Executive Summary:
Summit on Standards & Credentialing of Professional Coaches in Healthcare & Wellness
September 26-27, 2010
Prepared by Karen Lawson, MD, UMN Center for Spirituality and Healing, & Margaret Moore, MBA, Inst. of Coaching at McLean/Harvard Medical School and Wellcoaches Corporation

Purpose
The purpose of our time together is to get input and ideas on (1) the need for a new profession in health care; (2) the development of national standards and certification for this new profession; and (3) identification of strategic areas of focus and key action steps for moving forward.
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OUR INITIAL VISION

TO LAUNCH PROFESSIONAL COACHES IN HEALTHCARE & WELLNESS, IN ORDER TO FACILITATE THE TRANSFORMATION OF HEALTHCARE VIA THE APPLICATION OF OUR EXPERTISE IN FOSTERING SUSTAINABLE LIFESTYLE CHANGE, WELLNESS, AND PREVENTION.

PROCESS OVERVIEW

The National Credentialing Team for Professional Coaches in Healthcare & Wellness, co-chaired by Margaret Moore, MBA, Institute of Coaching at McLean/Harvard Medical School and Wellcoaches Corporation, and Karen Lawson, MD, University of Minnesota, came formally into being in September 2009. This leadership team comprises volunteer members who are leaders in health and wellness coach training, credentialing, and practice in academia and industry, as well as representing various health professions.*

The team is committed to developing standards for professional coaches in healthcare and wellness and developing a strategy for national credentialing of such coaches. We had developed a working draft document on the job definition, prerequisites, scope of practice, referrals to other professions, job tasks, and coach training and education to

* Leadership Team members:
  Michael Arloski, PhD, RealBalance Global Wellness Services
  Linda Bark, PhD, RN, MCC, Bark Coaching Institute, JFK University, AHNA
  Michelle Bouchard, MA, HealthCorps
  Michael Burke, EdD, Mayo Clinic
  Richard Cotton, MS, ACSM
  Georgianna Donadio, PhD, National Institute of Whole Health
  Roy Elam, MD, Vanderbilt Center for Integrative Health
  Stacy Gold, MPH, RYT, The Institute for Integrative Health
  Meg Jordan, PhD, RN, California Institute of Integral Studies
  Co-Chair, Karen Lawson, MD, University of Minnesota Center for Spirituality and Healing
  Co-Chair, Margaret Moore, MBA, Wellcoaches Corporation, Institute of Coaching,
  McLean/Harvard Medical School
  Pam Peeke, MD, MPH, advisor to Surgeon General, Chief Medical Correspondent, Discovery Health TV
  Linda Smith, PA-C MA, Duke Integrative Medicine
  Ruth Wolever, PhD, Duke Integrative Medicine
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deliver a credible standard level of competency and support a national certification of health coaches and wellness coaches. We had also identified areas of controversy and confusion, and had been aware from the beginning that the participation and buy-in of a much larger national audience would be critical for the larger success of this effort and implementation of these standards. Anticipating this issue, we sought and received generous support from The Institute for Integrative Health to host an Invitational Summit on September 26/27, 2010, to address critical issues, build consensus on a vision, and develop a strategic working plan for the launch of national standards and credentialing of health and wellness coaches.

Through the collective input of the credentialing leadership team, we invited representation from critical associations and organizations, as well as individual leaders from conventional healthcare, coaching, education, and integrative health, to the September event (complete attendee list in Appendix B) 80+ invitations were extended. While we had planned for the participation of 40-50, the response was vigorous, and we moved ahead with ~70 committed participants, representing over 45 national organizations. Anne Williams and Margaret Plews-Ogden, MD, both Appreciative Inquiry facilitators from the University of Virginia Health System Center for Appreciative Practice, worked with our team in preparation and during the Summit. Participants were sent preparatory reading documents and a PowerPoint deck (see Appendix C.) We met at the Babson Conference Center in Wellesley, MA, for a day and a half of facilitated large and small group discussion and creative brainstorming. The complete minutes are included in Appendix D. A press release about the event is included in Appendix E.

The leadership team has continued to meet in the follow-up time since the Summit, and sent out a follow-up survey to participants asking about interests and willingness to continue to volunteer at the project level to move these efforts forward. The planned organizational structure and an outline for continued work is in the final section of this report.

CONTENT AND INTERIM CONCLUSIONS

The Summit opened with an overview of the current state of the field, and an articulation of the issues at hand as identified by the leadership team. An abbreviated version of the preparatory Powerpoint (in Appendix B) was presented and discussed.
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The facilitators worked with the large group to summarize identified strengths of the current situation, as well as recognizing what issues may be missing from the leadership assessment. Hopes and expectations for the gathering were also articulated by the attendees.

The Appreciative Inquiry process next took us into visioning exercises, giving shape to what participants saw as an ideal future for healthcare, bringing clarity as to the optimal role of the professional coach in the healthcare of 2015. Themes identified in this future vision, included Health Coaching:

1. Being a vehicle to create a paradigm shift to the “whole person”
2. Being a catalyst for change of the delivery of healthcare from dependency to empowerment
3. Empowering, inspiring, and transforming both clients and providers
4. Spanning the continuum of health: from the very sick to those pursuing increased health (primary prevention)
5. Health and wellness coaching is a routine and integrated part of the healthcare system and consumer wellness

The next phase of work took us into small groups to identify Strategic Areas of Focus and Action Plans of next steps. These areas are reflected in the structure for on-going work in the final section. Agreed upon next steps included:

1. **Certification Board** - The establishment of a National Health and Wellness Coach Certification Board to create definitions, identify prerequisites, design tests, delineate scope of practice

2. **Government Relations** - Pursue a government relations agenda to create vision/goals related to government (e.g., recognition as a profession, reimbursement strategies/concepts) and identify opportunities and barriers; recognizing the critical and urgent timing given the current state of Health Care Reform legislation, which already includes language about coaching.

3. **Competencies** - Determine professional core competencies, recognizing at least 2 educational and practice paths: (1) professional coach (full-time coaching); and (2) Adding basic coaching skills to current health professional roles
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4. **Media** - Developing a media/PR strategy, to guide partnership, collaboration, and outreach with all stakeholders, general public, etc.; to brand coaching, create public awareness and lay a foundation for collaborative partnerships (see Press Release in Appendix D)

5. **Research** – Continuation and expansion of an active inter-institutional research committee, working to launch critical multisite studies evaluating both health and cost impacts of coaching; Cardiovascular-related illness and musculoskeletal pain were two areas identified as being the most impactful.

