

# Telephonic Health Coaching Intervention Toolkit



University of Saint Joseph (USJ) SNAP-Ed Program



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## Acknowledgements

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## Purpose of the Toolkit

The Telephonic Health Coaching (THC) Intervention Toolkit is designed to assist SNAP-Ed programs in implementing THC intervention, an innovative and effective method to promote healthy behavior changes among SNAP-Ed participants. Based on best practices derived from seven years of experience at the University of Saint Joseph (USJ) SNAP-Ed Program, this toolkit provides comprehensive resources for launching a THC intervention.

Our THC intervention consists of six consecutive weekly sessions, approximately thirty minutes in length, with pre/post program evaluation at weeks one and six. Sections 1-3 provide logistical information related to initiating a THC intervention, including; staffing, training, client recruitment, administrative and data management considerations.

Section 4 show the basic outline for a THC session while Section 5 outlines the step-by-step coaching process for each session of the six week program, complete with examples of coach dialogue. Section 6 provides an explanation of communication documents between coach and client, and the evaluation tool used. Samples of the documents are in the appendix.

The second part of the toolkit features the Health Coach Training Sections. Health coaches use a client-centered approach to elicit motivation and facilitate client goals related to the current *United States Department of Agriculture (USDA) Dietary Guidelines for Americans*.<sup>1</sup> Health coaching combines evidence-based behavior change strategies with specialized skill sets. Motivational Interviewing (MI),<sup>2</sup> self-efficacy,<sup>3</sup> Transtheoretical Model (TTM),<sup>4</sup> positive physiology,<sup>5</sup> Brief Action Planning (BAP),<sup>6</sup> and a Specific, Measurable, Action-based, Realistic, and Time-bound (SMART) goal<sup>7</sup> are among the core competencies. An overview of the theories and key constructs of the coaching philosophy are presented in Section A. In Sections B and C the theories, skills, and tools of the coaching process are provided. This training is designed specifically to meet the needs of SNAP-Ed clients and programs, and is not a replacement for health coaching certification.

Section 7 presents detailed results of our program data from 2016 to 2019 with 159 clients who completed the THC intervention. There was a statistically significant change in 18 pre/post behavior outcomes ( $p < .05$ ). Qualitative information regarding the client's vision, goals, and self-efficacy levels, is also reported here. In summary, this intervention demonstrates that a brief THC intervention is a highly successful method to promote healthy behavior change in SNAP-Ed participants. Coaches and clients alike reported positive experiences using this approach.

Since the onset of COVID-19, telehealth formats have become indispensable channels to reach and serve clients. Our mission is to encourage other SNAP-Ed programs to initiate a THC intervention and to support their efforts by using this document as a framework and foundational training guide.

## SECTION 1: Introduction

The focus of the Connecticut (CT) SNAP-Ed plan is to assist the SNAP-Ed target population to institute healthy eating habits within a limited budget and promote physically active lifestyles to prevent or postpone the onset of disease, including obesity, consistent with the current *USDA Dietary Guidelines for Americans* and Food Guidance System.<sup>8</sup> The overall goal of the CT SNAP-Ed Program is grounded in the federal goal:

*to increase the likelihood that people eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the Dietary Guidelines for Americans and Food Guidance System.*<sup>9</sup>

In addition to direct nutrition education provided in community settings, the USJ SNAP-Ed Program wanted to implement an intervention that would increase the behavior change potential of our clients. THC is an evolving method for health care delivery,<sup>10</sup> and USJ has developed a series of educational programs centered on health coaching. We believed that SNAP-Ed participants could benefit from the unique features of a THC intervention, and wanted to evaluate the feasibility, cost, effectiveness, and response of our clients.

Six in ten Americans live with at least one chronic disease, such as heart disease and stroke, obesity, cancer and/or diabetes. These and other chronic diseases are the leading causes of death, and along with mental health conditions are responsible for 90% of the nation's \$3.5 trillion in annual health care expenses.<sup>11</sup> Since traditional medical approaches have not been successful in promoting lifestyle changes, health coaching interventions, which aim to activate a patient's internal motivation to change, have become an attractive alternative.

The profession of health coaching has developed considerably over the last two decades and has become increasingly evidence-based. Wolever et al<sup>12</sup> published a systematic review of health and wellness coaching literature in 2013, which helped to identify the key components of health coaching. Health coaching is described as:

*a patient-centered approach, in which patients at least partially determine their goals, use self discovery or active learning processes with content education to work toward their goals, self monitor behaviors to increase accountability, all within the context of the interpersonal relationship with the coach. The coach is a healthcare professional trained in behavior change theory, motivational strategies and communication techniques, used to assist patients to develop intrinsic motivation and obtain skills to create sustainable change for improved health and well-being.*<sup>12</sup>

Applications of health coaching are used across the health continuum, and are quite diverse; from the management of various aspects of chronic diseases, pain and medication management, to improving lifestyle behaviors such as smoking cessation, stress reduction, healthy eating, and exercise.<sup>13</sup>

Economically disadvantaged populations have limited access to mainstream health coaching programs, and may have additional barriers to obtaining healthcare such as long working hours, transportation issues, geographic isolation, and fewer local healthcare providers.<sup>14</sup> THC is a new strategy to provide coaching in a convenient, timesaving, cost-effective, and accessible modality, which helps to address these social and economic disparities. Ninety-three percent of health coaching programs currently use some form of telephonic delivery.<sup>15</sup>

Limitations of health coaching research include the diversity of the conditions, settings, and definitions of coaching; and the wide variations in the disciplines providing health coaching, sample sizes, and lack of standardized research.<sup>12</sup> However, the vast majority of the literature shows beneficial trends in health status with health coaching.

The USJ THC intervention was developed according to the principles of the National Board for Health & Wellness Coaches.<sup>16</sup> The purpose of this project was to develop a THC intervention tailored to the needs of the SNAP-Ed population, and to test the effectiveness of THC in improving the healthy eating and physical activity behaviors of these clients. Although USJ SNAP-Ed appears to be the first THC intervention created for SNAP-Ed recipients, THC programs have been used successfully to address physical fitness and eating behaviors in other diverse, low income communities.<sup>10,14,17</sup> USJ health coaches collaborate with clients in a client-centered relationship and believe that each client is an expert on his or her life and in their ability to change. The health coaches have unconditional positive regard for their clients and conduct sessions in a respectful, non-judgmental way. This relationship promotes autonomous lasting changes that supports the client's values, which in turn enhances the client's well-being.<sup>16</sup>

USJ health coaches are trained in both the philosophy and psychology of coaching, and a wide array of coaching processes, skills, and tools. Using these skills, health coaches empower clients to increase self-efficacy, identify strengths, recognize barriers, set goals, and ultimately implement health behavior changes.

In 2015, USJ SNAP-Ed launched the THC intervention with SNAP-Ed clients to pilot test procedures, methods, and evaluate preliminary outcomes. From 2016 to present, the intervention continues to develop and procedures are continually refined to maximize client retention and behavior changes, through extensive revisions and ongoing testing. The USJ SNAP-Ed Program encourages others to implement the THC intervention and therefore wants to share the process and findings. This toolkit contains a brief description of the theories, processes, skills, and tools used by health coaches, in addition to the overall process of

conducting a health coaching session and examples of communication between a coach and client; including guidelines for each session, the *THC Sessions Evaluation Tool* and examples of communication documents. Supplemental information about the key components of health coaching theories, models, and tools are presented in the Health Coach Training Material sections. The intervention objectives are derived from the current *USDA Dietary Guidelines for Americans*.<sup>1</sup>

### Intervention Objectives

1. Increase frequency of eating all five food groups daily
2. Increase whole fruit consumption by at least a half cup per day
3. Increase frequency of eating a variety of fruits and vegetables
4. Increase vegetable consumption by at least a half cup per day
5. Increase frequency of intake of fat-free or low-fat dairy including milk (dairy/nondairy) and yogurt, and a decrease frequency of intake of full fat dairy (milk/yogurt)
6. Increase frequency of whole grains and decrease frequency of refined grains
7. Increase frequency of lean proteins and decrease frequency of high fat proteins
8. Decrease sugar-sweetened beverage intake
9. Increase the frequency of intake of low sodium foods
10. Increase minutes of daily physical activity



## SECTION 2: Personnel

### THC Staff

THC team is comprised of a health coach manager, health coaches, and a data administrator.

The responsibilities of the **health coach manager** include:

- Overseeing the THC program, health coaches, and data administrator
- Maintaining health coaching initiative and toolkit
- Managing, tracking, and evaluating data collected during health coaching sessions
- Coordinating and managing health coaching staff
- Assigning THC clients to coaches
- Training health coaching staff on an ongoing basis
- Actively recruiting health coaches
- Recording THC sessions for training purposes
- Conducting monthly health coaching staff meetings
- Being a health coach

The responsibilities of a **health coach** include:

- Recruiting THC clients
- Conducting individual THC sessions for SNAP-Ed clients using health coaching philosophy while implementing health coaching skills including MI<sup>2</sup> and BAP<sup>6</sup>
- Respecting clients ideas, learning styles, and needs
- Creating a safe place that supports learning and new behaviors
- Maintaining flexibility regarding clients' schedules and goals
- Being timely in calling clients
- Maintaining documentation for each health coaching client
- Assembling supplemental health coaching materials for clients, if needed

The responsibilities of a **data administrator** include:

- Assembling each health coaching client's *THC Sign-Up Form*, the *THC Sessions Evaluation Tool*, and providing them to the health coach
- Entering into the database the client's information and the data from the completed *THC Sessions Evaluation Tool*
- Mailing *THC Welcome Brochure* and *THC Certification of Completion* with the incentive to each client

## THC Training

The health coach manager will oversee the training of new health coaches. A new health coach will review the training materials, watch videos, listen to session recordings, and review the health coaching client resources listed below. A new coach will then shadow an experienced health coach, role-play, and have the experienced health coach provide feedback by listening to their THC session(s). In addition, the health coaching team meets bi-monthly to review skills, discuss current client situations, and troubleshoot.

## Training Checklist

Read	Watch
<b>Section A: Coaching Philosophy</b>	
<input type="checkbox"/> Appreciative Inquiry (AI) <input type="checkbox"/> Non-Violent Communication <input type="checkbox"/> Positive Psychology <input type="checkbox"/> Self-Determination Theory <input type="checkbox"/> Social Cognitive Theory	<input type="checkbox"/> AI: A Conversation with David Cooperrider <a href="https://youtu.be/3JDfr6KGV-k">https://youtu.be/3JDfr6KGV-k</a> <input type="checkbox"/> How not to approach a client: The Ineffective Physician: Non-Motivational Approach: <a href="https://youtu.be/80XyNE89eCs">https://youtu.be/80XyNE89eCs</a> <input type="checkbox"/> How to approach a client: The Effective Physician: Motivational Interviewing Demonstration: <a href="https://youtu.be/URiKA7CKtfc">https://youtu.be/URiKA7CKtfc</a>
<b>Section B: Coaching Process/Skill</b>	
<input type="checkbox"/> Motivation Interviewing (MI)	<input type="checkbox"/> Introduction to MI: <a href="https://youtu.be/s3MCJZ7OGRk">https://youtu.be/s3MCJZ7OGRk</a> <input type="checkbox"/> MI: Setting the Scene: <a href="https://youtu.be/-aTe4LpGz_E">https://youtu.be/-aTe4LpGz_E</a> <input type="checkbox"/> MI: The Spirit and Principles: <a href="https://youtu.be/nim62l1oaN4">https://youtu.be/nim62l1oaN4</a> <input type="checkbox"/> MI: Core clinician skills – Introducing OARS: <a href="https://youtu.be/-zEpwxJIRQI">https://youtu.be/-zEpwxJIRQI</a> <input type="checkbox"/> MI Examples Avoiding Traps: <a href="https://youtu.be/8i2XDHZi7GA">https://youtu.be/8i2XDHZi7GA</a> <input type="checkbox"/> MI: Clients Arguing for Change -- Introducing DARN-C: <a href="https://youtu.be/Pwu99NIGiXU">https://youtu.be/Pwu99NIGiXU</a> <input type="checkbox"/> MI: Recommendations and Conclusions: <a href="https://youtu.be/se7gJCjNo2Q">https://youtu.be/se7gJCjNo2Q</a> <input type="checkbox"/> MI – Good Example – Alan Lyme: <a href="https://youtu.be/67l6g1l7Zao">https://youtu.be/67l6g1l7Zao</a> <input type="checkbox"/> Ask-Tell-Ask: <a href="https://youtu.be/77-hRQETxzU">https://youtu.be/77-hRQETxzU</a>
<input type="checkbox"/> Transtheoretical Model (TTM)	<input type="checkbox"/> Improve Your Life Using the Stages of Change (TTM) – Dr. Wendy Guess: <a href="https://youtu.be/Twlow2pXsv0">https://youtu.be/Twlow2pXsv0</a>
<input type="checkbox"/> Brief Action Planning (BAP)	<input type="checkbox"/> BAP: Exercise (controlling blood sugars): <a href="https://youtu.be/4ojjGlkc5Zc">https://youtu.be/4ojjGlkc5Zc</a> <input type="checkbox"/> BAP: Exercise (swimming): <a href="https://youtu.be/YfqIOnHo8-A">https://youtu.be/YfqIOnHo8-A</a>
<input type="checkbox"/> SMART Goals	<input type="checkbox"/> SMART Goals: <a href="https://youtu.be/beqHx02U1iA">https://youtu.be/beqHx02U1iA</a>

<b>Section C: Coaching Tools</b>
<input type="checkbox"/> Decisional Balance
<input type="checkbox"/> Importance, Confidence and Readiness Rulers
<b>Skill Implementation</b>
<input type="checkbox"/> Shadow an experienced health coach
<input type="checkbox"/> Role play with an experienced health coach
<input type="checkbox"/> Experienced health coach will listen and provide feedback on the new health coach's THC session

## SECTION 3: Client Recruitment Process

### Sign-Up Procedure for Nutrition Educators at Sites

1. Ask participants during nutrition education if they would like to take part in the THC intervention
2. Explain the procedure and the time commitment which is written on the *THC Information Sheet*
3. Ask participant for their verbal consent
4. Complete *Sign-Up Form* that is located on the back of the *THC Information Sheet*
  - a. Write the participant's name, mailing address, phone number, and email address
  - b. Check off their preferred language, day of the week, and time of day
5. Give a *THC Information Consent Receipt* to the participant
6. Give the *THC Information Sheet & Sign-Up Form* to the data administrator

### Sign-Up Procedure for Participants received through Partnership Network

1. Contact participant and explain the procedure and time commitment by reading them the *THC Information Sheet*
2. Ask participant for their verbal consent
3. Fill out *Sign-Up Form* that is located on the back of the *THC Information Sheet*
  - a. Write the participant's name, mailing address, phone number, and email address
  - b. Check off their preferred language, day of the week, and time of day
4. Mail or email the *THC Information Consent Receipt* to the participant
5. Send the *THC Information Sheet & Sign-Up Form* to the data administrator

### Administrative Logistics for Data Administrator

1. Scan the *Sign-Up Form*
2. Combine the scanned *Sign-up Form* with *THC Sessions Evaluation Tool* into a PDF document then password protect and save the PDF using Adobe Acrobat DC
3. Enter the client's information into the *THC Assignment Excel Sheet*
4. Once the health coaching manager assigns a health coach to the participant, notify the coach that they have a new client
5. Email the protected *Sign-Up Form* and *THC Sessions Evaluation Tool* to the coach using a secure email
6. Send out the *THC Welcome Brochure* to the client

## SECTION 4: Health Coaching Session Format

There are three sections of a health coaching session: opening, body, and closing. Below is an explanation of what each section should contain and is illustrated in Figure 1 on page 16. You can use the health coaching format as a guide for each health coaching session in conjunction with the dialog in in the next section of this toolkit. Detailed descriptions of the theories, skills, and tools are located in the Health Coach Training Section.

