

Strategies for Implementing Health Coaching in the Workplace



Introduction

In the past ten years, a number of large employers have turned to health coaching as a way to further improve the health of their workforce. Health coaching is a relatively new strategy designed to reduce health risk for employees by having them establish a relationship with a health coach. This practice is predicated on the assumption that employees and dependents will benefit from individual attention and assistance based on their own stage of readiness to change.

In 2007, 44% of large employers offered health coaching to their employees.¹ This number is likely to grow in years to come, as the advantages of individualized health improvement plans become clearer. For example, an extensive review of literature indicated that the presence of individualized risk reduction counseling results in a positive effect in 80% of studies—compared to 63% of studies that are education only.²

With health coaching, a qualified professional (registered nurse, certified diabetes educator, or registered dietician) typically works with an employee for six to twelve months. During that time, coaches use a variety of techniques to instill autonomy in the employee, resulting in reduced health risk, improvement of health status and a greater sense of well-being.³

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Strategies for Health Coaching

What Health Coaching Is (and Isn't)

Because health coaching is a relatively new strategy, there is some confusion about what it means. The essence of health coaching is the establishment of a continuous relationship between an employee and a coach as a way to reduce health risk. Health coaching is a key element of both disease and care management. Although there is a telephonic element to health coaching, it is different from “24-hour nurse lines,” which provide medical consultation for symptomatic, acute conditions on an as-needed basis.

Health coaching may be accomplished in three ways: face-to-face, telephonic and computer-based. Telephonic is the most widely used approach, while computer-based coaching is emerging as the technology evolves. Face-to-face is optimal, but at times it is not viable for large organizations that have multiple locations.

Face-to-face coaching involves having the coach and employee meet at one physical location on a regular basis. This was the original approach, based on a “counselor” model and similar to other types of coaching, such as for sports. In face-to-face coaching, the coach is able to make eye contact and

pick up on visual cues. These cues may affirm that the employee is likely to respond to the new task or behavior change. It is also easier to build a bond through in-person, one-on-one conversation.

But this technique has its drawbacks, which are intensified in the large employer environment. It is the most labor intensive form of coaching, and as a result, more expensive. It also is not as convenient for the employee and coach as more remote methods. In addition, employees may not have the same coach each time, which leads to a disruption in the behavior change process.

Telephonic coaching provides the personal connection of face-to-face, with the added value of convenience. Coaches do not need to be assigned to a specific location. The scheduling is more flexible for the employee, so he or she is more likely to work with the same coach over time. If the benefit includes an “as needed” option for employees, telephonic coaching will allow for the best accessibility.

This approach, too, has its drawbacks. Employees are more apt to forget or cancel coaching sessions if it is telephone-based. It is also difficult to pick up subtle cues over the phone. This problem may be remedied by confirming that employees understand a key point or are in favor of new goals.

There is probably more evidence of the effectiveness of telephonic coaching as an intervention than there is for other strategies. It is frequently offered because it is convenient and accessible for those in more rural settings.⁴ The American Cancer Society found that young smokers (ages 18-25) who received telephonic counseling had a 11% greater chance of sustaining abstinence than their counterparts, who just received self-help books.⁵

Determining the Technique that Will Work Best for Each Company and Workforce

In finding the method that works best for each company and workforce, employers should examine the characteristics of each approach:

Face-to-face coaching works best for

- companies that are centrally based
- workforces that have illustrated high presenteeism or absenteeism rates
- workforces with the median age over 50
- employees who work in the service area
- employees with three or more health risks
- companies implementing a physical activity coaching program

Telephonic coaching works best for

- companies that are decentralized
- companies that are looking to implement a lower-cost program
- a mobile workforce
- employees that have non-traditional work hours
- employees with one to two health risks
- companies implementing a smoking cessation, nutrition or diabetes coaching program

Computer-based coaching works best for

- companies in the technology or telecommunications industry
- workforces with the median age under 50
- workforces that have easy computer access
- employees who work in the administrative or management area
- employees who prefer to be more autonomous
- companies implementing a program that aims to reduce the onset of disease (primary prevention)

It is clear, however, that the new age of health coaching will involve technology. Using e-mail to build a coaching relationship gives employees even greater convenience than using telephonic or face-to-face, largely because participation can occur at any time of day and anywhere Internet is available. More sophisticated systems may use Web-based conferencing or streaming video, which melds the advantages of face-to-face interaction with the ease of Web-based programming. It has been shown that Web-based coaching can create an environment conducive for discussion about difficult topics, such as mental health issues.⁶

However, there may be some issues with this approach, too. The employee may not feel as motivated communicating through e-mail. Some populations may not feel comfortable with computer-based coaching from a privacy standpoint. For others, it may not be “natural” to be coached over the Internet. In comparison to face-to-face coaching, evidence shows that e-mail may be more appropriate for primary prevention as a way to reduce the onset of disease, rather than for secondary and tertiary prevention.^{7, 8}

Perhaps the best approach is to integrate multiple methods of coaching. By implementing a program in this way, all the benefits of each method are brought together to address the needs of the employee. For example, the coach and employee may meet once a month face-to-face, have weekly phone calls, and e-mail on an as-needed basis. However, there is limited evidence on the effectiveness of combining all methods of coaching.

A Step-by-Step Approach to Health Coaching

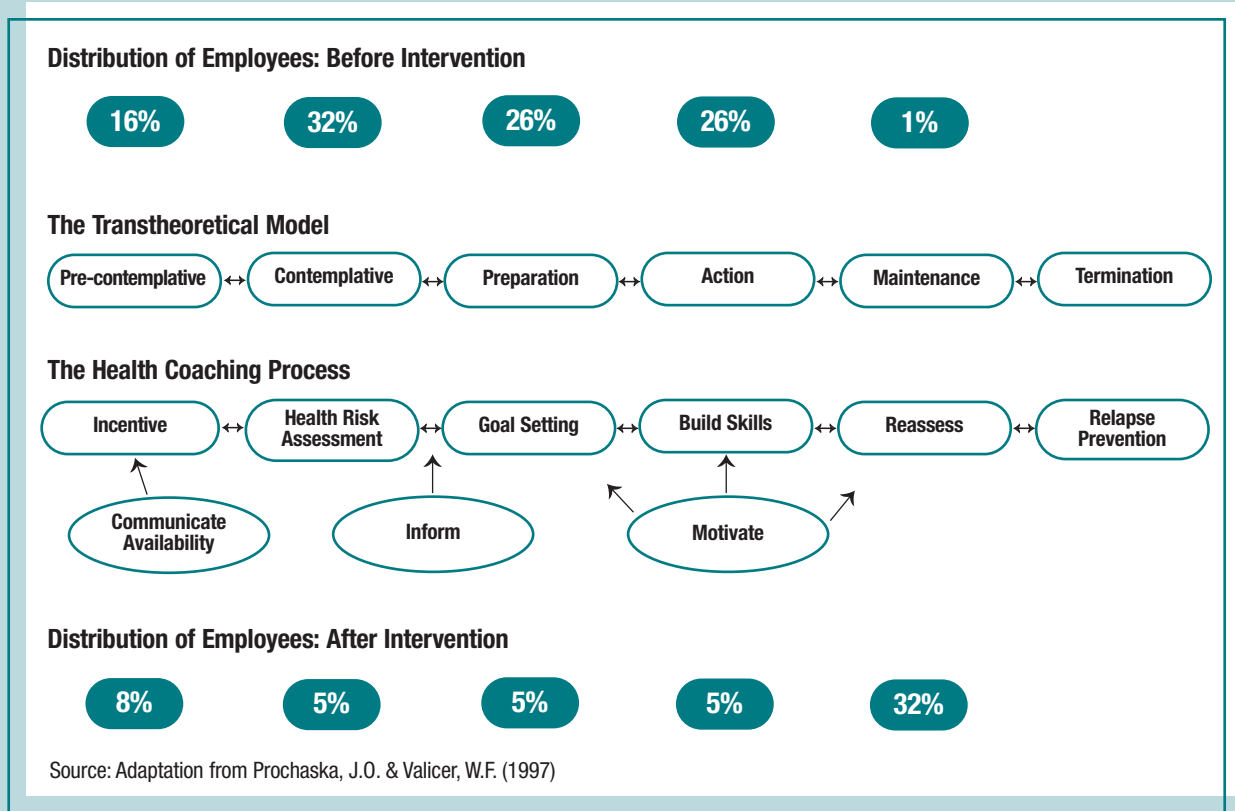
Health coaching provides support for employees who engage in moderate- to high-risk health behaviors. Coaching, in accordance with health risk assessments, aims to improve health status by preventing or mitigating the occurrence of a chronic condition.