6. **Role definition** - Define and clarify roles, and consensus around scope of practice within existing professions and outside of them in the context of an independent field of coaching in healthcare and wellness. Facilitate paradigm shift, from individual/expert/silo approach to a collaborative holistic approach

7. **Leadership team** - Expand leadership mandate to guide and coordinate project teams and guide overall forward progress. A clear Vision and Mission statement will need to be agreed upon, and the following was proposed as a starting place:

   **Proposed Mission:** Build personal responsibility, develop capacity, and improve health and well-being of all Americans.

   **Proposed Vision:** Health and wellness coaches build personal responsibility, develop capacity, and improve health and well-being of all Americans. Health and wellness coaches are change agents in transforming healthcare from fostering dependency to fostering empowerment.

**ORGANIZATIONAL STRUCTURE AND FUTURE AGENDA**

Following the Summit, we received dozens of emails and calls, expressing a high level of enthusiasm and willingness by participants to continue to volunteer to actualize the plans discussed at the Summit. A summary of quotes from participants follows in the next section. A formal participation survey helped us to collect these responses and has led to the formulation of the following plan:
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Leadership Team
The leadership team will continue to be chaired by Margaret Moore and Karen Lawson. All project teams will be co-led, and at least one of the co-leaders will be a member of the leadership team. The leadership team will be responsible for a financial plan.

Project Teams
Certification & Competencies: co-leaders Richard Cotton, MS, & Linda Bark, PhD RN
Training & Education: co-leaders Linda Smith, Meg Jordan, PhD, RN, and Georgianna Donadio, PhD, RN
Research: co-leaders Ruth Wolever, PhD, and David Eisenberg, MD
Government Relations & Reimbursement: co-leaders Teri Treiger (Reimbursement) and Jody Hereford (Government Relations) (under discussion - this team may be broken into two)
Media: co-leaders Peggy Flowers and David Riley, MD

Volunteer Participants for Committee work (working draft):

<table>
<thead>
<tr>
<th>Certification &amp; Competencies:</th>
<th>Research:</th>
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<tbody>
<tr>
<td>• Fiona Cosgrove</td>
<td>• Karen Calfas, PhD</td>
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<td>• Cy Carpenter, MD</td>
<td>• Leslie Shinobu</td>
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<td>• Cheryl Hawk, DC</td>
<td>• Karen Lawson, MD</td>
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<td>• Sam McGill, MBA, MMC</td>
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<td>• Margaret Erickson</td>
<td>• Leslie Frank</td>
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<td>• Karen Mercereau, PLLC</td>
<td>• Paula Nenn, MD</td>
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<td>• Dianne Brennan</td>
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<td>• Pete Kirchmer</td>
<td>• Pam Peeke, MD</td>
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<tr>
<td>• Michael Burke, MD</td>
<td>• Maureen Pike</td>
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<tr>
<td>• John Livingstone, MD</td>
<td>• Margaret Moore, MBA*</td>
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<td>• Pam Peeke, MD</td>
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Government Relations:

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<thead>
<tr>
<th>Training &amp; Education:</th>
<th>Reimbursement and Finance:</th>
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<tr>
<td>• Mary Enzman Hines, PhD</td>
<td>• Darlene Hess, PhD, FNP</td>
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<tr>
<td>• Heidi Duskey</td>
<td>• Carole Mensing, MA, CDE</td>
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<tr>
<td>• Susan Luck, RN, CCN</td>
<td>• Mary Elaine Southard, PhD, RN</td>
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<td>• Phyllis Mabbett</td>
<td>• Brad Roy</td>
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<tr>
<td>• Michael Arlowski, PhD</td>
<td>Media and PR:</td>
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<tr>
<td>• Cheryl Walker, ML, MMC</td>
<td>• Jennifer Johnson, ND</td>
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<tr>
<td>• Annalise Evenson</td>
<td>• Becky Gorman, PA</td>
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<td>• Shosh Kazaz</td>
<td>• John Weeks</td>
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<td>• Linda Manning</td>
<td>• Paula Nenn, MD</td>
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<td>• John Munson</td>
<td>• Georgianna Donadio, PhD, RN*</td>
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<tr>
<td>• John Livingstone, MD</td>
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*connection to Leadership team
HIGHLIGHTS OF PARTICIPANT FEEDBACK AND REQUESTS

“The summit greatly exceeded my expectations. I became aware that this is far more than an academic inquiry about coaching. This effort has the opportunity to fundamentally change the culture of health care. I arrived interested; I left committed.”

“I thought it was wonderful to get together with the leaders of health and wellness coaches and the fact that it was interdisciplinary. Lots of great dialogue and from it emerged the next steps. Thanks for including me!”

“The Summit was very powerful in terms of connecting us, which I do not think would have been possible in the way it was without being in the same room at the same time together... I think it is essential that we continue to facilitate coming together as much as possible...Relationship development was crucial and was started during the 2 days.”

“I truly commend the organizers and participants for their work in this area and look forward to seeing this move forward--hopefully contributing in some way.”

“I was thoroughly surprised, then delighted that the Summit pushed through all of the barriers I had previously imagined, and participants rallied and came together with a strong vision and objectives for the future. It was wonderful getting together with professionals from so many sectors, making new friends, and tackling this huge goal together.”

“The Summit was very encouraging to me; I can see how a proactive approach to defining the path for health coaching under the Health Care Reform Act is essential to the integrity and future of this profession is essential. Thanks for organizing this.”

“The Summit absolutely met my expectations - and exceeded them. The work process was both planned and managed with much foresight and support for the participants. The process also allowed for community building between participants which enhanced our ability to create a valuable work product. I am honored to be included in such a wonderful and timely venture. “

“The Summit was an extraordinary experience for me, with exposure to lots of new ideas and different professional perspectives. I have spent two years building my little
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corner of the coaching world; it was both enlightening and exciting to see how this corner might fit into a much bigger picture. I am grateful for the experience to participate and contribute.”

“The summit exceeded my expectations in that we covered such a great deal of ground and brought everyone's wealth of knowledge together. It was a delight to be part of such a collaborative group and well organized facilitation. Thank you.”

“The Summit exceeded my expectations. I was able to be part of a group of diverse coaches who all came together to make a difference in patient care and health outcomes. What a fabulous experience!”

“It surpassed [my expectations] in that I could not believe that so many individuals representing different groups could develop even a high-level consensus so quickly.”