### Opening:

- Introduce yourself to the client
- Describe health coaching and coach to client partnership
- Build rapport and trust
- Explain format of the session

### Body:

- In the first and sixth sessions
  - Use Open-ended questions, Affirmations, Reflective listening, and Summaries (OARS)<sup>2</sup> and the Spirit of MI<sup>2</sup> to gather health behavior information and record client's answers to the behavior questions
- In the first session
  - Engage<sup>2</sup> client in a discussion to determine their overall goal/vision by asking:
    - “What would you like to accomplish working with me, your health coach?”
    - “When you heard about working with a health coach what came to mind that you would like to work on?”
    - “Have you given any thought to what you may want to change?”
  - Focus on setting an overall goal/vision<sup>18</sup>
  - Engage<sup>2</sup> client on how they see themselves achieving their overall vision
- In the second to sixth sessions: start with checking in on goal(s) set at previous session to initiate the discussion
  - Review goal(s) set at last session with client:
    - Ask the client to identify one thing that went well with their goal(s)
    - Ask the client their goal attainment (their perception of how much of their goal(s) they were able to achieve) on a 0 – 100% scale<sup>18</sup>
    - Praise them for their success
    - Ask the client what made them successful
    - Ask what barriers made achieving their goal difficult (if applicable)
    - Ask them if they would like to continue working on the current goal or choose something new to work on to help them achieve their overall vision
- In all sessions: Engage<sup>2</sup> client to explore what they would like to work on or continue working on by using MI<sup>2</sup> skills and BAP<sup>6</sup>

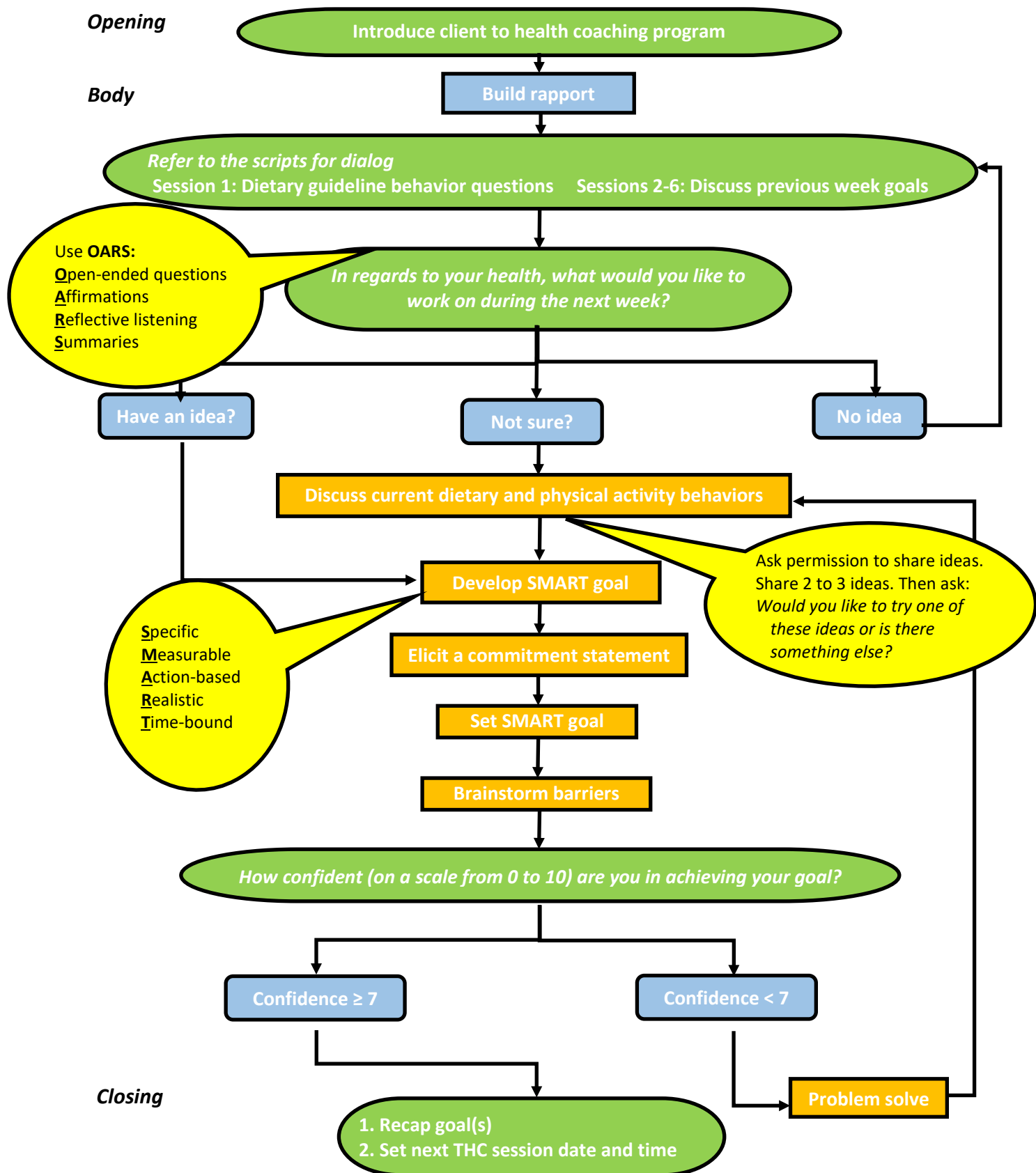
- Explore action steps to achieve overall vision – what small steps could be taken?
- Open-ended questions<sup>2</sup> the coach could ask are:
  - “If you woke up tomorrow with the change you want to happen completed what would your life look like?”
  - “Have you ever achieved this goal in the past?”
    - If they did, “what did you do to be successful?”
    - If they tried but were not successful ask, “what made it difficult?”
- This evokes the client’s motivation to change<sup>4</sup>
- Avoid premature focus<sup>2</sup>
- Listen for change talk: Desire, Ability, Reasons, and Needs (DARN)<sup>2</sup>
  - If client becomes ambivalent, take time to help client explore the pros and cons of changing or not changing by using the Decisional Balance Chart<sup>2,19</sup>
  - Affirm their feelings and reasons for not changing
  - Explore other ways to reach their goal
  - Avoid expert trap<sup>2</sup>
- Evoking:<sup>2</sup> elicit and explore the client’s motivation for change
  - Determine client’s stage of change<sup>4</sup>
  - Use the Importance Ruler<sup>2,18</sup> to assess how important this change is to them by asking:
    - “On a scale of 0 to 10 how important is it to you to make this change?”
  - Use OARS<sup>2</sup> to assess participant’s motivation, goals, and ideas (reasons for change)
  - Guide conversation by asking: what, where, when, how much, how often, how long
    - Use a following and guiding approach<sup>2</sup> – do not direct the client on what to do
    - Use Elicit, Provide, Elicit (EPE)<sup>2</sup> to offer options or ideas
    - Avoid premature focus trap<sup>2</sup>
- Focusing:<sup>2</sup> once the client has ideas of action steps to lead to their vision/overall goal
  - The goal should reflect the stage of change<sup>4</sup> of the client; therefore, goals can be tailored to each stage:
    - Pre-contemplation:<sup>4</sup> brainstorm the pros/reasons for change
    - Contemplation:<sup>4</sup> filling out a Decisional Balance Chart<sup>2,19</sup> by listing pros/cons for change or not to change
    - Preparation:<sup>4</sup>
      - The client can write a list of options/actions they could do
      - Find places or location - i.e., gym memberships, YouTube channel for exercise options
      - Find support system or a buddy
    - Action:<sup>4</sup> set a goal for the desired behavior

- Identify and resolve barriers to change
  - Lack of support
  - Lack of skill
  - Lack of knowledge
  - Lack of risk taking to make a change
- Focus on past success(es)
- Planning: <sup>4</sup> Utilizing the BAP<sup>6</sup> set goals using SMART<sup>7,18</sup> format
  - Identify client goal(s) by summarizing what was discussed
  - Use the Confidence Ruler<sup>2,6,18</sup> to determine level of confidence
    - If confidence is less than 7:
      - Affirm client's given level by saying, "That's great that you are a [their level of confidence]; what makes you say that" This will build change talk
      - Discuss barriers
      - Ask why confidence is not a \_\_ (one number lower)
      - Ask what might happen that could move you from \_\_\_\_ (to one number higher)
      - Problem solve by encouraging the client to rewrite the goal to get a confidence  $\geq 7$
    - If confidence is greater than or equal to a "7" first affirm their level of confidence and then repeat their goal to confirm what they are planning to accomplish

#### **Closing:**

- Summarize goals by asking the client to state what they will be working on for the next week
- Ask if they have any questions
- Ask the client, "How do you think the session went?"
- Set the next appointment at the conclusion of the first through fifth session
- At the conclusion of the sixth session:
  - Thank the client for participating
  - Ask the client which incentive they would like for completing program
  - Let them know they will also be receiving a *Certificate of Completion*

**Figure 1: USJ Health Coaching Process using BAP<sup>6</sup>**



Adapted from: Brief Action Planning A White Paper. 2014 [https://centrecmi.ca/wp-content/uploads/2017/08/BAP\\_White\\_Paper\\_2014-09-30.pdf](https://centrecmi.ca/wp-content/uploads/2017/08/BAP_White_Paper_2014-09-30.pdf)



## SECTION 5: Guidelines for Telephonic Health Sessions

### Overall Protocol for the Health Coach

1. Call the health coaching client upon receiving their information to set up the first session
2. If the health coaching client does not answer the phone, leave a message
3. Additionally, if an email address was provided, email the participant
4. Make at least three attempts to contact the client
5. Conduct health coaching sessions weekly for six weeks
6. Use the THC process and guidelines to conduct each session
7. During the first and last session ask the client pre/post behavior questions located on the *THC Sessions Evaluation Tool*
8. Complete the designated section on the *THC Sessions Evaluation Tool* after each client session
  - a. Enter date and time of the session
  - b. Make sure all questions have been answered
  - c. For first session, write overall goal and enter topic code
  - d. Write each goal in SMART format and enter topic code
  - e. Enter confidence number in the box next to the ruler
  - f. Enter notes about any details you would like to remember for the next session
  - g. Enter the date and time for the next session on the next session's page in the *THC Sessions Evaluation Tool*
9. Save and email the protected *THC Sessions Evaluation Tool* to the data administrator using a secured email to have it entered into database
10. Add the next session to your calendar and invite the client
11. Send client any information, handouts, or reminders you discussed during the call
12. After the last session, ask the data administrator to mail the incentive item and the *Certificate of Completion* to the client

### Data Entry for Data Administrator

1. Enters the participant's information from the *Sign-up Form* into the database
2. Enters the information recorded from each session for each health coaching client into the database
  - a. Date and time of THC session
  - b. Behavior questions data from the first and last sessions
  - c. The overall goal/vision and its topic code number
  - d. Goal topic code number for each goal
  - e. The percent goal attainment for each goal

- f. Confidence ruler value for each goal
3. Update the *THC Assignment Excel Sheet* with dates sessions are completed upon receiving completed *THC Sessions Evaluation Tool*

The following section can be used as a guide for the health coaches conducting each THC session. Please use each session sample as suggestions for what needs to be covered. The bolded portions are instructive tips for the health coach, and the portions in quotes provide examples of what to say or write. This is not meant to be a script. Health coaches should find their own style in conducting their THC sessions.

### **Initial Call**

**The purpose is to introduce the client to health coaching and schedule the first session.**

“Hi, my name is [your name]. I am a health coach from the [program name] SNAP-Ed Program. You attended a SNAP-Ed nutrition education session on [date of education] and said you were interested in having a health coach. I would like to explain the program. Health coaching at the [name of program] is funded by the USDA SNAP-Ed grant; therefore, there is no cost for your participation. You will have six sessions with a health coach, and each session will be conducted via the phone over the course of six weeks. Each health coaching session will be about 30 minutes. During each session, we will discuss ways for you to be successful at increasing your health and well-being. At the end of each session, you will set a goal or goals that you will work on for the week to help you reach your desired health and well-being. Do you have any questions before we set up your first session? When would be a good time for you to have your first session? Do you have an email address? Would you like me to send you an email invite to our health coaching session? I am looking forward to working with you on [the day of the week, month, day] at [time].  
Goodbye.”

### **Leave a Message for Initial Call**

**If the client does not answer the phone, leave a message.**

“Hi, my name is [your name]. I am a health coach from the [program name] SNAP-Ed Program. I am contacting you because you attended a SNAP-Ed nutrition education session on [date of education] and said you would like to have a health coach. Health coaching at the [program name] SNAP-Ed Program is funded by the USDA SNAP-Ed grant; therefore, there is no cost for your participation. Please call me to set up your first appointment. My phone number is [your phone number]. I am looking forward to hearing from you.  
Thanks.”

## Email to Client introducing Health Coaching

**If the client does not answer the phone and you have their email address, send them the email below.**

"Hi *[client's name]*,

This is *[your name]*, a Health Coach from the *[program name]* SNAP-Ed Health Coaching Program. You attended a nutrition education session on *[date of education]* and told the nutrition educator that you were interested in our health coaching program. Here is some information about our program. You should also receive a brochure about the program in the mail.

