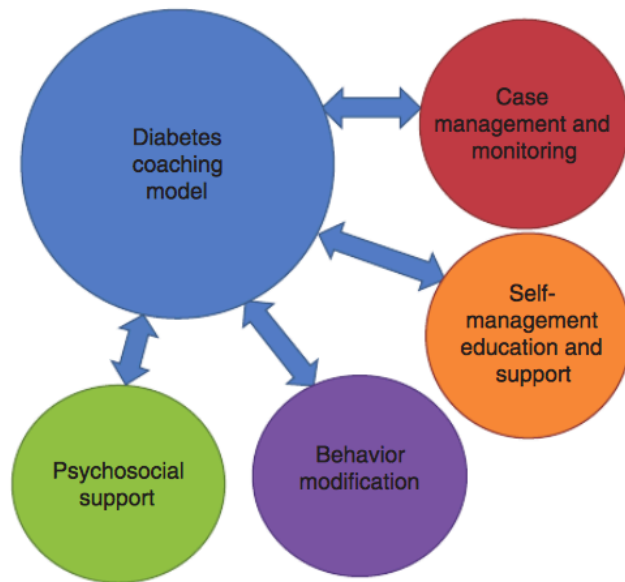
Variety of trained health care providers-different preparation and skills

Offer support, facilitate learning (education), behaviour change, problem solving, advocacy, goal setting, navigation, psychosocial support, etc.

6

Model of Health Coaching for Diabetes

- Sherifali D. Diabetes coaching for individuals with type 2 diabetes: A state-of-the-science review and rationale for a coaching model. J Diabetes. 2017 Jun;9(6):547-554.



7

Factors that Impact on Coaching Effectiveness



Does Health Coaching Work? National Health Service England, 2014: <http://tpchealth.com/wp-content/uploads/2020/05/Does-health-coaching-work-Summary-of-key-themes-from-a-rapid-review-of-empirical-evidence.pdf>

8

Evaluation of Health Coaching

9

Stakeholder Expectations



- Stakeholders are individuals or organizations that will be affected in some significant way by the outcome of the evaluation process or that are affected by the performance of the intervention, or both.
- What do clients expect to gain from the coaching? And how will we know at the end if these benefits are realised?
- What does the organisation expect to gain from the coaching? And how will we know at the end if these benefits are realized?
- What internal and external processes need to be in place to enable the coaching programme to deliver the changes expected? And how will we know if they are working in time to change them if they are not working?

10

Process Versus Summative Evaluation

Process (Formative) Evaluation

- What goes on a program to reach a desired outcome?
 - E.g. want to build self-efficacy
- Implementation fidelity-is the coaching implemented as planned i.e. MI processes being used
- Reach/Coverage-did we reach the individuals targeted for the intervention
- Satisfaction
 - clients and
 - coaches

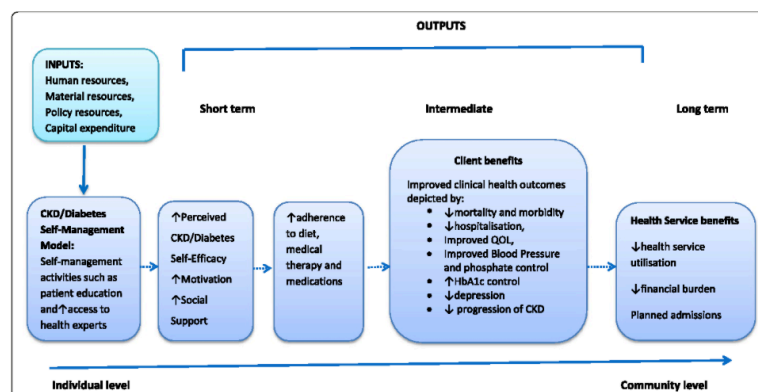


Summative (Outcome) Evaluation

- Is the program meeting the stated end goals or outcomes?
- Individual or population level
- Assumes fidelity of the coaching intervention
- Causal linkage-program logic models
 - Disease or condition specific health status outcomes
 - Patient reported outcomes
 - Clinical outcomes
 - Behavioral outcomes

11

Tool: Program Logic Models



12

Concept Application: Breakout

Discussion of Lin nurse-led coaching intervention-using worksheet.