“The Summit surpassed my expectations. Being accustomed to academic settings, what impressed me the most was the very high level of joyous creativity demonstrated by the group!”

“The AI process was extremely well managed and delivered a clear focus to move forward differences in perspectives that were brought forth. There was strong and clear support and consensus on the need for a new professional category of ‘Health and Wellness Coach’.”

“The Summit more than met my expectations! I especially "appreciated" the process we followed to get to our results. I think we need to be careful to not change the direction given the results of the meeting.”

“I felt that the Summit was a big success. Congrats for bringing everyone together, doing so in a constructive and positive way! Hope the momentum continues to build.”

“It more than met my expectations in the quality of content and process, and even more in the quality of extraordinary people willing to roll up sleeves and follow our passion! You've already done an amazing job of being inclusive of all ideas and timely with communications and follow-up.”
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“I was provided an opportunity to have significant input, to share my expertise with like-minded individuals, and to promote coaching as an innovative and effective way to effect health care system reform and improved patient outcomes.”

“The Summit exceeded my expectations. It was a warm environment and facilitated in a way that allowed for high productivity in a very short period of time. Also, great to network with others in the field.”

“Surprised by the level of talent in the room and also by the enthusiasm for coaching as a modality that can contribute to improving the level of health in the population. The meeting created confidence that this group of people could really make a difference in the health care delivery model in this country. I was pleased to be a part of it.”

“I was very interested and impressed with the organization and flow of the Summit. You did a nice job of bringing together a lot of people from different professions and philosophical orientations to help move forward the Coaching Role.”

“I was overwhelmed with the amount of passion and true commitment present in the room throughout the summit. I see this profession moving towards clarity and development. I came to the summit concerned about how it will work within the context of our medical model, particularly as a practicing ND. I now understand how ND’s can utilize health coaches and vice versa, and how the base competencies may also be incorporated into the ND curriculum as well as many other professional health care programs. This is an area I am very much interested in exploring!”

CONCLUSION

The Summit was a successful, productive gathering which has just begun a substantive process to launch the new profession of Coaching in Health Care, as well as, integrating coaching into existing health care professions. Continued volunteer phone and web work by invested individuals will actively move this work forward over the next 12 months; however, the process would be optimized through a second working gathering in ~1 year. We hope continued collaboration with The Institute for Integrative Health will make this vision a reality.
APPENDIX A - SUMMARY BUDGET REPORT (will be finalized 12/31/10)

Babson Conference Center $17,824
[food and meeting space only;
individuals paid for individual accommodation costs]

Travel stipends $ 600
to those in need, to offset airfares [2]

Facilitator Costs
  Time $ 5000
  Travel and Supplies $ 1645

Administrative Time $ 330

Miscellaneous Supplies $ 92

July Steering Committee Meeting in MN 7/10
[space donated; individuals covered own
Travel and rooming costs]
  Food $ 192

TOTAL to DATE $25,683 from $30,000

Plans for remaining funds:
$2,500 to support writing of proceedings
$1,800 for administrative support for continuing committee and leadership work
(phone bridge, coordinating calls, data base mgmt, communications collaboration,
documents mgmt...) for next 9 months.
APPENDIX B: ATTENDEE LIST AND RESPECTIVE ORGANIZATIONS REPRESENTED
(names of those who could not attend at last moment in italics)

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Company/Organization</th>
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<tbody>
<tr>
<td>Linda</td>
<td>Bark*</td>
<td>Bark Coaching Institute</td>
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<td>Mary-Anne</td>
<td>Benedict</td>
<td>National Institute of Whole Health (NIWH)</td>
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<td>Michelle</td>
<td>Bouchard*</td>
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<td>Michael</td>
<td>Burke*</td>
<td>Mayo Clinic Nicotine Dependence Center</td>
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<td>Karen</td>
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<td>Charles</td>
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<td>Fiona</td>
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<td>Richard</td>
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<td>Heidi</td>
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<td>Meg</td>
<td>Jordan*</td>
<td>Calif. Institute of Integral Studies</td>
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<tr>
<td>Shosh</td>
<td>Kazaz</td>
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<td>Pete</td>
<td>Kirchmer</td>
<td>Fit Bodhi</td>
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<tr>
<td>Mary</td>
<td>Koithan</td>
<td>University of Arizona, College of Nursing</td>
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<td>Mary Jo</td>
<td>Kreitzer</td>
<td>Center for Spirituality &amp; Healing, U of MN</td>
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<tr>
<td>Karen</td>
<td>Lawson*</td>
<td>Center for Spirituality &amp; Healing, U of MN</td>
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Andree LeRoy Spaulding Hospital
Susan Luck Integrative Nursing Institute
John Livingstone McLean Hospital/Harvard Medical School
Phyllis Mabbett Optimal Health and Prevention Research Foundation
Sam Magill Sam Magill Coaching and Consulting
Linda Manning Vanderbilt University Medical Center
Carole Mensing American Association of Diabetes Educators
Karen Mercereau RN Patient Advocates, PLLC
Margaret Moore* Wellcoaches Corporation, Institute of Coaching
John Munson National Wellness Institute
Doug Nakashima YMCA of Central New Mexico
Paula Nenn Optimal Health and Prevention Research Foundation
Pamela Peeke* PMP Media
Edward Phillips Institute of Lifestyle Medicine, Harvard Medical School
Maureen Pike Healthy Howard, Inc.
Center for Appreciative Practice, University of Virginia
Peggy Plews-Ogan Health System
Heather Preston Mayo Clinic Dan Abraham Healthy Living Center
John Randall The Institute for Integrative Health
David Riley Integrative Medicine Institute
Michael Roizen Cleveland Clinic
Bonney Schaub International Nurse Coach Association
Leslie Shinobu Massachusetts General Hospital
Jeffrey Simmons Blue Cross Blue Shield of Massachusetts
Linda Smith* Duke Integrative Medicine
Mary Elaine Southard Integrative Health Consulting and Coaching
Diana Stratigakis Take Care Health Systems, Walgreens
Paula Szloboda JFK University
Teri Treiger Case Management Society of America
Tschannen-
Bob Moran LifeTrek Coaching International
Cheryl Verme International Coach Federation
Cheryl Walker Tai Sophia Institute
ACCAHC Acad Consort for Comp and Alt Health Care;
John Weeks The Integrator
Anne Williams University of Virginia Health System
Ruth Wolever* Duke Integrative Medicine

