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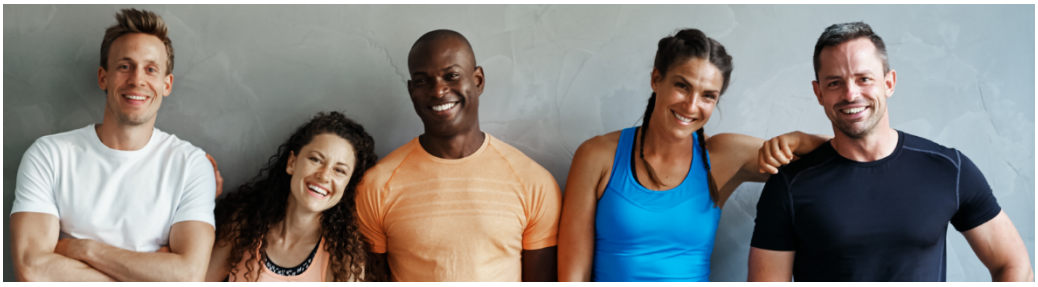

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Foundations and Applications of

HEALTH COACHING

First Edition

ISSA INTERNATIONAL SPORTS SCIENCES ASSOCIATION

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COACHING
healthy and balanced
regular exercise

CHAPTER 01

FUNDAMENTALS OF HEALTH COACHING

LEARNING OBJECTIVES

1 | Explain the role of a health coach.

2 | Name the fundamental elements of behavior change as they relate to health coaching.

3 | Discuss the influence social experiences and interactions have on health behaviors.

It is estimated that at any given time 50 percent of the United States population is actively trying to lose weight. Some individuals may be specifically trying to lose weight while others may have a targeted exercise goal or a general desire to feel better physically, mentally, and spiritually. Unfortunately, many people attempting to improve their health are unsuccessful in doing so. Numerous studies have found that shortly after attempting a new food regimen, exercise routine, or health-related goal, most people return to their previous behavior patterns.

There are many reasons someone may not be successful when changing behaviors, and it is a difficult task for anyone. However, a health coach has the opportunity to guide clients through the stages of behavior change and work toward a fulfilling and purposeful life.

INTRODUCTION TO HEALTH COACHING AND BEHAVIOR CHANGE

Health coaching is a relatively new field of practice where a health professional works with a client to pursue health-related goals while establishing a professional relationship based on trust and open communication.

For example, a client may want to stop smoking and begin an exercise routine. They may have tried many times to accomplish this goal and been unsuccessful. As they come to the realization that they might need the help of a health professional, they may reach out to a health coach to assist them in changing their behavior patterns in a sustainable way.

The Psychology Dictionary defines behavior change as “any modification in behavior (mainly human) in public health. The change may happen spontaneously and involuntarily without any intervention, or it may be systematic and motivated as prompted by conditioning. Whatever the transformation, it decidedly affects your overall function as an individual.”

According to this definition, behavior change alters the functioning of a whole person. As such, behavior change means to change the way a person operates and organizes their life. For example, a person may organize their life around the central goal of accumulating wealth. This may include working long hours, hitting performance targets at work, and placing a priority on work, often leaving little time left for health, family, or recreation. To change the way this person functions in the world would be to change what they organize their life around. To organize their life around their own health and family would mean they must shift their priorities from making money to improving their health and making time for loved ones.

At its core, changing behavior is the measurable outcome of altering three distinct things: underlying beliefs, values, and priorities. These encompass the deep-rooted reasons people do the things they do—also known as the why. Before behavior can be changed, an individual's true motivation—or their why—must first be uncovered.

For example, a person who needs to perform at their best at work and always achieve their work-related goals may be trying to compensate for an underlying feeling that they are inadequate. In this example, the client's definition of adequacy is focused on work efficacy and likely excludes personal health. A health coach is tasked with discovering more about this client's feelings of inadequacy that drive their behaviors.

THE ROLE OF THE HEALTH COACH

Because of the many factors affecting health-related actions, changing a person's behavior must be viewed as a holistic process. People are influenced by a variety of factors, from how they perceive their social status to what they see on social media. These factors must be accounted for and understood during the process of behavior change.