One person presents back:

Intervention Components
Process Evaluation Measures
Outcomes Evaluated/Measured
Implementation Fidelity



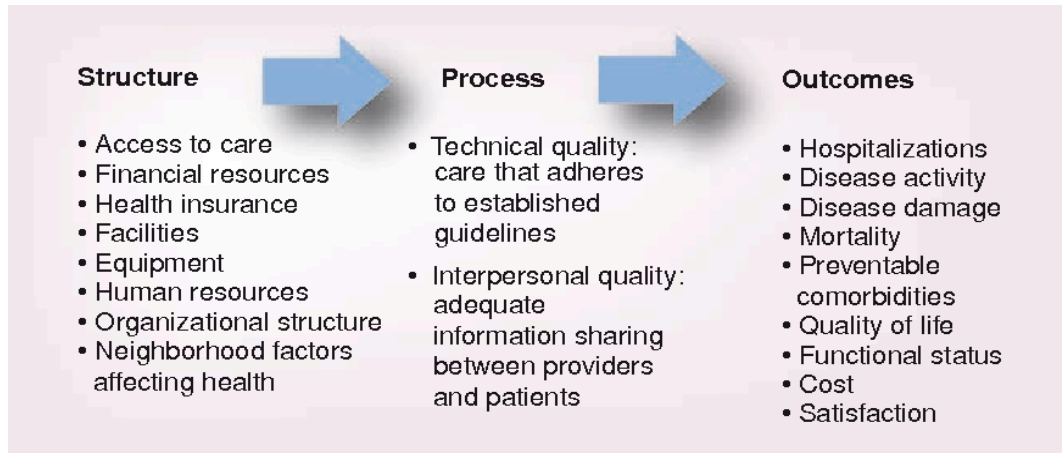
13

BREAK



14

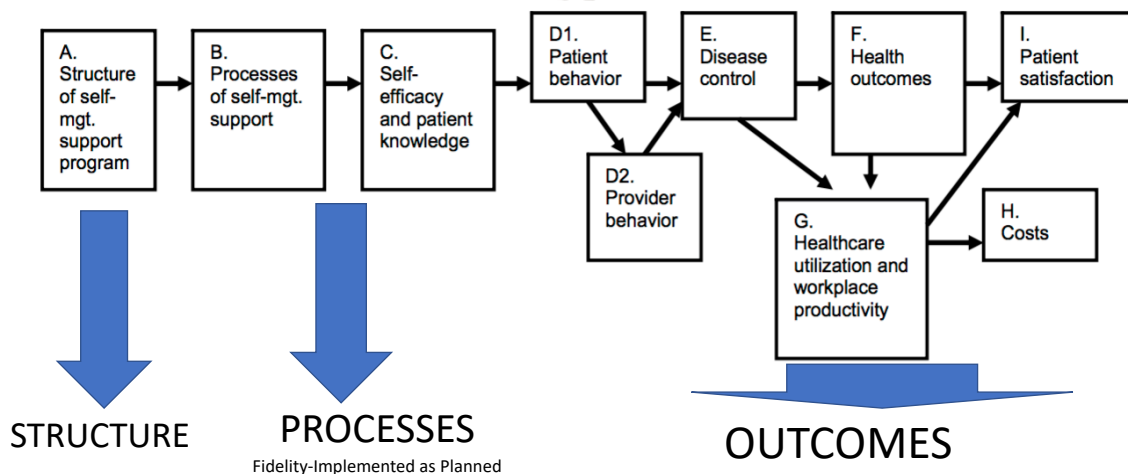
Donabedian Model of Health Outcomes



Lawson E. et al. "Healthcare quality in systemic lupus erythematosus: using Donabedian's conceptual framework to understand what we know." *International journal of clinical rheumatology* 7 1 (2012): 95-107 .

15

Health Coaching: Chain of Self-Management Effect



16

Outcome Selection

17

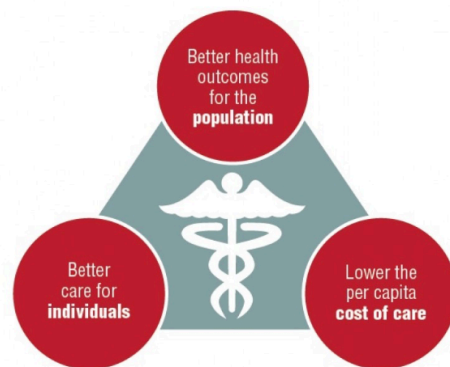
Why Measuring Outcomes is Important?

