NBHWC Content Outline
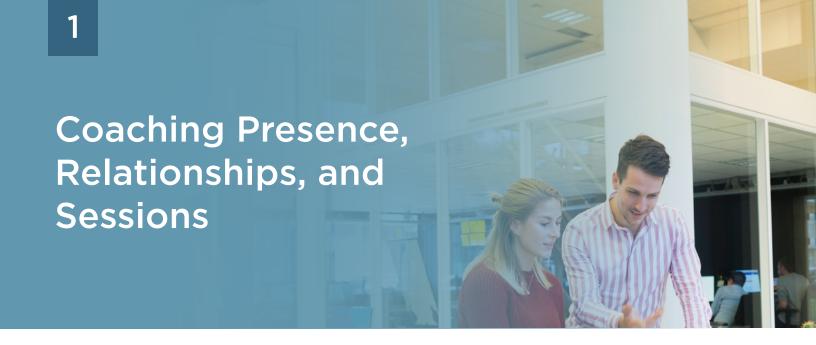
NBHWC HWC Certifying Examination Content Outline

Content Areas	Weight
1 Coaching Presence, Relationships, and Sessions	[25%]
2 Theories, Models, and Approaches to Behavior Change	[15%]
3 Skills, Tools, and Strategies	[25%]
4 Ethics and Professional Practice	[15%]
5 Health and Wellness	[20%]

Coaching Presence, Relationships, and Sessions

The foundation of coaching lies in how a coach "shows up" in the coaching relationship and the partnership that is formed as a result. The coach brings their authentic self to the conversation with the intention to fully focus on the client, allow silence, and listen to understand; the coach's presence is grounded in being attentive and "with" the client while coaching. The coach uses mindful awareness to notice, with curiosity and non-judgment, what is happening with the client, as well as what is happening within themselves during coaching. The ultimate purpose of the relationship is to support the client's change process, with the coach's attunement to self also essential for self-regulation and self-management.

The coaching relationship is based on the recognition that the client is whole, resourceful, and the expert on their own life; the client does not need to be "fixed." This perspective creates an open and accepting space for the client to explore, reflect, and respond. This type of presence increases connection, builds trust and rapport, and helps the client feel supported, heard, seen, and safe. When the client's agenda, needs, and preferences drive the coaching relationship, the coach is able to resist "knowing" what is best for the client. Additionally, with a grounded, positive, and supportive environment, the client is more likely to be aware, honest, vulnerable, and prepared for self-discovery.

While the content of Health and Wellness Coaching is client-driven, the coach guides the process and provides structure for sessions. There are many models for coaching that create structure and support the coaching process. In general, though, coaching structures can be organized into preparation for a session, early client interactions, follow-up sessions, and the end of the coaching agreement. Using such structures, the coach embraces a client-centered, strengths-based perspective to affirm, empower, and equip the client to take responsibility for their health and wellbeing. This approach informs all aspects of coaching, from the clarification of roles and expectations for both coach and client to the exploration of the client's values,

vision, purpose, priorities, and understanding of their own health and wellness. Work done in early sessions to clarify "why" and "what" the client wants and needs helps provide motivation for the "how" of the process of positive changes that are most important to the client. Throughout, the coach is attuned to the state of the client, emphasizing successes and new discoveries. The coach encourages the client to reflect on their own learnings, which they may then apply to their plan for continued progress or maintenance at the end of the coaching relationship.

1.1. Coach presence

1.1.1. Create a mindful, calm, receptive state; recognize presence is foundational for growth and learning

1.1.2. Demonstrate unconditional positive regard

1.1.3. Demonstrate an inclusive, culturally-affirming manner that invites all aspects of client's identities

1.1.4. Demonstrate empathy and compassion

1.1.5. Convey belief that client is resourceful, autonomous, and expert in client's lived experience

1.1.6. Remain open-minded, non-judgmental, and curious

1.1.7. Invite client feedback

1.1.8. Demonstrate integrity and follow through on commitments to client

1.1.9. Attune to discord or breaches of trust and rapport (including microaggressions)

1.2. Coach self-awareness and self-regulation

1.2.1. Attend to own emotions, thoughts, beliefs, values, and non-verbal cues

1.2.2. Recognize that all biases influence coaching relationship

1.2.2.1. Be aware of impact of diversity-related history, marginalization, and trauma

1.2.2.2. Recognize power and privilege imbalances

1.2.2.3. Practice cultural humility

1.2.2.4. Be aware of own social identities, power, privileges, unconscious biases, and personal triggers

1.2.3. Refrain from directing, advising, or problem-solving

1.2.4. Manage own emotions and judgment about client

1.2.4.1. Accurately perceive and understand impact of words and actions; self-monitor verbal and nonverbal communication

1.2.5. Welcome client's full emotional experience

1.3. Build growth-enhancing relationship

1.3.1. Cultivate coaching partnership

    1.3.1.1. Foster an open, welcoming, and inclusive relationship

    1.3.1.2. Practice culturally appropriate communication

    1.3.1.3. Facilitate collaborative approach

    1.3.1.4. Observe, name, and refer to client's beliefs, values, successes, and strengths

    1.3.1.5. Ensure that client's agenda, needs, interests, literacy, pacing, and preferences (vs. coach's) drive coaching relationship