When implementing a health coaching program, it is imperative that employers adhere to the appropriate steps, outlined in the following pages, to ensure that their employees are aware that health coaching is available. Health coaching represents a significant portion of worksite wellness and thus deserves careful time and consideration before and during the implementation stages.

Step 1: Educate

First, employers should “set the stage” for health coaching. This phase has two main functions: to begin the behavior change process and create greater awareness within the workforce community.⁹ This crucial first step should not be skipped. With the

Figure 1
How Health Coaching Mirrors the Transtheoretical Model



consumerism trend becoming more prominent in the workforce, employees will become more accustomed to making informed decisions, thus creating a demand for programs such as health coaching.

As outlined in Figure 1, which shows the relationship between the Transtheoretical Theory and health coaching, the education stage is necessary for employees in the pre-contemplation and contemplation stages.¹⁰ Those in the pre-contemplation stage do not have any intention of changing, usually because they are uninformed or misinformed. An employee in the contemplative stage is intending to make changes in the next six months but is still weighing the options, making that individual a perfect candidate for health coaching.

Employees will be better prepared for the possibility of an intervention if the company communicates early and often. This entails outlining eligibility, why the company is providing this benefit to employees and how coaching works.¹¹

Step 2: Assess

In order to divide employees into risk groups for program planning purposes and to create a baseline measurement, a health risk assessment (HRA) should be offered. HRAs have become a common practice for employers as an accompaniment to claims data and as an information vehicle for employees. HRAs also play a crucial role in the development and success of health coaching programs.

The HRA should include elements that explore an employee's readiness to change, his/her perception of quality of life, and if the employee has multiple risk factors, what should be changed first.¹² The coach will then be able to better prepare how he or she will motivate the employee to make real lifestyle changes.

Providing incentives for filling out the HRA will help motivate those employees in the pre-contemplative stage, who have no intentions of making changes, as well as those in the contemplation stage, who are thinking about making a change. By providing an incentive, employers give these employees the extra push to take the HRA. It is important to note, however, that evidence has shown that the presence of incentives does not automatically increase behavior change rates; without individualized wellness services, employees are not motivated to follow through with concrete changes.¹³

Employers should also include information about the health coaching program with the actual assessment. This can be in the form of a letter from an executive, a pamphlet, or an informational page on the Intranet. The information should outline the program, eligibility and ways to participate, and should include a confidentiality statement.¹⁴

Another technique that can be used to assess employees is predictive modeling. This approach integrates data from medical, pharmacy, lab and other sources to define candidates for health coaching.¹⁵ However, this method does not measure readiness to change or employee preferences and is costly for the employer. For optimal success, the assessment stage should include qualitative data, like that gathered in an HRA.

Step 3: Target

Coaching can make a difference in an individual's attitude toward his health. For example, consider the following reaction of this employee to his HRA.

One of the employees from a company wanted the reduction in premiums rewarded to those who complete an HRA. So he thought, okay, it's only 20 minutes of my time. Through the assessment, he begins to think about his average daily activities—what he has, what he does, what medications he takes—and starts to wonder if this is something he should be concerned about. The results tell him that he needs to lose weight, because he could be at risk for diabetes.

His father has diabetes, and he swore that this would never happen to him. How did he get to this point? And more importantly, how does he begin to make changes? He has never thought seriously about losing weight. Feeling hopeless, he throws away the pamphlet given to him based on the results. He is not prepared to face this challenge, and doesn't think he can do it.

Health coaching can change the way this individual feels—from helpless and frustrated to confident in his ability to change. A health coach helps individuals develop a clear goal as well as services offered throughout the process.

But before employees are contacted, employers must decide who should be targeted to receive health coaching services. This decision is based on what health risks are attributable to chronic conditions commonly seen in the workforce and on the employee's stage of readiness. In general, 40 % of employees fit into the high-risk pool.¹⁶ Employers conventionally target behaviors that are associated with diabetes, asthma, tobacco use and obesity.

Another factor that employers should consider is the type of business their company specializes in. For example, Federal Express concentrates some of its wellness efforts on lower back pain because many of their employees lift boxes for a living, which means that they are at risk for injuries to their backs and necks.¹⁷ These injuries can lead to serious productivity and quality of life issues.

Success rates vary based on the stage of readiness of the individual when taking an HRA. Research has found that smokers already in the preparation stage have abstinence rates three times higher than those in the pre-contemplation stage.¹⁸ This does not mean that

Johnson & Johnson Defines High Risk Status

Based on the INSIGHT HRA, J&J defines the following elements as high risk:

- Poor aerobic exercise habits
- Tobacco use
- High body weight
- High blood pressure
- High total cholesterol
- Poor seat belt use habits
- Drinking and driving
- Poor nutrition
- Diabetes risk

employers should ignore those who are not currently thinking about changing their habits. It only further illustrates the importance of individualizing intervention methods for both health status and readiness, as well as being realistic about what is reasonable for each individual employee.

Experts agree that an “opt-out” strategy, in which employees are automatically enrolled but can leave the program at any time, is the most effective way to build a health coaching program.¹⁹ This approach means that the burden of enrolling in the program is removed, thus further ensuring that those at risk are in line to receive the help they need. An opt-out recruitment solution yields approximately a 55% to 85% participation rate, while the standard opt-in (when an employee has to actively enroll) usually results in only a 15% to 35% participation rate. However, employers

must be sure to communicate clearly to employees that they will be automatically enrolled *before* and *during* the assessment stage.

Step 4: Inform

The next stage of coaching is the initial meeting. The coach will contact the employee to schedule a 30 minute assessment. During the first assessment, the coach and employee review risk factors outlined in the HRA results, as well as any medical conditions and medications. (This may be available through the employee’s personal health record.)²⁰ The initial meeting is an opportunity for the employee to learn more about the coaching process and to pose any questions.