*Summit Steering Committee member
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APPENDIX C:

Links for PREPARATORY POWERPOINT DECK AND DOCUMENTS FOR READING


Video Health Coaching Testimonial:

American Holistic Nursing Association Task Force white Paper on Coaching Credentialing:

Existing Health Coaching Training and Education Options:
http://www.wellcoach.com/images/CoachTrainingPrograms-9%2013%2010%20FINAL.PDF

Best Practices: Credentialing CAM Providers:

Leadership Team Biographies:
http://www.wellcoach.com/images/SUMMIT%20BIOS.pdf
GROUP NOTES

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Standards & Credentialing of
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Healthcare & Wellness

September 26-27, 2010

Purpose

The purpose of our time together is to get input and ideas on (1) the need for a new profession; (2) whether to develop national standards and certification for this new profession; and (3) identify strategic areas of focus and key action steps moving forward.
A NEW ATTITUDE

A New Coaching World

(Accompanied by Yanni)

There was an old disease care system that lived in a small box
There was so much confusion, it had so many locks
Patients were blindfolded and told what to do
Bloated, blighted, fat, and blue

Along came a coach and sat down beside them
And listened and inquired and created a new place
The patient opened his heart with a new state of grace
Curious, open, courageous, and clear

The patient and coach partnered without fear
Empowered with a plan to meet the dream
They became the new mainstream!
Abundance of joy and health filled the air
High-fiving and dancing, they celebrated the new healthcare!
The Change that’s Sure to Last
(to the tune of I’d Like to Teach the World to Sing)

We used to teach the world to do,
   Exactly what we said.

   It didn’t bring them health or joy,
   And gave us jobs we dread.

But now we’ve learned just how to coach,
   Results are coming fast.

   This brings them health
   and gives us joy.
   The change that’s sure to last.
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   Impact
   Positioning/Support
   How roles interact
   Key Items

3. Dream Themes

4. Strategic Areas of Focus
   Credentialing & Certification
   Government Relations
   Competencies
   Media/Communications/PR
   Research
   Role Definition
   Flight Path

Appendix: Coaching Competencies Detailed Lists from Tables
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1. Responses to the Sunday Morning Presentation

Presentation Strengths
Client-centered
Appreciates the role of the story
Straight talk
Crucial connecting link
Good foundation
The groundwork exists and we will do profound things
We are working together with a common vision
We are making history
We can transform healthcare
Focus of primary prevention and spans the spectrum of healthcare and the wellness industry
Includes diverse stake-holders
Embraces diversity
Airs different points of view
Common cause for many disciplines
Appreciates the role of all the disciplines
Acknowledges both the “doing” and the “being” of coaching
Appreciates the evidence-based and acknowledges the science and the art
Presents a compelling case based on evidence
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1. Responses to the Sunday Morning Presentation (cont’d)

What’s missing?
A new vital sign – The Patient’s Story
Many have experience in coaching and a need exists for sharing that before we forge ahead
Clarify: what is the goal?
Define coaching
Differences between health coaching and wellness coaching
What distinguishes health coaching from wellness coaching?
How to distinguish coaching from other “techniques” within a discipline
Is coaching a profession? Is it needed?
The distinction between a health coach and a health professional who uses coaching skills
What is the distinction between the coach and the techniques?
Thinking about the “what then?” What is the value proposition?
What is the value of coaches or coaching?
How are coaches remunerated?
Coaching might be a core competency of a new profession
Is there a basic set of competencies that define coaching as “the floor?”
Identify different levels of credentialing.
Certification could be the floor – not the ceiling.
Distinguishing between licensure and competency
Should the government be involved or not? How?
How do we translate our work to legislators and government leaders?
Creating a team that can translate this to government leaders
Build evidence of efficacy of health coaching competencies embedded in existing professions
Use research to show the value of coaching
Self care for coaches
How do we close the gap? What are the “missing” practices?
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1. Responses to the Sunday Morning Presentation (cont’d)

Hopes for the Summit
The healthcare system is changed: there are new roles and old roles are changed
Humanizing healthcare: coaching can help re-design the current system by providing a
central hub for the new system and changing the way healthcare is delivered
Weaving in values for healthcare professionals
Identify how the healthcare system needs to change to support coaching
Embrace that there is true value in the proposition. We don’t have to sell it. Believe in the
broad, deep value of this endeavor.
Research demonstration projects on obesity
Providing a basis of legitimacy: research and science
A “Healthy Fit Nation”
Use the momentum that’s out there
Target areas of existing healthcare reform
How does the group continue and integrate work afterwards
Escape our identifiers throughout the Summit; to merge silos
Gives synchrony in how we talk about the topics
Create a research strategy
Identify 2 or 3 demonstration projects that show that health coaching “works” and its value
Define coach, minimum professional requirements, the coach’s role and value of the service
Identify who the certification serves
2. Envisioning the Future

Common Competencies* from all Tables
Active listening, authentic listening, being “present”
Forming compassionate, empathetic, non-judgmental relationships
Goal setting that is individualized, client-centered
Positive motivation for change
Knowledge of healthy behaviors
Knows how to and can use strategies to overcome resistance/ambivalence
Strengths-based strategies for change
Self-awareness as demonstrated by modeling behaviors of self care
Ethical guidelines
Refers appropriately, understands scope of practice, works with a whole healthcare team
Measured outcomes – quantitative and qualitative – and can use evidence-based research
2. Envisioning the Future (cont’d)

Impact
Routine access to coaches
Coaching is fully accepted: integrated in hospitals, universities, communities, government, corporations, etc.
Embedded in all of education (schools), life and society (medicine/nursing, corporations)
Recognition of the health coach as a new resource
Patients supported for lasting change
Patient is the center of interaction: retake ownership, self-responsibility
Patient-centric system and based upon patient empowerment
Clients (people) get to “sing their song”
Clients/patients direct their own healthcare
Patient is now empowered
Patients are self-motivated, centered, health seeking behaviors
Energized group of health and well people
Increased optimism
Contagion of positive effects
Personal awareness
Awareness increases
Win-win: coaches walk the talk and become healthier along with patients
Common understanding across all disciplines
Professionals respect and recognize health coaching
Coaching has been implemented into all healthcare professions, practices
All healthcare professions incorporate coaching
Healthcare system is better focused on wellness/prevention
Population empowered to tackle chronic disease
Biological indicators are improved
Quality of life (as measured by whatever metric) is improved
Increased access and efficient access to health care
Removed some of the burden from clinicians – resource to clinicians as well
All health care fields incorporate coaching.
Embrace the disease within the context of the life story
Dramatic population health changes
Reduction of obesity stats
Data shows patients taking more responsibility
Biologic indicators improved
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Patient-centric indicators improved
Radically improved communication skills among healthcare professionals
Rejuvenated professionals as a result of coaching
Decreased burden of chronic diseases
Reverse in trends of all diseases
Evidence of impact of coaching: reduced hospital costs, reduction in weight, reduced use of in-patient facilities, reduction of diagnosis of diabetes
Preventative coaching
Health care costs decrease
National deficit significantly reduced
Cost is reduced
Costs reduced
2. Envisioning the Future (cont’d)

