The following key findings are summarized from a working session on health coaching with 20 chronic disease subject matter experts across the health care sector.

The working session was held at McMaster University in 2017 by the Health Leadership and Learning Network, York University in partnership with McMaster University. The session reviewed existing research evidence and explored how emerging health care needs of the population can be addressed through new and specialized health coach training for an inter-professional audience. The working session was conducted using an electronic meeting system (EMS), an innovative facilitation process developed from research at the Queen’s School of Business, and was funded by the Federal Development Agency of Southern Ontario.

• Health coaching is an evidence-based intervention that can be applied to support self-managed care outside of health care provider appointments. Health coaching can be aligned with Building Block #2 (Domain 6) for Ontario Health Teams to expand range and volume of services provided, and to increase primary health coverage for a significant portion of the population, as outlined by RISE Brief 1: OHT Building Blocks. Health coaching can also be used as an individual-level intervention to address the social determinants of health.

• Health coaches work with individuals to motivate and sustain behaviour change, and reach their health goals. Health coaches use tools to empower and engage individuals, ultimately leading to better self-management of health and diseases. Health coaching can therefore also align with Building Block #4 (Domain 16, 21, 23 & 24) for Ontario Health Teams to provide individualized care planning, self-management planning and support, proactive chronic disease management and population-based health promotion and disease prevention.

• Health coaching is a set of skills that can be applied across various settings and contexts. However, each setting should define the scope of practice and maintain quality control. The distinction between health coaching, self-managed education, and self-management care must be made, to understand how they can complement each other.

• Health coaching skills should include (1) counselling and behaviour modification training skills, (2) communications skills that build rapport and empathy, and (3) an understanding of chronic diseases and their complexity, health care systems, and community resources.

• Health coaches do not need to be designated as a regulated health profession at this stage, although there is consensus that health coaching should ideally be performed by regulated or allied health professionals, or at minimum individuals who have demonstrated equivalent education or experience in the community or health-related field.

• Complementary hybrid or tiered approaches and strategies to health coaching can be adapted to facilitate scalability of the health coaching intervention. Examples include: regulated health professionals supervising ‘lay’ or ‘peer’ coaches, or a two tiered health coaching programs for lifestyle and wellness coaching and for chronic disease management coaching performed by individuals with varying qualifications etc.

• A tiered approach to health coaching can expand reach of intervention, as long as the roles are clear and complementary. A critical mass of health coaches are needed for the intervention to be integrated into various health care systems and address population needs in an equitable way.

This one-pager was prepared by the Health Leadership and Learning Network at the Faculty of Health, York University. If your organization is interested in health coach training or implementation, please contact us at hlln@yorku.ca or 416.736.2100 x 22170.

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