If the employee is not interested in participating after the initial contact, this call may serve as information only. The coach can review resources available to the employee, based on his or her risk factors, and provide additional encouragement to join when he/she is ready.²¹

Regardless of the type of coaching ultimately used, the initial contact is typically done by phone. This is a more convenient method for the employee, and it also is a way to show

the employee that he/she is in control of this decision. Nonetheless, this first *proactive* call should always be made by the coach, even if the company has an opt-in strategy. For example, employees in smoking cessation counseling indicated that they would not have used the counseling if the counselors had not called them first. In turn, this group had much higher success rates than a self-help group, which had no professional counselors.²²

The initial contact also serves an educational role and an opportunity to begin building a relationship. The hope is that the employee will see that health coaching strays from the traditional health promotion role: employee complies with provided information and provider-set goals. Instead, coaching is a *collaborative process* in which the coach works with the employee to set goals and solve problems.²³ There should be no use of scare tactics or reprimanding for not completing objectives.

Step 5: Set Goals and Objectives

The fifth phase in the coaching process is setting goals and objectives, or developing an “action plan.” This can be done during the assessment calls or in the first coaching session. Developing an action plan can be an intimidating process for the employee; to put him/her at ease, it is helpful to include achievable short-term goals in the plan.²⁴

If the employee is not confident in his/her ability to achieve the goal, it should be modified. In addition, the action plan should incorporate a variety of problem-solving skills to prepare the employee for life after coaching. The action plan should be formalized so that each objective is carefully followed and adjusted when needed.

In addition, the stage-of-change status should be determined so that the action plan addresses level of readiness.²⁵ For example, it is typical for those in the pre-contemplation stage to avoid thinking about their health status altogether. The coach should recognize that it may not be best for those individuals to jump into a full-blown exercise program. Instead, they should be encouraged to identify what elements of their everyday life contribute to an unhealthy lifestyle.

The first collaborative step of goal setting is also the time to use techniques to build *self-efficacy*. Self-efficacy, a key component of the Bandura Model, is the confidence in being able to complete a task or reach a goal. The coach plays a critical role in building this confidence through verbal encouragement and setting attainable goals.²⁶ With increased self-efficacy comes increased adherence to a new action or staying with a certain regimen.²⁷

Step 6: Build Skills, Motivate

The real substance of health coaching lies in the six to twelve months that the coach and employee continue to collaborate to reach goals and build confidence. This step entails the following components: self-management education, motivational interviewing, collaborative decision-making and assessment of social support. Each session should be initiated by the health coach, but the employee should be able to contact the health coach on an as-needed basis.

The following list explores each of these components in more detail.

- **Self-management education.** Instead of the traditional method of providing resources for employees to review and comprehend on their own, self-management promotes education through problem-solving and building confidence to make changes.²⁸ Employees need to feel empowered to make changes. The coach helps employees feel empowered by verbally persuading them that they are able to master the task.²⁹ Encouragement is the main means for achieving empowerment, and completing goals will reinforce this new-found confidence. With the confidence to make changes, an employee will be able to attack problems head-on. Coaches are trained to help employees identify barriers to leading healthier lives and navigating their own skill set to overcome these barriers. It is important to uncover potential barriers in advance so that the employee is well prepared to work around them when they come up.³⁰
- **Motivational interviewing (MI).** MI originated as a counseling technique, and it has become a standard in health coaching. It concentrates on *intrinsic* motivators, as opposed to *extrinsic* rewards (e.g., gift cards, money), which may capture the employee's attention but do not get to the root of the problem. For coaches to truly make a connection with their clients, they need to understand "their passions in life, long-term goals and current priorities."³¹ Through collaboration, evocation and creating autonomy, coaches and employees can work together to achieve the goals outlined in an action plan.

MI may be more effective in certain settings. Research has shown that this technique may be more suitable for

- employees who are "difficult" and ambivalent in their process for change;
- coaching sessions in smaller doses—more does not mean better;
- various cultural, socioeconomic, age and gender groups; and
- programs and interventions more traditional in nature.³²

How Does Motivational Interviewing Work?

Motivating employees goes beyond a “you can do it” statement; these tactics were built on methods deeply rooted in clinical psychology. Based on the research of Carl Rogers and Daryl Bem, the fundamentals of MI include:

- **Empathy:** Reflective listening that conveys to the employee that the coach understands what he/she is going through and reiterates key points so that the employee can hear what the problem or concern is.
- **Positive regard:** Communicating to the employee that he/she is capable and deserving of this health risk change
- **Genuineness:** The coach makes a connection to an employee when he/she is seen as being sincere and concerned. This is the converse of the “blank screen” or “sounding board” counseling fallacy.
- **Thought process:** When the employee is brought into an environment where a new perspective is presented and consistently endorsed, the employee will be much more likely to shed his/her previous behaviors for the new action plan.
- **Verbalizing change:** Employees who articulate their viewpoints without full coercion are more apt to make real behavior changes.^{33,34}

- **Collaborative decision-making.** The coach works with the employee to make decisions on what behavior should be changed first. This approach aims to strike the right balance of providing support to employees, but also conveying that they should problem solve on their own. The quality of the relationship is crucial to the change, and should be viewed as a partnership.³⁵
- **Assessment of social support.** A common problem with coaching from the employee’s perspective is that he or she feels motivated to make changes during the session, but struggles in a “real life” situation. Part of the action plan should involve how to manage difficult situations at home, at work or in public that may work against the modified behavior. For example, if an employee is trying to resist using tobacco, a smoky sports bar may not be the best environment.³⁶ Identifying these potential problems in the early stages of coaching will aid in the overall success of the program.

Step 7: Reassess

To coincide with the preceding step, a reassessment should be conducted to gauge progress. This takes a variety of forms, from an informal check-in at each session to a biometric measure of health progress. Assessing behavior should be an ongoing strategy for a health coaching program as an employee's motivations, goals and environment all change from week to week.³⁷ The employee's action plan will change dramatically from the first meeting as goals are achieved and his/her potential is realized.

Step 8: Relapse Prevention

As the coaching program concludes, the employee may doubt if he or she will be able to maintain the new behavior. This is a major problem for addictive behaviors, because their after-effects usually continue beyond the tenure of a coaching program. An employee will be lured to revert back to their old habits if he or she is in emotional distress, in a negative social situation or has cravings.³⁸

Relapse prevention is basic, and can be integrated throughout the coaching process. As part of the action plan, an employee can take a proactive approach in preventing old behaviors from resurfacing. The coach can provide support by reviewing the intrinsic motivation behind the new behavior. Employers can help their employees by providing additional wellness programming targeted to those in the lower risk cohort after coaching concludes. Examples of such programs include raising awareness and promoting self-care.³⁹

Types of Health Coaching Programs

Health coaching programs generally focus on one condition or risk factor, such as smoking or being overweight. The following section provides examples of different types of health coaching programs.

Tobacco

Tobacco cessation help lines have prospered in recent years, bringing more evidence in support of employer-sponsored initiatives. This form of coaching is most frequently delivered through a telephonic format.