Positioning/Support
Exists as a specific role as a “coach”
Mainstream
Implemented as standard care
Everyone in medical system has widespread understanding of the coaching role
Referral by anyone, including patient
Part of every professional discipline
Part of health care team
Part of the interdisciplinary team
Part of specialty units as a part of a team
Paid and incorporated into the health care team
Incorporated into healthcare teams at every level
Coach as navigator through the system
Coach works as “facilitator”
Proactive health/wellness
Facilitates coaching at system level
Health coach/wellness coach as 1st care provider: first stop and continuous
Referrals for coaching come from all sectors of healthcare industry, insurance industry, government, and corporate America (old system in transition)
Access to service through schools, hospitals, businesses, clinics, etc
Medical technology shared among team – includes patient/clients’ vision, etc, holistic
Acceptable by the professions to spend more time with the patient and is part of the EMR
EMR now includes patient story and patient story indicators, outcomes
Work in allopathic and integrative models
Includes a requisite patient story
You are assigned a coach to be available to support your dream - all people belong to these
Fully accepted, certified and licensed
Single-payor system with different reimbursement structure
Reimbursed, paid by all parties, payors
Reimbursable by insurance
Reimbursed as part of accountable care organizations
All people are reimbursed
Coaches are paid for services rendered by accountable care organizations
Bartering returns. There is no IRS because Sharon Angle was elected and Harry Reid lost.
2. Envisioning the Future (cont’d)

How roles interact
We’re all colleagues
Identify scope of practice (and legal aspects?)
Identify mechanisms of referral to other services (i.e., behavioral health, nutrition)
Referrals and cross referrals between healthcare providers (i.e., fitness, nutrition) and includes self referral
Collaborate/refer: school, business (work), faith-based
Circling back to the old model. Coach-nurses triage.
Anyone with a chronic disease referred to a coach
Patient chooses upon entering the accountable care organization a coach to support patient’s wellness dream
About to perform laser-guided . . .
I’ve reviewed the MRI, CT scan, blood work, EKG, immune profile
But we just can’t begin until I understand their vision
How on earth do I accomplish this?
New reimbursement system?
Part of the new medical home from the reform bill and is being reimbursed. More acceptance by traditional medical practices and referrals and team building.
Coach living in the neighborhood and they can go to your house
Current scope of practice includes and is accepted as including coaching competencies. All healing arts education includes prerequisite education content on coaching. (Might obviate extra certification in the future)
Will include high-tech touch and tech connections. SKYPE, webinars.
National registry of certified coaches--- Facebook for the coaching industry with social networking. Goal becomes helping people to self coach and this becomes viral as that person touches the lives of people around him/her. More referrals to coaches and positive. Coach models self care – win win.
How many people can a coach see in one day?
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2. Envisioning the Future (cont’d)

Key items
Vision requires a paradigm shift
Coaching is a social norm, everyone does it
Coaching as health
Moved into individual care as core of health and, because of increased power and self-care,
   new awareness of self responsibility
Woven into education differently
Demonstration project
Obesity, CV, low back pain across the lifespan
Research examining (a) usual care alone, (b) usual care with coaching, (c) group coaching
Superior outcomes, reduction of pain, improved quality of life, reduced medication
   expense, increased work productivity, decreased worker’s comp
Sustained superior outcomes > 2 yrs compared with usual care
Savings of $billion/year
Private sector, Fortune 1,000 savings of billions of dollars
A major multi-site study occurred in which in a large cohort the cost savings were
   spectacular and phenomenal. As Medicare and Social Security are becoming bankrupt,
   the coaching cost savings save the day.
National media recognition via Oprah and Michelle Obama
The Surgeon General (ex: when Al Gore’s mom used acupuncture after her stroke) got
   excited and supported the creation and development of this coaching role. Full time
   coach and the healing art professional who uses the coaching core competencies in an
   already existent practice – both top down and coaching. Or the First Lady backed a pilot
   project to help families reduce obesity and there were stunning results that ended up on
   the front page of USA Today.
Military accepts coaching to maintain wellness in the forces and performance increases
   significantly and more studies are funded and health professionals in the military
   undergo worldwide training in coaching.
Tipping Point: When a pivotal figure is so positively affected that it becomes news and
   reaches everyone. Top down only is SO last year.
World Summit on Coaching changes the entire paradigm: the individual is IT and the new
   slogan is “Top down only is SO last year.”
Warren Buffett was diagnosed with pre-diabetes and called Bill Gates about what he did
   when he had the same diagnosis. Coach was used by Gates. Buffett does the same and is
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thrilled with results. Starts the first National Wellness Coaching Foundation, funds research and the First Lady keynotes while Surgeon General’s stamp of approval is issued for Certified Wellness Coaching at a White House event.
3. Dream Themes

Coaching changes the conversation in a profound way
Coaching provides a simple shift with a big impact: it is a catalyst for change
Clients/patients are empowered
Practitioners are empowered
Create a paradigm shift to the “whole person”
Room for practitioners and patients to be experts
Coaching inspires the client and the coach
Pulls on energy, emotion-shifts
Both practitioner and patient are transformed by the process
Coaching includes fun and humor. How we do it counts.
End of confusion and conflict for the patient
Facilitating choices for the patient instead of telling; develop partnerships and questions
Coaching as “the string” – the interconnection of everything
Coaching levels the playing field: promotes equity between practitioner and coach
Coaching is peer-based
Coaching spans the continuum of health: the very sick to the not as sick
Health coaching is a regular part of the healthcare system
4. Strategic Areas of Focus & Action Plans

What do we need to design and how might it look?

