

LESS MEDICINE, MORE HEALTH: COACHING AS A KEY DRIVER IN MEDICAL FITNESS AND POPULATION HEALTH

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THE SUMMIT MEDICAL FITNESS CENTER



POPULATION HEALTH AND WELLNESS?



glasbergen.com

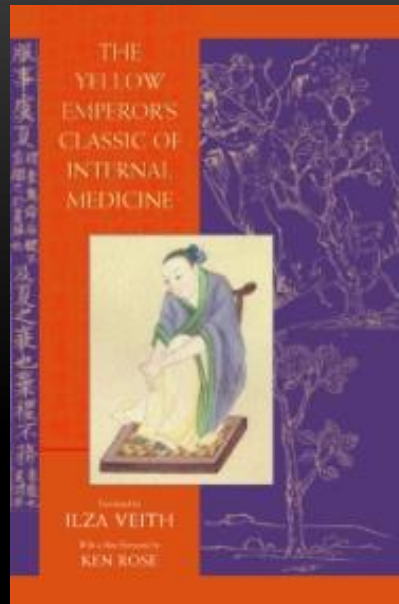


GLASBERGEN

"You've got a rare condition called 'good health'.
Frankly, we're not sure how to treat it."

3000 BC – 200 BC

CHINA



Yellow Emperor's Book of Internal Medicine:

First described principal “human harmony with the world was the key to prevention & that prevention was the key to long life.

Principal grew into 6th century Taoism: Longevity through simple living”

200 BC: Tai chi chaun (Hua T'o) taught proper diet and physical activity are essential principals of daily living.



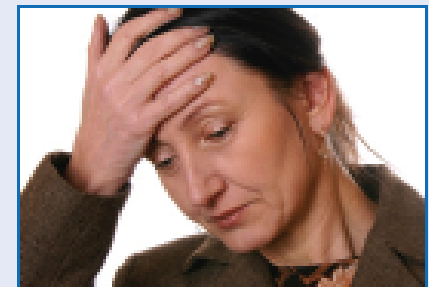
Adult Stress— Frequently Asked Questions

How it affects your health and what you can do about it

NATIONAL INSTITUTE OF MENTAL HEALTH

National Institutes of Health *NIH...Turning Discovery Into Health*

Stress—just the word may be enough to set your nerves on edge. Everyone feels stressed from time to time. Some people may cope with stress more effectively or recover from stressful events quicker than others. It's important to know your limits when it comes to stress to avoid more serious health effects.



INDIA

“Ajur Veda”: elaborate collection of health & medical concepts; that around 3,000 B.C. developed into yoga.

Yoga’s roots may go even deeper, 5,000 B.C.

Yoga philosophies asserted that physical suppleness, proper breathing & diet were essential to control the mind & emotions & were pre-requisites for religious experience.



China’s and India’s linking of exercise & health are considered by some to be the root of “sports medicine”.

Snook GA. The history of sports medicine. Part 1. American Journal of Sports Medicine. 1984; 12:252-254.

PHYSICAL ACTIVITY AND HEALTH



The New England Journal of Medicine

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Volume 292

MARCH 13, 1975

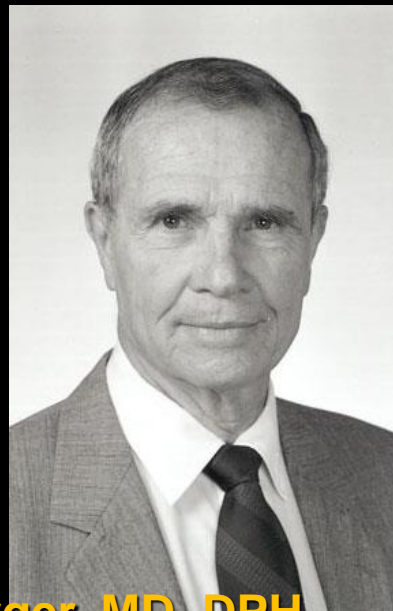
Number 11

WORK ACTIVITY AND CORONARY HEART MORTALITY

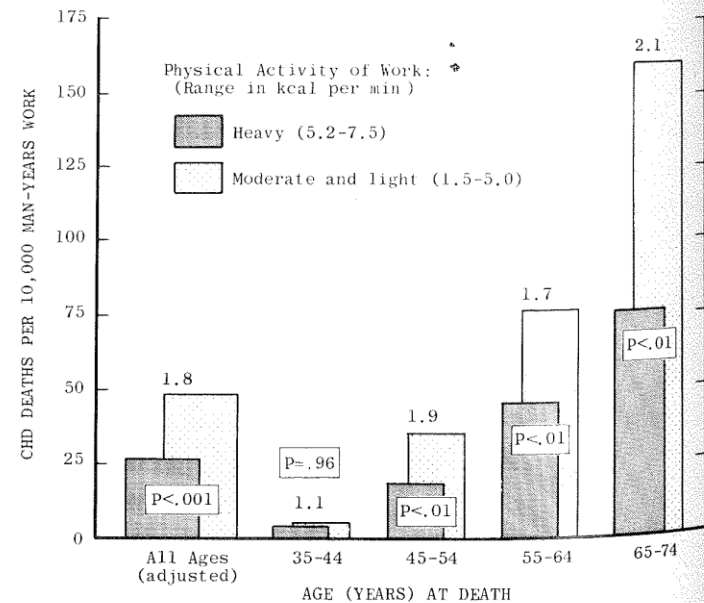
RALPH S. PAFFENBARGER, JR., M.D., AND WAYNE E. HALE, A.B.

Abstract To appraise the role of physical activity in reducing coronary mortality among longshoremen, 6351 men, 35 to 74 years old upon entry, were followed for 22 years or to death or to the age of 75. Their longshoring experience was computed in terms of work-years according to categories of high, medium and low caloric output. Individual work assignments were reclassified annually to allow for effect of job transfers. The age-adjusted coronary death rate for the high-activity category was 26.9 per 10,000 work-years, and the medium

and low categories had rates of 46.3 and 49.0, which were little different from each other. This protective "threshold" effect was seen especially for the sudden-death syndrome, in which the death rate for heavy workers was 5.6, as contrasted with 19.9 for moderate and 15.7 for light workers. We conclude that repeated bursts of high energy output established a plateau of protection against coronary mortality, and that several different mechanisms may explain this finding. (N Engl J Med 292:545-550, 1975)



Ralph Paffenbarger, MD, DPH



Relative Risk (Moderate & light / Heavy) above bars.



“Aha” Moment

NIH Consensus Development
Conference on Cardiovascular
Health and Physical Activity

- ◆ Study: Mild Hypertension
- ◆ Medication group
- ◆ Exercise group
- ◆ Who had better numbers?
- ◆ Medication takers
- ◆ Who had better outcomes?
- ◆ Exercisers

- 1996

Physical Activity and Health

A Report of the Surgeon General
Executive Summary

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
The President's Council on Physical Fitness and Sports



The President's
Council on
Physical Fitness
and Sports

“Every American should accumulate 30’ or more of moderate intensity physical activity on most, preferably all, days of the week.”



“An agent with lipid-lowering, antihypertensive, positive inotropic, negative chronotropic, vasodilating, diuretic, anorexigenic, weight-reducing, cathartic, hypoglycemic, tranquilizing, hypnotic, and antidepressive qualities.”

William C. Roberts, MD
Editor-in-Chief

American Journal of Cardiology 1984; 53:261

The Miracle Drug: Exercise is Medicine®



Rationale

In an era of spiraling health care expenditures, getting patients to be more active may be the ultimate low-cost therapy for achieving improved health outcomes.¹ Studies show that regular physical activity (PA) has health benefits at any body weight and that it's critical for long-term weight management. In fact, recent work has shown that exercise is as effective as prescription medications in the management of several chronic diseases.² Consequently, PA promotion should be the foundation of clinical therapy and public health policy, whether to promote health or control weight. Just as weight and blood pressure are addressed in some manner at nearly every healthcare provider visit, so should attention be given to exercise prescription and the accumulation of [150 minutes of moderate intensity PA per week.³]

The Exercise is Medicine® (EIM) Solution

National Physical Activity Guidelines⁴

Age	Aerobic Activity Recommendations	Muscle Strengthening Recommendations
6-17	60 minutes of moderate to vigorous physical activity (PA) per day	As part of their 60 or more minutes of daily PA, children and adolescents should include muscle-strengthening PA on at least 3 days of the week
18-64	150 minutes of moderate PA or 75 minutes of vigorous PA a week	Activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week
65+	150 minutes of moderate PA or 75 minutes of vigorous PA a week	Activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week



- Ancient “laws of health”
 - “To breath fresh air, eat proper foods, drink the right beverages, take plenty of exercise, **get the proper amount of sleep** and include our emotions when analyzing our overall well being.”
 - Berryman JW. Exercise and the medical tradition from Hippocrates through antebellum America: a review essay. In: Berryman JW, Park RJ, editors. Sport and exercise science: essays in the history of sports medicine. Urbana, IL: University of Illinois Press, 1992:1-56.

Don't just sit there!

We know sitting too much is bad, and most of us intuitively feel a little guilty after a long TV binge. But what exactly goes wrong in our bodies when we park ourselves for nearly eight hours per day, the average for a U.S. adult? Many things, say four experts, who detailed a chain of problems from head to toe.

REPORTING BY BONNIE BEKKOWITZ; GRAPHIC BY PATTERSON CLARK

ORGAN DAMAGE

Heart disease

Muscles burn less fat and blood flows more sluggishly during a long sit, allowing fatty acids to more easily clog the heart. Prolonged sitting has been linked to high blood pressure and elevated cholesterol, and people with the most sedentary time are more than twice as likely to have cardiovascular disease than those with the least.

Overproductive pancreas

The pancreas produces insulin, a hormone that carries glucose to cells for energy. But cells in idle muscles don't respond as readily to insulin, so the pancreas produces more and more, which can lead to diabetes and other diseases. A 2011 study found a decline in insulin response after just one day of prolonged sitting.

Colon cancer

Studies have linked sitting to a greater risk for colon, breast and endometrial cancers. The reason is unclear, but one theory is that excess insulin encourages cell growth. Another is that regular movement boosts natural antioxidants that kill cell-damaging — and potentially cancer-causing — free radicals.

MUSCLE DEGENERATION

Mushy abs

When you stand, move or even sit upright, abdominal muscles keep you upright. But when you slump in a chair, they go unused. Tight back muscles and wimpy abs form a posturawrecking alliance that can exaggerate the spine's natural arch, a condition called hyperlordosis, or swayback.

Tight hips

Flexible hips help keep you balanced, but chronic slimmers so rarely actuate the hip flexor muscles in front that they become short and tight, limiting range of motion and stride length. Studies have found that decreased hip mobility is a main reason elderly people tend to fall.

Limp glutes

Sitting requires your glutes to do absolutely nothing, and they get used to it. Soft glutes hurt your stability, your ability to push off and your ability to maintain a powerful stride.

TROUBLE AT THE TOP

Foggy brain

Moving muscles pump fresh blood and oxygen through the brain and trigger the release of all sorts of brain- and mood-enhancing chemicals. When we are sedentary for a long time, everything slows, including brain function.

Strained neck

If most of your sitting occurs at a desk at work, craning your neck forward toward a keyboard or tilting your head to cradle a phone while typing can strain the cervical vertebrae and lead to permanent imbalances.



Proper alignment of cervical vertebrae

Sore shoulders and back

The neck doesn't slouch alone. Slumping forward overextends the shoulder and back muscles as well, particularly the trapezius, which connects the neck and shoulders.

BAD BACK

Inflexible spine

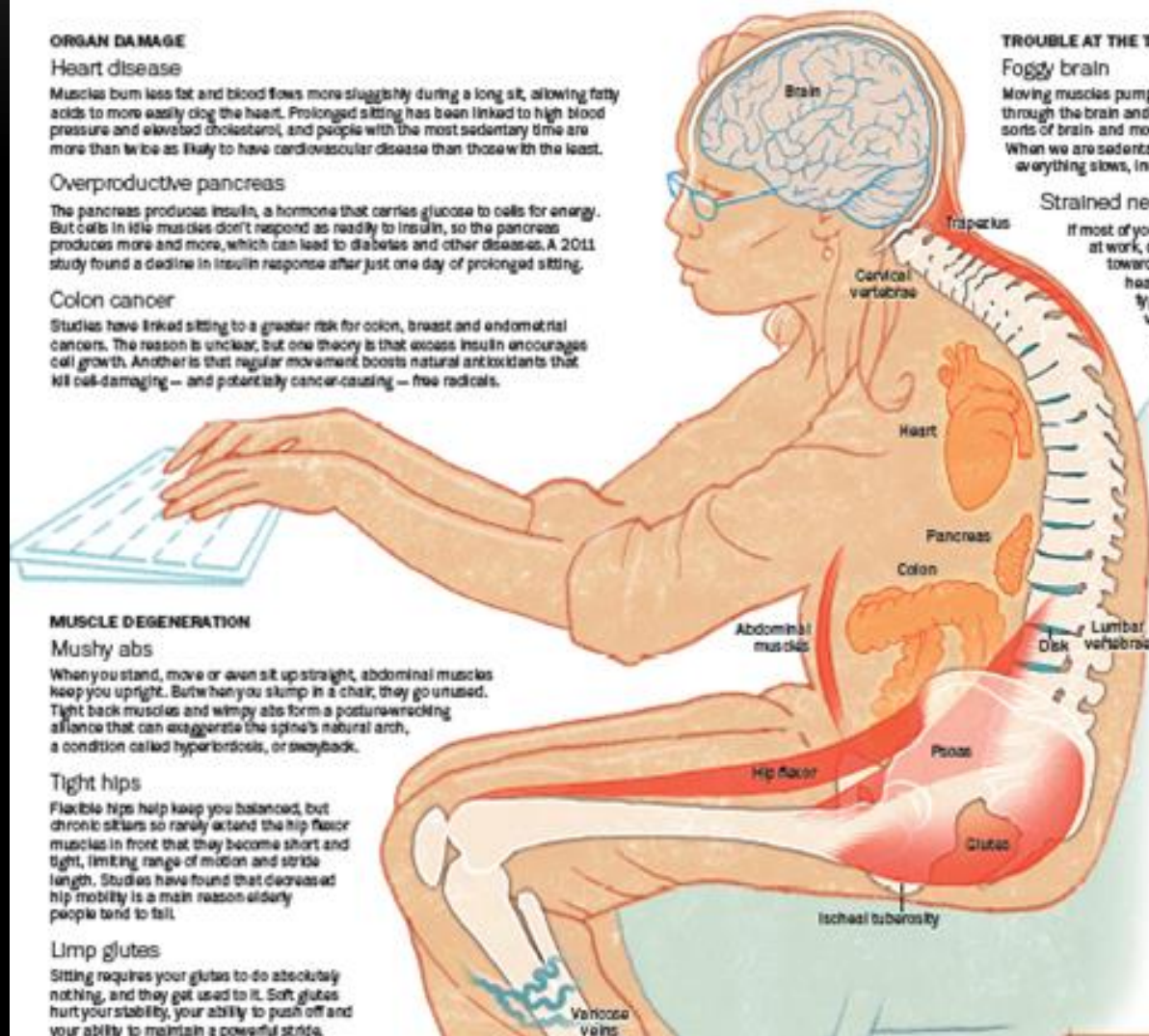
Spines that don't move become inflexible and susceptible to damage in mundane activities, such as when you reach for a coffee cup or bend to tie a shoe. When we move around, soft disks between vertebrae expand and contract like sponges, soaking up fresh blood and nutrients. When we sit for a long time, disks are squashed unevenly and lose sponginess. Collagen hardens around supporting tendons and ligaments.



Lumbar region bowed by shortened psoas

Disk damage

People who sit more are at greater risk for herniated lumbar disks. A muscle called the psoas travels through the abdominal cavity and, when it tightens, pulls the upper lumbar spine forward. Upperbody weight rests entirely on the ischial tuberosity (sitting bones) instead of being distributed along the arch of the spine.