Reviews of the states of Maine and California's coaching programs both found impressive success rates in their sample populations. The Maine Tobacco Help Line study compared callers to smokers in the state as a whole. Callers were in the late contemplation stage, meaning that they were intent on quitting within the month. This program used a passive approach; the caller took the initiative to call. Callers then received three subsequent calls from a coach trained in motivational interviewing, behavioral change concepts, problem-solving skills, self-efficacy and the development of a quit plan. Callers were eligible to receive nicotine replacement therapy (NRT). Those who received counseling had great success in quitting at the six-month mark, which was reinforced further by the use of NRT.⁴⁰

The California Smokers' Help Line study compared recruited callers to those who received self-help materials. The first call allowed coaches to explore quitting history, motivation, self-efficacy, support and quit date. Subsequent calls, up to six, concentrated on visualization and relapse prevention. At 12 months, quit rates were 3.4% higher in the coached group.⁴¹

These two case studies also illustrate the challenge associated with tobacco cessation: relapse. Because the physical effects of nicotine addiction last months longer than the typical health coaching program, it is imperative for employers to emphasize relapse prevention for users and consider programs longer in duration or other ways the employee can be supported after the coaching relationship concludes.

Nutrition

Employees who exhibit a risk for poor nutrition and subsequent dangers such as diabetes would be candidates for nutrition counseling. These employees may not necessarily be overweight, but they have indicated that they do not consume the recommended daily

servings of vital nutrients, often fruits and vegetables, or take in excessive amounts of foods that should be eaten in moderation.

Nutritional coaching is a relatively new model for those seeking greater assistance, and it offers opportunities for multiple types of interventions. Changing eating patterns may be one of the most challenging tasks for employees, because it involves not only their own behavior but an environment that can create a barrier to change.

Nutritional coaching usually is initiated as the result of health risk assessments; claims information does not capture eating patterns the way HRAs do. The coach will work to further inform employees of their habits by using strategies such as diet journaling or tracking caloric intake. From there, the coach and employee will be able to form a nutritional plan to reach various goals, including consuming one additional serving of vegetables or limiting desserts to once a week.

In addition to the coaching process, employees may need to take tests to determine if there is an underlying problem that needs to be addressed, such as hormonal imbalances, blood sugar, cholesterol levels or even depression.^{42, 43} Checking out these possibilities is important, as prior conditions are obstacles to any long-term progress.

Face-to-face coaching is preferred when addressing issues related to nutrition.⁴⁴ This approach also presents an opportunity for the coach to become more involved through activities such as grocery shopping or cooking healthier foods. As Cheryl Rock of the University of California, San Diego, cautions, “It’s key to bring in an expert (for example, a registered dietitian), because anyone can give nutrition advice.”⁴⁵ Also, the more hands-on a coach is, the more likely that he/she will be able to instill confidence in the client, enabling the individual to continue healthy practices without help.

Physical Activity

Physical activity coaching is perhaps the most familiar kind because it refers back to athletic coaching. Employees can channel back to their youth, perhaps invoking a more active time in their life. Risks that trigger enrollment may include not exercising for the recommended number of days per week, at the recommended intensity or at the standard duration. However, other risk factors, such as high body mass index (BMI), stress or life dissatisfaction, have been found in physical activity coaching programs.⁴⁶

Promoting physical activity not only benefits the employee’s health, but also is associated with reduced employee turnover, absenteeism and costs.⁴⁷ What’s more, physical activity

coaching allows coaches to connect by incorporating motivating elements, such as encouragement and humor.⁴⁸

The program should begin with the employee setting *realistic* goals for increasing the occurrence, intensity and duration of aerobic and non-aerobic activities. However, it should be recognized that other secondary goals, such as weight loss or muscle gain, are also appropriate. These goals will feed directly into single objectives, typically a fitness plan.

Face-to-face coaching is a convenient method for addressing issues related to physical activity. Coaches are able to demonstrate activities and provide motivation during the multiple phases of change. This kind of coaching also can be done through a Web-based program that has video streaming. IBM's Virtual Fitness Center program features details about individual goal-setting and coaching for employees on an as-needed basis. Although the coaches were not heavily involved, the participants experienced a much greater risk reduction compared to non-participants (60% versus 32%).⁴⁹

Weight Management

Weight Management coaching combines nutritional and physical activity goals to achieve a reduction in BMI, or pounds lost. This popular program is particularly complex because it has to incorporate elements from both nutrition and physical activity programs. In dealing with the multiple factors associated with the consumption and expending of calories, the sum of the whole (e.g., total weight) is the overall goal.

Given these complexities, goals will need to be *attainable* and *realistic*. Kristin Vickers, a psychologist from the Mayo Clinic, in Rochester, Minnesota, emphasizes this point, noting that losing 80 pounds in two years is not a well thought out goal. It tells the coach that this employee may not have a sense of what his/her first step should be. In this case, short-term goals, or *action plans*, are more appropriate. Examples include joining a walking program or limiting the number of meals eaten at a restaurant.⁵⁰

Weight management is designed to address exhibited risks for type 2 diabetes. The Diabetes Prevention Program has explored coaching for a group of participants; specifically, the success of a basic information program versus behavioral e-counseling. Both programs required participants to submit their caloric and fat intake and exercise energy expenditures. The change variable involved journaling, counselor feedback and regular e-mailing. It is no surprise that the participant group had an average of a 9.7-pound weight loss, a statistically significant difference compared to the information-only group's loss of 4.4 pounds.^{51,52}

Stress

Since stress accounts for 12% of unscheduled absences, there is an incentive for employers to offer this type of coaching program.⁵³ HRAs can capture a baseline for depression, anxiety or stress measures; this can also be accomplished by a mental health screening for employees.

These types of programs are designed to help employees manage stress stemming from personal or professional conflicts and includes both employee assistance programs (EAPs) and wellness programs. If the employee is experiencing multiple risk factors, stress or mental health in general should be addressed first and foremost. If the employee had established goals for his/her physical health, they will probably not be realized until the stress and mental health issues are addressed.

Coaching can play a key role in reducing stress by working with the employee to identify attributing “triggers” and, in turn, develop strategies to combat (or minimize) the effect of stress. Although there is limited evidence on the widespread value of these programs, there are a number of case studies illustrating the benefits of coaching to reduce stress.⁵⁴

Options for Integrating Coaching with Other Programs

Based on the work of Chapman, Lesch, and Baun (2007), a health coaching program can be integrated with other benefits at various levels. How this is accomplished depends on what type of program is being offered and the capacity of the HR/Benefits department. The following list identifies some strategies for integrating coaching with other workplace initiatives.

Integrating with Other Wellness Initiatives

Working health coaching into a company’s wellness initiative is imperative as a way to provide support to employees as they try to reduce the level of risk, as well as move through the stages of readiness to change. Because health coaching programs are more apt to be bundled into a vendor’s wellness/disease management offering, incorporating them into those programs at the outset is the most convenient strategy.

The health coach also can serve as a navigator for the employee, helping to familiarize him/her with other available programs and even referring employees as appropriate. Working with the coach in these ways will not only make the relationship richer, but also will provide additional support systems to the employee subsequent to the coaching program.

A health coaching program, at minimum, should include the following integrative elements:

- basic information about the program in the wellness packet/guide;
- an announcement of the program at the beginning and the conclusion of the health risk assessment;
- referrals to Web resources or on-site wellness activities;
- referrals to health care providers; and
- use of incentives and rewards programs associated with wellness.

Integrating with Other Benefits

Involving employee assistance programs (EAP) or short-term disability is an option as a way to expand the health coaching program to include stress, depression and injuries. Working with other departments, such as occupational health or employee safety, may result in improved results of the wellness programs. Coordinating with other departments is especially important when dealing with the co-occurrence of a chronic illness and a mental health condition, such as depression. It is difficult to address the former without starting with the latter.