*[Program name]* SNAP-Ed Health Coaching Program

- Our health coaches will provide you the guidance needed to motivate you to improve your health
- Our health coaching sessions will be conducted over the phone for about 30 minutes, weekly, for six weeks, scheduled at your convenience
- During our sessions, we will work on your personal health goals
- Our health coaching sessions are funded by the USDA therefore; there is no cost for you
- Information from your sessions, not including personal information, may be used to measure the success of the program in a research setting
- You may stop participating at any time
- Upon completing the program you will receive a gift and a certificate of completion

Here are some of our success stories. Our clients are:

- Choosing healthier foods
- Preparing healthy meals at home
- Eating healthy on a budget
- Doing more physical activity

On your sign-up sheet, you indicated that you are available *[days and times available]*. Are you available next *[a time that would work for both of you]*? Please let me know. My email address is *[email address]* and my phone number is *[phone number]*. If that time is not good for you, please let me know when would be a good time for me to talk to you about our program.

Looking forward to talking to you.

Sincerely, *[Your name and any credentials such as RDN]*, Health Coach"

## Online Calendar Entry for first THC Sessions

**Record all THC sessions on your calendar.**

1. Add the scheduled THC session to your calendar and invite the client
2. Set the date, start and end time (schedule session for 30 minutes)
3. Send the invite to the client's email, if provided
4. In the description section, you can write descriptive information
  - a. Example:

"Hi *[client's name]*,  
Your first health coaching session will be *[the day of the week, month, day]* at *[time]*.  
I am looking forward to working with you.  
[Your name, credentials]  
Health Coach"

### **THC Session 1**

**The purpose is to build rapport, gather health behavior information, determine the client's overall goal/vision, set the first goal(s), record confidence of goal completion, and set date and time of next appointment.**

"Hi *[client's name]*,

This is *[your name]*, your health coach from the *[name of program]* SNAP-Ed Health Coaching Program calling you for our first health coaching session. Would it be ok to begin our session with me getting to know you by asking for detailed information about your health behaviors?"

**Use the following questions and reflections to guide the conversation with the client and record the answers in the behavior questions section in Session 1 on the *THC Sessions Evaluation Tool*.**

"How often do you eat food from all food groups every day? (Food groups include dairy, grains, fruits, vegetables, and protein)" "So, it sounds like you eat all of the food groups *[state how often: <1 time/week, 1-2 times/week, 3-4 times/week, 5-6 times/week, 7+ times/week]*."

"During the past week, how many cups of fruit did you eat on an average day? One cup of fruit is equal to a large-sized apple, orange, or banana; 8 strawberries; or 32 grapes."

"How often do you eat more than one kind of fruit each day?"

**Reflect their answer to the previous question.**

"So, you *[i.e., <1 time/week, 1-2 times/week, 3-4 times/week, etc.]* eat more than one type of fruit each day."

“During the past week, how many cups of vegetables did you eat on an average day? One cup of vegetables is equal to 12 baby carrots, 1 large sweet potato, 10 broccoli florets, or 2 cups leaf lettuce.”

“How often do you eat more than one kind of vegetable each day?”

**Reflect their answer to the previous question.**

“So, you [*i.e.*, <1 time/week, 1-2 times/week, 3-4 times/week, etc.] eat more than one type of vegetable in a day.”

“Now, I am going to ask you about dairy products. Please let me know how often you eat or drink the following using the scale of <1 time/week, 1-2 times/week, 3-4 times/week, 5-6 times/week, 7+ times/week.”

“Whole milk (full fat) or reduced fat (2%) milk?”

“How about low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)?”

**Reflect their answer to the previous question.**

“So, you mostly drink [*state the type of milk*].”

“When you eat yogurt, how often do you choose: Whole milk yogurt?”

“How about low-fat or nonfat yogurt?”

“Next, we are going to discuss grains. Using the same scale: When you eat rice, how often do you choose brown rice?”

“Do you also eat white rice? How often?”

“When you eat pasta, how often do you choose whole grain/wheat pasta?”

“How about regular pasta?”

“When you eat bread or tortillas, how often do you choose whole grain/wheat bread or tortillas?”

“How about white bread or flour tortillas?”

“When you eat cereal, how often do you choose whole grain cereals (toasted oats, bran, granola, and oatmeal)?”

“How about refined grain cereals (corn flakes, puffed rice)?”

**Reflect their answer to the previous question.**

“So, it sounds like you eat [state type of grain here] [state times per week here]”

“In regards to proteins, when you eat chicken or turkey, how often do you choose skinless chicken or turkey?”

“How about chicken or turkey with skin?”

“When you eat ground beef, how often do you choose 90% lean or great?”

“How about 85% or 80% lean or less?”

“How often do you eat sausage, bacon or hot dogs?”

**Reflect their answer to the previous question.**

“So, it sounds like you eat [state type of proteins here] [state times per week here]”

“Now, in regard to the past week, how many 1 cup servings of sugar-sweetened beverages did you drink on an average day? A one cup serving equals 8 ounces.”

“How often do you eat low-sodium options when eating packaged foods such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.?”

“How often do you use the ‘Nutrition Facts’ on the food label to make food choices?”

“How many times per week do you plan your meals ahead of time?”

“How about comparing prices before you buy food?”

“How often do you shop with a grocery list?”

“How many minutes of physical activity do you get on an average week?”

“Thanks so much for answering all of my questions.”

**After you have asked all of the behavior questions, guide the client to discover why they want to work with a health coach by asking:**

“So, when you think about a healthier you, what do you envision?” Or “What is your vision of a healthier you?”

**Record their overall vision/goal on the *THC Sessions Evaluation Tool*. As a coach, you can use this vision through the health coaching sessions to encourage or focus the client on what they want to accomplish when they are exploring their goal(s). You can do this by exploring ways for them to achieve their vision; the small steps they need to take to accomplish the overall vision; such as eat healthier, lose weight, prevent diabetes, etc. You should also record on the *THC Sessions Evaluation Tool* the topic code for the overall vision/goal.**

**Overall goal/vision codes are:**

- 1. Achieve/maintain a healthy weight**
- 2. Meal planning/healthy eating**
- 3. Being stronger/more physical active**
- 4. Manage supplement(s)/medication(s) regimen**
- 5. Prevent/manage diabetes (pre, DM1, DM2, GDM)**
- 6. Prevent/manage HTN or CVD**
- 7. Prevent/manage stress**
- 8. Smoking/vaping cessation**
- 9. Reduce alcohol consumption**
- 10. Increase food security/become food secure**
- 11. Other**

**You can start the brainstorming process by asking:** “You attended [*topic and the date of SNAP-Ed site*] and spoke with a nutrition educator, have you made any changes or thought of changes you would like to make since you met with the nutrition educator?” Or “Would you like to compare what you are doing now to the current recommendations?”

**Using a personalized MyPlate Plan<sup>20</sup> by asking the client their gender, age, and active level or compare their intake to the 2,000 calorie *MyPlate Plan*<sup>21</sup> below:**

- **Fruit: 2 cups/day**
- **Vegetables: 2½ cups/day**
- **Grains 6 ounces and at least half of grains should be whole**
- **Protein: 5½ servings/day**
- **Dairy: 3 servings/day**
- **Limit:**
  - **Sodium to <2300 milligrams (1 teaspoon) a day**
  - **Saturated fat to 22 grams a day**
  - **Added sugar-to 50 grams a day**
- **Physical activity: 2½ hours/week**

**Affirm with client what they have done well. Throughout the discussion, take notes what has been successful and what has been challenging for the client.**

**“We have talked about a lot of different things today” as the coach you can list what the client has mentioned or you could ask, “what is most important for you to work on first?”**

**If your client has chosen increase physical activity as a goal and is currently inactive you should state:**

“If it has been awhile since you have been physically active and have health issues or concerns it a good idea to talk to your doctor before you become more active.”

**You can use the Importance Ruler<sup>2,18</sup> to determine how important it is to the clients to make the change.**

“On a scale from 0 to 10, where 0 is not at all important and 10 is the most important, how important is it for you to [behavior change].”

“Now it is time to set a goal. We recommend setting SMART goals. Have you heard of SMART goals? SMART goals are **S**pecific, **M**easurable, **A**ction-based, **R**ealistic, and **T**ime-bound.”

**Help the client form a SMART goal<sup>7</sup> by using the BAP.<sup>6</sup> Once they have set a goal, ask how confident they are to accomplish the goal.**

“On a scale from 0 to 10 how confident are you that you can [state SMART goal]?”

**If the client’s confidence is  $\geq 7$ , record the goal, goal topic code, and their level of confidence on the *THC Sessions Evaluation Tool*.**

**If the client’s confidence is  $< 7$ , problem solve to determine how to increase their confidence to be  $\geq 7$ . Restate the goal(s) and confirm their confidence is  $\geq 7$ . Then record the goal, goal topic code, and their level of confidence on the *THC Sessions Evaluation Tool*.**

**Topic code for each goal:**

1. ↑ Physical activity
2. Planning, shopping, label reading
3. ↑ Fruits and vegetables
4. ↑ Whole grains
5. ↑ low- nonfat dairy, calcium foods
6. ↑ Lean proteins
7. ↓ Sugar/sodium/sat. fat; ↑ water
8. Try new recipes
9. MyPlate Plan, portion sizes
10. Limit snacking, mindful eating
11. Food sources: pantries/mobiles
12. Social
13. Medicine, supplements
14. Other

**Then ask, “Do you have any questions you would like to ask me?”**

**Also, ask, “How do you feel about how the session went?”**



**Then continue with setting up their next session.**

“When would be a good time for me to call you next week?”

**Set their next health coaching session.**

“I enjoyed working with you today and I am looking forward to hearing how you do on your goal(s) on [*the day of the week, month, day*] at [*time*]. Have a great day!

Goodbye.”

### **Send Calendar Invite**

“Hi [*client’s name*],

It was great speaking with you today. Your next health coaching session will be [*the day of the week, month, day*] at [*time*].

The goals you set for the week are:

1. [*First goal set in SMART format*]
2. [*Second goal set in SMART format*]

Looking forward to hearing how you did on your goals.

[*Your name and any credentials such as RD*], Health Coach”

**Send any additional information in a separate email: for instance, a handout that explains protein equivalents, *MyPlate Plan*,<sup>20</sup> and/or a list of the food mobile or pantry sites.**

### **THC Session 2, 3, 4 and 5**

**The purpose is to continue to build rapport, discuss goal(s), record percent goal(s) attainment for each goal set at previous session, set new goal(s), record confidence of goal completion, and set next appointments.**

“Hi [*client’s name*],

This is [*your name*], your health coach from [*name of program*] SNAP-Ed Health Coaching Program calling for our [*state session number*] health coaching session. Tell me what went well with your goals this week?”

**If a special event occurred, ask how it went.**

“When we spoke last, you had set [*number of goals*] goal(s). The first goal was that you would [*state goal*].”

**Affirm their accomplishments, even if small. You can ask what went well.**

“What made you successful with your goal?”

**If they struggled to accomplish their goal, ask them to explain what happened. Focus on the positive.**

**“What would you say was your percentage of completion of the goal?”**

**Explain that percentage of completion of goal is based on how they perceive their accomplishments in relationship to their goal. How do they feel they did based on 100%. Praise all effort. If the client’s perceived completion was under 100% explore to see if there were roadblocks or why they feel they were unsuccessful. If the client set a second goal, ask them.**

**“How did you do with your second goal; [state goal]?”**

**Affirm their accomplishments, even if small. Repeat the step above to evaluate the goal. Affirm with client what they have done well. Throughout the discussion, note where they have been successful and what has been challenging. Explore what they would like to work on next to accomplish their overall vision.**

**“Have you given any thought to what you would like to work on next?”**

**Spend some time exploring their next steps. One possibility is if the client stated their percentage of completion was less than 100% and they want to continue working on the previous week’s goal.**

**“So, you feel you were successful with your goal [a little, somewhat, most of the time]. Would you like to continue working on this goal or would you like to work on something else?”**

**Help the client form a new SMART goal<sup>7</sup> by using the BAP.<sup>6</sup> If the client states their percentage of completion was 100%, help the client develop a new SMART goal. If their goal was for several times or days per week, you could suggest for them to increase the number of days/times they are doing the behavior. If the goal the participant mentions is not in SMART goal format, remind them to use SMART form. SMART goals are Specific, Measurable, Action-based, Realistic, and Time-bound. Once they have set a goal, ask how confident they are.**

**“On a scale from 0 to 10 how confident are you that you can [state their goal]?”**

**If the client’s confidence is  $\geq 7$ , record the goal and their level of confidence on the *THC Sessions Evaluation Tool*.**

**If the client’s confidence is  $< 7$ , problem solve to determine how to increase confidence. Restate the goal(s) and confirm their confidence is  $\geq 7$ . Then record the goal and their level of confidence on the *THC Sessions Evaluation Tool*. You can write the goal(s) they set in the calendar invite to their next session.**

**Then ask,** “Do you have any questions you would like to ask me?”

**Also, ask,** “How do you feel about how the session went?”

**Then continue with setting up their next session.**

“When would be a good time for me to call you next week?”

**Set their next health coaching session.**

“I enjoyed working with you today and I am looking forward to hearing how you do on your goal(s) on [*the day of the week, month, day*] at [*time*]. Have a great day!

Goodbye.”

## **THC Session 6**

**The purpose is to gather current health behavior information, discuss goal(s), record percentage of goal(s) attainment, and discuss ways to continue health behaviors started during the health coaching sessions.**

“Hi [*client’s name*],

This is [*your name*], your health coach from the [*program name*] Health Coaching Program calling for our last health coaching session. When we spoke last, you had set [*number of goals*] goal(s). The first goal was that you would [*state goal*], tell me about how it went?”

**Affirm their accomplishments even if small.**

“What would you say was your percentage of completion of the goal?”

**Praise all effort. Focus on the positive.**

“What made you successful with your goal?”

**If the goal completion was under 100%, explore to see if there were roadblocks or why they feel they were unsuccessful.**

**If the client set a second goal, ask them.**

“How did you do with your second goal; [*state goal*]?”

**Affirm their accomplishments, even if small. Repeat the step above to evaluate the goal. Then ask the behavior questions for Session 6.**

“Do you remember on our first call when I asked you a set of questions about your health behaviors?”

“If it is okay with you, I would like to ask you those questions again so that we can track any changes you made. Then we can compare your responses and wrap-up, does that sound good?”

**Have a dialog using the sample questions and reflections stated in Session 1 to answer the post questions. Then record answers to the behavior questions in the *THC Sessions Evaluation Tool* for Session 6.**

**Compare their intake to their answers from Session 1. Affirm with client what they have done well.**

“Have you thought about how you will continue with the changes you have made?”

**Reflect on what they say about how they will continue.**

“Do you have any questions?”

“Thank you for participating. I have enjoyed working with you over the last six weeks. As part of completing health coaching, we would like to send you a gift as well as a certification of completion. Would you like a *[list your incentive/gift items]*? What is your address? Good luck continuing to work on your goals.

Goodbye.”