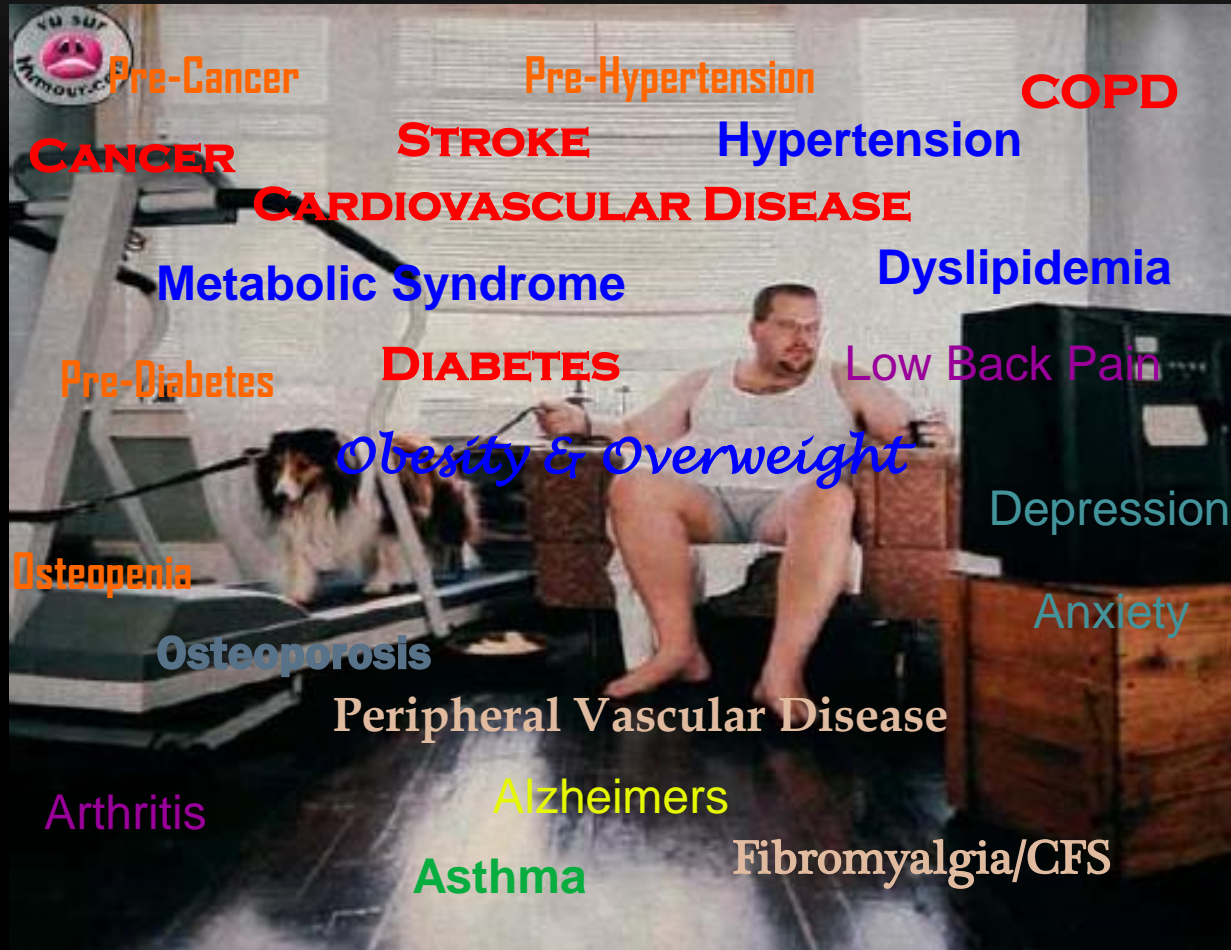
1713 – BERNARDINO RAMAZZINI, ITALIAN PHYSICIAN

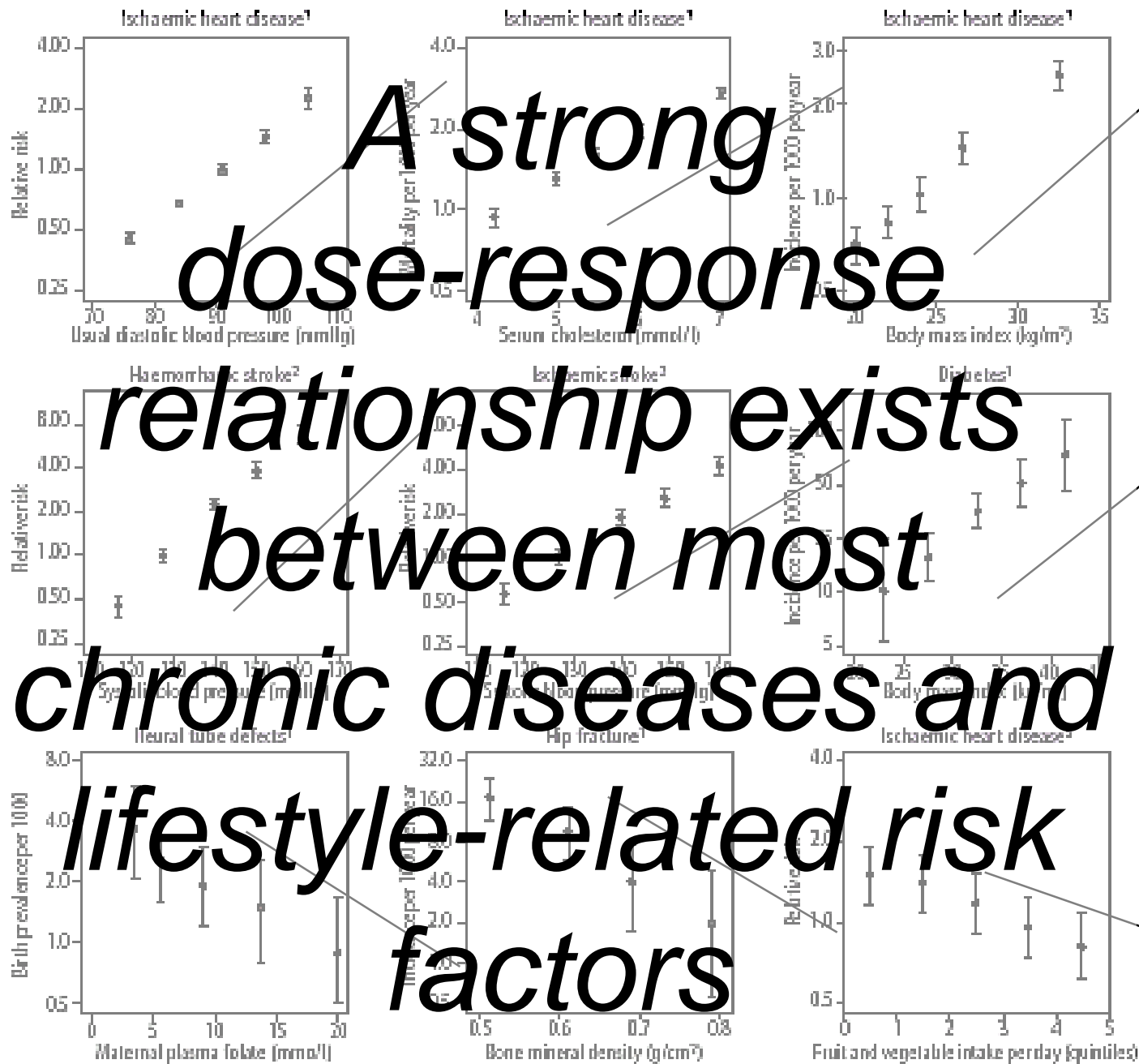
- “Diseases of Workers”
 - “Those who **sit at their work** and are therefore called ‘**chair workers**’, such as cobblers and tailors, suffer from their own particular diseases...**suffer from general ill health...caused by their sedentary life**. These workers should at least exercise on holidays to counteract harm done by many days of sedentary life”

History of Medicine

- 2000 BC Eat this root.
- 1000 BC That root is heathen. Say this prayer.
- 1850 AD Prayer is superstition. Drink this potion.
- 1930 AD That potion is snake oil. Swallow this pill.
- 1970 AD That pill is ineffective. Take this antibiotic.
- 2000 AD That antibiotic is artificial.
Eat this root

The Healthcare Challenge!





1. *BMJ* 2002;**324**:1570-6. 2. *Lancet* 1998;**352**:1801-7.
 3. *Ann Int Med* 2001;**134**:1106-14.

AND NOW IN 2017

MY GENES MAKE ME DO IT



Thrifty Genes Evolved out of NEED. Conserve

They drive us to load up on **calories** and **take it easy**

Because tomorrow we will have to **walk for days without food.**

THE NEW ENGLAND JOURNAL OF MEDICINE

Genetic Risk, Adherence to a Healthy Lifestyle, and Coronary Disease

BACKGROUND: Both genetic and lifestyle factors contribute to individual-level risk of coronary artery disease. The extent to which increased genetic risk can be offset by a healthy lifestyle is unknown.

CONCLUSIONS: Across four studies involving 55,685 participants, genetic and lifestyle factors were independently associated with susceptibility to coronary artery disease. **Among participants at high genetic risk, a favorable lifestyle was associated with a nearly 50% lower relative risk of coronary artery disease than was an unfavorable lifestyle.** (Funded by the National Institutes of Health and others.)

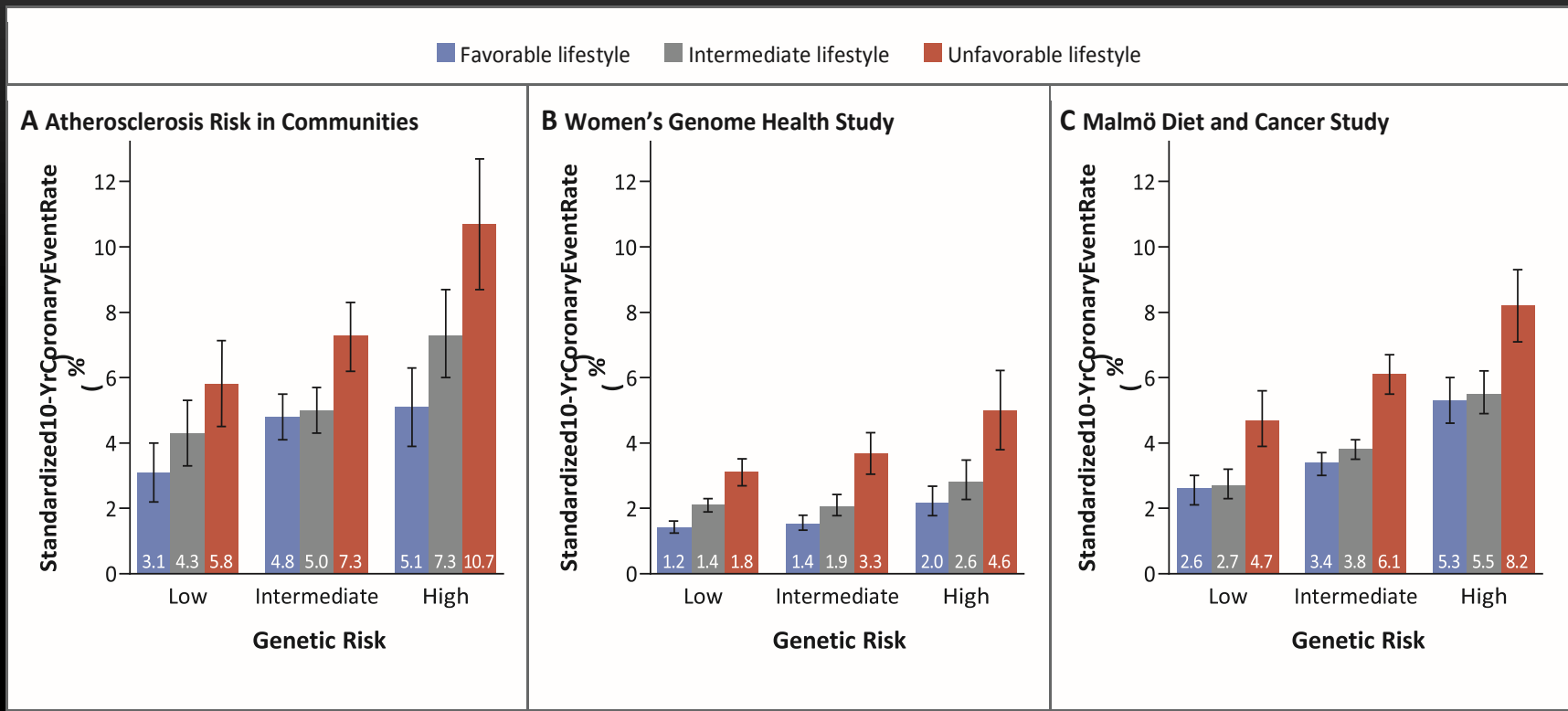
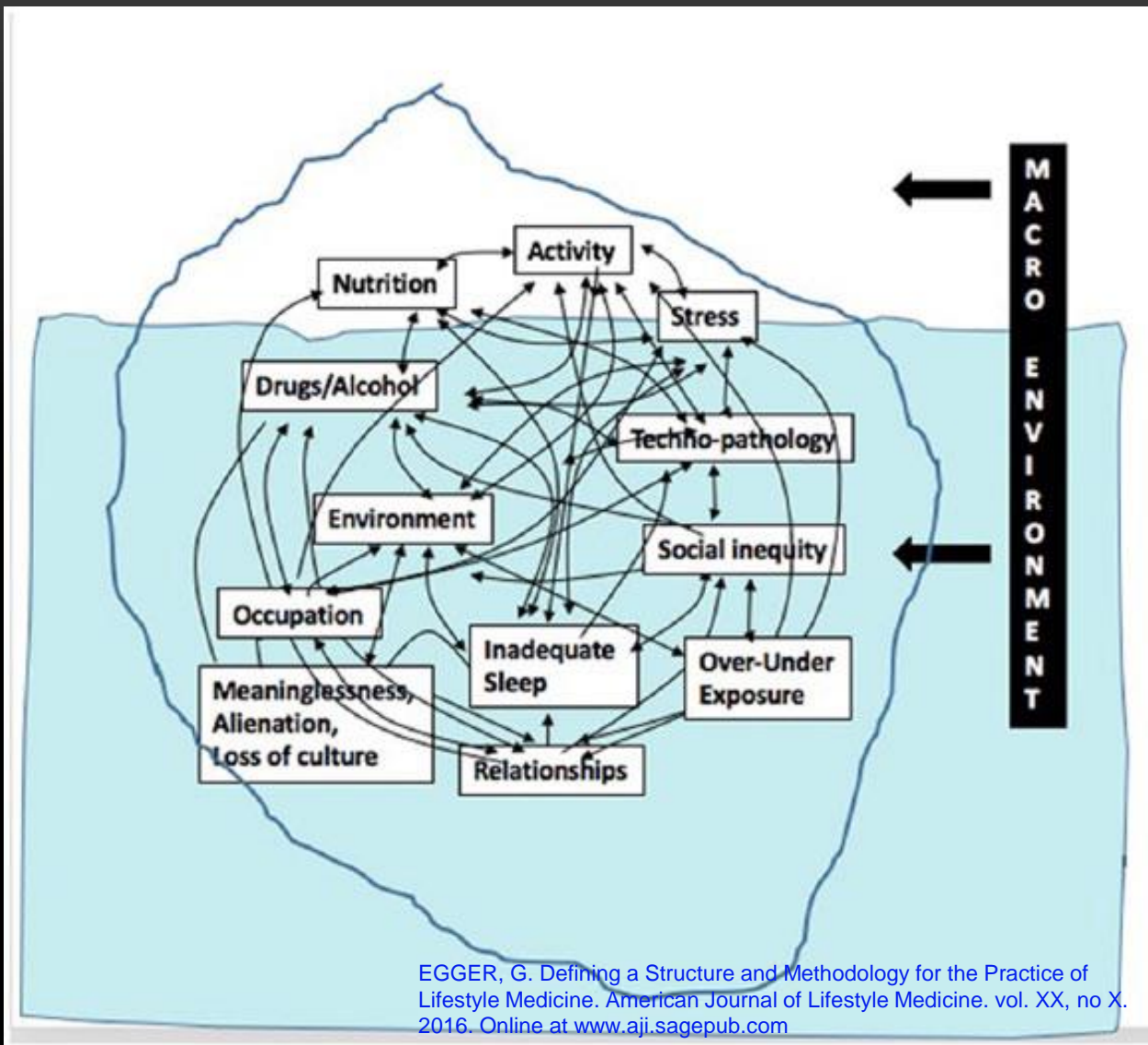


Figure 3. 10-Year Coronary Event Rates, According to Lifestyle and Genetic Risk in the Prospective Cohorts.

