Exploring Non-traditional Methods and Models of Healthcare Delivery and the Role of Client-centred Practice

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Do you want to reference or use any of the material in this slide deck for inspiration? Please feel free to email me at shannan.grant2@msvu.ca to discuss.
Three Session Objectives...

1. Introduce knowledge translation (KT) as a theoretical framework for practice-based innovation and multidisciplinary program planning.

2. Discuss the concept of realist randomized control trials using Canada-based examples.

3. Stimulate dialogue on ways to integrate coaching (the innovation) into a dynamic practice setting.
“If knowledge is the key... then show me the lock...”

A Tribe Called Quest
Three Session Objectives

1. Introduce knowledge translation (KT) as a theoretical framework for practice-based innovation and multidisciplinary program planning.

2. Discuss the concept of realist randomized control trials (intervention evaluation) using Canada-based examples.

3. Stimulate dialogue on ways to integrate coaching into a dynamic practice setting.

But first...let’s make sure we’re talking the same language.
Getting on the same page...
Importance of defining terms

**What does “health coaching” mean?**

“A practice in which clinicians apply evidence-based health behaviour change principles and techniques to assist their clients to adhere to lifestyle and treatment recommendations, for the purpose of achieving better health outcomes or quality of life (QOL).”

~ Health Coaching Australia (HCA)

- HCA takes the position that interventions providing patient-specific health advice should be conducted by qualified health professionals.
- Most clinicians using the HCA approach do not identify themselves as health coaches, but rather as client- or patient-centered.

Prior learning/ training varies depending on certification program. Let’s avoid allowing coaching to become a “buzz word”.
Getting on the same page...
Importance of defining terms

What does “peer health/ wellness coaching” mean?

A practice by which peers support peers facing similar challenges, drawing from their lived experience (alone).


✓ Unlike a counselor or mentor, a coach does not offer advice, but supports the “coachee” in solving problems, goal setting, and/or action planning.

• National Association of State Mental Health Program Directors (NASMHPD) Transformation Transfer Initiative Grant
  – Proposed roles and responsibilities of a peer wellness coach...
  – Designed curriculum for training...
Peer Wellness/ Health Coach

**Roles and Responsibilities**
- Assist peers in choosing, obtaining, and keeping wellness/healthy lifestyle related goals.
- Ask facilitative questions to help peers gain insight into their own situations.
- Provide structure and support to promote personal progress and accountability.
- **Selectively** use self-disclosure to inspire and support.
- etc.

**Curriculum (Knowledge and Skills)**
- **Scope of practice:** Peer wellness coach
- Communication (e.g. active listening)
- **Evidence-based** coaching skills
- Classical behaviour change theories
- Self-care and self-advocacy
- Collaboration with other health care team members (care coordination)
- Specific health topics (e.g. what is metabolic syndrome)
- The relationship between **ethics and client-centred practice**

What does “client-centered practice” mean?

“The use of collaborative and partnership approaches where the client’s own experience and knowledge are central and carry authority within the client-professional relationship.”


“...It is not merely about delivering safe services where the client is located. It involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination, and participating in decision making.”

Scope of Practice

Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Reflect for Discussion

Why is discussing “scope” important to today’s topic?
  – What is your scope of practice?
  – How does your scope differ from other professions?
  – Where can their be overlap in scope?
Health Coaching is rooted in a desire to improve healthcare services in a dynamic environment through client-centered interdisciplinary practice.

When researchers/clinicians can assume multiple roles (e.g. researcher and clinician/knowledge user), this reduces the gap between science and practice; a key mission of KT.

Knowledge Translation (KT)

• At CIHR, knowledge translation (KT) is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

• Two key types of KT:
  1. End of grant
  2. Integrated

• Knowledge to Action Cycle
  – Translating KT to stakeholders


Research Design

The study should be designed to answer the question.

SDM ↦ Evidence-based Practice

- Research Evidence
- Shared decision making
- Client
- Resources (This includes you)
- Environment/Organizational Context

Models, Theories, Frameworks

Classical Model Approach

• Explains/ describes how change occurs, but not how to cause change.
• Classical models can be further divided into subcategories:
  1. Cognitive psychology theories of change
  2. Educational theories
  3. Change management
  4. Organizational theory
  5. Quality improvement

Planned Action Approach

– The planned implementation of research findings into practice for the purpose of guiding or causing change.

Things to consider:

○ How we approach change in our personal life influences how we approach facilitating and advocating for change in our practice.
○ Are you a theory/ model basher?
Classical Behaviour Theory Example: 

The Diffusion of Innovation Model

Classical Behaviour Theory Example:

*The Diffusion of Innovation Model*

Why is this relevant to today’s dialogue?