In addition to the minimum requirements outlined above, the health coaching program may refer to:

- health care providers;
- Employee Assistance Programs;
- safety/ergonomics consultant;
- occupational health;
- Web-based benefits portal;
- workers' compensation or disability staff; and
- HR/Benefits manuals.

Integrating with Community-Based Organizations

For the highest level of incorporation, a health coaching program can utilize resources in the community to support the employee. This would entail working with organizations, such as a local chapter of the American Cancer Society or the hospital system's health promotion programs. As a result, the employee would have support in a non-professional

atmosphere, which in theory may be where the unhealthy activities are taking place.

The complete integration strategy includes working with local organizations, which would provide the following:

- A list of resources and contacts based on health risk (e.g., local fitness center, smoking cessation).
- Tools that are not provided by the employer that may be of benefit to the employee's condition (e.g., physical activity tracker, WebMD articles).
- Web addresses that are deemed accurate and appropriate to use to guide employees to the highest quality information.

Obstacles to Success

Health coaching can at times be difficult to fully implement. Assuming that a company has addressed some of the obvious issues, such as decentralization and low enrollment, there are a few more elements that should be discussed as obstacles to the success of a program.

First and foremost is ensuring consistency. Ideally, the employee will work with the same coach for each session. This may not always happen because of the size of the company or vendor and the availability of the coach. Nonetheless, trying to have the same coach work with an employee each time is a major catalyst for success, as health coaching is very relational. In fact, the quality of the coach-employee relationship often determines the employee's ability to change. If the employee feels that he/she cannot trust the coach, or the coach is insincere, the individual will be less like to make changes.

Another concern parallels the cultural mantra, "I can do it on my own." People often have the misconception that asking for help is a sign of weakness. A study focusing on employees at a financial organization found that this stigma actually impedes the use of stress coaching.⁵⁵ The participants differentiated counseling from coaching, in that counseling is appropriate for more serious problems, while coaching works better as an in-between step between doing nothing and seeking clinical treatment.

Finally, perhaps the main hindrance is poor social support at home. To think in practical matters, most at-risks health behaviors occur at *home* or in *social situations*. Without the support of a health coach or co-workers, employees may slip into their old ways. For example, support is a major predictor of weight loss.⁵⁶ Some employers offer health coaching programs to spouses, domestic partners or children. This may be a way to provide ongoing support in different settings.⁵⁷

Evaluation of Health Coaching Programs

Health coaching programs should be evaluated in two distinct manners: the progress of employees in reducing their health risk and the health care cost and quality implications for the workforce as a whole. It is seen as a best practice to use both these measures to ensure that employees are not only making use of the program, but also are seeing results. The data from both these evaluations provide support for continuing to offer this type of health promotion program at the company.

Employee-Level Assessment

The primary goal of health coaching is for employees to reduce their health risk. Through behavior changes, employees will typically move from moderate to low risk. To measure this change, companies have the option of accepting self-reported measures, which are most often used, or collecting the data through biometric screenings. Certain health risks, such as tobacco use and changes in nutritional habits, cannot be collected biometrically and must be obtained through self-reporting. These measurements should be collected at the conclusion of the program, but also in subsequent months to ensure that the employee is following through with long-term goals.

The secondary goal of health coaching is to instill confidence in employees. Without confidence, employees may not be ready to maintain their new lifestyle. First, the coach should assess if employees have made progress in their readiness to change. The most integral element of the assessment is to gauge each employee's level of self-efficacy. This confidence must prevail without the coach as a resource, although many employers are providing access to coaches any time after the formal relationship concludes. In any event, the level of confidence is indicative of how employees will manage on their own. For example, those who report having greater confidence in their ability to be physically active actually turn out to be more physically active.

A minor, but equally important point, is measuring employee satisfaction. This should be conducted on a monthly, quarterly and annual basis so that the course of the coaching relationship can be altered to meet the needs of the employee. If a company offers multiple modalities of coaching and one is not a good fit for an employee, then he or she can transition to another type that may be more suitable for his or her needs.

Workforce-Level Assessment

Measurement of employees as a whole will give a company an idea of how successful the program is over time. This is challenging for companies that have fully integrated wellness programs in which the data being gathered are based on multiple initiatives; for instance, disease management, health risk assessments and e-health Web sites. If possible, it is ideal to assess the effectiveness of the overall program (ROI) while measuring individual performance metrics.⁵⁸ Also, companies should consider indirect cost savings, such as a reduction in health care spending or an increase of employee productivity.

Many experts concur that the most cost-effective programs are those that identify high-risk employees and stratify them accordingly into various health promotion programs.⁵⁹ Mercer Health and Benefits estimates that health coaching can yield a return of 3:1 at the third year of implementation.⁶⁰

The start-up costs for the health coaching program will vary based on whether the program is standalone or integrated with a vendor program. Based on preliminary research, the vendor costs can range from a per-employee-per-month cost of 10 cents to \$3.50, or a flat fee ranging from \$190 to \$198 per participant for the duration of the program. The cost associated with on-site health coaching depends on the number of employees, the scope in the coaching and recruitment techniques.

Employer Experiences

UNUM

Unum provides group and individual income protection insurance to 25 million people around the U.S. and the United Kingdom. The company employs approximately 9,000 people, who are predominantly located in Chattanooga, Tennessee; Portland, Maine; Columbia, South Carolina; and Worcester, Massachusetts.

Program Design

Unum offers tailored health coaching to employees in both moderate and high health risk categories. The onsite *Health Resource Center (HRC)* is a mainstay for those who may be at risk but are not yet engaged in health coaching services. Unum's HRCs are based in their three largest locations and serve as clinics for employees to receive wellness services. Based on the first meeting, nurses can set up a time to work with employees individually. The *Informed Care Management (ICM)* program is managed by Anthem, Unum's PPO provider.

This health coaching program is targeted toward employees with a chronic condition, including but not limited to: asthma, coronary heart disease, cancer, congestive heart failure, COPD, diabetes, elevated cholesterol, hypertension, kidney disease, lower back pain and osteoporosis. For both programs, there is no set duration; employees may end the formal relationship when they are ready and prepared to manage their condition, or call back any time they need assistance. The goal of this design is to provide employees with the tools to manage their condition and to prevent relapse from taking place.

In addition, Unum offers group sessions for health coaching. *Your Health Matters* is a monthly lunch-and-learn series managed by a nurse educator from the HRC. The group has developed into a supportive team, and the program has been one of Unum's most popular group wellness programs.

Employee Engagement

Unum utilizes the standard methods of communication. The company posts information on the internal Intranet site, as well as sending information through home mailings, posters/flyers and email newsletters. Referrals tend to generate the greatest number of engaged participants. In addition, Unum utilizes cash incentives to support participation in health management programs. Unum's annual premiums are discounted by \$120 for employees who participate in health management programs. In order to receive this discount, an employee must complete an HRA, and, if they are invited to participate in the ICM program, they must enroll.

Integration

Unum recognizes that proper integration of all health program vendors and services will maximize employee program utilization. One strategy to ensure that integration takes place is to hold vendor summits, which brings all applicable parties to the table to discuss how Unum can best utilize the services they offer.

Barriers to Success

“Behavior change is difficult to manage,” says Michael Booth, Manager of Health Programs at Unum. Unum’s employees’ experiences parallel evidence in the field of behavior change, which states that individuals start out strong but then may fall back into their old habits. Unum has proactively addressed this problem by having nurses onsite to serve as a support system and allowing employees to opt back into the program as needed.