Shown are standardized 10-year cumulative incidence rates for coronary events in the three prospective cohorts, according to lifestyle and genetic risk. Standardization was performed to cohort-specific population averages for each covariate. The I bars represent 95% confidence intervals.



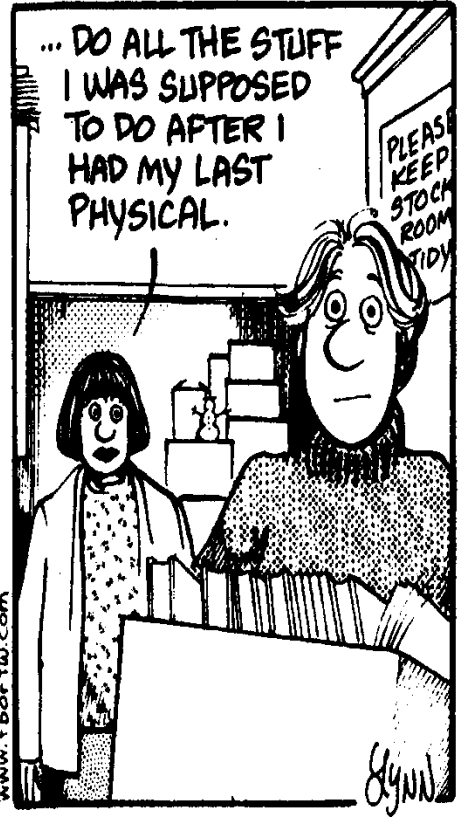
NASTIE MAL ODOURS

Determinants	Decreases Disease Risk	Increases Disease Risk
N utrition	Fruit/vegetables; dietary fiber; natural foods; food variety; healthy eating patterns; fish; low dose alcohol	High total energy; high E density; excess processed foods/meats; sugars; saturated/trans fats; excess alcohol; obesity;
(in) A ctivity	Aerobic/resistance exercise; stability / mobility training	Sitting; sedentary work; excessive exercise
S tress, anxiety, depression	Perceived control; resilience; self-efficacy; coping skills; exercise/fitness; healthy diet	Overload; learned helplessness; early trauma; boredom; drug use; excess alcohol
T echnopathology	Selective technology use; preventive care; limiting exposure	Machinery use; TV/small screens; repetitive actions; excessive noise
I nadequate Sleep	Sleep hygiene; healthy diet; exercise	Shift work; excessive entertainment; sleep disorders; interactive media in room; obesity; medications; stress
E nvironment	Political/economic structure; infrastructure for exercise; reduce chemical use	Political/economic structure; passive influences; second-hand smoke; pollution; drug immunity; endocrine-disrupting chemicals
M eaninglessness	Something to do; someone to love; something to look forward to	Unemployment; displacement; ageing and loss of responsibility; depression; negative affect; early experiences
A lienation	Family relationships; improved parenting; increased competencies	Discrimination; early experiences; poor parental support; feelings of isolation; illness; emotional distress; social rejection
L oss of culture/identity	Cultural acceptance and support; conflict resolution ;cultural pride/training	Warfare; domination by invading culture; displacement
O ccupation	Employment; social justice; work equality; economic security	Shift work; stress; hazard exposure; conflict
D rugs, smoking, alcohol	Social Support; relationships; resilience; employment	Stress; anxiety; depression; peer/social pressure; addiction
O ver-and U nderexposure	Sunlight (adequate) light; general stimulation	Climate; sunlight; excessive darkness; radiation; asbestos
R elationships	Companionship; peer support; maternal support in childhood; love	Loneliness; interpersonal conflict; lack of support
S ocial inequity	Socioeconomic status; education; trust; economic security	Poverty; Inequality; lack of welfare support

FOR BETTER OR WORSE



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EVERYBODY NEEDS A COACH

OUR DEDICATED COACHES
BELIEVE IN YOU.

The Summit now offers
Individual and Group Fitness Coaching,
Individual Nutrition Coaching and
Individual Wellness Coaching.

Please call for more info: 751.4105

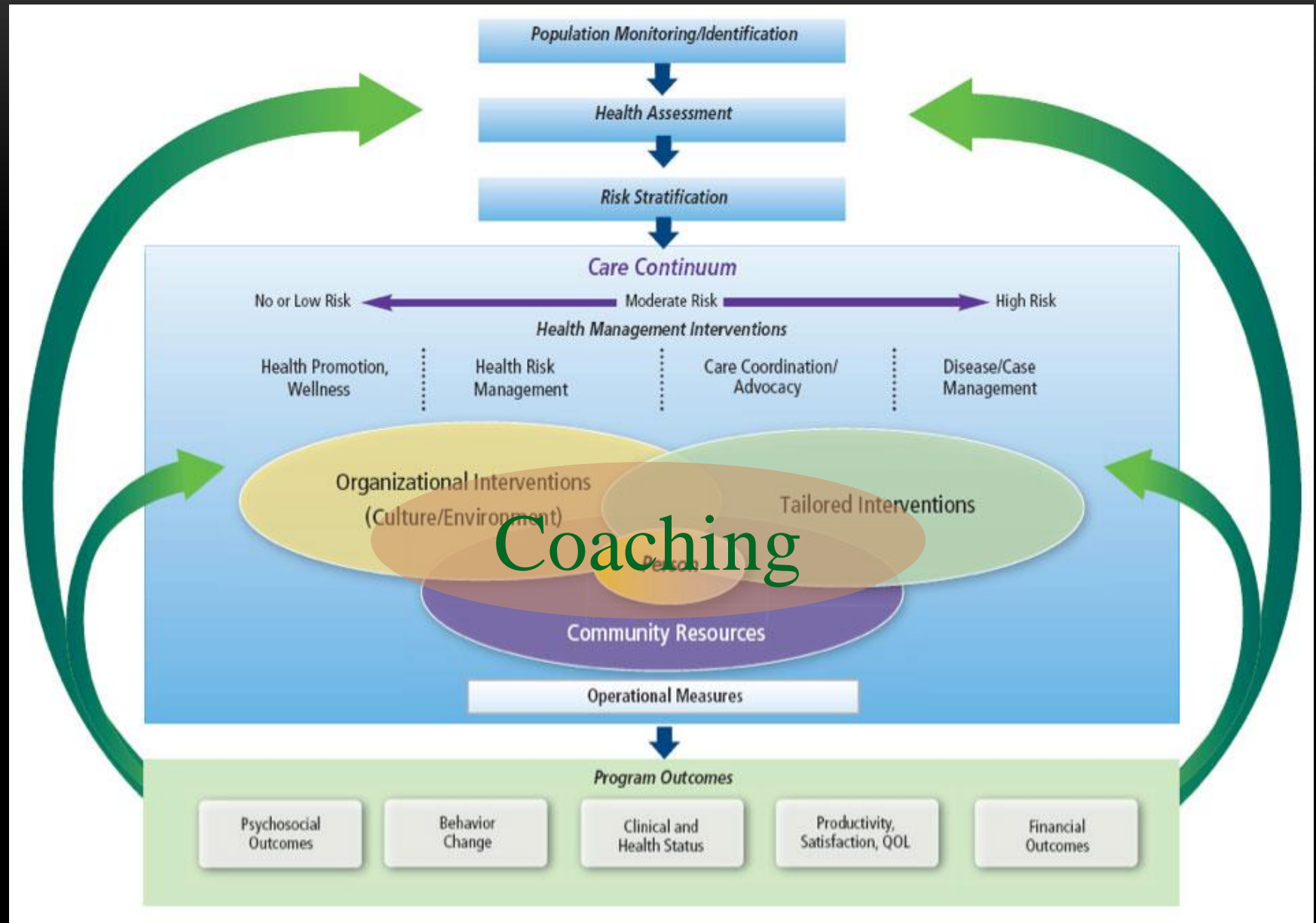


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NORTHWEST HEALTHCARE




MABEL BECOMES FRED'S PERSONAL TRAINER



A “Coach” – A vehicle that takes you from
“where you are” to “where you want to go”!



Health and Wellness coaches are professionals from diverse backgrounds and education who work with individuals and groups in a client centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness. Successful coaching takes place when coaches apply clearly defined knowledge and skills so clients mobilize internal strength and external resources for sustainable change.



Background of Health & Wellness Coaches

- Case managers
- Nurses
- Nurse practitioners
- Physicians
- Physician assistants
- Physical therapists
- Occupational therapists
- Exercise physiologists
- Social workers
- Psychologists
- Counselors
- Dietitians
- CAM/integrative practitioners
- Diabetes educators
- Health educators
- Dietitians
- Personal trainers
- Fitness instructors
- Massage therapists
- Athletic trainers
- Ex-professional athletes
- Sports coaches
- Teachers
- Mental health professionals
- Career transitioners
- Recreational therapists

Health & Wellness Coaching Standards

International Consortium for Health & Wellness Coaching and the National Board of Medical Examiners are strategic partners...

....launching national standards for training, education, and certification of health & wellness coaches in 2017. Application Feb 1, exam Sep 2-16.

The logo for the International Consortium for Health & Wellness Coaching (ICHWC) consists of the letters 'ICHWC' in a bold, blue, sans-serif font, centered within a white rectangular background.

- Health and wellness coaches work with individuals and groups in a **client-centered process** to facilitate and empower the client to develop and achieve **self-determined goals** related to health and wellness. Coaches **support clients** in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes. While health and wellness coaches **per se do not diagnose conditions, prescribe treatments, or provide psychological therapeutic interventions**, they may provide expert guidance in areas in which they hold active, nationally recognized credentials, and may offer resources from nationally recognized authorities such as those referenced in the NCCHWC's healthy lifestyle curriculum. As partners and facilitators, health and wellness coaches support their clients in achieving health goals and behavioral change based on their clients' own goals and consistent with treatment plans as prescribed by individual clients' professional health care providers. Coaches assist clients to use their insight, personal strengths and resources, goal setting, actions steps and accountability toward healthy lifestyle change.

NCCHWC Code of Ethics

(Updated October 3, 2016)

NCCHWC is committed to maintaining and promoting excellence in coaching. Therefore, NCCHWC expects all credentialed health and wellness coaches (coaches, coach faculty and mentors, and students) to adhere to the elements and principles of ethical conduct: to be competent and integrate NCCHWC Health and Wellness Coach Competencies effectively in their work.

The NCCHWC Code of Ethics is designed to provide appropriate guidelines, accountability and enforceable standards of conduct for all NCCHWC Credential-holders. In line with the NCCHWC definition of coaching, all NCCHWC Credential-holders commit to abiding by the following Code of Ethics.

HEALTH AND WELLNESS COACHING JOB TASK ANALYSIS (JTA) DEFINED BY SYSTEMATIC REVIEW

Methods Reviewed > 800 papers; 284 included

Coaching Elements

Client-centered (guided by patient values)

Client-determined goals

Self-discovery

Accountability

Combined with education

Ongoing relationship

Coaches trained in behavior change,
motivational techniques

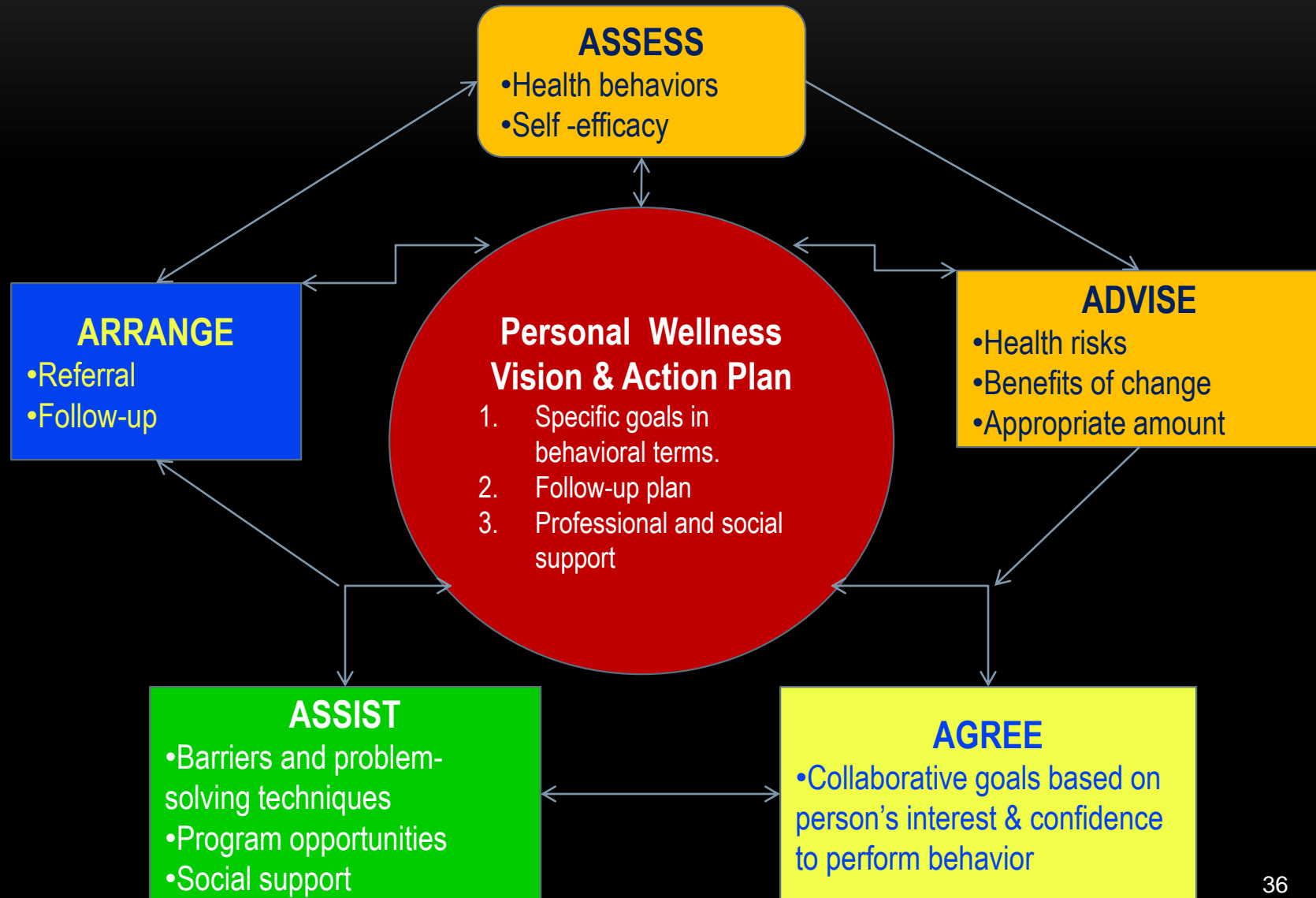
Intrinsic
Motivation
Change Skills

Healthy
Behavior
Change

COACHES FACILITATE LEARNING AND DISCOVERY ON THE CLIENT'S PART THROUGH THE CYCLE OF HEALTH COACHING BY:

- Establishing the alliance with trust, rapport and empathy
- Holding the client's agenda foremost
- Evoking client values and strengths
- Evoking the client's broader vision to support desired health outcomes
- Supporting the patient/client in seeking clarity and self-assessing readiness
- Identifying the patient-determined goals
- Supporting movement into action
- Tracking the progress in ways the patient has identified to increase their own accountability
- Helping the Client/Patient to articulate learning and insights
- Continuing to plan for sustained changes

HEALTH COACH MODEL





Positive lifestyle outcomes have been shown in those with the following conditions:

- Obesity
- Heart Disease/Heart Failure/Stroke
- Peripheral Vascular Disease
- Diabetes
- Osteoporosis
- Metabolic Syndrome
- Arthritis
- Chronic Pain / Low Back Pain
- Orthopedic Conditions
- COPD/Asthma
- Hypertension
- Fibromyalgia
- Multiple Sclerosis
- Dyslipidemia
- Parkinson's Disease
- Depression
- HIV
- Cancer

If you or anyone you know is limited by a chronic health condition, check out the Journey to Wellness Program today!