Improve the client experience of coaching and care

Improve the health of the individual and populations

Reduce the per capita cost of health care

The Triple Aim of Healthcare Reform



Source: Donald Berwick, Thomas W. Nolan, and John Whittington (2008), "The Triple Aim: Care, Health, and Cost," *Health Affairs* vol. 27, No. 3.

18



Considerations for Selecting Health Outcomes

- Health outcomes measure a change in the health status of an individual or a group which can be attributed to intervention.
- Utilising health outcomes will determine the impact of the process of care or intervention on the clients life by using specific measures before and after treatment.
- Measures must be chosen carefully to ensure the test, scale or questionnaire records what it aims to record (is valid and responsive) and is sufficiently well described to ensure that everyone who uses it does so in the same way (is reliable).
- Less is more-what questions do your stakeholders want answered? Is there a core set of outcomes expected i.e. ICF, diabetes Canada, Heart and Stroke

19

Outcomes: Generic or Condition Specific

Universally (Widely) Relevant Outcomes

- A common symptom like pain or fatigue can be relevant to more than one disease ---- relevant across many clinical populations.
- Terms of “universally relevant” or “widely relevant” or generic.
- Easier to generalize to a population or wellness as an outcome
- Examples include pain, fatigue, physical function, depression, and social function.

Condition or Disease-Relevant

- May be more specific or sensitive to the condition
- Measures overall functioning and well-being specific to a particular condition, illness or disease
- Pick up on nuances of specific disease
- Generalizable with the disease

20

Measure	Aim – to explore...	
Barthel Index (BI)	Functional dependence	10-item scale scored on a three-point Likert scale. Summary score of 0-100. Higher score indicating more independence
General Health Questionnaire v12 (GHQ12)	Mood	12 items scored on a four-point Likert scale. Summary score of 0-36. Higher scores indicating lower health
Brief Illness Perception Questionnaire (BIPQ)	Illness perception—personal beliefs about illness causes, consequences, timeline, personal control, treatment control, identity, concern, coherence and emotional representations	8 items scored on an 11-point scale. Each item indicating a belief system. Higher scores indicate a more threatening view of the illness
Generalised Self Efficacy Scale (GSES)	Self-efficacy—beliefs in one's ability to cope with adversity or challenging situations	10 items scored on a four-point Likert scale. Summary score of 10-40. Higher scores reflecting a better feeling of self-efficacy
Bespoke questionnaire relating to the Theory of Planned Behaviour (TPB)	Psychological components of SLAs attitudes towards SLAs, subjective norms of SLAs, barriers to, and facilitators of, engaging in SLAs, intention to engage in SLAs and self-efficacy for SLAs	20 items scored on a five-point Likert scale. Construction of six subscales with score ranges of 2-10, 4-20, or 5-25
Stroke Impact Scale (SIS) (section 8)	Social participation—participation in social activities and social roles, and satisfaction with current levels of participation	8 items each scored with a five-point Likert scale. Summary score 8-40. Higher scores indicate a lower impact on life
Leisure Satisfaction Scale (LSS)	The degree to which people's personal needs are met through their leisure activities	24 items each scored with a five-point Likert scale. Summary score 24-120. Higher scores indicate higher satisfaction
Individualised Leisure Profile (ILP) (two sections)	Leisure needs, expectations, and use of spare time	Needs and expectations: 14 items scored on a four-point Likert scale. Summary score 0-42. Higher scores indicate higher needs and expectations. Spare time: 10 items each scored on a four-point Likert scale. Summary score 0-30. Higher score indicates higher use of spare time

Example: Stroke Recovery

- Masterson-Algar (2020) Getting back to life after stroke: co-designing a peer-led coaching intervention to enable stroke survivors to rebuild a meaningful life after stroke, *Disability and Rehabilitation*, 42:10, 1359-1372, DOI: [10.1080/09638288.2018.1524521](https://doi.org/10.1080/09638288.2018.1524521)

21

Type of outcome	Measure
Clinical	<p>Depends on health condition e.g. for diabetes:</p> <ul style="list-style-type: none"> • HbA1c (blood glucose level); • GAD-7 (General Anxiety Disorder scale) and PHQ-8 (Patient Health Questionnaire-8) for anxiety and depression; or • 14-item Hospital Anxiety and Depression scale (HADS).
Generic	<ul style="list-style-type: none"> • PAM (Patient Activation Measure) score • EQ5D, capturing physical and mental health • WEMWBS (7- or 14-item Warwick-Edinburgh Mental Well-being Scale) on wellbeing
Service use	<p>Measures reflecting the use of a range of different health services over a particular timeframe e.g. over the 12-months after starting to receive health coaching, such as:</p> <ul style="list-style-type: none"> • Number of visits to A&E; • Number of inpatient appointments; • Number of outpatient appointments; • Attendance at appointments; • Medication required.