Health coaches use a broad approach to help identify behavior influences and better understand a client. The role of a coach is to explore the nature of a client's behaviors with the client, not for them. This may include asking questions about the person's early life experiences, the neighborhood they grew up in, their access to healthy foods and areas to exercise, as well as the way they perceive their social status. The health coach guides the conversation, but the client is effectively leading their own program.

There are a variety of behavior change models a health coach will employ with clients. All are based on the development of a coach-client relationship centered on trust and rapport. Health coaches must put aside the inclination to direct or advise clients and, instead, recognize that sustainable change occurs only when the client is driving the process. A truly effective health coaching approach empowers clients and allows them to exercise self-direction and choice, and to master their own behaviors.

The health coach plays a pivotal role in helping clients not only realize their health goals but also improve their life as a whole. When the health coach acts in partnership with a client by encouraging them and helping them to find the answers within themselves, the client's health-related behaviors are far more likely to be improved. These improvements will also extend into many other areas of the client's life.

EVIDENCE-BASED PRACTICE (EBP):
Practices, interventions, and strategies that are based on scientific evidence.

THE SCIENCE OF HEALTH BEHAVIOR CHANGE

The science of health behavior change has evolved. What began as a motivational practice designed to increase a person's excitement, drive, and ambition toward change is now an **evidence-based practice (EBP)** rooted in interventions that have proven their efficacy in clinical practice.

EBPs are practices, interventions, and strategies based on scientific evidence. EBP was originally used in the field of medicine, which requires scientific efficacy and support to be funded by medical and health insurances. Outside of medicine, the idea of EBP has penetrated the fields of allied health, law, public policy, management, education, and clinical research. EBP provides a scientific foundation with the goal of eliminating ineffective, outdated, and potentially harmful health behaviors.

The EBPs that apply to the health behavior sciences a health coach must master include:

- Motivational interviewing
- Transtheoretical model of behavior change
- Goal setting
- Active listening
- Positive psychology

Each of these is covered in detail within this health coaching course, but the basics of each practice are summarized.

MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a strategy designed to bring out a person's motivation for change while also uncovering the ambivalence inherent in the change. As a person-centered technique, MI engages clients, elicits change talk, and evokes a person's motivation to change a specific identified behavior. An example of change talk could be a health coach asking the client a question such as, "If you made the change you want, how might a typical day for you look?"

A core principle of MI is that every person is at a different stage of readiness to change, and, to be successful, the coach must act within the person's stage of readiness. Moreover, MI accepts the client without judgment and sees the client and the coach as a

team that works together to solve the problem rather than to "fix the client." As such, MI respects a client's autonomy and sense of self.

TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE

The transtheoretical model of behavior change is a model that considers a person's readiness to evolve through assessing the stage of change they may be in. In this view, change is a process involving progress through a series of stages. These stages are as follows:

- Pre-contemplation ("not ready"): in this stage, people are unaware that their behavior could be causing a problem and, because of this, are not intending to take action in the foreseeable future.
- Contemplation ("getting ready"): in this stage, people begin to see that there are negative consequences to their behavior and are also beginning to look at the pros and cons of what they do.
- Preparation ("ready"): when in the preparation stage, people are intending to take action in the near future, and often begin by taking small steps in the direction of change.
- Action: in the action stage, people have made clear and obvious changes in their behavior, either through reducing a negative behavior or adding a new, healthy behavior.
- Maintenance: when in the maintenance stage, people have been able to maintain positive behavior for at least six months and have been working to prevent returning to previous (unwanted) behaviors.

The creators of the transtheoretical model, James O. Prochaska and Carlo DiClemente, emphasize that when interventions are "stage matched," they are much more effective. It is also noted that for people to progress, they need:

- A growing awareness that the advantages (the "pros") of changing outweigh the disadvantages (the "cons")—this is called decisional balance.
- Confidence that they can make and maintain changes in situations that tempt them to return to their old, unhealthy behavior—this is called self-efficacy.
- Strategies that can help them make and maintain change—these are called the processes of change.

GOAL SETTING

Goal setting involves the development of an action plan to reach a goal. The plan works to provide a guide through which to reach the goal and motivate action toward that goal. Goals are more concrete than desires or wishes. When setting a goal, a person commits thought, emotion, and behavior toward attaining the goal. Goal setting also draws a distinction between the current state and the desired state.