Judy & Jack Wigmore

"After my breast cancer diagnosis and chemo in Oregon, I was worried about the level of healthcare and fitness resources in the area but found that I had nothing to fear. The Summit has it all and more. With my Wellness Coach, I got support to begin my journey. Zumba and stretching classes are great, with instructors that have infectious good cheer. I have been to many gyms, but none as fine as The Summit." -Judy

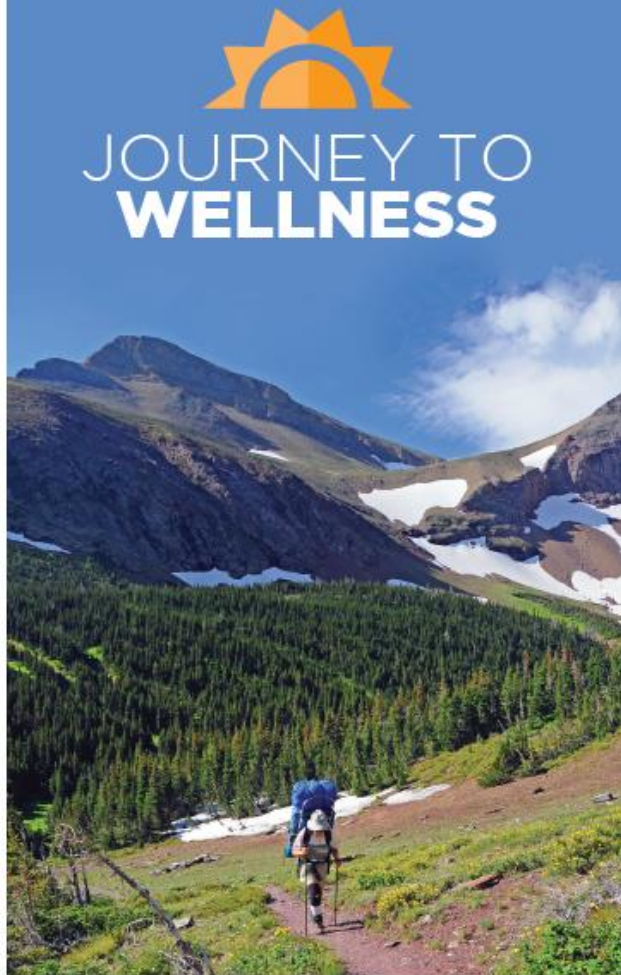
"The Journey to Wellness program has been a life changing experience for me. I am in stroke recovery and have received loving support that continues to the present. My sincere thanks to The Summit." -Jack



Laura Hampson

"Participating in the Journey to Wellness Program has been quite life changing. I feel better now than I did ten or twenty years ago! At Journey to Wellness, the mentors are top quality, and provide great

support to help everyone succeed. Journey to Wellness is one of the best decisions I've ever made!" -Laura



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THE SUMMIT
MEDICAL FITNESS CENTER

SUMMIT MEDICAL FITNESS CENTER COACHING STAFF BACKGROUNDS

- Primary Care Physician
- Ph.D. – Health Promotion
- Ph.D. – Clinical Exercise Physiology (RCEP)
- M.S. – Clinical Exercise Physiology (RCEP)
- M.S.W. – Licensed Clinical Counselor
- M.S. – Athletic Trainer/Exercise Physiologist
- M.S. – Licensed Dietician
- M.S. – Exercise Physiologist / Personal Trainer (ACSM) / NSCA
- B.S. – Personal Trainers (ACE and ACSM)
- B.S. - R.N.

THE JOURNEY TO WELLNESS PROGRAM

- Provider Referral ONLY
- 4 month program; \$350
- Program Objectives:
 - Cultivate environment of successes
 - Establish a pattern of regular exercise & mindful eating/nutrition.
 - Increase overall quality of life
 - Identify & target barriers
 - Measure behavioral and health/clinical outcomes.

JOURNEY TO WELLNESS

- **Multi-disciplinary team approach**
- **Personalized coaching**
 - Wellness Vision
 - Associated SMART Goals
 - Focus on Positivity
- **RD / BSW : Body Balance Program**
- **Unlimited facility access**
- **Group Activities & classes**
- **Health education/wellness seminars**
- **Vector Wellness On-line Platform**
- **Progress reporting to referring MD**

JOURNEY TO WELLNESS – COACH CHECKLIST

Client Name: _____ Phone #: _____ Start Date: _____

COACHES: Please complete this checklist for each J2W participant. THANKS ☺

At orientation:

- Powerpoint
- Wellness Vision/Goals
- 5 week Letter

Prior to Initial Coach Meeting:

- Biometrics
- Review chart
- Enter HHQ into IHP

Initial Coach Meeting:

- Health history – what’s their story?
- Tour, locker use
- Wellness Vision/ goals – refine 2 wk & 3 mo. Goals
- Schedule SHAPE test with exercise goal
- ID Readiness to change for 3 m goal
- Positivity test
- Create “Weekly Plan” form
 - Use class schedules, lectures, support groups, etc
 - Create workout with client – K.I.S.S. please ☺
 - Make 2 copies “weekly plan” (1 chart, 1 participant)
- Get contact frequency/mode preference
- Set 2 week appointment, give reminder card
- Review IHP (optional)
- Membership card

After 1st meeting:

Survey	Threshold	Recommended Intervention
Exercise minutes/week	>150 minutes = Lower risk <150 minutes = higher risk	
Blood Pressure	<120 sys, < 80 dias = Low 120 -139 sys, 80-89 dias = Mod >140 sys, <90 dias. = High	
Dartmouth COOP	Low risk = < 25 Mod risk = 25 – 35 High risk = >35 – 45	
PHQ-9 Depression Screen	0 -4 Low 5 -14 Moderate depression 15 -27 high depression High risk - >9 total and/or a score of >1 on question #9	Patients scoring >9 or a score of >1 on question 1i* be referred back to their MD for evaluation. *If patient is suicidal, an immediate evaluation by qualified personnel is recommended.
Anxiety Screen	None = < 5 Mild = 5-9 Moderate = 10-15 Severe = 16-21	A “severe” score should be referred back to MD for further evaluation
Nutritional Behavior	Any <u>YES</u> answers indicate referral to RD	Moderate – high risk scores indicated potential need for Dietitian/Body balance program referral
Mindfulness	Any yes answer, ask open ended questions.	>1 Yes answer - indicated potential need for Dietitian/Body balance program referral.
Body Fat Percentage Low Moderate High	Women < /= 24% 25% -31% > or = 32%	Men < or = 16% 17% - 24% > or = 25%
Positivity Ratio	Goal of > 3.0	

JOURNEY TO WELLNESS

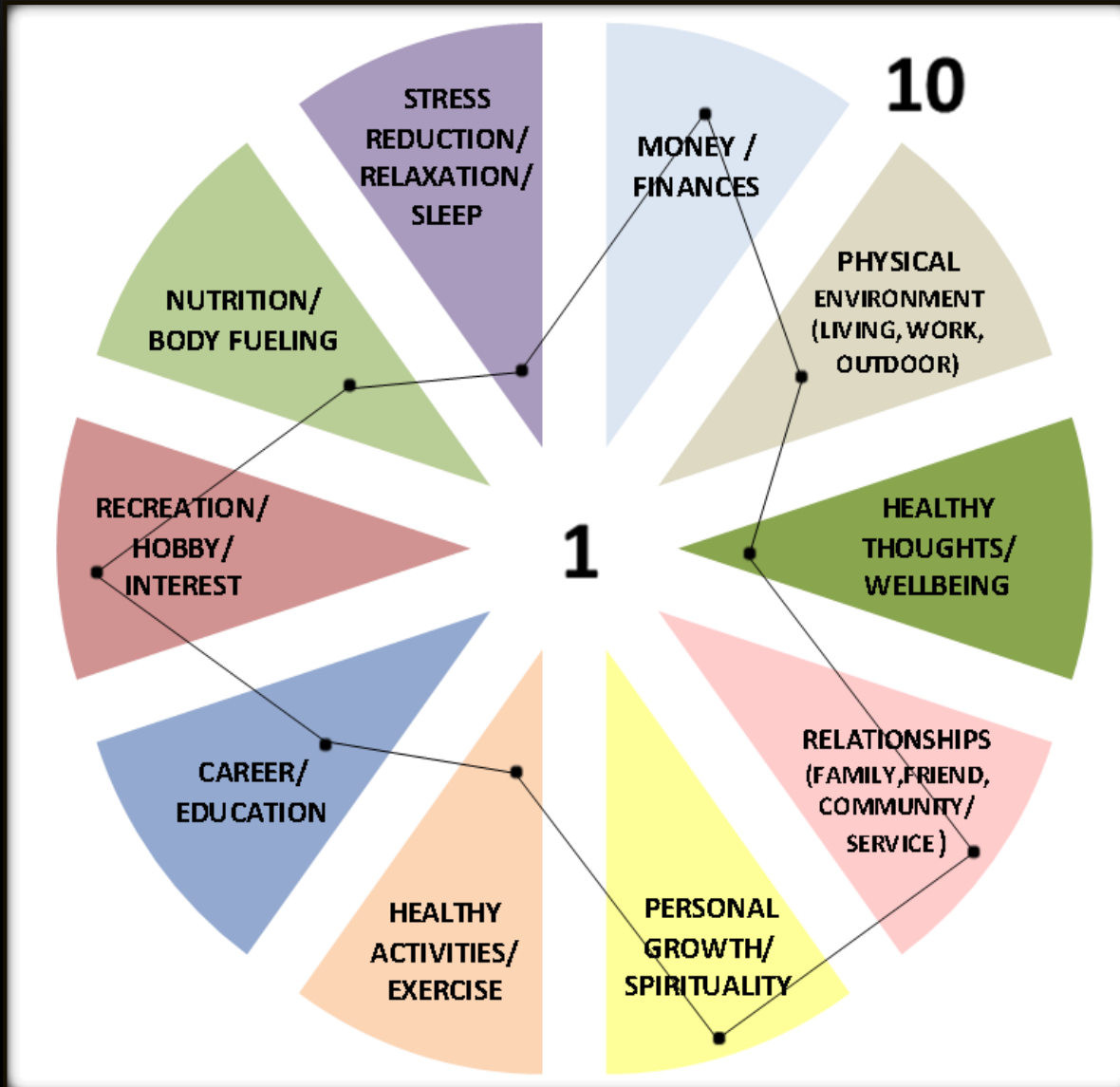
- Multi-disciplinary team approach
- Personalized coaching

● Wellness Vision

- Associated SMART Goals
- Focus on Positivity
- RD / BSW : Body Balance Program
- Health education/wellness seminars
- Unlimited facility access & classes
- Vector Wellness On-line Platform
- Progress reporting to referring MD

Wellness Wheel

Please rank your satisfaction between 1 (low) and 10 (high) for each pillar on the Wellness Wheel



What are you ready to change.....?

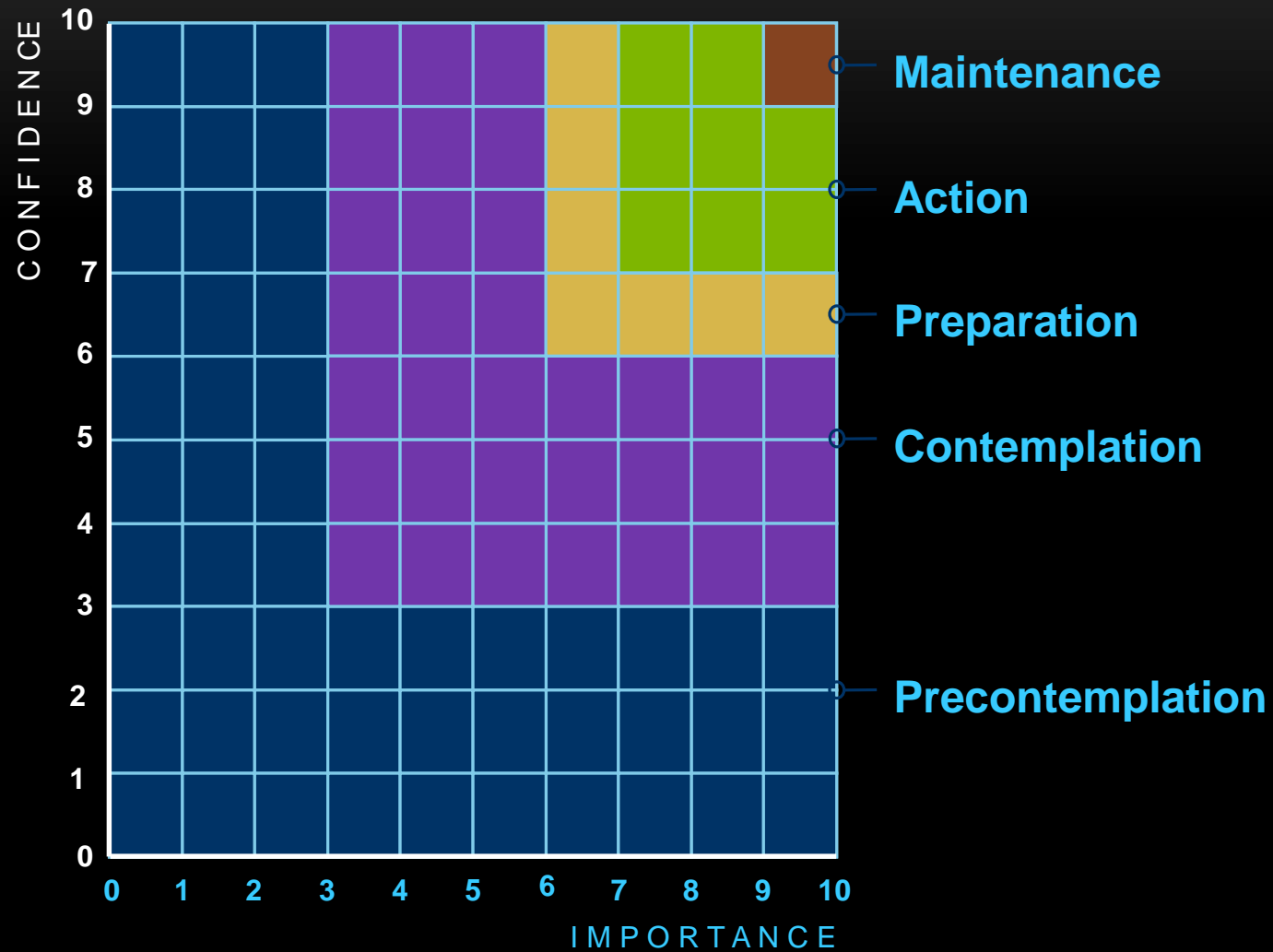
This exercise will help you assess your readiness to change behavioral areas related to health and wellness.