## SECTION 6: Communication Documents and Evaluation Tool

When implementing THC the most important way to recruit clients is by having a thorough introduction to THC at the nutrition education sessions and workshops to give the client a clear understanding of the program. It is necessary for your nutrition educators to be well versed in the THC program in order to promote it to the clients. Therefore, we trained our educators on how to introduce THC to the participants by using the *THC Information Sheet & Sign-Up Form* to explain the program and to record the client's necessary information. Upon signing up, the nutrition educator gives the participant a *THC Information Consent Receipt*, which includes a description of the program, program contact and IRB information. It is also helpful to send a *THC Welcome Brochure* that explains the benefits of participating in the program and the roles of the coach and client.

Health coaches use the *THC Sessions Evaluation Tool* to record the client's responses to the pre/post behavior questions, overall goal/vision and topic code, goals set and topic code, confidence level (self-efficacy score) for goals set, and percentage of goal attainment.

At the completion of all six sessions, the client receives a *THC Certification of Completion* and an incentive item.

Documentations and Evaluation Tool:

- *THC Information Sheet & Sign-Up Form*
- *THC Information Consent Receipt*
- *THC Welcome Brochure*
- *THC Sessions Evaluation Tool*
- *THC Certification of Completion*

See Appendix and website for documents and evaluation tool.

## SECTION 7: Results

For each client, the coach completes a *THC Sessions Evaluation Tool*. The tool contains the pre/post behavior questions, overall goal/vision and topic code, goal(s) set and topic code(s), confidence level (self-efficacy score) for goals set, and percentage of goal attainment. Over the past five years, the behavior questions on the *THC Sessions Evaluation Tool* have been revised; therefore, some of the questions have changed, as shown in Table 1. Throughout federal fiscal years (FFY) 2016 to 2018, the evaluation tool had a total of 19 questions that used a combination of question types; including items using a Likert scale, ordinal scale, or requiring a content answer. All questions were analyzed except the question with an ordinal response for the types of milk.

The release of the *2020-2025 USDA Dietary Guidelines for Americans*<sup>1</sup> changed the objectives of our intervention. The behavior questions were slightly modified in FFY2019 to improve clarity and integrity of the scale, facilitate outcome analysis, and maintain consistency with the current dietary guidelines. However, in FFY2021, prompted by the release of the current dietary guidelines, cognitive interviews were conducted. Thus ensuring continued understanding and accurate intentions are captured. Participant responses gathered during these interviews resulted in revisions to current knowledge and behavior questions, along with scales. Wording and clarification of 2 knowledge questions regarding food groups and physical activity were changed. Throughout, behavior question frequencies were updated, keeping at a five point Likert scale to maintain consistency with other questions, while switching to quantification in times per week instead of frequency (never, seldom, sometimes, etc.). Seven new questions were added, for a total of 32 questions. Starting in FFY2022, revised questions will be analyzed, with results forthcoming.

Table 1 shows the behavior questions with the corresponding sample size, the mean scores for each item at pre and post THC intervention, and p-value. There was a statistically significant change in 18 of the 19 behavior questions in FFY2016-2018 and a statistically significant change in 18 of the 25 behavior questions in FFY2019 ( $p < .05$ ). In 2019, several of the behavior questions did not reach statistical significance, but this may be an effect of the smaller sample size used. These behavior questions showed positive trends; an increase in healthy eating behaviors, and a decrease in unhealthy eating behaviors.

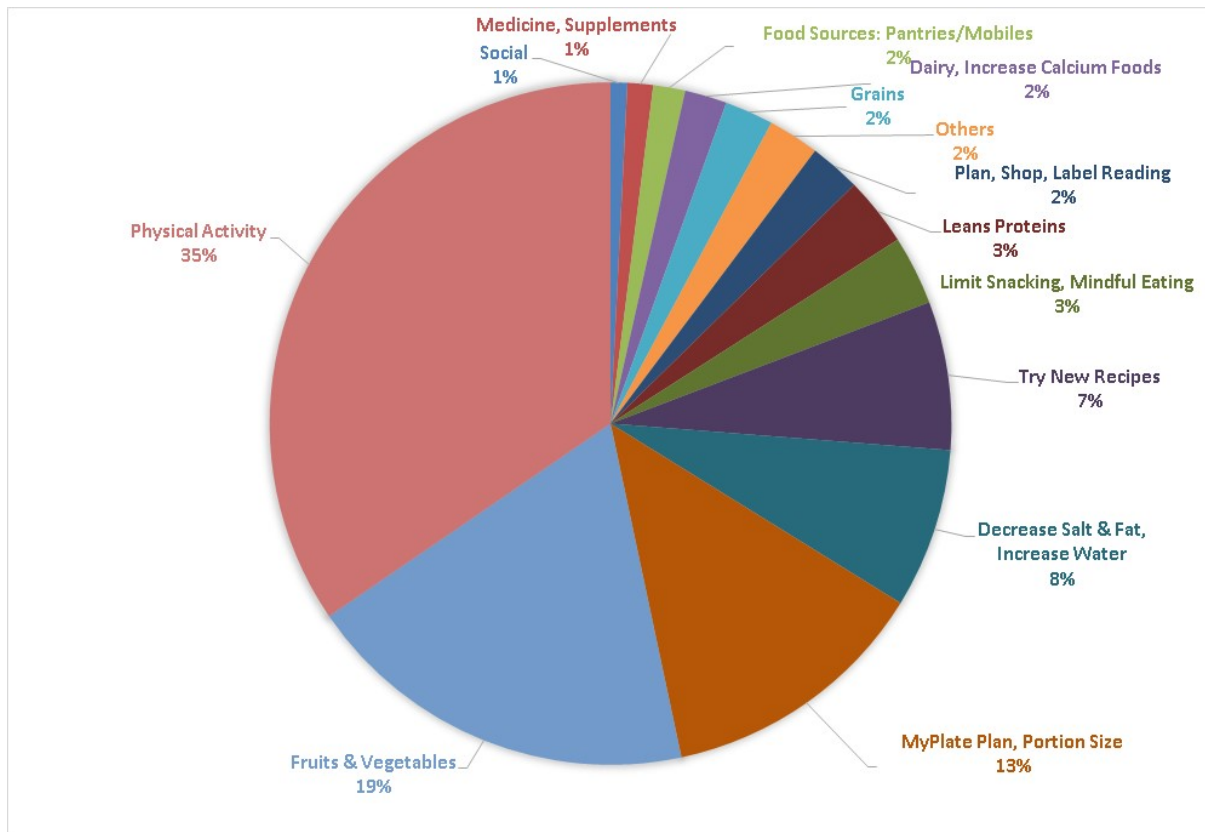
There was a significant increase in the number of minutes per day spent doing physical activity from pre to post intervention. On average, physical activity increased from 25.4 minutes per day at baseline to 39.4 minutes at the end of the program, a nearly 60% increase. This component included all forms of physical activity: aerobic, strength training, and flexibility exercises.

**Table 1: Pre/Post Survey Item Mean  $\pm$  SD**

Questions	FFY	n	Pre	Post	P-value
During the past week, how many days did you eat foods from all 5 food groups?	2016-2018	108	4.4 $\pm$ 2.4	5.7 $\pm$ 1.7	<b>&lt;.001</b>
How often do you eat food from each food group every day?	2019	49	3.2 $\pm$ 1.3	4.0 $\pm$ 1.1	<b>&lt;.001</b>
During the past week, how many cups of fruit did you eat on an average day?	2016-2019	156	2.7 $\pm$ 1.6	3.5 $\pm$ 1.5	<b>&lt;.001</b>
How often do you eat more than one kind of fruit each day?	2016-2019	155	3.1 $\pm$ 1.4	3.9 $\pm$ 1.1	<b>&lt;.001</b>
During the past week, how many cups of vegetables did you eat on an average day?	2016-2019	154	2.9 $\pm$ 1.7	3.9 $\pm$ 1.6	<b>&lt;.001</b>
How often do you eat more than one kind of vegetable each day?	2016-2019	153	3.4 $\pm$ 1.3	4.2 $\pm$ 1.0	<b>&lt;.001</b>
When you drink milk, how often do you choose whole milk or reduced fat (2%) milk?	2019	34	2.4 $\pm$ 1.7	1.9 $\pm$ 1.5	<b>.044</b>
When you drink milk, how often do you choose low fat (1%) milk or fat-free milk?	2019	34	3.4 $\pm$ 1.8	3.9 $\pm$ 1.6	<b>.026</b>
When you eat yogurt, how often do you choose, whole milk yogurt?	2019	35	1.3 $\pm$ 0.9	1.1 $\pm$ 0.5	.205
When you eat yogurt, how often do you choose, low-fat or nonfat yogurt?	2019	35	4.2 $\pm$ 1.2	4.8 $\pm$ 0.7	<b>.008</b>
When you eat rice, how often do choose brown rice?	2016-2019	149	2.2 $\pm$ 1.3	2.5 $\pm$ 1.4	<b>.001</b>
When you eat rice, how often do choose white rice?	2016-2019	148	3.0 $\pm$ 1.4	2.6 $\pm$ 1.4	<b>&lt;.001</b>
When you eat pasta, how often do choose whole grain pasta?	2016-2019	149	2.0 $\pm$ 1.2	2.3 $\pm$ 1.3	<b>.002</b>
When you eat pasta, how often do choose regular pasta?	2016-2019	149	2.7 $\pm$ 1.2	2.4 $\pm$ 1.2	<b>.003</b>
When you eat bread, how often do choose whole grain bread?	2016-2019	153	3.4 $\pm$ 1.5	3.7 $\pm$ 1.4	<b>.002</b>
When you eat bread, how often do choose white bread?	2016-2019	154	2.4 $\pm$ 1.3	1.9 $\pm$ 1.1	<b>&lt;.001</b>
When you eat cereal, how often do choose whole grain cereal?	2016-2019	143	3.4 $\pm$ 1.3	3.7 $\pm$ 1.2	<b>.008</b>
When you eat cereal, how often do choose refine grain cereal?	2016-2019	144	1.9 $\pm$ 1.1	1.7 $\pm$ 1.0	<b>.019</b>
When you eat chicken or turkey, how often do choose skinless chicken or turkey?	2019	48	4.3 $\pm$ 1.0	4.4 $\pm$ 0.9	.543
When you eat chicken or turkey, how often do choose chicken or turkey with skin?	2019	48	1.7 $\pm$ 1.1	1.6 $\pm$ 0.9	.312
When you eat ground beef, how often do choose 90% lean or greater?	2019	37	3.0 $\pm$ 1.5	3.3 $\pm$ 1.5	.083
When you eat ground beef, how often do 85% lean or less?	2019	37	2.8 $\pm$ 1.5	2.6 $\pm$ 1.4	.203
How often do you eat sausage, bacon or hot dogs?	2019	49	2.0 $\pm$ 0.7	1.9 $\pm$ 0.7	.159
How often do you eat proteins that are high in saturated fat?	2016-2018	107	2.9 $\pm$ 1.1	2.3 $\pm$ 0.7	<b>&lt;.001</b>
How often do you grill, broil, or roast your foods?	2016-2018	107	4.0 $\pm$ 0.9	4.4 $\pm$ 0.8	<b>&lt;.001</b>
During the past week, how many 1-cup servings of sugar-sweetened beverages did you drink on an average day?	2016-2019	156	1.0 $\pm$ 1.2	0.6 $\pm$ 0.8	<b>&lt;.001</b>
How often do you prepare foods without adding salt or salt seasoning?	2016-2018	106	3.1 $\pm$ 1.5	3.4 $\pm$ 1.5	<b>.037</b>
How often do you eat low-sodium options when eating packaged food such as canned soups, vegetables pre-packaged rice, frozen meals, etc.?	2019	49	3.7 $\pm$ 1.3	4.0 $\pm$ 1.2	.092
How many minutes of physical activity do you get on an average day?	2016-2019	151	25.4 $\pm$ 35.3	39.4 $\pm$ 50.5	<b>&lt;.001</b>

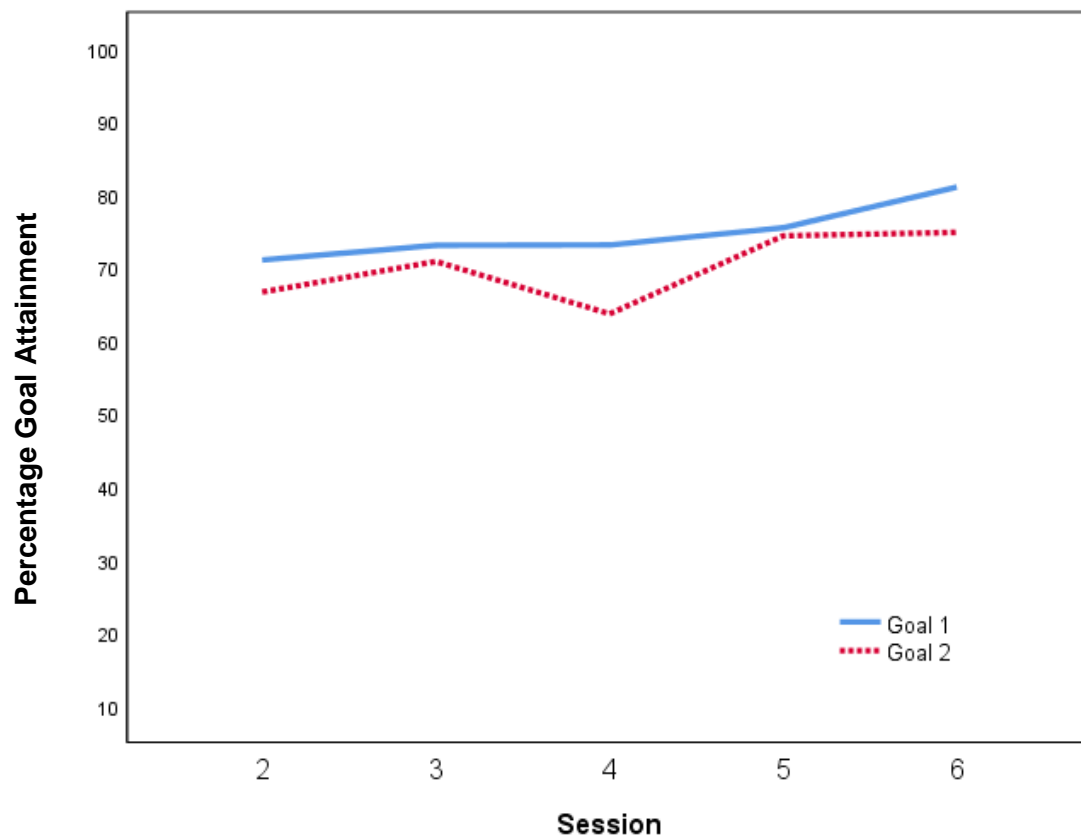
Figure 2 shows clients' self-selected goals categorized by topic based on the current *USDA Dietary Guidelines for Americans*.<sup>1</sup> Goals to increase physical activity, fruit and vegetable intake, and to follow a healthy eating pattern within an appropriate calorie level by using the *MyPlate Plan*,<sup>20</sup> were most frequently chosen at 35%, 19%, and 13% respectively.