Results

In 2006, 334 employees received onsite one-on-one health coaching with a nurse educator. In addition, many employees visited the HRC for a biometric reading, primarily for the HRA. Each of these encounters is an opportunity for more informal health coaching. Overall, 12% of employees visited the HRC in 2006. Employees who have attended the *Your Health Matters* wellness programs have rated them highly, and of those that attended, they averaged 4.3 sessions in 2006. Through a third party administrator responsible for data warehousing, Unum has been able to evaluate claims, which have demonstrated the following outcomes:

- Since 2004, more than 2,000 plan members have been selected to participate in the ICM program.
- More than 2/3 of those selected have actively engaged in the program.
- From 2005 to 2006, medical costs have risen 5% for those engaged in health coaching. Among those selected but declining to participate, annual claims cost rose 12%, a full 7% more than for those who took advantage of the ICM program.

Future of Health Coaching

Health coaching is a critical element in the Unum health care strategy of offering resources to help employees improve their health. Unum will continue to offer additional opportunities for employees to become engaged; health coaching has tremendous potential to impact employee health and health care costs. By building on their referral process and program integration, Unum aims to improve awareness of the resources available to further engage employees.

THE DOW CHEMICAL COMPANY

The Dow Chemical Company (Dow) provides chemicals, plastics and agricultural materials to customers in 175 countries. Dow employs over 43,000 people worldwide and is headquartered in Midland, Michigan.

Program Design

Dow has offered health coaching for decades, operating under the premise that individual consultation is an integral part of a strong health promotion program. Employees, retirees and dependents who are enrolled in the health plan can opt-in to the program, or they may be targeted based on their health assessment responses, biometric screening results and readiness to change. A nurse counselor immediately follows up with the employee to

review the results as a part of the introductory visit. At this time, the counselor uses the stages of change model and motivational interviewing to determine how much follow-up is appropriate. The employee may be recommended for subsequent return visits or referred to an outside vendor for additional services. Dow provides health coaching for weight management, physical activity, nutrition, blood pressure, cholesterol, tobacco use and stress. Employees who are near a major location will most likely receive coaching from the occupational health counselors or from a center of excellence vendor.

Employee Engagement

The health coaching service drives employees to complete the health assessment and biometric screening, which each employee completes every two to four years, depending on age. Engaging employees who are remote is typically done through mailings and targeted awareness campaigns. Employees can opt to have a “virtual” health coach, which means they receive services over a series of phone calls or e-mails. Online tools are available, and employees receive e-mails, which have voting buttons that employees can use to report progress. Their responses trigger feedback from the coach.

Integration

Health coaching is a key juncture on the continuum of integrated health promotion and clinical services. If an employee’s needs cannot be met through the occupational health site or virtual coaching, he or she is referred to an outside expert. For instance, Dow recognizes that a morbidly obese employee may be better served by a medical professional. Stress-related risks are referred to the employee assistance program. Health coaching also is integrated into the health plan design. If employees decide that they would like to see a specialist (personal trainer, local dietician) on their own, they may be eligible to receive a reimbursement.

Barriers to Success

From both the perspective of the employee and the coach, time is the major barrier to the success of the program. The coaching relationship is an investment for an employee; the on-site coaches have other tasks that sometimes detract from the level of follow-up they can provide. Dow partially remedies this by providing subject matter experts for each condition who specialize in the art of coaching. These experts work together as a resource for the coaches by recommending techniques that would be most useful for a specific employee's risk.

Results

Dow measures its health coaching program by participation, satisfaction and health risk reduction results. Some 84% of eligible employees participated in some level of health coaching in 2006. Those that opt-out of the service still receive a letter outlining the assessment results. The satisfaction survey is conducted every three years on an aggregate level. Over 90% of employees strongly agree or agree that they find value in the program and encourage their colleagues to take advantage of it. Dow also uses auditing tools to ensure compliance and establish best practices for the program. Each health risk topic has individual measures of success, which feeds into the health status change evaluation. Additionally, the health status change of the employee population is indirectly used for performance-based incentives for the coaches.

Future of Health Coaching

Dow emphasizes the value of including coaches in the planning process; they will continue to do so by keeping coaches motivated and educating them on trends. As the company expands to additional locations across the world, Dow will need to improve counseling for remote employees through virtual consultation. The health coaching process will be strengthened with the introduction of the personal health record for employees, in which encounters will be charted, resulting in improved tracking and more appropriate reminders for employees.

QUAD/GRAPHICS

Founded in 1971, Quad/Graphics has grown to be the largest privately held printing company in the world. The company has 12,000 employees and is based in Sussex, Wisconsin.

Quad/Graphics also operates its own on-site clinics, QuadMed, for employees and other neighboring companies.

Program Design

Quad/Graphics offers health coaching through its *Lean You* program. Through carefully designed incentives, employees and their spouses have reduced their health risks with participation and actual results. Employees enroll in the program during open enrollment. Employee baselines are measured through health risk assessments, as well as through self-reporting that indicates habits, such as revealing that they don't use tobacco. From

there, participants are motivated to concentrate on their blood pressure, blood sugar, cholesterol, body mass index, body weight and level of exercise. Points are derived based on goal completion and are "cashed in" for a taxable addition to their paycheck or for a flexible spending account. Amounts range from \$50 to \$400 annually.

To date, Quad/Graphic's health coaching program is limited to those who exhibit symptoms of diabetes. Based on medical and pharmacy claims, employees are targeted to join the program, coined *Well You*, which is an additional program offered under the *Lean You* umbrella. The clinical staff at QuadMed, which includes registered dietitians and certified diabetes educators, coach employees to improve on their compliance. To encourage employees to register for the program, Quad/Graphics waives medication co-pays, which is not only a financial reward to employees but also promotes treatment adherence. In order to continue receiving the waived co-pays, the participant must fulfill the following goals:

- Participate in the *Lean You* program.
- Meet with a coach four times a year.
- Have an appointment with physician two times a year.
- Have Hemoglobin A 1C (HbA1c) testing done four times a year.
- After six months of participation, show that HbA1c levels are under greater control.

Employee Engagement

Employees are able to enroll themselves in the program. Quad/Graphics provides all modalities of health coaching as a part of the *Well You* program. Both employees and spouses who participate in the *Lean You* program have access to an Internet-based patient portal in which they can track their progress.

Integration

Quad/Graphics has fully integrated health coaching into its on-site medical clinic and its plan design structure. To ensure that there is sufficient time for addressing preventive care, patients who visit the clinic have 30 minutes per appointment—almost twice what normal clinics allocate. The clinical staff is trained in the readiness-to-change model. To encourage employees to use QuadMed, they are entitled to a reduced co-pay of \$6.

Barriers to Success

Although Quad/Graphics considers the *Well You* program a success, the company believes that more effort can go into recruiting employees. There may be a point in which the company will have to change its incentives structure to meet more employees' needs.

Results

Quad/Graphics measures program success extensively. Twenty-two percent of the 10,500 eligible employees are enrolled in the *Lean You* program, and of those, 24% completed the program. Total health care costs are consistently 17% to 20% lower than that of comparable companies in the same geographic region. Employee satisfaction is taken very seriously and measured on a regular basis. There is limited information on the *Well You* program, as the program is in its infancy.