1. List the **behaviors** you would like to work on changing or adopting (refer back to any imbalance in your wellness wheel and where your energy lies).
2. Rate how important making the behavioral change is on a scale of 1 to 10
3. Rate your current level of confidence in making these changes (1 to 10)

1. Behavior:	2. Importance	3. Confidence
A.		
B.		
C.		
D.		
E.		
F.		



MOTIVATION & CONFIDENCE ARE CO-DEPENDENT



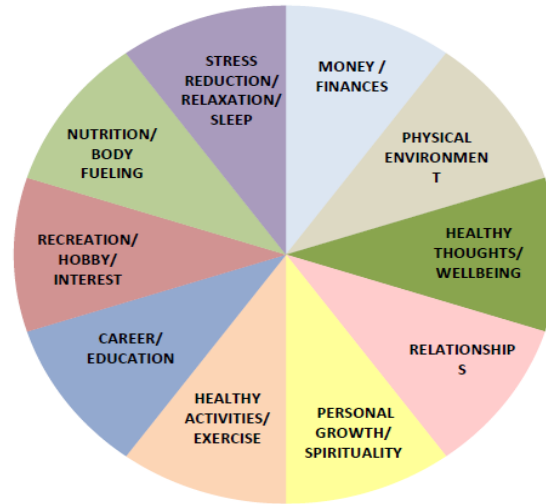
Wellness Vision

Welcome to *Journey to Wellness!*

Help us help you!

Tell us what you *MOST* want to get out of your first visit with your coach?

Where do you sit on the wellness wheel?



My Wellness Vision: This is a clear picture or statement of how I would *feel*, how I would *look*, and what I'd be *doing* if I were at my "best" (ex. I am energized, lighter and happier. I eat to fuel my body and move/play daily to feel my best. I take time to "smell the flowers" and notice the little things along the way.)

I am....

This wellness vision is important to me because...

VISION TO ACTION COACHING TOOL



1. What is going well in your life?
2. What are 5 things that make you thrive?
3. What is your vision for your future well-being?
4. Why does this vision matter to you?
5. What strengths can you use?
6. What is a key challenge?
7. What are three strategies for overcoming your challenge?
8. What are your goals and first steps?
9. What insights did you have?

Name:	Date:
Desired Outcome:	Why Now?
Values:	
Strengths:	
Successes:	
Motivators:	
Past Supports:	
Present Supports:	
Challenges:	
Strategies:	
Vision Statement:	
Supporting 3 Month Goals:	

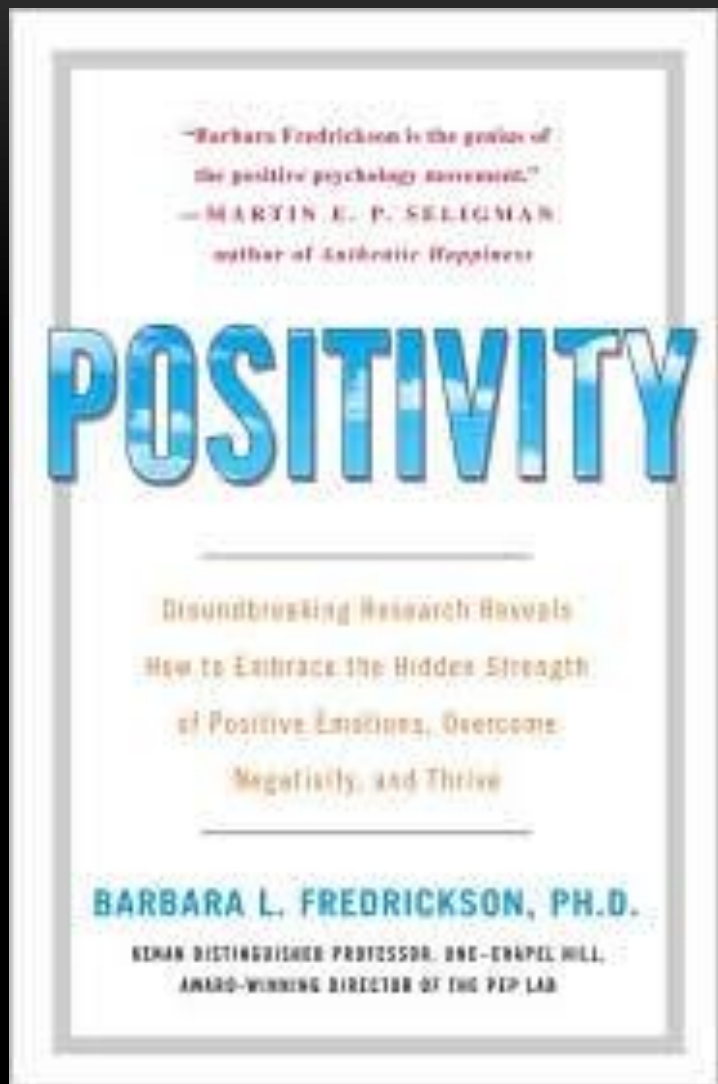
JOURNEY TO WELLNESS

- Multi-disciplinary team approach
- Personalized coaching
 - Wellness Vision
 - Associated SMART Goals

● Focus on Positivity

- RD/Body Balance Program
- Health education/wellness seminars
- Unlimited facility access & Classes
- Online tracking/mentoring
- Progress reporting to referring MD

Positive Emotions are a Vital Sign



“You tested positive for being negative.”

POSITIVITY SELF TEST

Name: _____

Date: _____

Take two minutes to complete the Positivity Self Test now. Your score provides a snapshot of how your emotions of the past day combine to create your positivity ratio.

Instructions: How have you felt in the past day? Look back over the **past day** (i.e., from this time yesterday up to right now). Using the 0-4 scale below, indicate the greatest degree that you've experienced of each of the following feelings.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

What is the most:

	0	1	2	3	4
Amused, fun-loving, or silly you felt?					
Angry, irritated, or annoyed you felt?					
Ashamed, humiliated, or disgraced you felt?					
Awe, wonder, or amazement you felt?					
Contemptuous, scornful, or disdainful you felt?					
Disgust, distaste, or revulsion you felt?					
Embarrassed, self-conscious, or blushing you felt?					
Grateful, appreciative, or thankful you felt?					
Guilty, repentant, or blameworthy you felt?					
Hate, distrust, or suspicion you felt?					
Hopeful, optimistic, or encouraged you felt?					
Inspired, uplifted, or elevated you felt?					
Interested, alert, or curious you felt?					
Joyful, glad, or happy you felt?					
Love, closeness, or trust you felt?					
Proud, confident, or self-assured you felt?					
Sad, downhearted, or unhappy you felt?					
Scared, fearful, or afraid you felt?					
Serene, content, or peaceful you felt?					
Stressed, nervous, or overwhelmed you felt?					





Enjoy your National Forest

- National forests are public lands set aside for public use and enjoyment.
- There are no entrance fees to use the forest, however, there are fees at developed sites. No fees to hike or walk.
- Dogs are welcome; some trails and developed areas may require a leash.
- Trails may have a variety of users – walkers, hikers, horses, and bikes.
- Trailhead signs help keep you informed on local issues, mileage.

Safety message

- Tell someone where you are going and when you expect to be back.
- Carry water, snacks, and phone.
- Hike with a friend and your trekking poles.
- Only go as far as you are able – enjoy and be safe.
- Dress in layers, appropriate for any weather condition.
- Wear sturdy non-slip shoes or hiking boots.
- Carry bear spray and know how to use it.
- Tread lightly and safely.



Forest walking trails for you to enjoy
on your Journey to Wellness and beyond.

*"I have walked myself into my best thoughts
and I know of no thought so burdensome
that one cannot walk away from it."*

- Soren Kierkegaard



in partnership with
Flathead National Forest

Forest Walks



*"Each walk is an opportunity to
celebrate nature and quality of life."*

- Barbi Webber



United States Department of Agriculture
Forest Service

**Flathead National Forest
Hungry Horse Ranger District**

Hungry Horse, MT 59919
406-387-3800

www.fs.usda.gov/flathead



Hungry Horse - US Forest Service Road #2861

The road is located near the Hungry Horse Ranger Station in Hungry Horse, MT. Park along the road and walk toward the Flathead River and back to your vehicle. Approximate length 2 miles round trip. Note that this is an open road, however, traffic is very light and the road is paved and wide.

Directions: From Kalispell take US Highway 2 to Hungry Horse, turn right at the Hungry Horse Ranger Station sign (6th Street), go straight and find a parking spot along the road. Walk North toward the river. Cell phones work in this area.

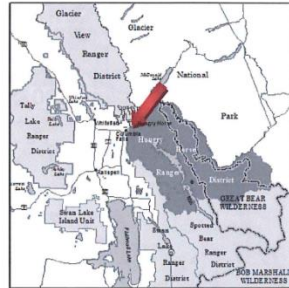
Trailhead Facilities: Park along the road, there is no signage or trailhead.

At a Glance

- Fees:** None
- Season of Use:** Year Round
- Usage:** Low, light vehicle traffic on road
- Users:** Walkers, hikers, mountain bikers, motorcycles, ATVs
- Dogs:** Must be on leash
- Closest Town:** Hungry Horse, MT

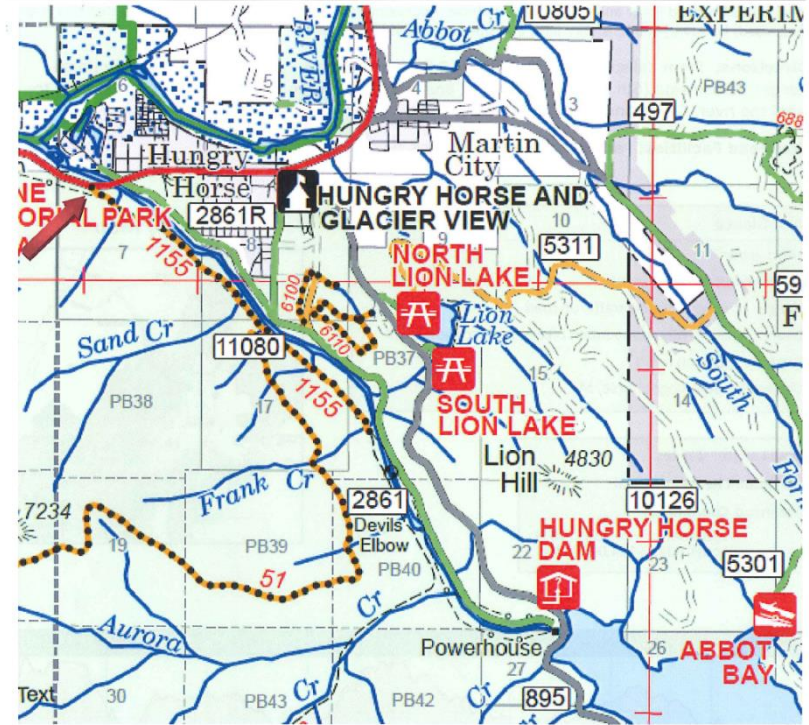
- Trail Length:** 2 miles
- Elevation Change:** minimal
- Trailhead Coordinates:**
Latitude: 48.385798 N
Longitude: -114.060953 W

Vicinity Map



A full elevation profile can be downloaded from <http://www.fs.usda.gov/main/flathead/landmanagement/gis>.
Select 'GIS Data Library' then 'Trail Routes' listed under 'Transportation'

Screen shot of map taken from the Flathead National Forest Visitor Map which is available at all Flathead National Forest offices. Obtain a map for complete legend information.



LEGEND			
	Trail		Forest Service Boundary
	Motorized Trail		Flathead National Forest Land
	US Highway		Other National Forest Land
	Light Duty Road - Paved		State Land
	Primary Access Route		Federal Land/ National Park
	Forest Service Road - Open Yearlong		Plum Creek Timber Land
	Forest Service Road - Open Seasonally		Private
	Unimproved Road - Closed on Forest Service Land		

SCALE: 1 Section = 1 Mile



Forest Walks

The Journey to Wellness program strives to harness your strengths to build your best self. Health and wellness is an essential component of that balance. The health benefits of being in nature are immediate. In celebration of this, a partnership between Journey to Wellness program and the US Forest Service have identified the following walking trails to inspire you to experience your forest and enjoy the outdoors.

Common features of these forest trails:

- Near the Flathead Valley
- Between 1 – 5 miles in distance
- Dogs on leash
- Clear signage
- Developed parking
- Gentle terrain
- Well maintained trails

Flathead National Forest Walking Trails

Tally Lake District

- Danny On Trail #370; 1-7 miles
- Finger Lake Trail #802; 1-3 miles
- **Round Meadow Trails #45; 1-13 miles**
- **Tally Lake Accessible Tr. #809 .4 miles - fee**

Hungry Horse/Glacier View District

- Jewel Basin Hiking Area; 1-10 miles
- Hungry Horse Ranger Station
FS Road 2861; 2 miles to river and back;
light vehicle traffic.

Swan Lake District

- **Krause Basin Interpretive Trail #904: 1/3 mile**
- Echo/Broken Leg Divide #544; 9.4 miles
- Strawberry Lake #5; 2.8 miles

Spotted Bear District

- Historic Ranger Station and Compound;
1-3 miles
- Red Creek Trail #486: 1.4 miles

Easiest accessible trails are in orange.

Note: Camping available at Spotted Bear Campground. Day/Overnight

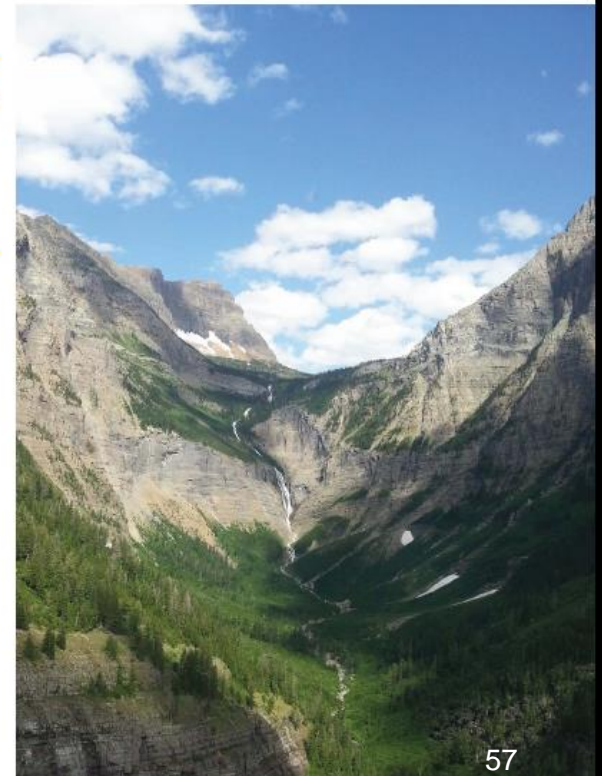


Contact information

Flathead National Forest
650 Wolfpack Way | Kalispell, MT 59901
(406) 758-5204
www.fs.fed.us/r1/flathead

Summit Medical Fitness Center
Journey to Wellness Program
205 Sunnyview Lane | Kalispell, MT 59901
(406) 751-4106
clisowski@krm.org

Trail Maps available at The Summit, US Forest Service office, or online.



