Health Coaching the Underserved

Exploring Coaching Effectiveness for Public Housing, Temporary Sheltered and Street-Dwelling Adults

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Outline

- Medical anthropology ethnographic research
- Elements of the two models -- CIIS Int. Wellness Coaching Model and Executive Coaching model
- Applications for San Francisco targeted populations
- Key observations in first phase of ethnography and published case reports *(Global Advances in Health and Medicine, 2(3):75-82.*
Tale of 2 Cities in 1
Perfect Storm of Contributing Factors

Untreated Chronic Illness
Social Isolation & Loneliness
Perceived Lack of Access to Care and Treatment
Uneven Results Behavior Change in Health Ed
Purpose of Ethnographic Study

- Useful as “thick description” - first stage of studying a subculture
- Explore potential for two types of coaching:
  - Int. Wellness Coaching
  - Executive Coaching
- As new tools for facilitating positive change, sustaining motivation, and eventually improving health outcomes

- DISCLOSE BIAS
- LOOK
- UNCOVER BIAS
- LISTEN
- CONFRONT BIAS AGAIN
- LEARN
Two-Phase Project

1. **ETHNOGRAPHIC Research**
   What is the lived experience of underserved/marginalized individuals as they encountered coaching models?

2. **CASE REPORTS of COACHES**
   n = 12
   “To what degree did health coaching affect your behavior or your decision making?”
Phase 1: Street-dwelling Adults

- 6,000 homeless (est.); 62% have mental illness
- 55% have chronic illness: TB, HIV/AIDS, hepatitis
- Life expectancy 42-52, 4-9x mortality
- Self-reported problems:
  - Depression/Anxiety
  - Chronic Pain / Physical disabilities
  - Injury / Violence
  - Theft
- Mean age: 32, Range: 16-58
- Multiple ethnicities
- 29% identify as LGBQT
- SF: $2m annually; highest per capita spending of any city in US
- Discontinued cash payment system

(Source: SF Human Services Agency 2014)
Phase 2: Low-Income Residency
10th and Mission, San Francisco

- N = 320; n = 12
- Age range: 28-68
- 75% women with children
- One-third Chinese; one-third Hispanic; one-third mixed ethnicity
- Must remain employed to remain in building
- New experiment in quality housing
Would you like to work with a wellness coach?
Asanas with Props

The ancient yogis used logs of wood, stones, and ropes to help them practice asanas effectively. Extending this principle, Yogacharya Iyengar invented props which allow asanas to be held easily and for a longer duration, without strain.

YOGACHARYA IYENGAR IN SETUBANDHA SARVANGASANA
This version of the posture requires considerable strength in the neck, shoulders, and back, requiring years of practice to achieve. It should not be attempted without supervision.
Wellness = Whiteness
(perception)
Would you like to work with a coach to improve your situation?
“You’re gonna coach me like I’m a rich (*!!*$$) guy?”
Brought to two types of coaches

Integrative Wellness Coaches

Executive Coaches
Integrative Wellness Coaching

- Taught at California Institute of Integral Studies (CIIS)
- Integrative health curriculum including health education
- Client-centered process, using coaching process /methodology, to facilitate self-directed lifestyle improvement
- Social justice, belonging, purpose
- Addresses health inequity, access, empowered action, relationship building,
Health Coaching Tasks

- Set accountability guidelines; give “can’t disappoint” talk
- Co-create agreements about coaching style, when to contact, check-ins
- Establish agreement about coaching expectations and protocol
- Educate when called for
- Build rapport and trust
- Show empathy / Experience it
- Use verbal and nonverbal communication skills
- Provide coaching without prejudice
- Establish confidentiality
Executive Coaches

- Egalitarian
- Collaborative
- Elicits goals & overall vision
- Evokes change from within
- Holds client as capable, no need to “fix”
- Focus on process
Executive Coaching Tasks

- Expose the mental models or personal myths that keep us stuck.
- Facilitate growth of self-efficacy
- Increase flexibility regarding decision-making, vision, direction
- Raise awareness of inner process
- Foster independence
Initial observations from ethnography informed coaching phase

- It’s not that services don’t exist…
  - 10 free/low-cost clinics
  - Lack of Accessing Care
  - Refusing shelter
  - Assimilated street culture
  - 35% had part-time job
  - Entrenched thinking
  - “The (system, man, doctor, cop) is against me.”
Isolation, Loneliness and Mortality Risk

- Populations-based research on mortality risk – last 20 years
- Social-environmental exposures
- Multiple behavioral problems
- Physiologic dysfunction
- Unfulfilling and troubled relationships
- Relocation/significant separations
- Social marginality
- Developmental deficits

There is now a substantial body of evidence that indicates that the extent to which social relationships are strong and supportive is related to the health of individuals who live within such social contexts.

Social Determinants of Health

Psycho-emotional determinants

Findings “Worth the Effort” survey
- Excuses: no time, inconvenient, too busy
- Gave way to “It’s not worth the effort”
- Gave way to I’m not worth it.
- Source: (“Worth the Effort” study/Jordan 2000, n=1299, 60% female, ages 25-55)
Primary task of coaching partnerships

- To break the social isolation and loneliness that has been reported by homeless individuals in previous studies and discovered in the ethnographic research.
Timeline Discovered

- **0-3 months on the street**
  - Behavior: Crisis mode
  - Coaching intervention:
    - Reduce harm
    - Establish safety
    - Find shelter
    - Potential for lasting solution

- **4-6 months on the street**
  - Behavior: Equilibrium
  - Coaching intervention:
    - Evoke practical solutions
    - Day to day problems
    - “What goes right on a good day?”
Timeline (con’t)

- **Over 6 months on the street**
  - Behavior: Assimilated
  - Coaching intervention:
    - Introduce possibility thinking despite entrenched setting
    - Where have you given up?
    - What do you still hope for?