**Figure 2:** Goal Topic



Behavior change was measured by the client's self-reported goal attainment (from 0%-100%). Figure 3 shows the estimated percentage of attainment for the two goals at each session, as self-reported by clients. The average level of attainment across all sessions was 75% for Goal 1. There was a significant improvement between the client's first report (Session 2) of goal attainment and at the last health coaching session (Session 6). Attainment rates increased from 71% in Session 2 to 82% by Session 6. For Goal 2, the average attainment across all sessions was 68%, and this increased from 65% at Session 2 to 74% at Session 6.



**Figure 3:** Average Percentage of Goal Attainment by Session

## HEALTH COACH TRAINING SECTIONS

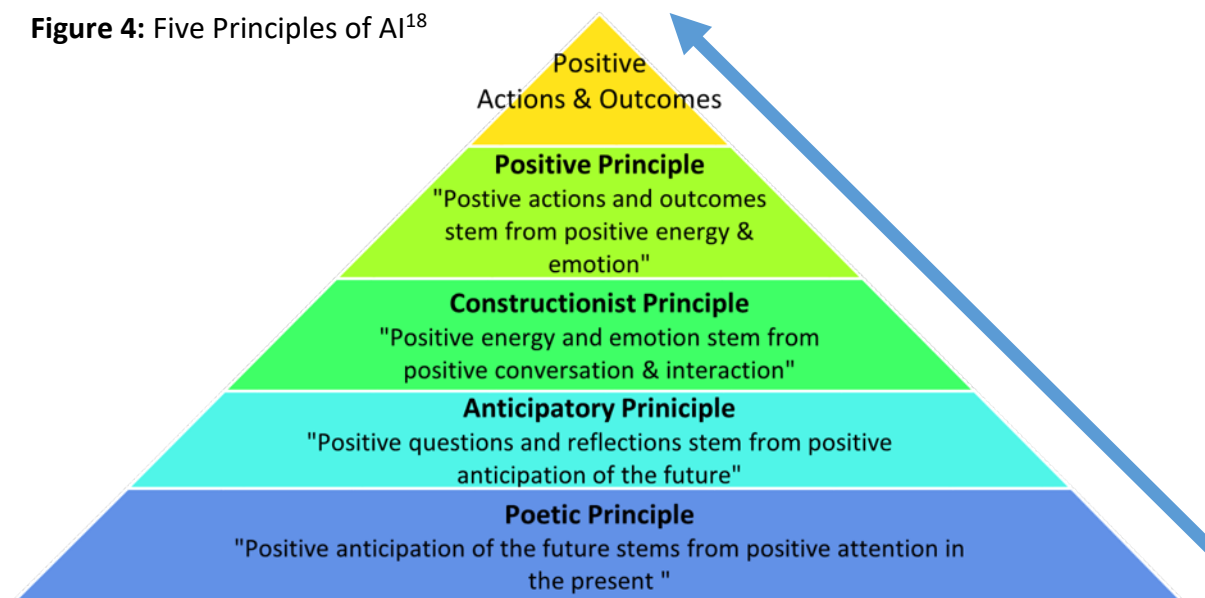
### SECTION A: Coaching Philosophy

The coaching philosophy is the “way of being” for the coach; in other words, it is the coaching mindset and the coaching presence during health coaching sessions. Coaching presence is a guideline for how a coach should interact with each client. Each coach should be mindful, flexible, and empathetic while creating a warm, calm, and zestful environment, which facilitates growth for the client. A coach should have empathy; a respectful understanding of their client’s experiences, needs, wants, feelings, and desires. Empathy is central to the coaching philosophy and is woven throughout the coaching process. This coaching philosophy grounds the coaching relationship and is the basis for the formation of a collaborating partnership between the coach and client.<sup>18</sup> The coaching relationship is client-centered which is derived from the person-centered theory developed by Rogers.<sup>22</sup> In client-centered coaching, the coach has “unconditional positive regard” for the client and is empathic and genuine. In addition, the coach and the coaching relationship should have a positive orientation, which guides the client to find positive support and reasons to change.<sup>22</sup> Appreciative Inquiry,<sup>23</sup> Positive Psychology,<sup>5</sup> Non-Violent Communication,<sup>24</sup> Self-Determination Theory<sup>25</sup> and Social Cognitive Theory<sup>26</sup> are utilized to create a positive environment.

#### Appreciative Inquiry (AI)

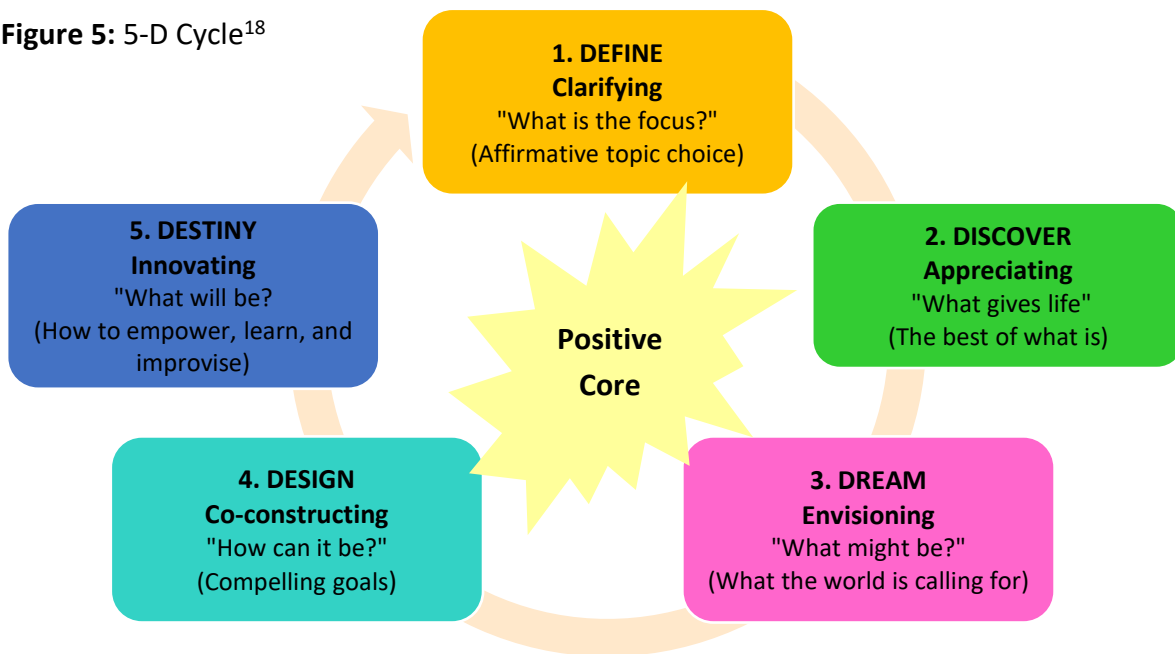
AI is a strength-based approach where clients are encouraged to explore and acknowledge their core strengths. AI helps the client use their strengths to imagine their possibilities so they can arise and overcome their problems. AI relates to the coaching mindset and coaching strategies.

**Figure 4: Five Principles of AI<sup>18</sup>**



It promotes a positive core to build positive emotions. It helps discover and celebrate a client's potential. In regards to health coaching, AI can be useful in helping to formulate guiding questions that promote positive thinking. Shown in Figure 4 are the Five Principles of AI.<sup>18,23</sup> The five principles of AI lead to positive outcomes and have resulted in the development of a transformational process called the 5-D Cycle, as shown in Figure 5. The 5-D Cycle can be used to guide clients through their behavior change process to meet their goals.<sup>18</sup>

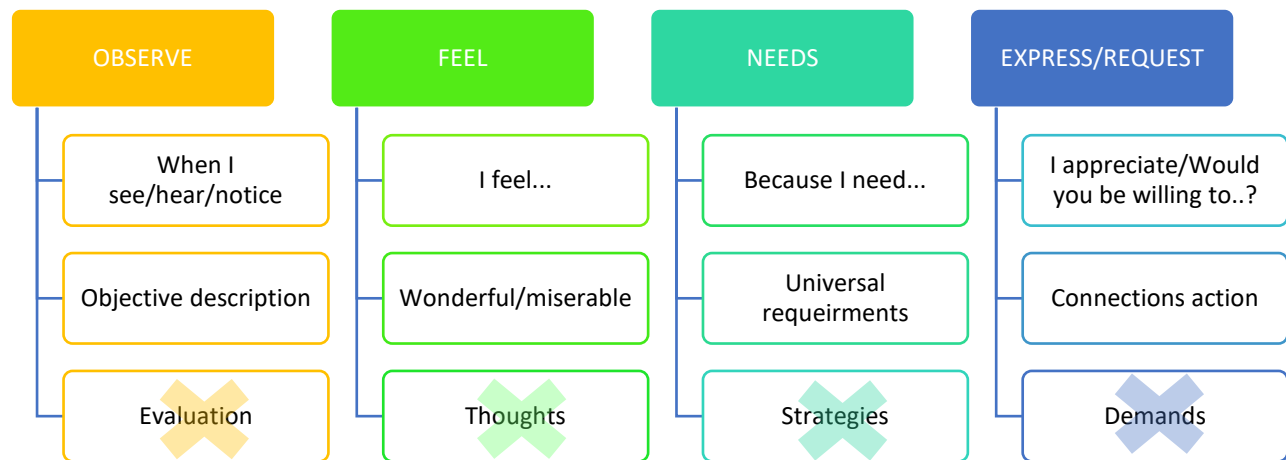
**Figure 5: 5-D Cycle<sup>18</sup>**



### Non-Violent Communication (NVC)

NVC is a communication skill that helps create a positive connection between coach and client. It expresses clarity, compassion, and empathy. The four important distinctions of the NVC model are listed below and shown in Figure 6:

1. For the coach to acknowledge observations and not to evaluate the situation
2. For the coach to help the client express feelings and not thoughts that masquerade as feelings
3. For the coach to identify the client's needs and not strategies to meet the needs
  - a. As defined here, needs are things that we cannot live without (universal human needs)
  - b. These needs represent our values, wants, desires, and preferences for happier and more meaningful experiences
4. For the coach to make requests, not demands, of what the client is willing to change<sup>18,24</sup>

**Figure 6: NVC Model<sup>18</sup>**

### Positive Psychology

Developed by Seligman,<sup>5</sup> positive psychology is the study of factors, such as a person's assets and virtues that enable a person to thrive. It has three pillars: positive emotion, positive traits, and positive institutions. The PERMA theory of well-being explains what enables and causes humans to flourish. There are five building blocks of PERMA and each person will have varying degrees of each, which supports their well-being:

- **Positive Emotion:**
  - Having an increase in positive emotions is the way to well-being
  - Helping clients have positive emotions about the past, present, and future can increase their well-being
- **Engagement:**
  - When a client uses their skills, strengths, and attention to challenging tasks, they experience engagement
- **Relationships:**
  - The client's well-being is amplified through their relationships (friends, family, social connection)
  - Coaches can help clients look toward their relationships for support to achieve a greater well-being
- **Meaning:**
  - Having a sense of purpose/serving something bigger than oneself increases well-being
- **Accomplishment:**
  - Pursuing achievements for their own sake<sup>5,18</sup>

### **Self-Determination Theory (SDT)**

Deci and Ryan<sup>25</sup> developed SDT. SDT embodies the study of human personality and motivation in relation to primary human needs and well-being. This meta-theory defines intrinsic and extrinsic motivation and describes the relationship of motivation with cognitive and social development. In regards to health coaching, it is important for health coaching clients to reach their highest level of motivation. For autonomous self-regulation of behaviors to occur, the client's environment should be nurturing and meet the three primary psychology needs of autonomy, competence, and relatedness.

Primary psychology needs:

- Autonomy: for the client to feel in control, not the coach
- Competence: for the client to feel confident and effective; to have high self-efficacy
- Relatedness: for the client to have social support and autonomy supporting connections<sup>18,25</sup>

### **Social Cognitive Theory (SCT)**

Bandura<sup>3</sup> defined self-efficacy as a person's belief in their ability to succeed in a given situation or accomplish a task or a behavior. One's sense of self-efficacy can play a major role in how they approach goals, tasks, and challenges. Bandura describes four primary sources of influence for self-efficacy beliefs: mastery experiences, vicarious experiences, verbal persuasion, and states of emotional and physiological arousal. Self-efficacy is a strong predictor of which behaviors people will attempt, how much effort they will expend and how long they will persist when faced with adversity.<sup>3,26</sup> Self-motivation and self-efficacy are described as the "twin engines of change" confidence to take on a task, or perform a new health behavior is a necessary condition for success.<sup>17</sup> Confidence is one of the most important outcomes of coaching.

## SECTION B: Coaching Process/Skills

Coaching is a client-focused process where a health coach and an individual client are engaged in conversation in which the coach uses MI<sup>2</sup> and the BAP<sup>6</sup> technique to guide the client through a motivating, goal seeking conversation. During the health coaching processes, the Transtheoretical Model<sup>4</sup> and the Readiness Ruler<sup>4</sup> help the coach determine where the client is in the change process and how ready they are to change. Within the BAP<sup>6</sup> technique, SMART Goals<sup>7</sup> and the Confidence Ruler<sup>2,18</sup> aid the coach in helping the client put their desired change into action steps.

### Motivational Interviewing (MI)

Technical Definition:

*Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.<sup>2</sup>*

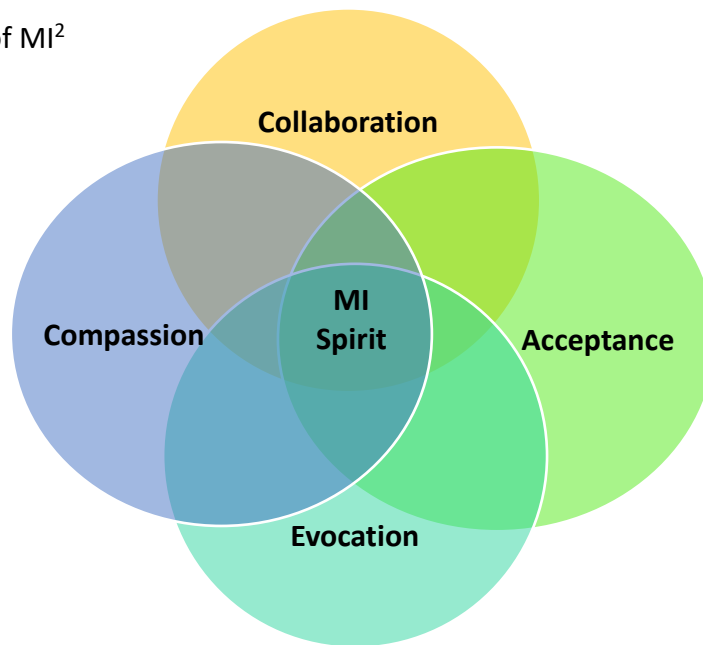
#### **The Spirit of MI**

The Spirit of MI is the heart and mind of how to practice MI, shown in Figure 7. It encompasses a client-centered conversation where the coach elicits from the client autonomous motivation and encourages the client to find his or her own reason(s) for change. It involves guiding more than directing.