Motivational Interviewing (MI)

“A collaborative, patient-centered, form of guiding to elicit and strengthen motivation to change” AKA “Change Talk”

• Patient-provider relationship
  – collaborative partnership; empathetic and non-judgmental
• Self-efficacy
  – Change in patient that is intrinsically motivated; Maintains patient’s autonomy
• Creating and resolving discrepancies
  – Between current behavior and future goals
• (Includes) Advice giving
  – In a non-confrontational style; Provide discussions on various methods of change

Motivational Communication

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Experience Sharing → Health Coach Training

✓ Avoiding Diabetes after Pregnancy Trial in Moms (ADAPT-M)

✓ York University Certificate in Health Coaching

• The effect of a low glycaemic index diet on maternal and neonatal markers of glycaemic control and postpartum diabetes risk (GI in GDM)

• The Glycemic Index Education Evaluation Study (GIEES)

• Sandy Lake Health and Diabetes Project (SLHDP)
  – Peer-to-peer health coaching (Indigenous Knowledge)
Gestational Diabetes (GDM)

• Hyperglycaemia with onset or first recognition during pregnancy.

• Prevalence of GDM varies from 4% in the non-Aboriginal population to 8 to 18% in Aboriginal (First Nation, Inuit and Metis) populations.

• A model for studying the early events in the natural history of Type 2 Diabetes Mellitus (T2DM).

Prevalence of GDM Increasing

Implications of Gestational Hyperglycemia/ GDM

**Fetal**
- Macrosomia
- Shoulder dystocia
- Prematurity
- Hyper-bilirubinemia
- NICU admission
- Future diabetes?

**Maternal**
- Hypertension
- Preeclampsia
- Caesarean section
- Future diabetes
Cumulative Incidence Rate of DM following GDM in Ontario 1995-2002

In agreement with other published data:

- 3 to 6 months postpartum, women with GDM have a 16 to 50% risk for dysglycemia.

- After 9 years 20% of women with prior GDM will develop T2DM

GDM Standard Care

Nutrition

Blood Sugar Control and Healthy Weight Gain

Physical Activity

Medication

Avoiding Diabetes after Pregnancy Trial in Moms (ADAPT-M)
Home-based Intervention

- Telephone coaching addresses time constraints, childcare, costs, sustainability
- Motivational communication based on assessment of client readiness, goals, needs.
- Clinicians trained in exercise and dietary counseling (knowledge and skill within scope)

Pilot Study

Sample
• 17 women enrolled in larger the cohort study
• Recruited at 3-6 months postpartum
• June-December 2012

Objective
To determine the feasibility of an existing home-based program; adapted for mothers with recent GDM

Inclusion criteria
• GDM in most recent pregnancy
• Pre-pregnancy BMI $\geq 25$ kg/m$^2$

# Sample Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n = 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age enrolled in program (Mean±SD)</td>
<td>37.3 ± 5.9 years</td>
</tr>
<tr>
<td>Number of months enrollment (Mean± SD)</td>
<td>7.3 ± 1.5 months postpartum</td>
</tr>
<tr>
<td>Pre-pregnancy BMI (Mean± SD)</td>
<td>32.9 ± 6.3 kg/m2</td>
</tr>
<tr>
<td>First degree Family History T2DM (% of total n)</td>
<td>41%</td>
</tr>
<tr>
<td>Insulin use during pregnancy (% of total n)</td>
<td>64%</td>
</tr>
<tr>
<td>Non-caucasian ethnicity (% of total n)</td>
<td>17%</td>
</tr>
</tbody>
</table>

### Mean Differences in Outcomes
3 and 6 months Active in ADAPT-M Pilot Program

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Differences (SD) n=12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 m vs 0 m</td>
</tr>
<tr>
<td>BMI (kg/m2)</td>
<td>-0.60 (1.21)</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>-1.47 (3.11)</td>
</tr>
<tr>
<td>Waist circumference (cm)**</td>
<td>-3.73 (2.76)**</td>
</tr>
<tr>
<td>Fitness (METS)* n=11</td>
<td>1.27 (1.62)*</td>
</tr>
<tr>
<td>Body Fat (%)*</td>
<td>-1.93 (2.51)*</td>
</tr>
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</table>

*p<0.05  ** p<0.001

1 metabolic equivalent (MET) increment in exercise capacity is associated with a 13% and 15% decrements in risk of all-cause mortality and CVD events

Program/ Education Development

Adapt with input from steering committee, partners, CDEs...