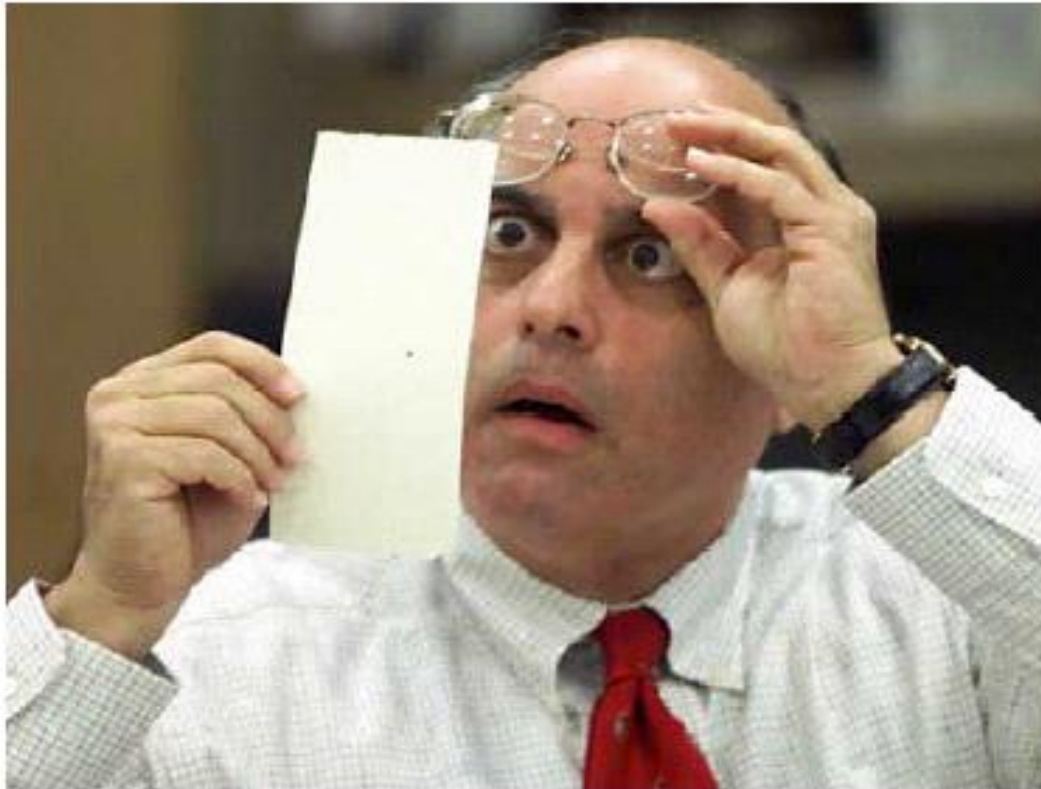
So; What About DIETS?

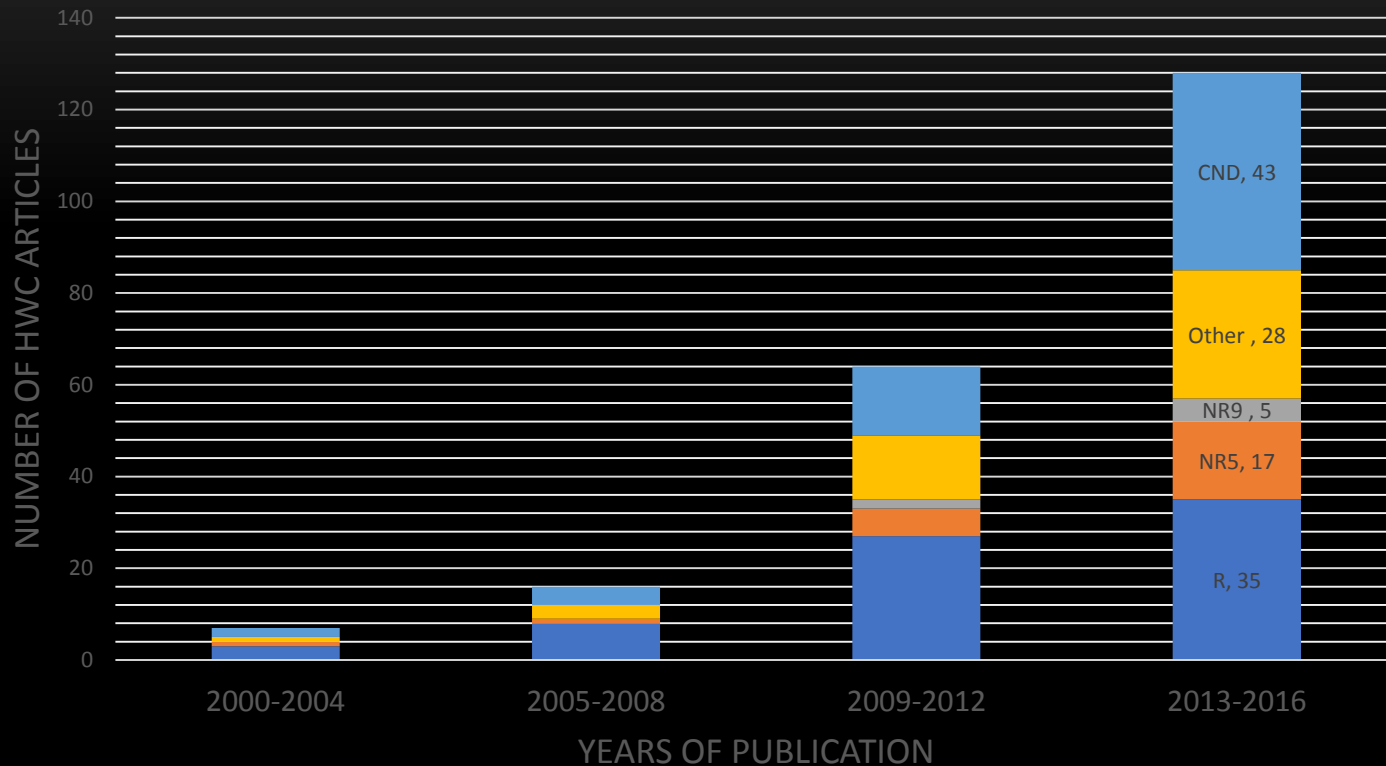


By Scott Stantis, The Birmingham (Ala.) News, Copley News Service



Let's Look at a Little Data!





R = randomized, controlled trials; NR5 = before & after trials; NR9 = qualitative studies; other = all other non-randomized designed studies with data; CND = coaching articles without data (e.g., commentary, opinions, reviews)

Health & Wellness Coaching: Compendium of the Literature (upcoming in 2017)

Health & Wellness Coaching Research

- 149 empirical studies with outcomes data
- 71 RCTs
- diabetes, cardiovascular disease, obesity, non-clinical
- large scale studies
- sustainability studies



THE EFFECTS OF HEALTH COACHING ON ADULT PATIENTS WITH CHRONIC DISEASES

Systematic Review

- 12 studies identified (2009-2013)
 - RCTs
 - Adults with chronic disease health care professionals
- improved weight management
- Improved A1C
- Improved social support
- Increased physical activity
- improved physical and mental health



“Health Coaching is an effective..... taking advantage of a patient’s willingness to change lifestyle and support home-based self-care”

Kivelä et al.. 97(2), 147-157, 2014.

The Effects of a Medical Fitness Community Wellness Program Employing a Health Coaching Model

Brad A. Roy, FACSM, Cathy Lisowski, Miranda Kaye, Gary A. Sforzo, FACSM
Kalispell Regional Medical Center, Kalispell MT Penn State University, University Park PA, Ithaca College, Ithaca, NY

Community medical fitness programs and health coaching are emerging trends in health care but very little information is available on the effects of combining the two. Fitness programs are generally acknowledged as beneficial; when health coaching is available and used regularly is there an enhanced program effect? **PURPOSE:** To determine the health impact of a coaching component integrated within a community-based medical fitness program. **METHODS:** Journey to Wellness (J2W) program enrollees ($N = 1,306$) were predominately female (76%; 24% male) aged 12-87 y (53.54 ± 14.34). Over a 3-mo intervention, J2W emphasized exercise participation, offered nutrition counseling, community (social/emotional) events, and health coaching. Health coaches were trained using an 18-week educational program. Coaching participation averaged 4.4 ± 2.5 sessions with 0-22 range and was analyzed at three levels (0-3; 4-6; 6+ sessions). Pre and post measures were Patient Health Questionnaire (PHQ), Lifestyle Nutrition Behavior (LNB), General Anxiety Disorder (GAD), Dartmouth Quality of Life (QoL), exercise minutes, weight, waist circumference, systolic and diastolic blood pressure. A series of 2x3 ANOVA were used to examine data after adjusting alpha. **RESULTS:** J2W intervention significantly ($p < .01$) improved all outcomes with $> 250\%$ increase in exercise minutes. Between 20-43.17% improvements were observed for health scores (PHQ, GAD, QoL) while LNB improved 7.5%, and biometrics (weight, waist, blood pressures) between 1-2.2%. Moreover, significant interactions ($p < .01$) indicated greater participation in health coaching further enhanced the J2W effect for PHQ and QoL (weight and GAD approached significance, $p < .05$ and $< .1$ respectively).

CONCLUSION: By all accounts J2W was an extremely effective community wellness intervention. When participants participated regularly in health coaching the beneficial effects of this medical fitness program were enhanced. Health and wellness coaches working in conjunction with a medical fitness program provide a powerful community-based health intervention.

Primary Diagnosis	N	Percent
Arthritis	53	4.06
Cancer	48	3.67
Cardiac Issues	53	4.06
Chronic Pain	181	13.85
Depression/Anxiety	27	2.07
Diabetes	44	3.37
Fibromyalgia	87	6.66
Hyperlipidemia	38	2.91
Hypertension	7	5.66
Obesity	271	20.73
Orthopedic	31	2.37
Other	283	21.65
Pre-Diabetes	103	7.88
Total N	1306	100%
Gender	Female = 76%	Male = 24%
Age	53.54 ± 14.34 years	Range 12 – 87 years 65

Program Effect: before/after J2W (N = 1306)

Every outcome variable improved over time with J2W programming

Outcome	Pre	Post	Change (%)
DART (QOL)	24.98 \pm 6.32	19.51 \pm 5.88**	-21.91
PHQ-9 (Depression)	8.06 \pm 5.93	4.58 \pm 4.40**	-43.17
GAD-7 (Anxiety)	6.76 \pm 5.84	4.01 \pm 4.31**	-40.62
Pain	4.52 \pm 2.41	3.83 \pm 2.29**	-15.27
SBP	125.19 \pm 17.74	122.86 \pm 17.30**	-1.86
DBP	77.95 \pm 12.05	75.97 \pm 11.42**	-2.53
Weight	209.39 \pm 57.84	204.88 \pm 55.09**	-2.15
BMI	34.16 \pm 8.67	33.60 \pm 8.30**	- 1.60
BF%	42.05 \pm 13.66	40.90 \pm 9.38*	-2.73
Waist	41.77 \pm 7.37	40.52 \pm 7.12**	-3.00
Ex min/wk	71.70 \pm 165.05	269.47 \pm 255.31**	281.12
Positivity Ratio	2.67 \pm 2.97	4.05 \pm 3.66**	51.55
NutrBeh	11.86 \pm 8.82	10.97 \pm 9.63**	-7.51
NutrMind	1.73 \pm 1.53	1.18 \pm 1.53**	-31.83
	*p<.05	**p < .001	

CHANGE IN POSITIVITY ASSOCIATION WITH CHANGE IN CLINICAL AND BEHAVIORAL VARIABLES

Variable	(+) Associated	(-) Associated
Exercise Min/Week	X	
Dartmouth		X
PHQ 9		X
GAD 7		X
Pain		X
SBP		X
DBP		X
Body / Mindfulness		X

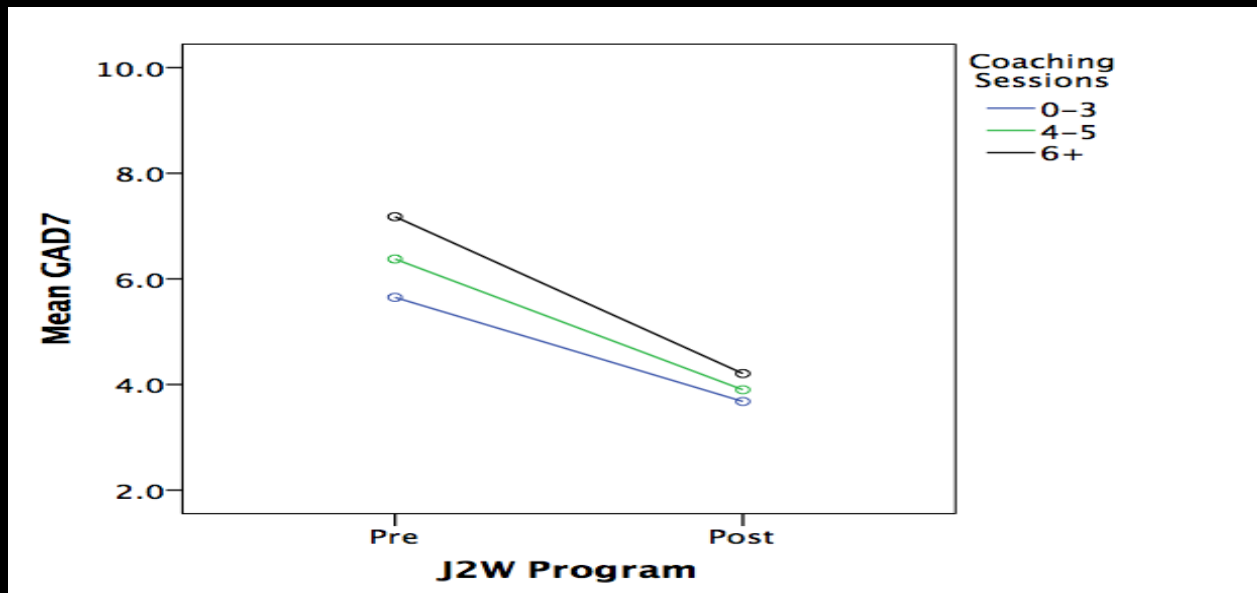
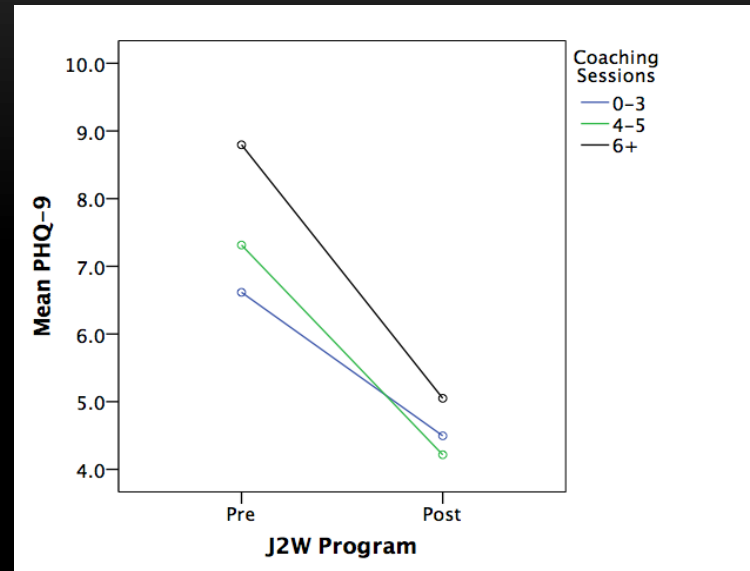
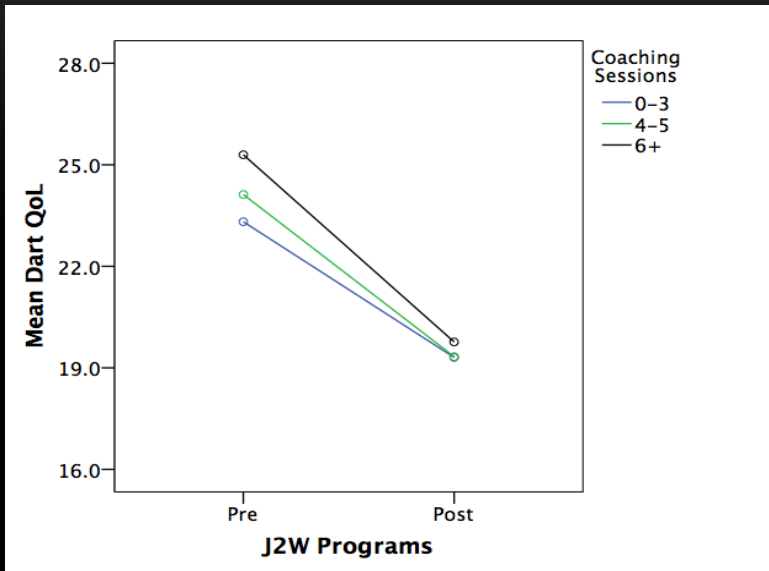
(+) = Positivity goes up / Variable Score Goes Up