22

Example:
Cancer
Coaching
Ottawa

Clients with an initial PAM score placing them in Level 1 (the lowest category) improved their scores by 6.7 points, resulting in a 70.6% improvement.

Level 2 clients improved 3.92 points, resulting in 60% improvement

Level 3 scores improved 3.7 points, resulting in 61% improvement

Activated patients are more engaged in their care and have a better ability to achieve their quality of life goals.

83%

are more confident
that they can do
something about
their cancer and/or
wellbeing

85%

of participants agree
that their quality of
life has improved

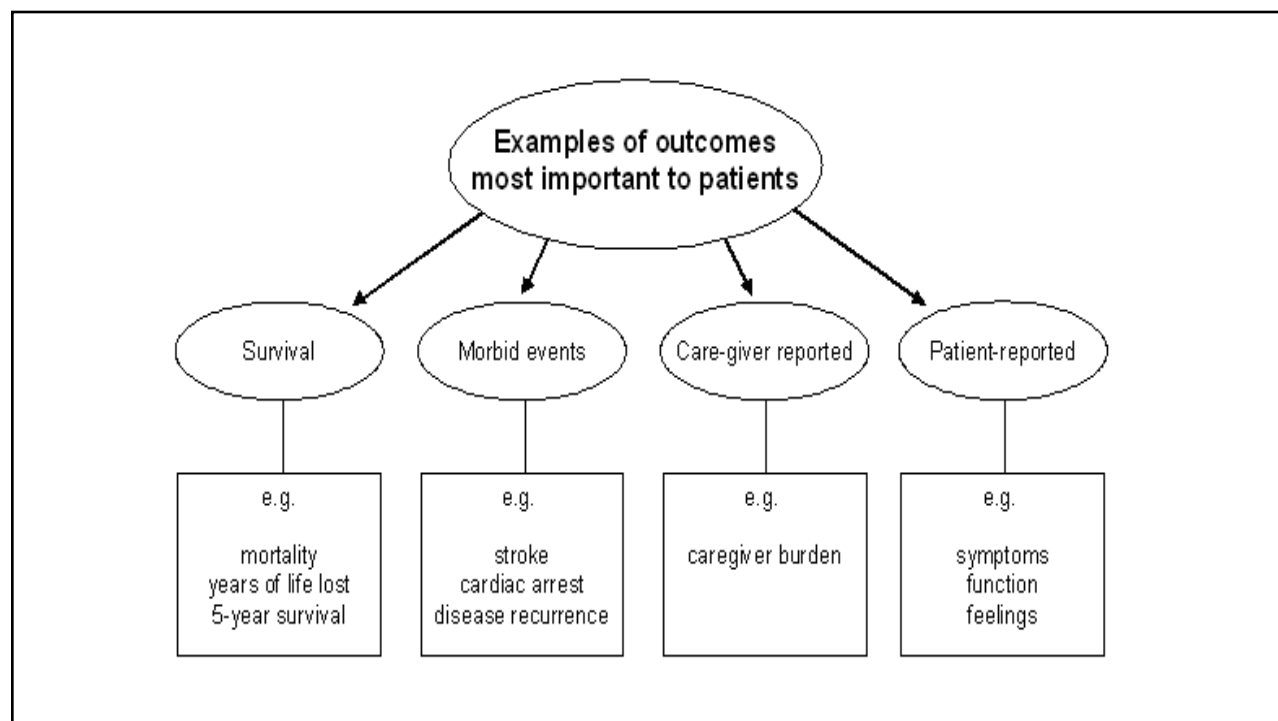
84%

of participants agree
they are better able
to help themselves

Patient Reported Outcomes

- 1) Measurement of any aspect of a patient's HEALTH status directly from the patient
 - Not subject to interpretation of a professional (FDA, 2006)
 - Use of valid and reliable self-report measures for health status
- 2) An umbrella term covering a range of concepts relevant to the patient
 - ❖ "outcomes that matter to the patient"
 - ❖ "give voice to patient impact of cancer"