- Readability (Grade 6)
- Relevant examples
- Document design
- Interactive content
- Innovative education delivery

Existing PEM (CDA, Dietitians of Canada, EatRight Ontario, WCHI, Taddle Creek, SUNDEC)

Theoretical Frameworks
Stanford & Health Coaching Australia
Models
Evidence
GI in GDM Study

Physical Activity

Nutrition

Physical Activity and Nutrition
Study Design

Explore feasibility and effectiveness of a 6-month home-based customized coaching program vs. counseling.

<table>
<thead>
<tr>
<th>2x2 factorial design</th>
<th>Home-based Low GI diet coaching</th>
<th>Standard diet counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based exercise coaching</td>
<td>45 (combined)</td>
<td>90* (exercise only)</td>
</tr>
<tr>
<td>Standard exercise counseling</td>
<td>45 (diet only)</td>
<td>45 (standard care)</td>
</tr>
</tbody>
</table>

*Randomized to DEP vs. WCHI-based health coach (45/arm)
Outcomes

• Clinical
  – Primary outcome: Beta-cell function (ISSI-2)
  – Secondary: Insulin sensitivity, glucose tolerance, A1c, lipids, BP, weight, waist circumference, fitness (VO2max, METs)...

• Feasibility
  – Behaviour change (diet, physical activity), retention, adherence, satisfaction, mood, quality of life, self-efficacy

• Fidelity
  – Has the treatment reflected the underlying theoretical model and is delivered to recipients as intended (coach and client)
Health coaching in primary care: a feasibility model for diabetes care

Clare Liddy, Sharon Johnston, Kate Nash, Natalie Ward and Hannah Irving

• Successful Implementation (KT Framework)
  – Evidence, Context, Facilitation

• Stages of Implementation (KT Framework)
  – Exploration and Adoption, program installation, initial implementation, full operation, innovation, sustainability

• Overcoming barriers to translation... together
  – All about communicating and collaborating
100 hours of class time

The York University Certificate in Health Coaching
An Evidence based Health Coach Certificate for Professionals

WHO SHOULD TAKE THIS CERTIFICATE

The Health Coach Certificate is designed for any individuals who are licensed to practice as a Health Professional or Allied Health professional within their regulated field in Canada or the USA. Call us at (416 736 2100 ext 22170) to discuss your Health Coach learning goals. Proof of registration or license may be requested.

Affiliated with the Connected Health and Wellness Project Redefining Canadian Health Care - chwp.org

Technology Assisted Health Coaching – the only one of its kind in North America. Using an evidence based approach, have access to the latest technology/applications to assist your health coaching practice, your clients and families, and your team. Plus, learn the business of Health Coaching to sustain and grow your practice.
Features

- Integration with upcoming Undergraduate and Graduate studies in Health Coaching at York University
- Relationship based and patient centered – using communication as a key to behaviour change
- The program includes coaching for chronic disease states and mental health
- Grounded in Behaviour Change methods and tools
- Gain buy-in with the team, client, family and system to support goals
- Health Coaching for a wide range of clients and complexity
- Evidence based program that emerged from our School of Kinesiology and Health Science and our Department of Psychology
More Features:

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**Show me the education methodology!**
Infographics

What is an infographic?
– power of visual communication

https://www.youtube.com/watch?v=VQbFX2QzbOI
https://www.youtube.com/watch?v=x_HLHDGEZoQ

DEATHS from cerebrovascular disease (includes stroke), 2008

5,719 MALE
8,262 FEMALE

What are carbohydrates?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>Fibre</th>
<th>Starch</th>
</tr>
</thead>
<tbody>
<tr>
<td>high fibre and low GI foods can reduce risk for heart disease, obesity and Type 2 Diabetes</td>
<td>other than fruits and milk, foods / beverages high in sugar should be limited</td>
<td>with Coeliac disease, gluten-free foods are important for health</td>
</tr>
<tr>
<td>Impacts on Health</td>
<td></td>
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http://www.winnipegfreepress.com/
Games, Art... Creativity.. Partnerships!

Evaluation of a Computer-Based Game About the Glycemic Index Among College-Aged Students

Carla K. Miller, PhD, RD; Darla V. Lindberg, RA

http://www.uwo.ca/publichumanities/events/stories.html
eHealth Panel

Michael Coons, Shannan Grant, and Jessica Lieffers
DC Conference June 2014
Dietitians of Canada Application

Public Tools to Support Practice

http://www.dietitians.ca/Knowledge-Center/Public-Tools-to-Support-Practice.aspx

Learning on Demand

http://www.dietitians.ca/Knowledge-Center/Learning-On-Demand/Learning-On-Demand-Store.aspx

PEN: Practice-based Evidence in Nutrition

Let’s partner to start a dialogue about health coaching (and its evaluation) in Nova Scotia!
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“...An interactive role undertaken by a peer or professional to support a client to be an active participant in the self-management of chronic illness...”