- **Housing Secured**
  - New worries
  - How to maintain housing
  - How to connect with social agencies
  - How to put concrete strategies to work for keeping up the “new life”
Executive coaches reported that clients had...

- Difficulty making choices
- Resistance over change in general
- Resentment over suggestions/feedback/criticism of any degree
- Putting down the coaches to boost one’s own self-worth
YOU DON'T HAVE A DIETITIAN?

WHAT ARE YOU? A HOMELESS PERSON?
Observations by Executive Coaches of Homeless “Clients”

- Struck by similarities between the CEOs they coach and the homeless individuals who were coached
- Both “non-compliant” and proud of it
- Authority: both self-ruling
- Assertive: over territory, domains
- Flexibility: low scoring at onset for both
- Self-learning: high scoring for both
When low or empty, the coaching conversation was ineffective.

C: “I hear it’s going to be really cold tonight. What’s your plan for getting off the street?”

“Yeah, well, he’s in my spot. He’s gotta go. I had my shit here.”

C: “Do you want help making another plan?”
“Tell him he’s in my place…this is my crib…see that? That’s mine.”

C: “Let’s concentrate on you for now. Do you know where you can go when it gets cold?”

“You got a cigarette? I don’t, man. I don’t. Ever since George Bush…”

C: “Well, if you did know where to go, what would you do?” (no response)

“What have you done in the past that worked?”
C: “I hear it’s going to be really cold tonight. What’s your plan for getting off the street?”

“Yeah, well, he’s in my spot. He’s gotta go. I had my shit here.”

C: “Sorry to hear that. Looks like he’s packing in for the night. Do you know where you can go to stay warm?”

“You got a cigarette? I don’t, man. I don’t. Ever since George Bush…”
C: “Let’s concentrate on you for now. Do you know where you can go when it gets cold?”

“Tell him he’s in my place…this is my crib…see that? That’s mine.”

C: “Yeah, it’s not easy here. You’re already shivering. St Anthony’s (mission) has moved. It’s two blocks away now – straight up this alley.

“But you got to get there before 2…that’s in one hour. What do you want to do?”
Lesson learned

- When resourcefulness was low...
  - Health Education
  - Public Health
  - Community Health RN
  - Special units –law enforcement

LINKED TO RESOURCES

- When resourcefulness was adequate or higher...
  - Coaching conversations were effective
  - Adding coaching skills to professions was desirable for evoking from within.
When Coaching Worked Well (both models)

- Took the time to listen to clients
- Identified personal barriers and act as expert facilitators to change.
- Provided positive encouragement, support and praise when appropriate.
- The “can’t disappoint me” talk was well received
- Knew when to question whether goals were realistic, attainable, and help brainstorm creative strategies.
When Coaching Failed to Work

- Coach lacked the skills, experience, or perspective to provide support or link to external resources.
- Mental illness (dual diagnosis) of client.
- Client only wanted an easy solution rather than building the skills for lifestyle change or health improvement.
- Unsafe environment, can’t admit to vulnerabilities.
- Status differential was perceived and never overcome.
Move from Narrow View of Cultural Competency to...
Broader understanding of STRUCTURAL COMPETENCY
Upstream/Downstream

- Micro-aggressions of everyday life for the poor
- Higher rates of:
  - Metabolic disorders
  - Smoking
  - Hypertension
  - Drug noncompliance
  - PTSD
  - Depression

- These are downstream consequences of upstream social and environmental policies
Health Education Advantage

STRONG FOCUS ON:

cross-cultural communication
lowering linguistic barriers
cultural-sensitivity
cultural competence

Coaching, as a profession, has not excelled in these comprehensive approaches.
Reduce the risks of chronic, preventable diseases and decrease intentional and unintentional injury.

Identify community needs.

Enhance existing health promotion efforts.

Provide support, education, training, and resources to meet our community needs.
Summary

- Coaching may be a useful tool for behavior change among street-dwelling adults only if:
  - Recently homeless are coached (not chronically homeless)
  - Exclude dual diagnosis or personality disorders
  - Coaching alliance is sustained for over 6 months
  - Supplemented with health education and public health resource connection
Key Points

- **GOOD RESULTS:** IW Coaching Model – 1\textsuperscript{st} step in developing best practices for coaching to vulnerable communities for housed individuals

- **MIXED RESULTS:** Executive coaching model centered on generative thinking, tapping into internal strengths, goal attainment; uneven success for housed individuals

- **POOR RESULTS (both models):** For dual dx’d homeless;

- “Secure housing before anything else.”
Recommendations

- Add coaching communication skills to public health and social support agency personnel
- Educate, resolve, halt increasing wealth/health inequity
- Advocate for liberalized reimbursement and treatment codes to allow time for interaction (health coaching skills for doctors, nurses, health educators)
- Install coaches in social programs that link health care with resource sector.