1. **Collaboration**: Both the client and the coach bring expertise, knowledge, experiences, and personal strengths to the session. This is an active collaboration between experts. As professionals, we are the experts on nutrition, exercise, and health. Our clients are experts on themselves, their knowledge, feelings, experiences, and motivations.
2. **Acceptance**: The coach honors the client's worth and their potential as a human being while recognizing and supporting their autonomy. Coaches exemplify having empathy when they understand the client's perspective and affirm the client's strengths and efforts. The four aspects of acceptance are:
  - a. **Absolute Worth**: In the words of Rogers,<sup>22</sup> it is the "unconditional positive regard" of the client.
  - b. **Accurate Empathy**: The coach has an active interest in and an effort to understand the client's internal perspective, in other words, to see the world through the client's eyes.

- c. **Autonomy Support**: The coach honors, respects, and supports the client's rights and capacity of self-direction. The coach directly acknowledges the client's right to choose, diminishes their defensiveness, and helps them to facilitate change.
  - d. **Affirmation**: The coach should seek and acknowledge the client's strengths and efforts.
3. **Compassion**: The coach actively promotes the client's welfare and to prioritize their needs in order to understand, acknowledge, and validate their struggles.
  4. **Evocation**: The coach awakens the client's wisdom and strengths while guiding them to find their own motivation and resources to change.<sup>2</sup>

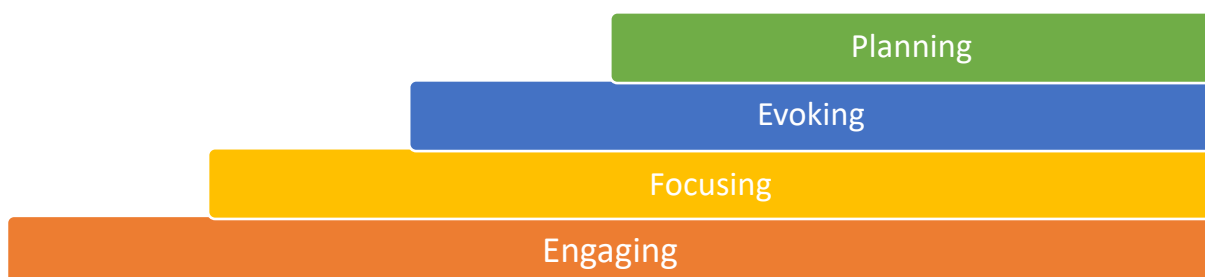
**Figure 7:** Spirit of MI<sup>2</sup>



### Process of MI

There are four steps in the process of MI,<sup>2</sup> displayed in Figure 8.

**Figure 8:** Process of MI<sup>2</sup>



1. **Engaging** is the process of building connection and a working relationship by employing the Spirit of MI that supports the client's autonomy and explores ambivalence.<sup>2,18</sup>
  - a. **Creating Change Talk**:

- i. Examples of questions to ask to assess readiness:
    - 1) “When you heard about working with a health coach what came to mind that you would like to improve (work on)?”
    - 2) “When it comes to your health and well-being what would you like to change?”
  - b. Use OARS, see Figure 9
  - c. DARN – preparatory change talk, see Figure 10
  - d. Traps that Promote Disengagement:
    - i. Assessment Trap: occurs when the coach asks questions and the client is answering them, which places the client in a passive role
    - ii. Expert Trap: occurs when there is an uneven power in the relationship in which the coach is the expert and client is not
    - iii. Premature Focus Trap: occurs when focusing happens before engaging the client
    - iv. Labeling Trap: occurs when the coach insists on labeling a particular problem (i.e. you are a diabetic)
    - v. Blaming Trap: occurs when time is wasted on assigning blame or fault for a problem, coaching should have a no-fault policy
    - vi. Chat Trap: occurs when the coaching conversation becomes just a discussion without sufficient direction<sup>2</sup>
  - e. Since this is a process, engagement happens throughout the coaching sessions. Sometimes a client may have a high self-efficacy for change and sometimes they regress and need to be refocused.
- 2. Focusing: The process where the conversation maintains a specific direction about change that helps the client develop clearer views of their values and goals.
- 3. Evoking: Involves eliciting the client’s autonomous motivations while harnessing their own ideas and feelings on why and how to change. During this process the client may express ambivalence, exhibiting both resistance to change and change talk simultaneously. When clients voice the argument for change, it helps to resolve ambivalence and direct clients towards change.
- 4. Planning: The process of developing commitment to change and formulating a specific plan of action supported by building the client’s self-efficacy.<sup>2,18</sup>



**Figure 9: OARS Skills<sup>2,27</sup>**

<b><u>Open-ended questions</u></b>	<ul style="list-style-type: none"> <li>• Invites the client to reflect and elaborate</li> <li>• Allows the conversation to be focused in a particular direction</li> <li>• Can't be answered with "yes" or "no"</li> <li>• Probing (rely on your curiosity)</li> <li>• Questions starting with: how, what, could, explain, clarify</li> <li>• Examples: <ul style="list-style-type: none"> <li>○ "Tell me about"</li> <li>○ "Say more about"</li> <li>○ "Would you be willing to share with me what brings you in today?"</li> <li>○ "What is important about this?"</li> <li>○ "What would you do, if you knew you would succeed?"</li> </ul> </li> </ul>
<b><u>Affirmations</u></b>	<ul style="list-style-type: none"> <li>• Recognize and acknowledge specific attitudes, behaviors, decisions, and goals</li> <li>• Express statements with genuineness</li> <li>• Accentuate the positive</li> <li>• View any progress as progress</li> <li>• Offer perspective in face of difficulties</li> <li>• Example: "It takes a lot of strength to go through all you have been through."</li> </ul>
<b><u>Reflective Listening</u></b>	<ul style="list-style-type: none"> <li>• Mirrors what the participant is saying in the form of a statement that is a reasonable guess of the original meaning</li> <li>• Shows collaboration and equity</li> <li>• Rule of thumb: offer two reflections for every question you ask</li> <li>• Types: <ul style="list-style-type: none"> <li>○ Simple: coach restates or paraphrases what the client said</li> <li>○ Complex: Adds meaning or emphasizes what the person has said by guessing the unspoken content or what might come next; this tends to move the conversation forward</li> <li>○ Amplified: to provoke a disagreement from the client in the direction of change by minimizing or maximizing what the client said</li> <li>○ Double-sided: to offer to the client two or more perspectives that would encourage them to look at different sides</li> <li>○ Shifted focus: to remove focus from a resistant topic to another that has less or no resistance</li> </ul> </li> <li>• See examples on the next page</li> </ul>
<b><u>Summaries</u></b>	<ul style="list-style-type: none"> <li>• Let's the participant know you're listening and understanding</li> <li>• Pulls together and links relevant things the client has told you</li> <li>• Allows participants to hear their own motivations and ambivalence</li> <li>• Helps to clarify any disordered thinking or communication</li> <li>• Helps to bridge and transition between topics</li> <li>• Focuses on priority content and feelings</li> </ul>

Adapted from [https://www.communitycarenc.org/sites/default/files/2017-10/MI\\_Resource\\_Guide-updated-October-2017.pdf](https://www.communitycarenc.org/sites/default/files/2017-10/MI_Resource_Guide-updated-October-2017.pdf)

**Reflective Listening Stems<sup>27</sup>**

- Sounds like...
- You're saying that...
- You're feeling like...
- This has been totally \_\_\_\_\_ for you
- Almost as if...
- Like a...
- For you, it's a matter of...
- From your point of view...
- You...
- You are...
- Must be...
- You really...
- Through your eyes...
- You believe...
- Your concern is that...
- Your fear is that...
- It seems that...
- You're not terribly excited about...
- You're not much concerned about...
- This really...
- It is so...
- You feel so...
- It's really important to you that...
- You're not really...
- You feel as though...
- What I heard you say was...

**Preparatory Change Talk: Desire, Ability, Reasons, Needs (DARN)**

When helping a client make the argument for change, a coach should look for change talk. Preparatory change talk is when a client expresses their desires, abilities, reasons, and needs for change, which is the pro-change side of ambivalence. Figure 10 shows the client's expressions and how to recognize them.<sup>2</sup>

**Figure 10: DARN<sup>2</sup>**

<b><u>D</u>esire</b>	<ul style="list-style-type: none"> <li>• Statements about choice to change: <ul style="list-style-type: none"> <li>◦ I want..., I would like..., I wish..., I hope...</li> </ul> </li> <li>• Questions to elicit: <ul style="list-style-type: none"> <li>◦ "What do you want to happen?"</li> <li>◦ "Tell me about what you wish would be?"</li> <li>◦ "How would you like to see things change?"</li> </ul> </li> </ul>
<b><u>A</u>bility</b>	<ul style="list-style-type: none"> <li>• Statements about capacity to change: <ul style="list-style-type: none"> <li>◦ I could..., I would be able to...</li> </ul> </li> <li>• Examples: <ul style="list-style-type: none"> <li>◦ "How capable to take steps do you feel right now?"</li> <li>◦ "What would make you feel more able to _____?"</li> <li>◦ "What is possible? What can or could you do?"</li> </ul> </li> </ul>
<b><u>R</u>easons</b>	<ul style="list-style-type: none"> <li>• Statements that give specific arguments for change: <ul style="list-style-type: none"> <li>◦ I would..., I might...</li> </ul> </li> <li>• Examples: <ul style="list-style-type: none"> <li>◦ "What are reasons to _____?"</li> <li>◦ "What would be better if you _____?"</li> <li>◦ "What would be a benefit to changing?"</li> </ul> </li> </ul>
<b><u>N</u>eeds</b>	<ul style="list-style-type: none"> <li>• Statements about feeling obligated to change: <ul style="list-style-type: none"> <li>◦ I need to..., I have to..., I got to..., I can't keep on like this...</li> </ul> </li> <li>• Examples: <ul style="list-style-type: none"> <li>◦ "Why could now be the right time?"</li> <li>◦ "How important is it for you to change?"</li> </ul> </li> </ul>

### Mobilizing Change Talk: Commitment, Activation, Taking Steps (CAT)

Mobilizing change talk shows movement to resolving ambivalence and moves in the direction of change. Commitment language is a clear example of mobilizing change talk and it shows the likelihood of action. CAT statements are shown in Figure 11.<sup>2,28</sup>

**Figure 11:** CAT<sup>2,28</sup>

<b>Commitment</b>	<ul style="list-style-type: none"> <li>• Statements of likelihood to change:             <ul style="list-style-type: none"> <li>○ I will..., I promise..., I swear..., I guarantee..., I give my word to ...,I intend to..., I am ready to...</li> </ul> </li> </ul>
<b>Activation</b>	<ul style="list-style-type: none"> <li>• Statements that indicate movement towards action:             <ul style="list-style-type: none"> <li>○ I am willing to..., I am ready to..., I am prepared to...</li> </ul> </li> </ul>
<b>Taking Steps</b>	<ul style="list-style-type: none"> <li>• Statements about taking action in the direction of change</li> <li>• Focus information/education on what the person wants or needs to know</li> <li>• Support autonomy</li> <li>• Acknowledge the client's freedom to disagree or ignore</li> <li>• Provide a small amount of information at a time and give time for the client to reflect</li> </ul>

### Elicit-Provide-Elicit (EPE)

EPE is a strategy for information exchange, see Figure 12. It maintains the client autonomy while giving the opportunity for the coach to provide information to client. It provides what a client needs and wants to know and allows the client to play an active role. It is a circular process filled with reflective listening.<sup>2,28</sup>

**Figure 12:** EPE<sup>2,28</sup>

<b><u>E</u>licit</b>	<ul style="list-style-type: none"> <li>• Ask permission</li> <li>• Clarify information needs and gaps</li> <li>• Explore prior knowledge</li> <li>• Inquire about interests</li> <li>• Sample questions to elicit:             <ul style="list-style-type: none"> <li>○ "May I...?"</li> <li>○ "Would you like to know about...?"</li> <li>○ "Is there any information I can help you with?"</li> <li>○ "Would it be alright if I tell you...?"</li> <li>○ "What do you already know about...?"</li> </ul> </li> </ul>
<b><u>P</u>rovide</b>	<ul style="list-style-type: none"> <li>• Focus information/education on what the person wants or needs to know</li> <li>• Support autonomy</li> <li>• Acknowledge the client's freedom to disagree or ignore</li> <li>• Provide a small amount of information at a time and give time for the client to reflect</li> </ul>
<b><u>E</u>licit</b>	<ul style="list-style-type: none"> <li>• Ask for the client's interpretation, understanding or reaction to the information in the form of open-ended questions</li> <li>• Reflect reactions that you see</li> <li>• Allow time to process and respond to the information</li> </ul>

## Transtheoretical Model (TTM)

DiClemente and Prochaska<sup>4</sup> developed the Stages of Change (Transtheoretical Model). It indicates readiness and a timeline for a client to take on a new behavior. There are six stages:

1. Pre-contemplation: client is not ready; nor intends to take action in the next six months
2. Contemplation: client is getting ready; intends to take action in the next six months
3. Preparation: client is getting ready; plans to take action in the next thirty days
4. Action: client has made the change for less than six months
5. Maintenance: client has been doing the behavior for more than six months
6. Termination: client is confident with the change and will not relapse

A coach needs to meet the client in the Stage of Change they are in and work with them to move through the stages. A coach can use specific skills listed in Figure 13 to help clients move from one stage to the next.<sup>4</sup>

**Figure 13:** Skills to Move Clients through TTM<sup>4</sup>

<b>Pre-contemplation to Contemplation</b>	Coaches: <ul style="list-style-type: none"> <li>• Help their client increase reasons to change (pros)</li> <li>• Brainstorm reasons for change</li> <li>• Offer education on the topic or benefits to change</li> <li>• Generate hope which will increase self-efficacy</li> </ul>
<b>Contemplation to Preparation</b>	Clients may: <ul style="list-style-type: none"> <li>• Focus on the reasons not to change (cons)</li> <li>• Doubt their ability to change</li> <li>• Delay change due to not having enough self confidence</li> </ul> Coaches: <ul style="list-style-type: none"> <li>• Help clients brainstorm more reasons and motivation to change</li> <li>• Brainstorm about times they have been successful to build confidence</li> <li>• Evaluate barriers</li> <li>• Find allies to help with the change</li> </ul>
<b>Preparation to Action</b>	Coach can help clients look at both sides by asking: <ul style="list-style-type: none"> <li>• “How do you think or feel when you are doing (the current behavior/habit)?”</li> <li>• “How do you think or feel if you are doing (the new behavior)?”</li> </ul>
<b>Action to Maintenance</b>	Coaches: <ul style="list-style-type: none"> <li>• Help clients look at their strengths and values that support their new behavior</li> <li>• Help clients look for social connections to support their new behavior</li> <li>• Anticipate relapse and reframe them as learning opportunities</li> <li>• Help clients to self-reinforce their new behavior</li> </ul>

## Brief Action Planning (BAP)

BAP<sup>6</sup> is a structured, client-centered, self-management support technique that is grounded in MI and constructed from evidence-based behavior change literature such as SMART goals, and

self-efficacy. It contains core questions and skills that are used to build the BAP<sup>6</sup> as outlined in Figure 1.