I. Credentialing and Certification

**Strategic Areas of Focus**
Credentialing
Certification
Professional certification
Credentialing, certification, licensure
Credentialing, licensure
Develop certification strategies across professional disciplines
Gap analysis: what credentialing bodies already exist that we could leverage?
Guidelines for certification with a focus on the whole person as part of a paradigm shift
Create coalition to design path to certification

**Strategic Opportunities**
Credentialing: who, how (board)
Certification
Outcome database (ongoing)
Political allies (partnerships for collaboration)
Funding: reimbursement, coaching board
Branding

**Action Plan**
**National Health and Wellness Coach Certifying Board**
Members: psychologist, nutrition, OT, PT, Aetna, physician, lay people, health educator,
    private practice, AHMA, exercise professional
Functions: creates definitions, identifies prerequisites, tests, scope of practice
National registry
Outcome studies for application and continuing education
Funding – initial organizations contribute + application fees + training endorsement fees
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II. Government Relations

Strategic Areas of Focus
Consolidated representative coalition
Government relations and process
Funding – reimbursement

Discussion Ideas
Health coaching organizations and government relations – who’s on our team?
Healthcare landscape and legislative landscape: who owns these ideas?
Understanding landscape requires understanding current healthcare system, trends, reimbursement structure, healthcare language
ID key stakeholders
Create government relations working team: ID members who understand healthcare landscape, legislative landscape, players with connections
Set agenda and timeline for working team
  - Understand landscape, identifying opportunities and obstacles
  - Create a vision (goals): i.e., recognition of coaching as a profession, reimbursement
  - ID partners and opponents
  - Strategize for each goal
Public policy reimbursement advocacy
Health policy
  - Coalition building and finding stakeholders
  - Advocating for Specific Policies
  - Strategizing governmental approach (e.g., which level, agencies)

Action Plan
Create government relations workgroup
  - Members who have pertinent expertise/experience (e.g., healthcare landscape, legislative landscape, power players)
Set agenda and timeline for workgroup
  - Understanding landscapes
  - Creating vision/goals related to government (e.g., recognition as a profession, reimbursement strategies/concepts)
  - Identifying opportunities and barriers
  - Strategizing goal achievement
  - Taking action (process details)
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III. Competencies

Strategic Areas of Focus
Determine professional core competencies
Intentional use of language in developing competencies and guidelines for certification with a
focus to look at the WHOLE person (body-mind-spirit) as part of a paradigm shift
Intentional use of language in developing competency
Competency development for cross disciplines
Gap analysis to identify existing credentialing processes, competencies and what we need
Refine competencies and coaching models
At least 2 education paths: (1) professional coach (full-time coaching); and (2) Adding
coaching skills to current role

Discussion Ideas
Basic competencies:
- ICF
- Behavioral change, health- and wellness-related
- Medical decision-making
- Readiness for change
Assemble:
- Known methods and theory for health coaching
- Include psychological dimensions of coaching
- Skill - condition
Gaps:
- Current practice of wellness coaches vs. professional coaching (ICF)
- Espoused current competencies and current practice
- Current program offerings vs. professional coach education
How and Who:
- Small meeting of academic programs in health and wellness coaching and ICF to build a
more detailed strategy, including grants, research, pilots

Action Plan
Begin by identifying “the right competencies:”
- Are assembled from existing knowledge (behavior, etc.)
- Include related professions’ standards, competencies (coaching related)
- Select the set – define the profession (who?)
- Include evaluation and comparison of existing educational structures (ICF)
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- Use coach training standards and methods that show evidence of education effectiveness
- Incorporate gap analysis

IV. Media/Communications/PR

Strategic Areas of Focus
Brand coaching
Create public awareness
Partnerships for Collaboration, i.e., political allies
Communicate the message: media, lobby, professional organizations, government, industry
Outreach and educating stakeholders: government, professional organizations, public
Media strategy: success stories, press kit
Positive media coverage
Marketing/PR campaign to communicate broadly what coaching is

Discussion Ideas
Hire PR firm – press kit
Famous spokesperson: Dr. Oz via Dr. Roizen
Existing organizations – collaboration and cross communication
Online social media, web presence, blogosphere/journaling
Brand: logo, tagline, marketing
Buttons, T-shirts
  - Have you talked to your coach today?
  - Walk with a coach. Talk with a coach.
Marketing/brand to include press kit, business card, letterhead
  - Where/how to distribute? Look for an annual conference, shared conference panels, computer resources
Universal website with:
  - Research materials for professional, lay person, student, potential clients/coaches
  - Testimonials from all persons involved
  - Q & A (i.e., fees)
Dovetail to key opportunities (i.e., month dedication)
Invitational event for coaching
  - i.e., golf, walk/run, national fundraising and awareness for a diagnosis like obesity (Get Moving America), national signature event (Walk with a Coach)
Partnership/educational outreach
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Attending conferences of stakeholders
General public/churches/centers of faith
K-12, college education via school nurses
Join as a coach to existing well-known events (i.e., Susan Komen walk with a coach, Boston Marathon coach group participants, course support handing out water/supplies)
How to communicate to all stakeholders about cost/quality/access

Discussion Ideas (cont)
Define events/goals for next 1-5 years
Organization-wide
How to create internal communication structure and strategy plan?
How to facilitate/create structure for external communication?
Link from stakeholders existing sites to OURS
Specific by focus of coaching expertise
Working groups for niche areas

Action Plan
Create structure for internal and external communication plan via ONE WEBSITE
Marketing/branding – press kit, logo, tagline
Signature event
Buttons: Walk with a Coach. Talk with a Coach – message of cost/quality/access
Supportive/active role with S. Komen Foundation
Partnership/collaboration/outreach with all stakeholders, general public, etc.
Identify events and goals for the next 1-5 years
Link from stakeholders’ websites to OURS
Attending conferences: posters, booths, etc.
Publishing: journals, online blogs, etc.
Famous spokesperson
K-12 education
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V. Research – Demonstration Projects and Repository

Strategic Areas of Focus

<table>
<thead>
<tr>
<th>Research</th>
<th>Repository</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and evidence</td>
<td>Research network (epidemiology)</td>
</tr>
<tr>
<td>Multi-site demonstration projects on multiple conditions</td>
<td>Reporting framework using min dataset: EMR, PHR</td>
</tr>
<tr>
<td>Research: efficiency and ROI</td>
<td>Resource repository: online material, lectures, papers, texts, journals</td>
</tr>
<tr>
<td>Research agenda</td>
<td>Ongoing database</td>
</tr>
<tr>
<td>Qualitative research</td>
<td>Outcome database</td>
</tr>
<tr>
<td>Demonstration study/project #1 cardiovascular #2 muscular-skeletal pain</td>
<td></td>
</tr>
<tr>
<td>Research Strategy: ROI, patient engagement, client success (Obesity/CVD)</td>
<td></td>
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</tbody>
</table>