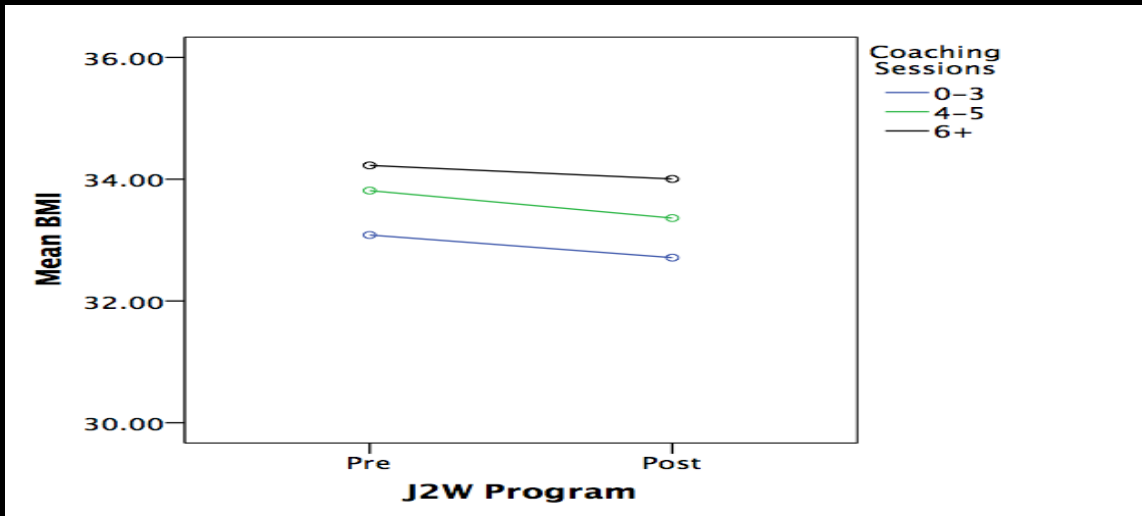
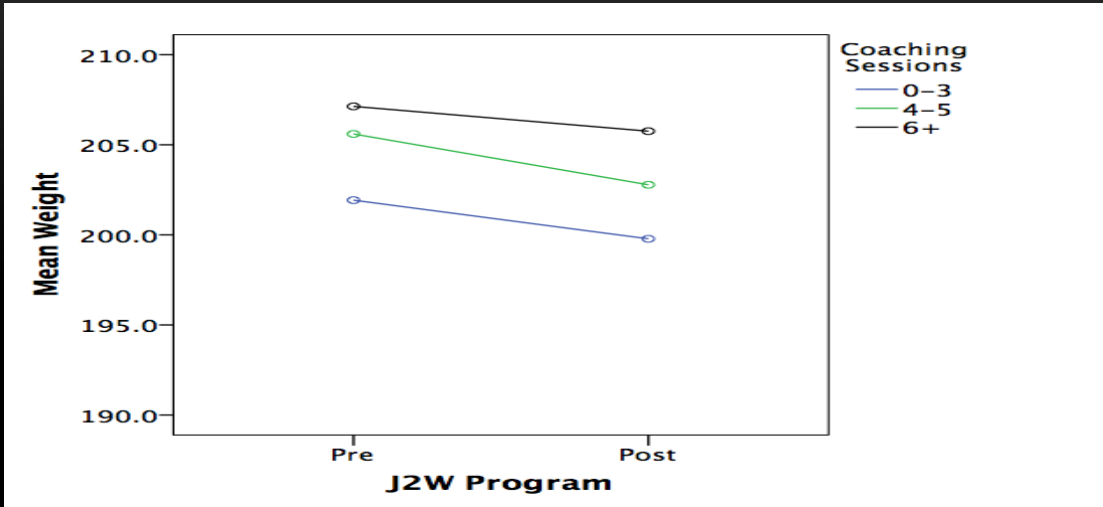
(-) = Positivity goes up / Variable Score Goes Down

****All Significant at 95% level of confidence**

Outcome Variables: Coaching Effect before / after J2W

J2W Participants with more coaching had better improvement in DART, PHQ-9 and GAD7





Outcome Variables by Primary Diagnosis Presentation: before/after J2W

Diagnosis	Outcome													
	DART	PHQ-9	GAD-7	Pain	SBP	DBP	Wt	BMI	BF%	Waist	Ex/Wk	Pos	NutBeh	Mindf
Arthritis	**	**	**	*					*	†	**		†	**
Cancer	**	**	**							**	**		*	
Cardiac	**	*	†				*	*		**	**		**	
Chronic Pain	**	**	**	**	*	**	**	*	*	**	**	**		†
Depr/Anx	**	**	*								**	**		†
Diabetes	**	**					*	**	*	**	**	**		
Fibromyal	**	**	**	*				†	**	**	**	**	*	*
Hyperlipid	**	**	†	**	*		*	*			**	†	*	*
Hyperten	**	*	†	*	†	*	**	*	**	**	**		*	**
Obesity	**	**	**	**	**	**	**	**	**	**	**	**		**
Orthopedic	**	**	*								**			
Pre-Diab	**	**	**				**	**	**	**	**	**		**

Note. $p < .01^{**}$; $p < .05^*$; $p < .10^\dagger$

One Year Post Data: n = 76; (47 SMFC memberships)

Outcome	Pre-program	Post-program	Post-One Year
Positivity	2.66	3.91	3.47
PhQ - 9	7.95	4.71	5.35
GAD - 7	6.60	4.14	3.41
PAIN	4.37	3.88	3.89
Exercise (min/wk)	81.96	287.85	222.23
Dartmouth QOL	24.37	19.56	20.35
Body Weight	204.65	201.77	185.88
BMI	42.28	33.11	31.09
BF %	41.41	40.49	39.87
Waist Circ.	40.87	39.85	39.33
Nutrition behaviors	18.57	16.84	3.09
Body Image	1.50	1.01	1.16
SBP	124.74	212.94	125.91
DBP	77.54	75.46	76.47



THE SUMMIT/BIO WELLNESS PILOT STUDY

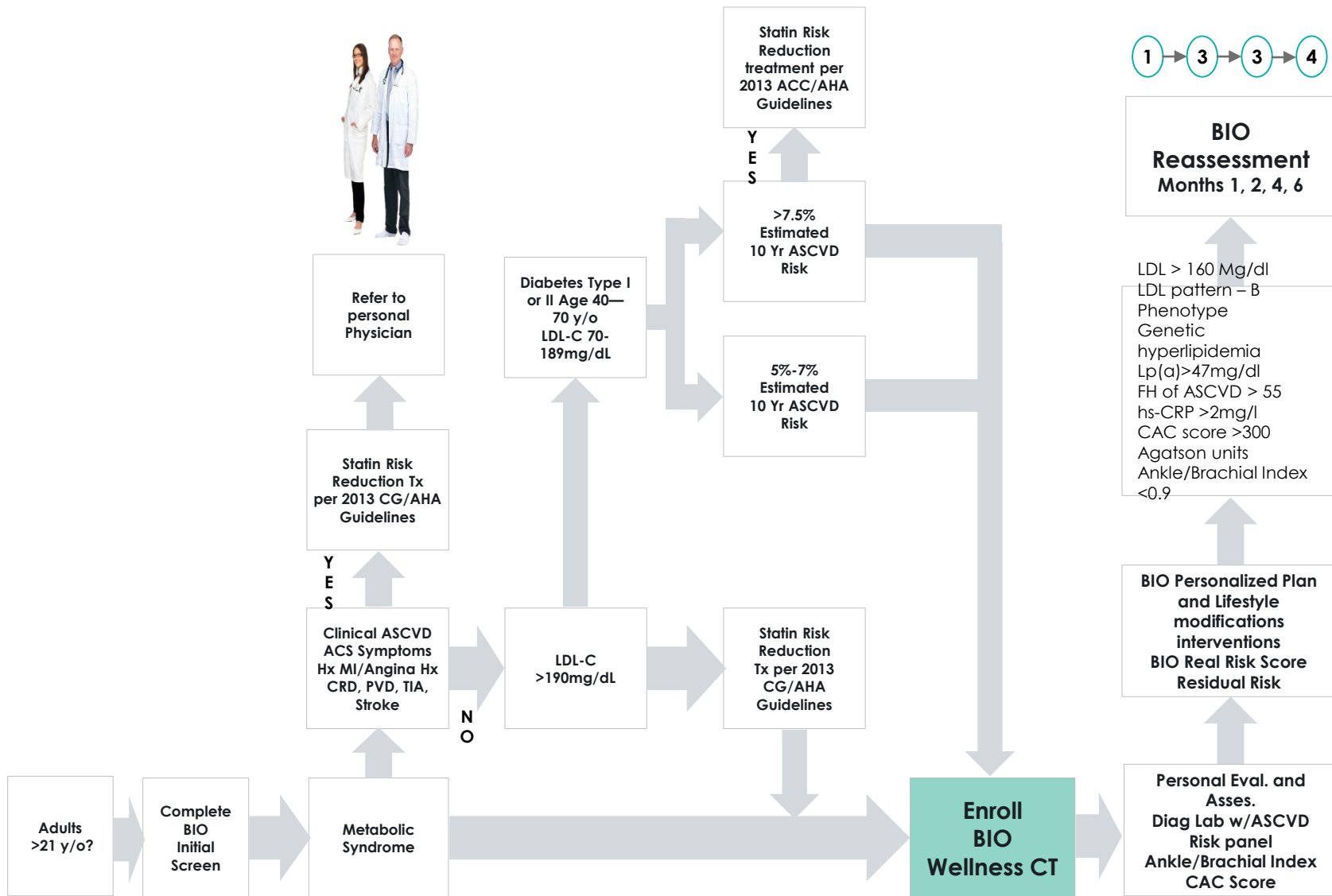
Goal:

A reduction in cardiovascular risk using BIO's comprehensive wellness platform and the coordinated efforts of a physician, wellness coach, and dietitian to optimize the health and wellbeing of the participant.

BETA STUDY DETAILS:

- 6 month intervention phase
- Bloodwork & urinalysis = 4 draws
- Physician assessment = 5 visits
- Wellness coach = 13 visits
- Registered Dietitian = 6 visits
- Recipes, meal plans
- Exercise Guidance
- Online tracking of food/activity



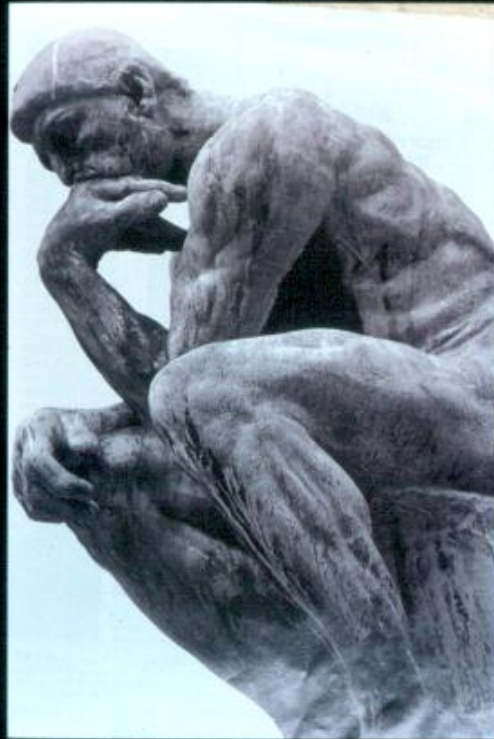


Pilot Screening and Enrollment Workflow

PROJECT TIMELINE:

Evaluation & Management	11/1 Initial Asses sat	Month 1			Month 2			Month 3			Month 4			Month 5			Month 6			F/U assess at SMFC						
	START	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12	Wk 13	Wk 14	Wk 15	Wk 16	Wk 17	Wk 18	Wk 19	Wk 20	Wk 21	Wk 22	Wk 23	Wk May 1st	
	Nov 1st	Wk of 11/14				Dec 13th			wk of Jan 1st	Jan 10th		wk Jan 23rd					Mar 7th		wk of Mar 20th							
P= Physician	P								P			P							P							P
C=Wellness Coach	C	C	C	C	C		C			C		C		C		C					C					C
D= Dietician	D				D					D				D			D									D

SOME CONCLUDING THOUGHTS



KEY PILLARS OF POPULATION HEALTH / VALUE BASED CARE



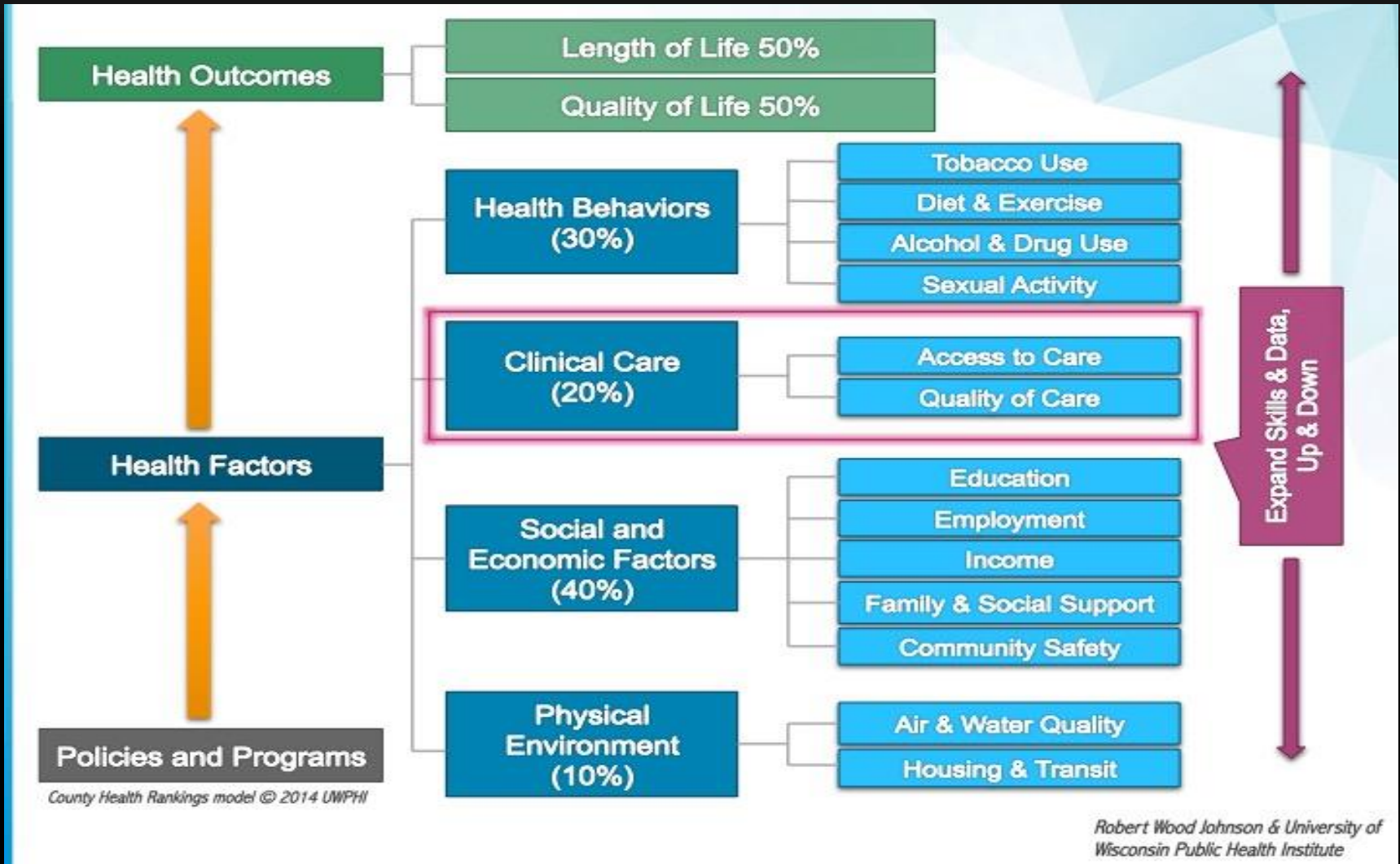
Business vision,
population
definition, policies,
modeling,
financials,
contracts,
procedures, market
analysis, and value
proposition