Future of Health Coaching

In 2008, *Lean You* program incentives will be tied to the health benefits so that employees who fully participate in the program will receive a deduction in their weekly premium. Those that stay tobacco free for 2008 are eligible for an even greater weekly deduction. This change aims to boost enrollment in the program.

Quad/Graphics will extend the *Well You* health coaching to include management of asthma. In addition, QuadMed, the on-site clinic subsidiary, will continue to improve the following elements:

- methods for improving participation;
- delivery of highly tailored services via an internet portal; and
- vehicles to support a broad spectrum of issues not only at the workplace, but in the home and medical arena.

Summary

The following section presents the highlights of health coaching.

Health Coaching: A health promotion activity in which a coach works one-on-one with employees to help them become healthier and more empowered individuals. The coach uses a variety of techniques to instill autonomy in the employee, resulting in reduced health risk, improvement of health status and a greater sense of well-being.

Steps of Health Coaching

1. **Educate** employees on health coaching to begin the behavior change process and create greater awareness within the workforce community.
2. **Assess** employees' health status to gain a baseline measure of health risk.
3. **Target** prospective participants based on health risks and their readiness to change.
4. **Inform** targeted employees of the health coaching service through the initial phone call.
5. **Set goals and objectives**, or an "action plan," to begin the health coaching process. This should be done collaboratively.
6. **Build skills, motivate** employees to make behavioral changes and continue these changes on their own.
7. **Reassess** to gauge employees' progress. Are they ready to go out on their own?
8. **Relapse prevention** should be discussed before concluding the formal relationship to ensure that the employee will not revert back to old habits in times of stress or when experiencing physical cravings.

Types of Health Coaching

- Back Pain
- Diabetes
- High blood Pressure
- High Cholesterol
- Hypertension
- Nutrition
- Physical Activity
- Respiratory Disease
- Stress
- Tobacco Cessation
- Weight Management

Options for Level of Integration

Limited integration: With other wellness initiatives

Moderate integration: With other benefits

Maximum integration: With community-based organizations

Evaluation of Health Coaching Programs

1. **Employee-level assessment:** Reduction of health risk, increased self-efficacy and employee satisfaction.
2. **Workforce-level assessment:** Return-on-investment, reduction in health care spending and increased employee productivity.

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Appendix I Vendor Evaluation Matrix

Health Coach Vendor	Product Name	Phone	Web / E-mail	Mail	Pricing	Uses Motivational Interviewing	Readiness to Change	Promotes Self-Efficacy	Targets Using HRA Response	Predictive Modeling Capability	Types
American Specialty Health www.healthyroads.com/Default.asp?bhcp=1	Healthyroads™ Health Coaching Program	X	X	X	2.97	X			X		Bariatric surgery, Tobacco cessation, Weight management
Cardium Health www.cardiumhealth.com/real_caring/thecardium_approach.html	Primary Health Coach (PHC) <i>(Part of Disease Management Programs)</i>	X	X	X	Customized solution to meet health and wellness needs	X	X	X	X	X	Chronic Conditions: Diabetes, heart disease/failure, respiratory disease, sleep apnea Lifestyle Modifications: back pain, behavioral health, high cholesterol, high blood pressure, physical activity, nutrition, weight management
Ceridian www.ceridian.com/myceridian/nav/1,,14462,00.html	Ceridian LifeWorks Health and Wellness Health Coaching Program	X	X	X	.10 PEPM–.57 PEPM, depending on services selected & number of covered lives	X	X	X	X	X	Bariatric surgery, Cardiovascular health management, Stress management, Tobacco cessation, Weight management
Leade Health* www.leadehealth.com/programs.htm											
CHD Meridian www.chdmeridian.com/health_wellness.asp	Healthy Measures® Program—Health Coaching Module	X	X	X	Based on per employee, per intervention (6-8 sessions)	X	X	X	X	X	Asthma/allergies, Exercise, Cholesterol, Diabetes, High blood pressure, Obesity, Signs of heart disease, Smoking cessation, Stress, Weight/nutrition
Gordian www.gordian-health.com/programs-2-lifestyle-chronic.php	Lifestyle & Chronic Condition Coaching Programs	X	X	X	\$6–\$10 per participant, per month	X	X	X	X		Blood pressure, Cholesterol, Fitness, Pre-diabetes, Osteopenia, Stress management, Tobacco cessation, Weight loss
HealthWays/ Harris Health Trends www.htinc.com/html/lifestyle_management.html	Lifestyle Management	X		X			X				High cholesterol, Hypertension, Obesity, Physical inactivity, Smoking
Mayo Clinic www.mayoclinichealthsolutions.com/products/Mayo-Clinic-Lifestyle-Coaching/Mayo-Clinic-Lifestyle-Coaching.cfm	Mayo Clinic Lifestyle Coaching	X	X		\$198 for 6 months coaching plus start up fees, when enrolled in Mayo Clinic HRA	X	X	X	X		Exercise Advisor, Nutrition Advisor, Stress Advisor, Tobacco Quitline, Weight Advisor
Staywell www.staywellhealthmanagement.com/program/NextSteps.asp	NextSteps® Lifestyle and Disease Management	X	X	X	\$1.50-3.50 Per eligible employee, per month, varies with number of fees	X	X	X	X	X	Back care, Blood pressure management, Cholesterol management, Enhanced weight management (BMI 30<), Exercise, Health care consumerism, Nutrition, Smoking cessation, Stress management, Weight management
Health Plan											
Aetna www.aetna.com/news/2007/1002b.htm (Available 4/1/08)		X		X	No cost if part of Health Fund .70 buy up for all others	X	X	X	X		Physical activity, Nutrition, Smoking cessation, Stress, Weight management
Blue Cross Blue Shield Association: www.bcbsa.com <i>(varies by plan)</i>	Includes: HealthConnect Blue Health Improvement Programs Health Coach Hotline Regence Health Coach	X	X	X	Varies—some without charge to fully insured accounts	X	X	X	X	X	Many offer: Asthma, Congestive heart failure, Diabetes, Healthy heart, Obesity, Physical activity, Smoking cessation, Stress, Weight loss, Health Coach
UnitedHealthcare www.uhc.com/wellness/relatedinformation/06d819e1986d9010VgnVCM10000c520720a____.htm		X	X	X		X	X	X	X	X	
CIGNA HealthCare www.cigna.com/our_plans/programs/health_advisor.html	CIGNA Health Advisor (SM)	X					X		X	X	
Humana www.humana.com/members/health/health_coaching.asp	Humana Wellness Health Coaching	X	X		\$190 per participant per year, no limit on calls or topics	X	X	X	X	X	Back care, Nutrition, Physical activity, Stress management, Tobacco cessation, Weight management