Action Plan

Coaching Demonstration Research Project

Double blind clinical trial comparing (1) standard care; (2) standard disease management; and (3) coaching

Outcomes: improved health, decreased health costs as evidenced by biomarkers, BMI, visual analogue, patient assessments, all utilization costs

Pre-study assessment of patients to include qualitative measures (i.e., Patient Activation Measure)

Length of time: 2 year intervention with follow-up to evaluate dose-response effect of continuity of ongoing relationship

Phase I: 6 months

Multi-site: 2-3 sites

Manualize process and distinguish competencies, actions

Identify cohort: CVD/obesity with opportunity to show disease reversal

Other cohort options: muscular-skeletal pain (i.e., low back) or cancer

Steering committee: Harvard, Duke, University of Minnesota, and UCSD

Funding sources: NIH, CDC, DOD, disease management company, Pharma

Planning grant to design prototype: $100,000

Study cost: $5 million
VI. Role Definition

Strategic Areas of Focus
Define health, wellness, well-being
Definition: health and wellness coach
Definition and scope of practice for health coaches (5 core competencies)
Is coaching a new profession and/or competency?
Definition of coaching
Define roles and scope of practice
Role clarification

Discussion Ideas
Profession?
  Technique utilized by health professionals (translation of handwriting may be incorrect)
    Health educator and coaching
    Life coach with health/wellness niche
Health professional using health coaching
Health and wellness coach
Organization development culture and/or individual role
Develop a culture: part of an institutional mission
Develop a culture with change agents who have expertise in health/wellness coaching
Levels: behavioral change management skills
Establish coaching culture and health/wellness coaching roles to facilitate:
  Corporate coaching office (CCO), HR Support
Organizational coaching
  Leader role, addresses each area of society
Education existing and entry level practitioners in health/wellness coaching
Organizational CCO leads paradigm shift
Coaching culture informs a health/wellness culture
Without paradigm shift there will be an isolating factor of individual coaches
Paradigm shift = shift from individual/expert/silo approach to a collaborative holistic approach
Executive level CCO creates and maintains the paradigm shift
2 levels produce foci of development
Individual health/wellness coaches (using non-silo approach) support paradigm shift by working with clients
  Support client autonomy and empowerment based on clients’ own internal culture
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Intrinsic/extrinsic education
   Coach must enable both and work with colleagues to the same end

Action Plan
Develop a presence in regulatory environments
Organizationally, create change at a corporate level with COO (Chief Coaching Officer)
Health/wellness coaches work with a non-silo approach and support client autonomy
VII. Flight Path

**Strategic Areas of Focus**

- Identify the mission/goal for health and wellness coaching
- Create a strategic international plan
- Identify need/gap that coaching will fill
- Develop a partnering agenda with related disciplines, stakeholders, and sectors
- Identify reimbursable strategies
  
  To do this: $$
  
  Fund a coaching certification board
- Create a network/organization to move the entire process

**Declaration**

A mission statement is a formal short written statement of the **purpose of the organization**. The mission statement should guide the actions of the organization, spell out its overall goals, provide a sense of direction and guide decision-making.

**Essential Elements of Mission & Vision**

- From compliance to engagement
- Healing self/healing system
- From disease to wellness
- Catalyst/compassion catalyst
- Value health
- All ages, socioeconomic status, all people, diversity within
- Quality of life/rich lives
- Foster response-ability

**Proposed Mission**

Build personal responsibility, develop capacity, and improve health and well-being of all Americans.

**Proposed Vision**

Health and wellness coaches build personal responsibility, develop capacity, and improve health and well-being of all Americans.
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Health and wellness coaches are change agents in transforming healthcare from fostering dependency to fostering empowerment.

Next Steps on Flight Path

1. Develop leadership team to “drive the bus”
2. Form project teams with volunteer leaders or co-leaders
3. Get consensus on mission and vision
4. Consider starting a professional association as a means of getting membership dues to fund agenda
Appendix to Group Notes

Coaching Competencies Detailed Lists from Tables

To be called a coach, need education in:

- 3 theories of coaching
- Experience of being coached
- Self awareness
- Health and lifestyle behaviors
- Demonstration of coaching skills
- Refer and communicate with other medical providers

These competencies are distinct from having skill in coaching

Knowledge of:

1. Disease, health, physiology;
2. Coaching skills like active listening, ability to develop relationship, safe space, authentic communication;
3. Be able to use tools, skills (AI, MI, . . .)

Understand scope of practice

Reporting systems

Use communication and relationship skills appropriate to a health/wellness coach

Apply change theory, positive and motivational psychology

Have a knowledge base that includes health education and training in order to address the whole person

Ability to empower patient to build salutogenic capacity (health outcomes from within)

ICF credential

ICF CC (credential?)

Hold space / not know the answer

Knowledge of theory, motivational techniques

Basic knowledge and abilities of medicine in specific domain, including language and culture

Be able to build and foster long-term relationships

Individualize/tailor customized strategies to behavior change

Self-awareness

Elicits client’s goals

Design/develop accountability

Holistic self-care
Grad ICF-accredited program
Health care degree required to increase impact on clients to reach health goals
Authentic listening
Non-judgmental approach
Compassionate/empathetic
Facilitates confidence and motivation
Recognize and refer appropriately
Knowledge of mental health
Effective communication across health care professions
Ability to measure health outcomes “appropriate to the profession”
Fully present in conversation
Identify resistance to change and help client overcome resistance
Help generate (small) action steps or strategies that are client-owned
Monitor self and keep own issues separate
Build effective relationships in which healing occurs
High level of personal self-awareness and a personal vision of wholeness
Open-ended inquiry – listen to story
Elicit strength (what strategies have worked in the past)
Agreement/contract that includes how the client defines effectiveness
Accreditation and receiving supervision
Behavior and knowledge or ethics, professional boundaries
Maturity and life and professional experience
Courage to challenge people to stretch
Foundation in lifestyle medicine
Ability of coach to recognize spectrum of options (mind/body/spirit, many paths to whole)
Commitment to ongoing learning
Ability to handle negative emotions
Help client harvest positives in life
Holistic mind/body/spirit familiarity with diverse populations, cultures
Biologic/physiologic knowledge, epi-stats
Behavioral change, motivational interviewing
Conflict resolution skills
Relational theory skills
Self responsibility
Referral across disciplines
Assess and ID physical and mental
Red flags
Addictive theories
Ethics/philosophic basis
Role theory
Research/EBP
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Healthcare practitioners:
- Develop goal and plan
- Building relationships
- Facilitate discovery of motivation
- Asking powerful and appreciative questions
- Lifestyle skills training
- Active listening at MBS level
- Open and direct communication