The most common form of goal setting is what is known as SMART goals. Research has found that when goals are more specific and ambitious, as opposed to general and not challenging, the odds of reaching the set goals increases. With that in mind, when goals are on the higher end of a person's skill set, and are specific and time constrained, there is a positive relationship between the goal difficulty and performance improvement.

ACTIVE LISTENING

Active listening is a technique of listening and observation that requires the listener to pay attention to nonverbal cues, as well as the words that are being spoken. Nonverbal cues can include:

- Intonation
- Speaking pace
- Body movements and posture
- Facial expressions

Active listening also involves accurate paraphrasing of the speaker's words and delivery. There are four basic steps to active listening:

1. **Comprehending**: the first step in the process of active listening, comprehending means sharing in the meaning of a communication transaction.
2. **Retaining**: the second step in the process of active listening is to retain what is being spoken and communicate it back to the speaker. In this step, memory is essential to comprehend the meaning of the words and to deliver it accurately back to the speaker.
3. **Responding**: the third step of the active listening process is the delivery of the speaker's message back to them.
4. **Assessment**: the last step of the active listening process is to assess that the speaker feels as if they are understood. This can include questions such as, "Do you feel as though I understand what you are saying?" or "Do you feel heard and understood?"

POSITIVE PSYCHOLOGY

Positive psychology is the study of life beyond the absence of distress; in short, what makes for a "good life." Positive psychology seeks to move a person from distress to prosperity, or what is known as eudaimonia—an ancient Greek term for "the good life."

Positive psychology is defined as "the scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and global dimensions of life."

IDENTIFYING SOCIAL DETERMINANTS OF HEALTH TO IMPROVE CLIENT HEALTH

SOCIAL DETERMINANTS OF HEALTH:
The economic and social conditions that influence a person's health and health-related behavior.

The **social determinants of health** are the economic and social conditions that influence a person's health and health-related behavior. The United States Centers for Disease Control and Prevention (CDC) defines social determinants of health as "life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life."

These differ from influencing factors such as genetics since social determinants of health occur in the environment. These can be factors that promote health, such as the person's access to healthy foods. They can also be factors that deter health, such as living in a high-crime environment or having little health-related education.

This course covers many of the detrimental health conditions that can occur because of the social determinants of health, such as:

- Obesity
- Type 2 diabetes
- Hypertension
- Cardiovascular disease
- Orthopedic conditions

Social determinants of health can be separated into three categories:

- **Latent effects** include things such as low birth weight, which has been linked to increased risk of cardiovascular disease, and adult-onset diabetes as well as nutritional deprivation during childhood, which also has lasting health effects.

- **Pathway effects** are experiences that push people in a direction that influences health, well-being, and competence over their lifetime. For example, children who enter school with delayed vocabulary have a greater likelihood of illness and disease across their life span. It has also been found that people living in poor-quality neighborhoods with insufficient housing and attending low quality schools tend to have poorer health outcomes.
- **Cumulative effects** are the combination of influences that advantage or disadvantage a person over time. These can lead to poor health, increased incidence of disease, and decreased longevity.

SOCIAL STATUS

Social status can be measured objectively (with data) or subjectively (based on opinion).

Objective measures include things such as income, education, or occupation. Subjectively, social status can be measured based on a person's perception of social status, relative wealth, and economic status.

High levels of objective absolute social status tend to lead to better health outcomes. However, in an analysis of two nationally representative British panel studies, subjectively ranked position of income or wealth was found to be predictive of adverse health outcomes such as obesity, presence of chronic disease, poor ratings of physical functioning, and pain. A person's self-ranking among others and within their community, therefore, tends to act as a stronger determinant of health than does their absolute economic status.

Perceptions of social status tend to play a strong role in health outcomes. For example, research has found a strong positive relationship between feelings of low social status and increased calorie intake. Similarly, additional research discovered that hometowns of National Football League teams consumed more calories after a team loss than hometowns of winning teams or hometowns where teams did not play.