References

- ¹ National Business Group on Health & Watson Wyatt Worldwide (2007, April). 12th annual National Business Group on Health/Watson Wyatt survey report.
- ² Heaney, C.A. & Goetzel, R.Z. (1997, March/April) A review of health-related outcomes of multi-component worksite health promotion programs. *American Journal of Health Promotion*, 11(7), 290-307.
- ³ Chapman, L.S., Lesch, N., Baun, M.P. (2007, July/August). The role of health and wellness coaching in worksite health promotion. *The Art of Health Promotion*, 1-10.
- ⁴ Van Wormer, J.J., Boucher, J.L., Pronk, N.P., & Thoennes, J.J. (2004) Lifestyle behavior change and coronary artery disease: Effectiveness of a telephone-based counseling program. *Journal of Nutrition Education & Behavior*, 36 333-334.
- ⁵ Rabinus, V., McAlister, A.L., Geiger, A., Huang, P., & Todd, R. (2004). Telephone counseling increases cessation rates among young adult smokers. *Health Psychology*, 23 539-541.
- ⁶ Kurioka, S., Muto, T. & Tarumi, K. (2001). Characteristics of health counselling in the workplace via e-mail. *Occupational Medicine*, 51(7) 427-432.
- ⁷ National Business Group on Health. (2007). A purchaser's guide to clinical preventive services: Moving science into coverage. Washington, D.C.
- ⁸ Kurioka, S. et al.
- ⁹ O'Donnell, M.P. (2005, September/October). A simple framework to describe what works best: Improving awareness, enhancing motivation, building skills, and providing opportunity. *The Art of Health Promotion*, 1-10.
- ¹⁰ Prochaska, J.O. & Velicer, W.F. (1997, September/October). The transtheoretical model of health behavior change. *The American Journal of Health Promotion*, 12(1).
- ¹¹ Chapman et al.
- ¹² Medical News Today. (2007, May 14). Employee health program improves blood pressure, diabetes control. Retrieved from www.medicalnewstoday.com on June 21, 2007.
- ¹³ O'Donnell
- ¹⁴ Citrin, R., Dickerson, S., & Meek, J.A. (2003) Case study: Employer's disease management strategies. *Disease Management 2003: New Employer Strategies to Reduce Cost and Improve Quality*. Atlantic Information Services, Inc: Washington, DC.
- ¹⁵ Greene, J. (2007, July/August). Guiding the way to wellness. AHIP Coverage, 14-22.
- ¹⁶ Hagen, P. (2006, April 20). Presentation: *Health Coaching: What Works, What Doesn't and Why*. Institute on the Costs and Health Effects of Obesity Regional Summit.
- ¹⁷ Casteel, E. (2007, July 19) Presentation.
- ¹⁸ Prochaska et al.
- ¹⁹ Chapman et al.
- ²⁰ Chapman et al.
- ²¹ Litchy, W. (n.d.) Telephonic lifestyle coaching: A collaborative approach to risk reduction. *Health & Productivity Management: Lifestyle Risk Reduction*, p 17-18.
- ²² Zhu, S. et al. (2002, October 3). Evidence of real-world effectiveness of a telephone quitline for smokers. *The New England Journal of Medicine*, 347(14).
- ²³ Vickers, K.S.
- ²⁴ Hagen, P.
- ²⁵ Gold, D.B., Anderson, D.R., & Serxner, S.A. (2000, November/December). Impact of a telephone-based intervention on the reduction of health risks. *American Journal of Health Promotion*, 15(2), 99-106
- ²⁶ Coyle, M.K., Duffy, J.R. & Martin, E.M. (2007, January/February). Health promoting behaviors through telehealth. *Nursing Education Perspectives*, 28(1) 18-23.
- ²⁷ Tsay, S. & Hung, L. (2004). Empowerment of patients with end-stage renal disease: A randomized controlled trial. *Nursing and Health Care Perspectives*, 21(6) 293-297.
- ²⁸ Vickers, K.

- ²⁹ Coyle et al.
- ³⁰ Hagen, P.
- ³¹ O'Donnell, M.
- ³² Hettem, A., Steele, J. & Miller, W.R. (2005) Motivational interviewing. *Annual Review of Clinical Psychology*, 1, 91-110.
- ³³ Miller, W.R. (2004, January/February). Motivational interviewing in service to health promotion. *American Journal of Health Promotion*, 18(3).
- ³⁴ Patterson, C.H. (1985). Therapeutic genuineness. *The Therapeutic Relationship*: Pacific Grove, CA. 63-65.
- ³⁵ Hagen, P.
- ³⁶ O'Donnell, M.P.
- ³⁷ Hagen, P.
- ³⁸ Prochaska.
- ³⁹ Hagen, P.
- ⁴⁰ Swartz, S.H., Cowan, T.M., Klayman, J.E., Welton, M.T. & Leonard, B.A. (2005). Use and effectiveness of tobacco telephone counseling and nicotine replacement in Maine. *American Journal of Preventive Medicine*, 29(4), 288-293.
- ⁴¹ Zhu, S. et al. (2002, October 3). Evidence of real-world effectiveness of a telephone quitline for smokers. *The New England Journal of Medicine*, 347(14).
- ⁴² Zimmerman, E. (2007, April 22). Winning the nutrition game, with help from a coach. *The New York Times*, retrieved from www.nytimes.com on July 5, 2007.
- ⁴³ Adelman, A.M. & Graybill, M. (2005, July/August). Integrating a health coach into primary care: Reflections from the Penn State Ambulatory Research Network. *Annals of Family Medicine*, 3(2).
- ⁴⁴ Adelman et al.
- ⁴⁵ As quoted in Zimmerman, E.
- ⁴⁶ Herman et al.
- ⁴⁷ Herman, C.W., Musich, S., Lu, C., Sill, S., Young, J.M. & Edington, D.W. (2006, September). Effectiveness of an incentive-based online physical activity intervention on employee health status. *Journal of Occupational and Environmental Medicine*, 48(9).
- ⁴⁸ Chapman et al.
- ⁴⁹ Herman et al.
- ⁵⁰ Vickers, K.S. (n.d.) Empowering behavior change. *Health & Productivity Management: Lifestyle Risk Reduction*, p 9-13.
- ⁵¹ Tate, D.F., Jackvony, E.H. & Wing, R.R. (2003, April 9). Effects of internet behavioral counseling on weight loss in adults at risk for type 2 diabetes. *The Journal of the American Medical Association*, 289(14), 1833-1836.
- ⁵² Google.com conversion calculator.
- ⁵³ CCH HR Management (2006, October 25). CCH survey finds unscheduled absenteeism up in U.S. workplaces. *News and Information*, retrieved from hr.cch.com
- ⁵⁴ Gyllensten, K. & Palmer, S. (2005). Can coaching reduce workplace stress? A quasi-experimental study. *International Journal of Evidence Based Coaching and Mentoring*, 3(2), 75-85.
- ⁵⁵ Gyllensten, K. & Palmer, S. (2006, April). Experiences of coaching and stress in the workplace: An interpretive phenomenological analysis. *International Coaching Psychology Review*, 1(1), 86-98.
- ⁵⁶ Miller-Kovach, S. (2007). *She loses, he loses*. Hoboken, NJ: John Wiley & Sons.
- ⁵⁷ National Business Group on Health. (2007, August). Quick survey: Health coaching.
- ⁵⁸ National Business Group on Health. (2006, October). Is the program working? How to assess ROI for corporate health improvement and prevention programs.
- ⁵⁹ Walker, T. (2006, August 1). In their corner: Health coaches support consumer efforts to alter behavior. *Managed Healthcare Executive*, retrieved from www.managedhealthcareexecutive.com
- ⁶⁰ Szabo, J. (2007, February). Health coaches win big by driving down costs. *Hospitals and Health Networks*, retrieved from www.hhnmanag.com

ISSUE **Brief**

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Strategies for Implementing Health Coaching in the Workplace



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Issue Brief

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