Non-healthcare practitioners:
- All of the above
- Boundaries – ethical and legal concerns
- Measurable outcomes

Fully in coaching role – what is their background? Tire salesman.
Have boundaries, ethical and legal issues.
How not to be the expert. Building a relationship, ask powerful open ended and appreciative questions, active listening at a body mind spirit level and has direct communication.
Expertise in nutrition and exercise needed?
Knowing the limits and boundaries of the scope of practice.
Compassionate relationships.
Coaching agreement/contract. Survival skills. Listening skills. MMM.
APPENDIX E: October 20, 2010 SUMMIT PRESS RELEASE

FOR IMMEDIATE RELEASE

Media Contact: Beth Laski
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HISTORIC SUMMIT DEVELOPS PLAN FOR NATIONAL STANDARDS FOR PROFESSIONAL COACHES IN HEALTH AND WELLNESS

Consumers & Physicians Will Benefit from National Certification of Health and Wellness Coaches

Wellesley, MA—20 October, 2010—Seventy leaders in the medical, nursing, psychology, health education, research, credentialing, academic, coach training, and coaching fields came together in an historic summit to establish a plan for national standards for the education and certification of professional health and wellness coaches.

Supported by a grant from The Institute for Integrative Health, the Summit on Standards & Credentialing of Professional Coaches in Healthcare & Wellness took place September 26-27 in Wellesley, Massachusetts. The Summit was led by co-chairs Margaret Moore, co-director of the Institute of Coaching and CEO of Wellcoaches Corporation, and Karen Lawson, MD, Director of Health Coaching at the University of Minnesota.

Seventy percent of today’s healthcare costs are related to preventable lifestyle-related diseases. There is an urgent need for well-educated, skilled, credentialed coaches to help shift the focus of healthcare from illness and repair to wellness and prevention, empowering individuals to take control of their own health and well-being.

“Health and wellness coaches will play an integral role in the prevention portion of healthcare reform legislation – they will help catalyze a transformation in healthcare,” explained Pamela Peeke MD, MPH, national spokesperson for the American College of Sports Medicine’s “Exercise is Medicine” campaign and advisor to the U.S. Surgeon General. “The time is now for a new model of care--one that is relationship-centered and prevention focused, and health and wellness coaches are leading the way.”

Presently, the title of “health coach” and “wellness coach” can be used by anyone, whether or not they have completed coach training designed for health and wellness coaches. Furthermore, coach training programs vary widely, from short online courses and weekend workshops, to a three-year academic masters-level program. This poses a
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challenge for consumers seeking to find a credible and certified coach to guide them toward their goals for a healthy lifestyle. Medical care providers also need to know that they are referring their patients to appropriately trained and certified coaching professionals.

The Summit leaders confirmed that the best-trained coaches are those who are skilled at partnering with consumers over the long term as they replace unhealthy behaviors with those that will optimize and sustain healthy living.

Critical action steps that were outlined at this historic Summit include:

• Create an independent national certification board to develop standards and certification for the professional health and wellness coach, as well as standards for basic coaching skills that all health professionals including nurses, physicians, physical therapists, dietitians, social workers, and personal trainers can integrate into their professional work;

• Pursue research studies to determine the health outcomes of coaching, including a multi-site study of the impact of health and wellness coaching on prevention or amelioration of chronic conditions such as diabetes and cardiovascular disease;

• Engage and encourage collaboration and partnerships with other professional organizations and government agencies to expand consensus and momentum;

• Establish a professional association to support the development of this new profession, foster research, develop science-based coaching practices, maintain effective communication with government relations, and support community building and networking.

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Georgianna Donadio, PhD, National Institute of Whole Health
Roy Elam, MD, Vanderbilt University Medical Center
Stacy Gold, MPH, RYT, The Institute for Integrative Health
Meg Jordan, PhD, RN, California Institute of Integral Studies
Co-Chair, Karen Lawson, MD, University of Minnesota Center for Spirituality and Healing
Co-Chair, Margaret Moore, MBA, Wellcoaches Corporation, Institute of Coaching, McLean/Harvard Medical School
Pam Peeke, MD, MPH, advisor to Surgeon General, Chief Medical Correspondent, Discovery Health TV
Linda Smith, PA-C MA, Duke Integrative Medicine
Ruth Wolever, PhD, Duke Integrative Medicine

Organizations Participating in Summit

American Association of Cardiovascular and Pulmonary Rehabilitation
American Association of Diabetes Educators
American Board of Integrative Holistic Medicine
Academic Consortium for Complementary and Alternative Health Care
American College of Sports Medicine
American Holistic Nurses Association
American Holistic Nurses Credentialing Commission
Bar-Ilan University, Israel
Blue Cross Blue Shield Massachusetts
Case Management Society of America
Logan College of Chiropractic
Cleveland Clinic
Duke Integrative Medicine
GlaxoSmithKline
Harvard Medical School
- Massachusetts General Hospital
- Osher Research Center
- Institute of Lifestyle Medicine
- McLean Hospital
Executive Summary
Summit on Standards & Credentialing of Professional Coaches in Healthcare & Wellness

Harvard Vanguard Medical Association
HealthCorps
Healthy Howard
Integrative Nursing Institute
Integrative Medicine Institute
International Association of Coaches
International Coach Federation
International Nurse Coach Association
Iowa Chronic Care Consortium
Medica
Mayo Clinic
National Wellness Institute
Nightingale Initiative of Global Health
Optimal Health and Prevention Research Foundation
Preventive Cardiology Nurses Association
RN Patient Advocates LLC
RMIT University (Australia)
Sacramento Center Health and Healing
Society of Behavioral Medicine
Tai Sophia University
University of Bridgeport
University of California San Diego
University of Minnesota, Center for Spirituality & Healing
Vanderbilt University Medical Center
Walgreens
Wellcoaches Corporation
Wellness Coaching Australia
WellVentures LLC
YMCA