25

Example: Health Behavior Measures in Cancer

Behavior	Questionnaire/example question	Categories/scales	Items	Item-range	Score-range
Physical Activity ^a	IPAQ Short last 7 days self-administered format	Walking	2		MET-min/week
		Moderate intensive activity	2		
		Vigorous intensive activity	2		
Smoking	"Do you currently smoke?"	Current smoking behavior	1	0-1	0-1
	"Did you smoke in the past?"	History of smoking (quit smoking before/ after cancer diagnosis)	1	0-1	0-1
Alcohol consumption	Dutch standard questionnaire on alcohol consumption	Number of days and glasses of alcohol on weekdays and weekends	4	0-6	0-4
		Binge drinking ^b	1	1-8	0-7
Vegetable and fruit consumption ^c	Dutch standard questionnaire on nutrition	Number of servings fruit/vegetable (spoons, pieces, glasses) per day and number of days per week	9	1-9	0-7

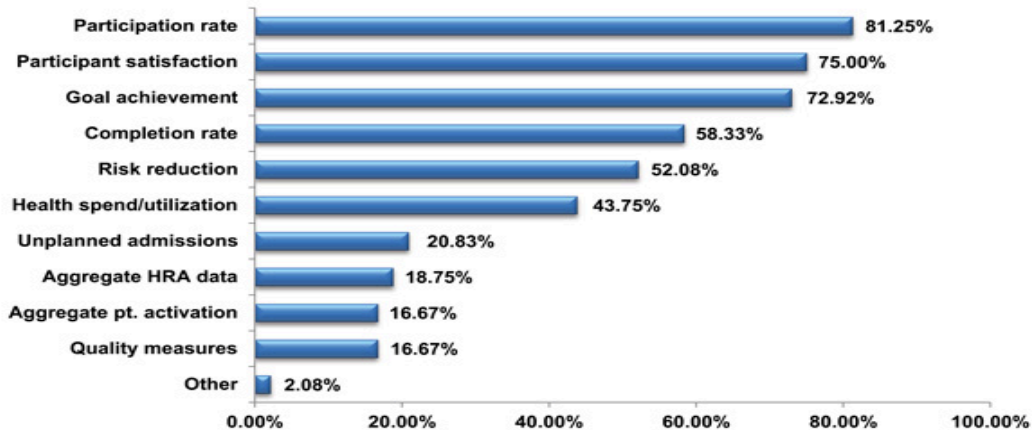
Note: IPAQ Short: International Physical Activity Questionnaire Short Form; MET: Metabolic Equivalent of Task

^a ≥ 600 MET-min/week corresponds to \geq five days per week performing any combination of walking, moderate or vigorous physical activities

^b \geq Six servings of alcohol during one day

26

What Are the Key Measures for Evaluating the Effectiveness of Health Coaching Programs?



Source: 2018 Healthcare Benchmarks: Health Coaching
April 2018



27

Concept Application: Break Out

Using the Donabedian Framework Worksheet

Work in Groups in Breakout Rooms-Choose one presenter for your group.

Choose a health coaching program to focus on from someone in the group-based on your worksheet pre-class, What is your coaching intervention.

Identify what should be measured for structure, process and outcomes of this coaching intervention.



28

Summary

- Health coaching is a complex intervention-be clear about your coaching intervention and how it works (structure, process) to achieve outcomes
- Evaluation of health coaching
 - Process versus summative or sequential
 - What outcomes are important to your stakeholders
 - Generic versus disease specific
- Considerations for selection of outcomes
 - Behavioral
 - Physiological
 - Social
 - Psychological
 - Health-Related Quality of Life

29

Select Resources

- University of Calgary Evaluation Toolkit
 - <https://www.ucalgary.ca/mentalhealth/education/program-evaluation-toolkit>
- Centers for Disease Control and Prevention, CDC Division for Heart Disease and Stroke Prevention, State Heart Disease and Stroke Prevention Program. Evaluation guide: Developing and using a logic model. Available from: http://www.cdc.gov/dhdsdp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf
- APN Toolkit-McMaster University
 - [Http://apntoolkit.mcmaster.ca/indec.php?option=com_content&view=article&id=257&Itemid=83](http://apntoolkit.mcmaster.ca/indec.php?option=com_content&view=article&id=257&Itemid=83)

30