Further, manipulating social status in an experimental setting demonstrated that acute eating behavior after experimental manipulation led to higher-calorie food selection and higher total calorie intake in the low status group. Supporting this finding, individuals randomized to a low social status condition were found to have increased levels of the hormone that stimulates appetite compared to the high social status conditions. Studies of physical activity and social status have also found that low social status leads to significantly lower levels of moderate to vigorous physical activity.

THE ENVIRONMENT

The environment a person inhabits can strongly influence their health-related behavior and their resulting health. When there is a greater prevalence of fast-food restaurants and poor access to walking trails, for example, individual body weight tends to be higher and physical health tends to be poorer. Similarly, some research suggests the more frequently a person sees obese people, such as neighbors, community members, and professionals, the more likely they are to be obese themselves. On the other hand, other research found that exposure to parks and recreation areas where people could be seen exercising increased the tendency for people to engage in physical activity themselves.

RELATIONSHIPS

The individuals someone has social relationships with can heavily influence behaviors. Research suggests that a person's attitudes toward body size as well as the attitudes of those around them correlated with their body weight. People's attitudes can be the result of social norms that converge or are assumed through exposure. For example, when groups of people have similar attitudes toward body size, their behaviors are also similar.

Looking at the effects a person's circle of friends has on their health-related behavior, another study found that students were more likely to gain weight if they had friends who were heavier than they were. Conversely, students were less likely to gain weight if their friends were leaner than them. A student's social network was also found to influence their physical activity, where having friends who were physically active led to higher levels of physical activity and having friends who were less physically active led to the opposite.

In analyzing this result, researchers found that part of the reason for obesity clustering in social networks was due to the way students selected friends. Interestingly, there also appeared to be a period of critical influence where a student who was borderline obese could go either way—toward obesity or toward health—depending on the friends they chose. This influence was calculated to be a 40 percent chance the student's body weight would drop in the future if they had lean friends and a 56 percent chance it would increase if they had obese friends.

What can be concluded from these studies is that social influence plays a strong role in a person's health and, as researchers note, "tends to operate more in detrimental directions, especially for [body mass index]."

SOCIAL MEDIA

Similar to relationships, social media can also influence a person's engagement in health-related behaviors. Research has found that the higher the percentage of people in a city, town, or neighborhood with Facebook interests suggesting a healthy, active lifestyle, the lower that area's obesity rate. On the other hand, areas with a large percentage of Facebook users with television-related interests were found to have higher rates of obesity.

It was noted that "the tight correlation between Facebook users' interests and obesity data suggest that this kind of social network analysis could help generate real-time estimates of obesity levels in an area, help target public health campaigns that would promote healthy behavior change, and assess the success of those campaigns."

For example, obesity rates were 12 percent lower in the location in the United States where the highest percentage of Facebook users expressed activity-related interests (Coeur d'Alene, Idaho) compared to those in the location with the lowest percentage (Kansas City, Missouri). Similarly, the obesity rate in the location with the highest percentage of users with television-

related interests nationally (Myrtle Beach-Conway-North Myrtle Beach, South Carolina) was 3.9 percent higher than the location with the lowest percentage (Eugene-Springfield, Oregon).

These effects were even found at the community level, where New York City neighborhood data found that the obesity rate on Coney Island, which had the highest percentage of activity-related interests in the city, was 7.2 percent lower than in Southwest Queens, the neighborhood with the lowest percentage.

What people see on Facebook timelines also plays a dramatic role in eating behavior. In one study, it was found that study participants ate an extra fifth of a portion of fruit and vegetables themselves for every portion they thought their social media peers ate. When they thought their friends got their "five a day" of fruit and vegetables, they were likely to eat an extra portion themselves. Conversely, Facebook users were found to consume an extra portion of unhealthy snack foods and sugary drinks for every three portions they believed their online social circles did.

What results such as these demonstrate is that social media influences can nudge people in a direction toward healthy eating and exercise, or toward less exercise and increased caloric intake.

Because of the influence of social status, the environment, relationships, and social media, the Commission on Social Determinants of Health has made recommendations to promote health-based programs that include improving "the circumstances in which people are born, grow, live, work, and age," changing the "inequitable distribution of power, money, and resources," and becoming more aware of the ways in which social media influences people's eating habits, tendency to exercise, and long-term health outcomes.