### **SMART Goals**

Using the SMART format is a successful way to guide clients to set an action step (goal) to help them achieve their vision. To get the dialog going with the client, ask about the activity or behavior: what, where, when, how much, how often, and how long. The acronym stands for;

- **S**pecific: have client be specific about the action or behavior they are going to do
- **M**easurable: how often and when
- **A**ction-based: define the action or behavior to change
- **R**ealistic: discuss the specific behavior or action possible for the client to achieve. Being successful quickly helps build self-confidence and moves the goal to the next step
- **T**ime-bound: how and when will the client complete the specific action or behavior<sup>7,18</sup>

## SECTION C: Coaching Tools

### Decisional Balance

Janis and Mann<sup>2</sup> developed this evoking technique. It spends equal time exploring the pros/benefits and cons/cost of changing or not changing. During the exploration of pros and cons, the client may be enlightened by advantages of change and the consequences of not changing. The client may also express intention to act and optimism about the future. This technique is very helpful when you have a client who is in contemplation or being ambivalent.<sup>1</sup> An example of the Decisional Balance Chart is shown in Figure 14.

**Figure 14:** Decisional Balance Chart<sup>19</sup>

	Pros/Benefits	Cons/Costs
Making a change		
Not Changing		

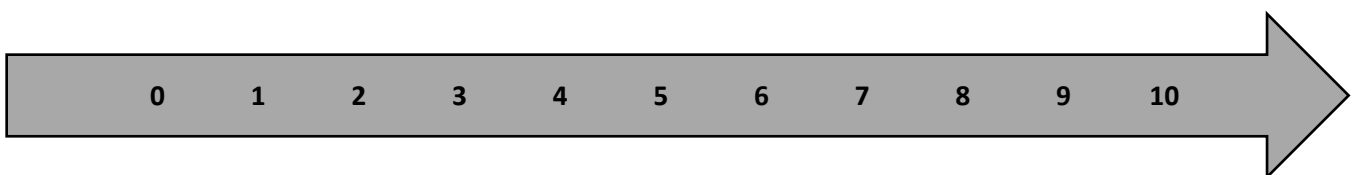
From: <https://motivationalinterviewing.org/sites/default/files/decisionalbalance.pdf>

### Rulers

**Importance Ruler** – Is a scale where the client can rate (0-10) the importance of making the change<sup>2,18</sup>

**Confidence Ruler** – Is a scale where the client can rate (0-10) their level of confidence in their ability to make the change<sup>2,18</sup>

**Readiness Ruler** – Is a scale where the client can rate (0-10) their level of readiness to change<sup>4</sup>



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## Information Sheet: *[Name of Program]* SNAP-Ed Health Coaching Program

You are being invited to participate in the *[Name of Program]* SNAP-Ed Telephonic Health Coaching program. This program is now being offered to all SNAP-eligible adults in *[SNAP-Ed program state]*. To participate in this program, please read the information below, and give a verbal consent to participate.

This program is funded by the SNAP-Ed grant; therefore, there is no cost to you.

What to expect:

- \* A call from your health coach within 1-2 weeks based on the times you noted on the sign-up form
- \* All 6 sessions are conducted over the telephone and last about 30 minutes
- \* Your health coach will give you guidance needed to make a health behavior change
- \* Information from your sessions, not including personal information, may be used to measure the success of the program and shared in a research setting
- \* You can stop at any time

Join today and become one of our success stories, our clients are:

- \* Choosing healthier foods
- \* Preparing healthy meals at home
- \* Eating healthy on a budget
- \* Doing more physical activity

To begin the process, please:

1. Complete the other side of this form
2. Return form to *[Name of Program]*:
  - a. Give the form to a *[Name of Program]* Nutrition Educator
  - b. Scan and email to *[program email]*
  - c. Mail it to: *[Name of Program, address of program]*
  - d. Call *[program phone number]*

If you have questions about your rights as a participant, or wish to obtain information, ask questions, or discuss any concerns about this project with someone other than the health coaches, please contact the following:

*[Program direct contact information]*

*This institution is an equal opportunity provider.*

**[Name of Program] Health Coaching Sign-Up Form**

Would you like to work with a Health Coach?

*If yes, please write down your name; phone number; email; day(s) of the week; and time of day you would like to have the coaching sessions.*

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred Language (Please check):** \_\_\_ English \_\_\_ Spanish Other: \_\_\_\_\_

**Available Day(s) of Week (Please check all that apply):**

\_\_\_ Any day \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

**Available Time of Day (Please check all that apply):**

\_\_\_ Anytime \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Late Afternoon \_\_\_ Evening

*Your Health Coach will call you in 1 to 2 weeks.*

*[Program name*

*Address*

*Contact information of program]*

For Staff Use Only SNAP-Ed ID #: \_\_\_\_\_

## Health Coaching Information Receipt

Thank you for signing up for the *[Name of Program]* SNAP-Ed Health Coaching Program!

This program is funded by the USDA SNAP-Ed grant; therefore, there is no cost to you.

What to expect:

- \* A call from your health coach within 1 to 2 weeks based on the times you noted on the sign-up form
- \* All 6 sessions are conducted over the telephone and last about 30 minutes
- \* Your health coach will give you guidance needed to make healthy behavior changes
- \* Your non-personal information from sessions will be shared with *[name of organization]* to measure the success of the program
- \* You can stop at any time

If you have any questions about *[Name of Program]* Health Coaching Program, please feel free to contact me.

Our health coaches are looking forward to their first call with you!

*[Name of THC program manger]*

*[Name of program]*

*[contact phone number]*

*[contact email]*

*USDA is an equal opportunity provider, employer, and lender.*

*You should be aware that the [name of program] Institutional Review Board (IRB) may inspect project records as part of its mission to protect the safety of participants. If you have any questions about your rights as a participant, please contact the [name of program] IRB at [phone number].*

*The IRB is a group of people that review studies and protects the rights of participants.*

## Health Coaching Information Receipt

Thank you for signing up for the *[Name of Program]* SNAP-Ed Health Coaching Program!

This program is funded by the USDA SNAP-Ed grant; therefore, there is no cost to you.

What to expect:

- \* A call from your health coach within 1 to 2 weeks based on the times you noted on the sign-up form
- \* All 6 sessions are conducted over the telephone and last about 30 minutes
- \* Your health coach will give you guidance needed to make healthy behavior changes
- \* Your non-personal information from sessions will be shared with *[name of organization]* to measure the success of the program
- \* You can stop at any time

If you have any questions about *[Name of Program]* Health Coaching Program, please feel free to contact me.

Our health coaches are looking forward to their first call with you!

*[Name of THC program manger]*

*[Name of program]*

*[contact phone number]*

*[contact email]*

*USDA is an equal opportunity provider, employer, and lender.*

*You should be aware that the [name of program] Institutional Review Board (IRB) may inspect project records as part of its mission to protect the safety of participants. If you have any questions about your rights as a participant, please contact the [name of program] IRB at [phone number].*

*The IRB is a group of people that review studies and protects the rights of participants.*

Here is what our clients are saying about this program:

*"I wanted to update you on my progress. Since working with you I have lost over 10 pounds and I am eating healthy. I eat lots of fruits and vegetables, yogurt and make healthy choices now. I read labels now before I buy a product to make sure it is nutritious and a healthy choice. Thanks to you and your program I am on my way to eating healthy and losing weight."*

*"It was an honor to work with you. Please remember that you made me believe in my self again and I could not have done it by myself. I believe I made a friend for life."*

**If you have any questions  
please contact:**

[Name of Program]  
[Address]  
[Program phone]  
[Program email]

This institution is an equal  
opportunity provider.

Developed by:  
University of Saint Joseph  
SNAP-Ed Program



UNIVERSITY OF  
SAINT JOSEPH  
CONNECTICUT

# Welcome

**[Name of Program]**  
**Health Coaching  
Program**



# Welcome to our Health Coaching Program!

## Our Program:

- Will provide guidance needed to motivate you to improve your health.
- Is over the phone for 30 minutes for 6 weeks, scheduled at a time and date you select.
- Is funded by the USDA therefore; there is no cost for you.
- May use non-personal information from your sessions, to measure the success of the program and shared in a research setting.
- Allows you to stop participating at any time.
- Provides a gift and a certificate upon completion.

## Your coach will:

- Help you identify and use your strengths on the path to a healthier future.
- Ask questions to help you to arrive at your own answers.
- Encourage realistic goals.
- Create a safe place that helps supports learning and new behaviors.
- Support you in thinking of creative ways for moving forward.
- Respect your ideas, learning styles, and needs.
- Offer ideas for improving your health with your permission.
- Be on time in calling you every week during the agreed upon time.
- Recommend other resources for you when our program is unable to help.

## Your health coach is:

**[Name]**  
Health Coach  
**[Phone]**  
**[Email]**



## As the client, you will:

- Improve your level of health.
- Take responsibility to make and sustain changes.
- Invest time to make improvements.
- Be willing to share personal information that is related to your health.
- Be open to suggestions and willing to try new things.
- Understand that set backs are normal on the path of change.
- Answer your coach's call during your session time.
- Let your coach know if a session needs to be reschedule.

# Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Client's email: \_\_\_\_\_

Did the client attend ESBA Workshop/NES? ☐ Yes ☐ No If yes, what topic? \_\_\_\_\_

Signed up online? ☐ Yes ☐ No Is the client participating in WISEWOMEN? ☐ Yes ☐ No

## Session 1 (1 week)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

Enter date/time of prior attempts:

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

☐ Male ☐ Female

Age: ☐ <5 ☐ 5-17 ☐ 18-59 ☐ 60+

Are you Hispanic/Latino? ☐ Yes ☐ No

(Includes Mexican, Cuban, Puerto Rican, Central and South American, or other Spanish culture or origin regardless of race.)

Race: Check all that apply

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

How many people are currently living or staying with you at your house? \_\_\_\_\_

## Ask behavior questions:

1. How often do you eat food from all food groups every day? (Food groups include dairy, grains, fruits, vegetables, and protein)

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

2. During the past week, how many cups of fruit did you eat on an average day?

Cups: ☐ None ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3 ☐ 3½ or more

3. How often do you eat more than one kind of fruit each day?

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

4. During the past week, how many cups of vegetables did you eat on an average day?

Cups: ☐ None ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3 ☐ 3½ or more

5. How often do you eat more than one kind of vegetable each day?

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

6. How often do you eat or drink the following?

<1 time/  
week

1-2 times/  
week

3-4 times/  
week

5-6 times/  
week

7+ times/  
week

Whole milk (full fat) or reduced fat (2%) milk

☐

☐

☐

☐

☐

Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)

☐

☐

☐

☐

☐

Regular (whole milk) yogurt

☐

☐

☐

☐

☐

Low-fat or nonfat yogurt

☐

☐

☐

☐

☐

## Health Coaching: Eating Smart • Being Active®

7. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain/wheat pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain/wheat bread or tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White bread or flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain cereals (toasted oats, bran, granola, oatmeal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refined grain cereals (corn flakes, puffed rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Skinless chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey with skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground beef 90% lean or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground beef 85% or 80% lean or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork or beef: sausage or bacon or hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past week, how many 1 cup servings of sugar-sweetened beverages did you drink on an average day? (1 cup serving = 8 ounces)

Cups: ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

10. How often do you:	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Eat convenience or fast foods (Premade frozen or boxed meals, boxed or bagged snacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add salt when cooking or eating food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare foods by frying/sautéing/deep-frying (not including air frying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often do you:	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Use the "Nutrition Facts" on the food label to make food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan meals ahead of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compare prices before you buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop with a grocery list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How many minutes of physical activity do you get on an average week? \_\_\_\_\_ minutes

Overall goal / vision: \_\_\_\_\_

Overall goal/vision codes:

1. Achieve/maintain a healthy weight
2. Meal planning / healthy eating
3. Being stronger / more physical active
4. Manage supplement(s) / medication(s) regimen
5. Prevent/manage diabetes (pre, DM1, DM2, GDM)
6. Prevent/manage HTN or CVD
7. Prevent/manage stress
8. Smoking/vaping cessation
9. Reduce alcohol consumption
10. Increase food security / become food secure
11. Other

Overall Goal / Vision Topic Code: \_\_\_\_\_



# Health Coaching: Eating Smart • Being Active®

Session 1 Goal 1-1:

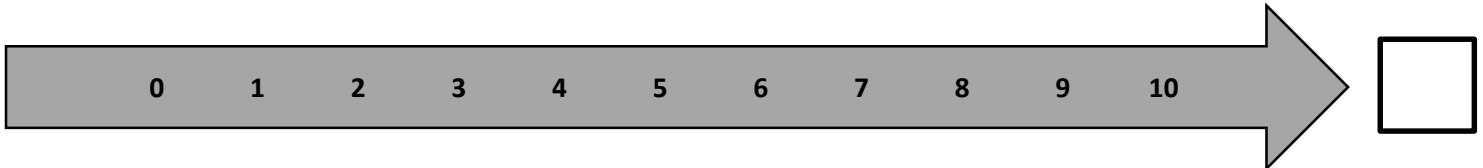
Goal 1-1 Topic: \_\_\_\_\_

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Confidence Ruler for Goal 1-1



Not Confident

Somewhat Confident

Very Confident

Session 1 Goal 1-2:

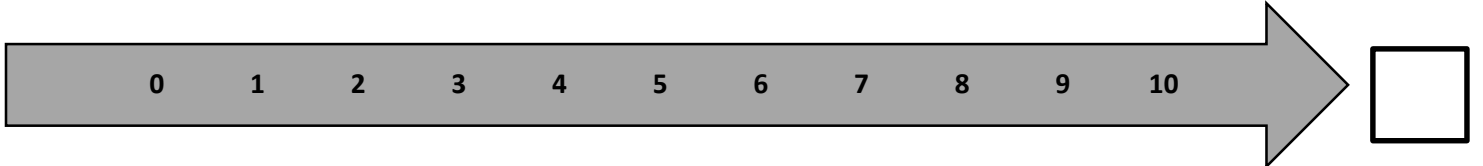
Goal 1-2 Topic: \_\_\_\_\_

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Confidence Ruler for Goal 1-2



Not Confident

Somewhat Confident

Very Confident

Topic Codes:

1. ↑ Physical Activity
2. Planning, shopping, label reading
3. ↑ Fruits & vegetables
4. ↑ Whole grains
5. ↑ low-nonfat dairy, ↑ calcium foods
6. ↑ Lean proteins
7. ↓ Sugar/sodium/sat. fat, ↑ water
8. Try new recipes
9. MyPlate Plan, portion sizes
10. Limit snacking, mindful eating
11. Food sources: pantries/mobiles
12. Social
13. Medicine, supplements
14. Other

Notes: \_\_\_\_\_

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## Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

### Session 2 (2 weeks)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

*Enter date/time of prior attempts:*

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

### Session 1 Goal(s):

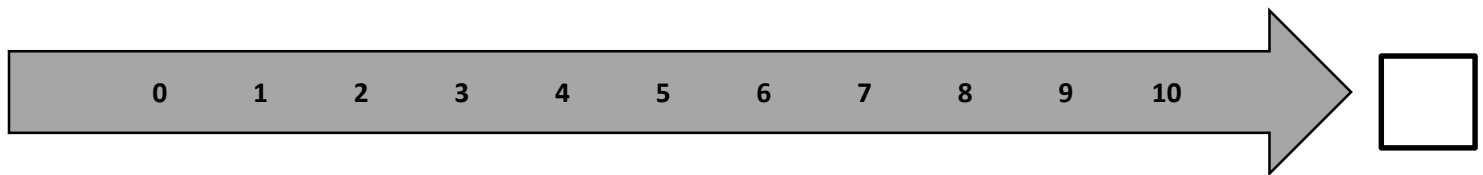
1. Percent Goal 1-1 Completed \_\_\_\_\_ %

2. Percent Goal 1-2 Completed \_\_\_\_\_ %

### Session 2 Goal 2-1:

Goal 2-1 Topic: \_\_\_\_\_

### Confidence Ruler for Goal 2-1



Not Confident

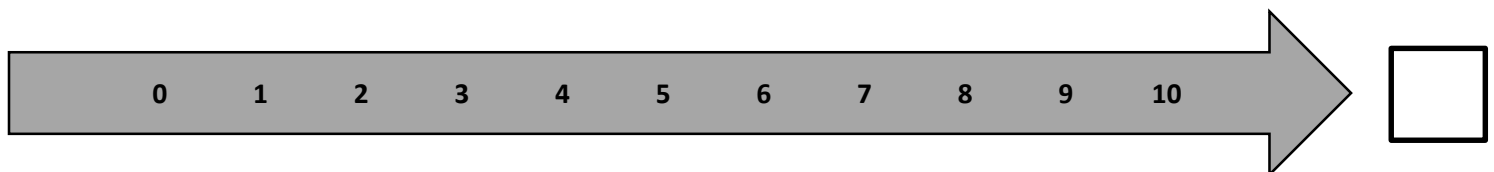
Somewhat Confident

Very Confident

### Session 2 Goal 2-2:

Goal 2-2 Topic: \_\_\_\_\_

### Confidence Ruler for Goal 2-2



Not Confident

Somewhat Confident

Very Confident

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

### **Session 3** (3 weeks)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

Enter date/time of prior attempts:

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

### **Session 2 Goal(s):**

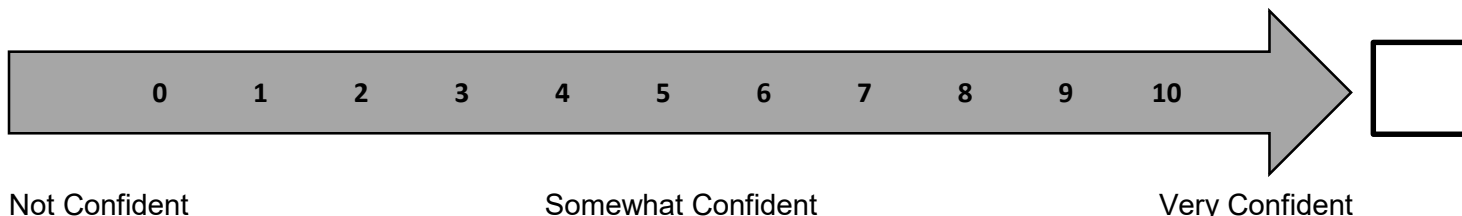
1. Percent Goal 2-1 Completed \_\_\_\_\_ %

2. Percent Goal 2-2 Completed \_\_\_\_\_ %

### **Session 3 Goal 3-1:**

**Goal 3-1 Topic:** \_\_\_\_\_

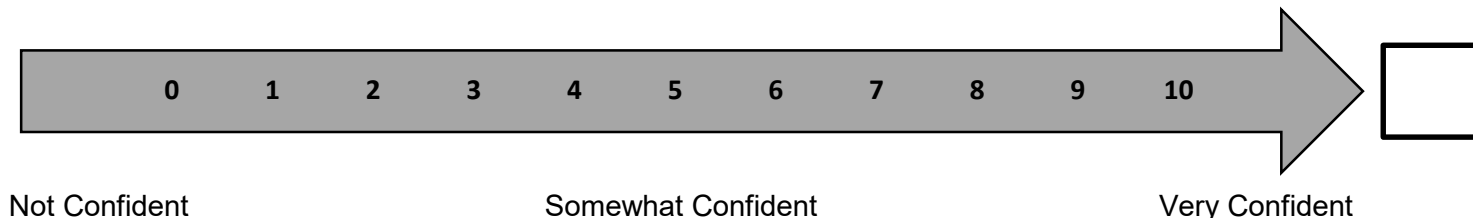
### **Confidence Ruler for Goal 3-1**



### **Session 3 Goal 3-2:**

**Goal 3-2 Topic:** \_\_\_\_\_

### **Confidence Ruler for Goal 3-2**



**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

### Session 4 (4 weeks)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

Follow-up questions asked for topic: ☐ Yes ☐ No

(Obtain the follow-up questionnaire for original session attended and ask the questions for 6-week follow-up)

Enter date/time of prior attempts:

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

### Session 3 Goal(s):

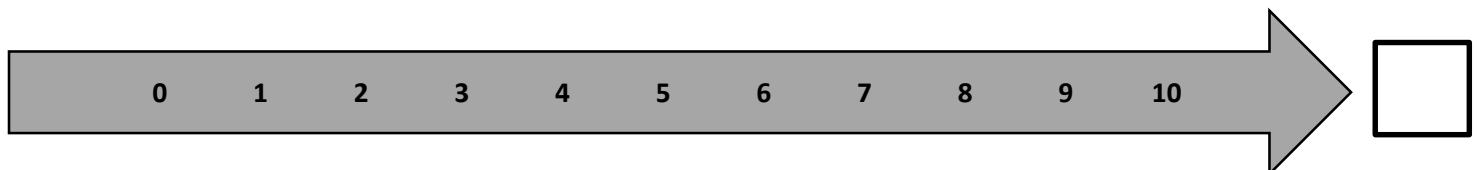
1. Percent Goal 3-1 Completed \_\_\_\_\_%

2. Percent Goal 3-2 Completed \_\_\_\_\_%

### Session 4 Goal 4-1:

Goal 4-1 Topic: \_\_\_\_\_

### Confidence Ruler for Goal 4-1



Not Confident

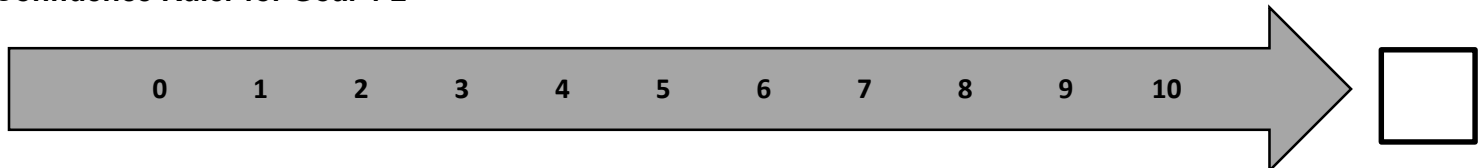
Somewhat Confident

Very Confident

### Session 4 Goal 4-2:

Goal 4-2 Topic: \_\_\_\_\_

### Confidence Ruler for Goal 4-2



Not Confident

Somewhat Confident

Very Confident

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

### **Session 5** (5 weeks)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

*Enter date/time of prior attempts:*

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

### **Session 4 Goal(s):**

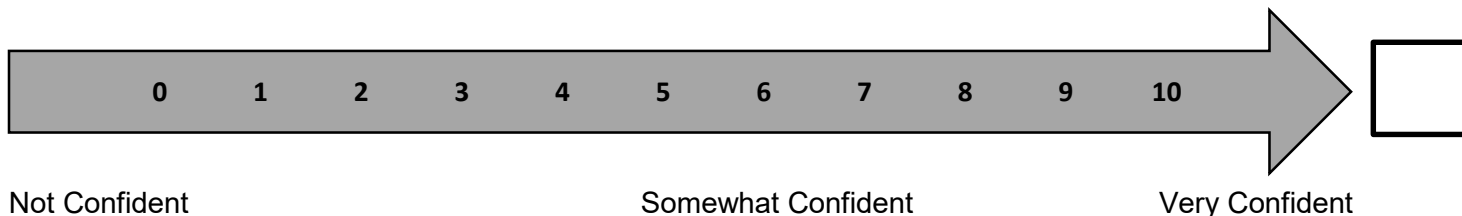
1. Percent Goal 4-1 Completed \_\_\_\_\_ %

2. Percent Goal 4-2 Completed \_\_\_\_\_ %

### **Session 5 Goal 5-1:**

**Goal 5-1 Topic:** \_\_\_\_\_

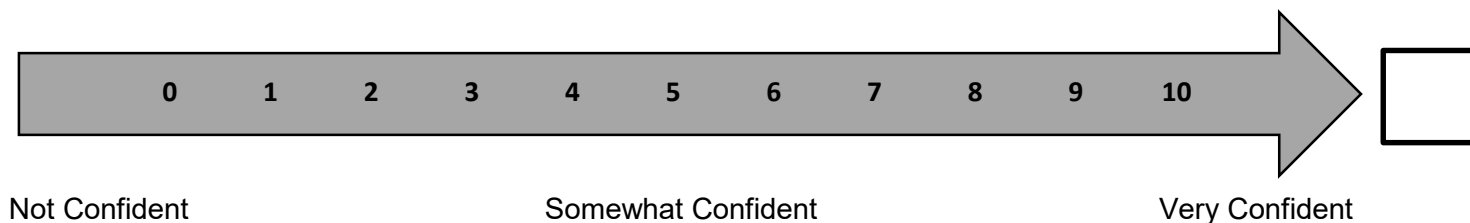
### **Confidence Ruler for Goal 5-1**



### **Session 5 Goal 5-2:**

**Goal 5-2 Topic:** \_\_\_\_\_

### **Confidence Ruler for Goal 5-2**



**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Health Coaching: Eating Smart • Being Active®

Client's Name: \_\_\_\_\_

Client's ID#: \_\_\_\_\_

Client's phone number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

## Session 6 (6 weeks)

Was the Session completed? ☐ Yes ☐ No

Date when session was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time when session was completed: \_\_\_\_:\_\_\_\_ am or pm

Enter date/time of prior attempts:

	Date	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

## Ask behavior questions:

1. How often do you eat food from all food groups every day? (Food groups include dairy, grains, fruits, vegetables, and protein)

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

2. During the past week, how many cups of fruit did you eat on an average day?

Cups: ☐ None ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3 ☐ 3½ or more

3. How often do you eat more than one kind of fruit each day?

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

4. During the past week, how many cups of vegetables did you eat on an average day?

Cups: ☐ None ☐ ½ ☐ 1 ☐ 1½ ☐ 2 ☐ 2½ ☐ 3 ☐ 3½ or more

5. How often do you eat more than one kind of vegetable each day?

☐ <1 time/week ☐ 1-2 times/week ☐ 3-4 times/week ☐ 5-6 times/week ☐ 7+ times/week

6. How often do you eat or drink the following?

	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Whole milk (full fat) or reduced fat (2%) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular (whole milk) yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat or nonfat yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often do you eat the following?

	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Brown rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain/wheat pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain/wheat bread or tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White bread or flour tortillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grain cereals (toasted oats, bran, granola, oatmeal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refined grain cereals (corn flakes, puffed rice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Coaching: Eating Smart • Being Active®

8. How often do you eat the following?	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Skinless chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey with skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground beef 90% lean or greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground beef 85% or 80% lean or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork or beef: sausage or bacon or hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. During the past week, how many 1 cup servings of sugar-sweetened beverages did you drink on an average day? (1 cup serving = 8 ounces)

Cups: ☐ None    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5 or more

10. How often do you:	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Eat convenience or fast foods (Premade frozen or boxed meals, boxed or bagged snacks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add salt when cooking or eating food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat low-sodium packaged food options such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare foods by frying/sautéing/deep-frying (not including air frying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often do you:	<1 time/ week	1-2 times/ week	3-4 times/ week	5-6 times/ week	7+ times/ week
Use the "Nutrition Facts" on the food label to make food choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan meals ahead of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compare prices before you buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop with a grocery list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How many minutes of physical activity do you get on an average week? \_\_\_\_\_ minutes

### Session 5 Goal(s):

1. Percent Goal 5-1 Completed \_\_\_\_\_ %
2. Percent Goal 5-2 Completed \_\_\_\_\_ %

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address for incentive:

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Was the incentive sent to participant? ☐ Yes ☐ No

☐ Printed



*[NAME OF PROGRAM]*

SNAP-ED NUTRITION EDUCATION PROGRAM

CERTIFIES THAT

*[Name of client]*

has successfully completed the SNAP-Ed health coaching initiative and  
has implemented healthy lifestyle behavior changes

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Date



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Health Coach

## Health Coaching Assignment Excel Sheet

[illegible]