Risk, incentives,
payment
management,
shared savings

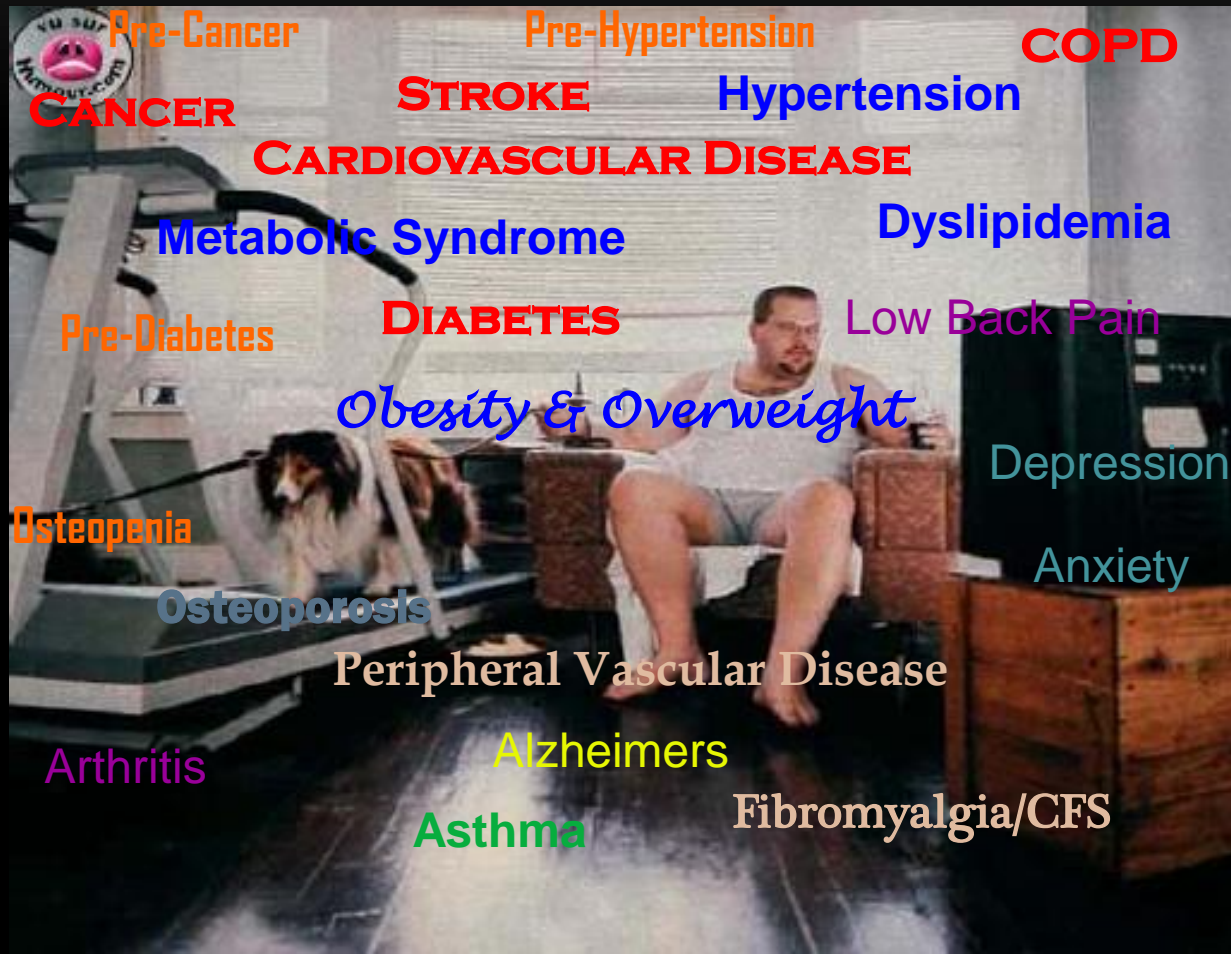
Workflows, role
changes, people, **care
coaches**, wellness
program
development, health
risk assessment
process, population
engagement

Integration and
interoperability
including HIE,
patient portal,
analytics, coaching
tools and health
risk assessment

***80% of what affects health outcomes** is associated with **factors outside the traditional boundaries of healthcare delivery**—health behaviors (tobacco use, sexual activity), social and economic factors (employment, education, income), and physical environment (air quality, water quality). When healthcare delivery systems expand their interactions with patients to these territories, now the purview of the public health system, outcomes will improve.

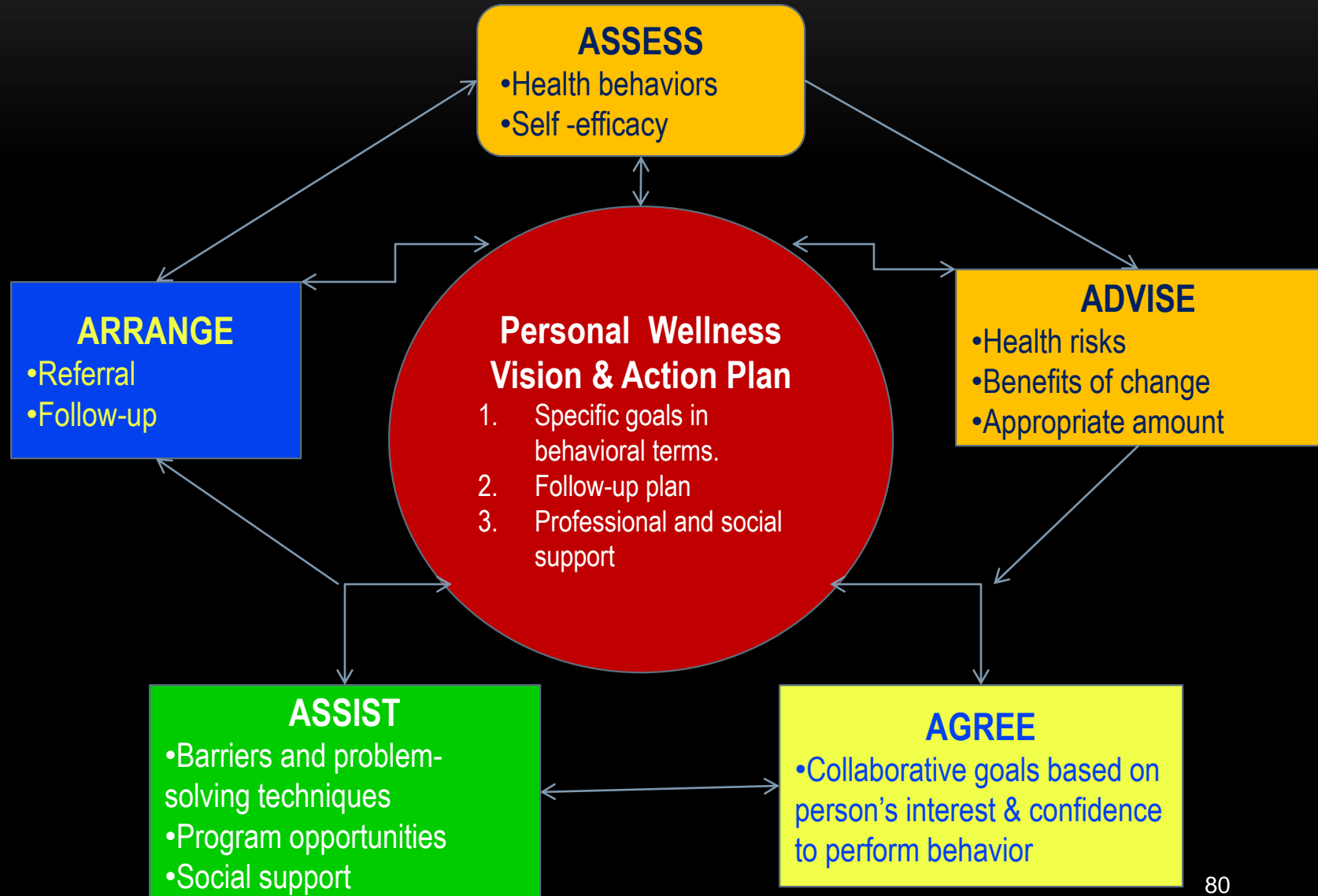


Focus on ZERO Trends: Don't Get Worse!!



HEALTH COACH MODEL

Adapted from: Glasgow et al. Am J Prev Med 2004;27(2S)







Look, Mom-
Burritos!
Yum!



“ If You Rest, You Rust! ”

Helen Hayes (1900-1993)

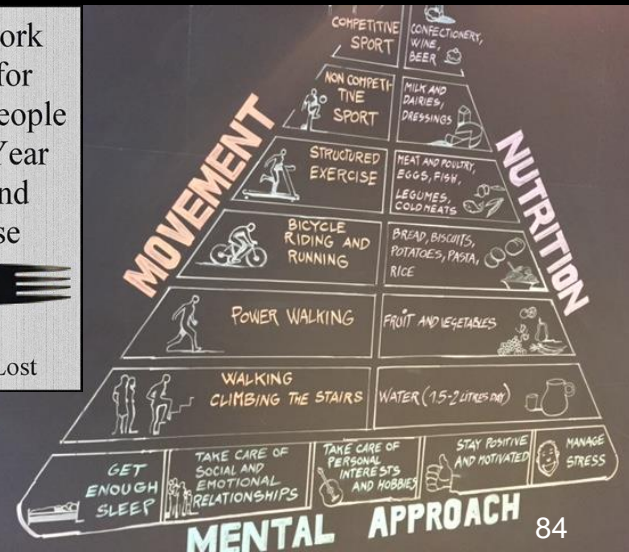
LIFESTYLE AS MEDICINE

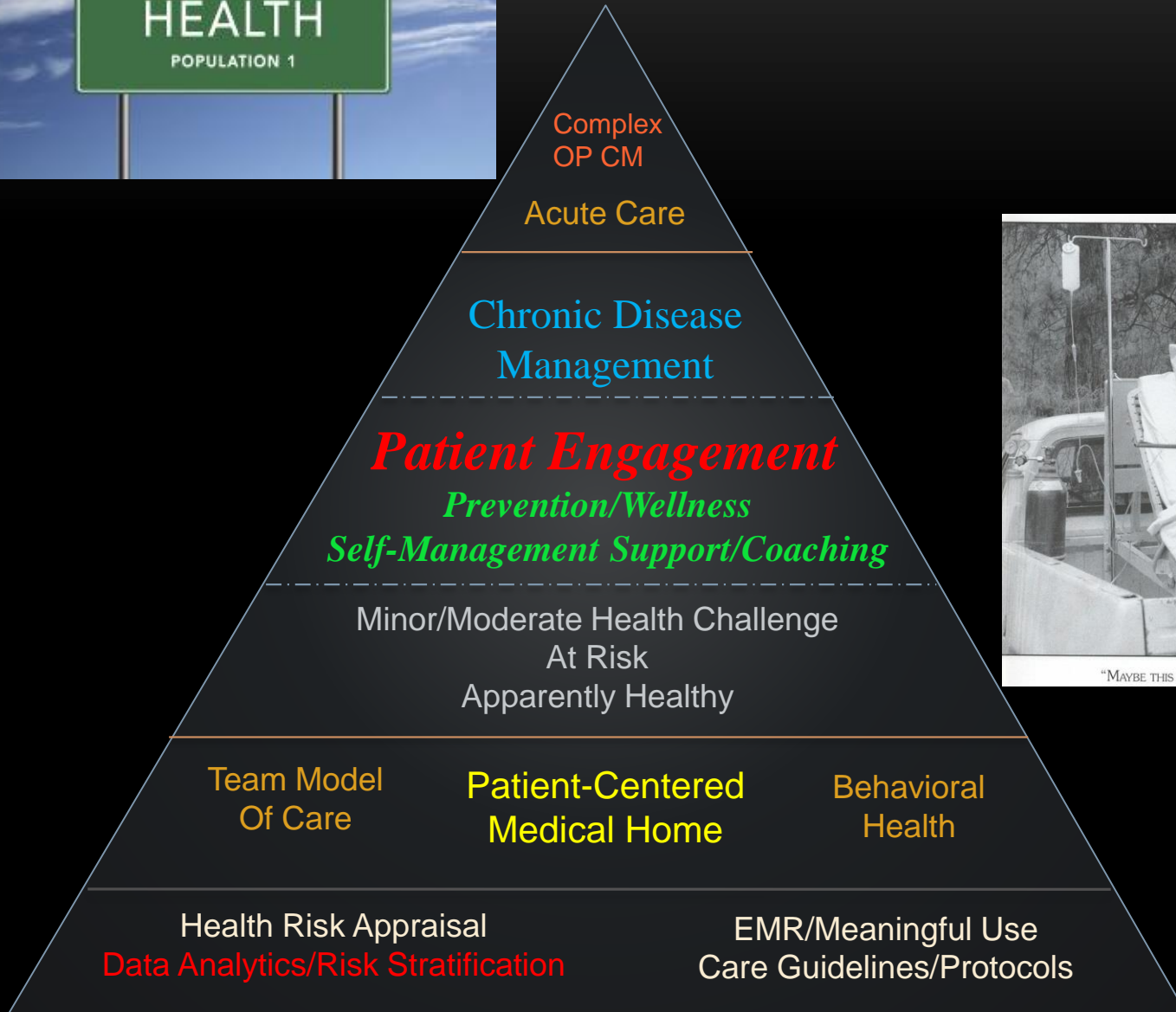


The Assault Fork Responsible for Thousands of People Dying Every Year Of Obesity And Heart Disease



Ban It Before More Lives Are Lost





"MAYBE THIS IS THE LAST YEAR I'M GOIN' HUNTING"

TAKEAWAYS



1. Evidence supports use of coaching and coaching skills
2. Coaching ignites professional well-being
3. Coaching catalyzes positive shifts in clients and culture
4. Coaching future is bright
5. Coaching is becoming a key cornerstone in healthcare

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THEMED ISSUE ON BEHAVIOR CHANGE

SEPTEMBER/OCTOBER 2017

THEMED ISSUE ASSOCIATE EDITOR: BRYAN BLISMER, PH.D., FACSM

- **Five Feature Articles**
 - **Affect-based Exercise Prescription: Rationale and Supporting Evidence**
 - Panteleimon Ekkekaks, Ph.D., FACSM; Mark E. Hartman, MS, MA; Matthew A. Ladwig, MS
 - **Role of Behavioral Economics in Understanding and Working with Clients**
 - Liz Hathaway, Ph.D., MPH, Med
 - **Changes in Motivation**
 - Anna Wasserkampf, MSc; Pedro J. Teixeira, Ph.d.; Marlene N. Silva, Ph.D.
 - **Engaging the Family to Promote Physical Activity**
 - Keeley J. Pratt, Ph.D., LMFT; Jennifer Lotto, M.S.; Jacqueline Goodwin, Ph.D.
 - **Motivational Dynamics of Wearable Activity Monitors**
 - Elizabeth J. Lyons, Ph.D., MPH
- **All Associate Editor Columns discuss an area of Behavior Change**

**“WE MAKE A LIVING BY WHAT WE GET;
WE MAKE A LIFE BY WHAT WE GIVE”**
SIR WINSTON CHURCHILL



Wulf Link