1.3.2. Build trust, rapport, and psychological safety

    1.3.2.1. Establish rapport; connect with client by helping them feel seen and heard

    1.3.2.2. Respond appropriately to nonverbal cues relevant to the unique individual and their culture

    1.3.2.3. Ask client preferred identifiers (e.g., name, nickname, pronouns, etc.)

    1.3.2.4. Respect client's personal boundaries

    1.3.2.5. When given permission, briefly share coach's personal information/ experience only when helpful to client

    1.3.2.6. Notice and attempt to neutralize any power dynamics

    1.3.2.7. Attempt to repair discord or breaches of trust and rapport (including microaggressions)

1.4. Session preparation

1.4.1. Review available client materials

    1.4.1.1. Use strengths-based mindset, focusing on the person, not the problem

    1.4.1.2. Recognize limitations of client materials in relation to cultural norms, family histories, significant life events, etc.

1.4.2. Establish logistics (meeting modality [virtual, in-person], time, etc.) and appropriate onboarding

    1.4.2.1. Make arrangements with client's needs in mind, including a safe and confidential environment

    1.4.2.2. Examine potential access issues for clients from different backgrounds, life experiences, and needs

    1.4.2.3. Eliminate distractions for coach and client

1.4.3. Engage in mindful or grounding practice prior to session

1.5. Early sessions

1.5.1. Establish coaching foundation

    1.5.1.1. Explain coaching process and partnership using plain language

    1.5.1.2. Explore client's intentions, motivations, and needs for coaching

    1.5.1.3. Determine if coaching is appropriate at this time

    1.5.1.4. Mutually determine if coach and client are good fit

    1.5.1.5. Establish feedback mechanisms

1.5.2. Co-create coaching agreement

    1.5.2.1. Set guidelines (e.g., logistics, fees, scheduling, inclusion of others if appropriate, duration)

    1.5.2.2. Establish format of coaching (e.g., laser coaching, long-term coaching, virtual, in-person, and incentivized coaching)

    1.5.2.3. Discuss roles, responsibilities, and expectations

    1.5.2.4. Review confidentiality and privacy policies and practices

    1.5.2.5. Address accessibility issues

    1.5.2.6. Ensure client understanding of agreement

1.5.3. Explore vision and current vs. desired states

    1.5.3.1. Have client assess current state of health and wellbeing

    1.5.3.2. Explore the importance of the client's vision of desired health and wellbeing

    1.5.3.3. Identify gaps between current state and desired state

1.5.4. Establish focus and/or long-term goals that lead to desired outcomes

1.6. Follow-up sessions

1.6.1. Reconnect with client, inviting client to reflect on how they are showing up at beginning of each session

1.6.2. Invite client to share success and learning related to action steps or commitments made in previous sessions when appropriate

1.6.3. Establish and/or re-establish the "what" by inviting client to select topic for session

1.6.4. Identify and/or re-identify the "why" by exploring what's most important to client

1.6.5. Partner and support client to outline the "how" by identifying and planning

action steps or commitments aligned with client's vision and values

1.6.6.   Include below components of session closing

1.6.6.1. Invite client to summarize next steps

1.6.6.2. Invite client to reflect on learning and insights, including "takeaways"

1.6.6.3. Affirm and acknowledge client

1.6.6.4. Set next coach/client interaction

1.7. Ending coaching agreements

1.7.1.   Invite client to reflect on and articulate progress made, lessons learned, and growth attained

1.7.2.   Invite client to reflect on how successes will be celebrated

1.7.3.   Affirm client's progress and learning

1.7.4.   Assist in developing sustainable pathway forward to maintain progress, supporting ending of relationship in a way that honors client's experience

1.7.5.   Explore and summarize support and resources for client's continued progress, and share resources with permission, as appropriate

2

Theories, Models, and Approaches to Behavior Change

Health and Wellness Coaching focuses on helping people change their health behaviors. It draws on a broad theoretical base ranging from theories in psychology and neuroscience, to the fields of communication and leadership. It is essential for health and wellness coaches to have a working familiarity with the established theories and models that have influenced coaching methodologies. Many of these are specific to learning, motivation, behavior, and brain function, and help explain how behavior and mindset change, along with ways to support that change.

Health and wellness coaches should have general knowledge of the primary concepts defining each theory and model noted below. The ordering of the items does not convey their relative importance.

Most importantly, the coach should be able to apply relevant elements to their coaching practice. For example, Self-Determination Theory posits several universal needs for psychological health and well-being: autonomy (not feeling persuaded or controlled), competence (seeking confidence and mastery), and relatedness (being connected to others). The coach does not need to memorize minute details of this theory, such as how these universal needs interact, but should recognize ways to help clients meet these needs.

For each item noted below, coaches should demonstrate the following abilities:

> 1. define the item;
>
> 2. identify the item within coaching conversations and the coaching process; and
>
> 3. utilize relevant resources, strategies, techniques, and/or skills associated with the item that are most applicable to Health and Wellness Coaching within scope of practice.

All theories and models have inherent limitations. The coach should be able to discern the appropriate use of models and behavior change approaches.

2.1. Neuroplasticity, including basics of healthy habit formation

2.2. Transtheoretical Model (stages of change)

2.3. Motivational Interviewing 4.0

    2.3.1.   The spirit of motivational interviewing

    2.3.2.   The four tasks

    2.3.3.   Change talk vs. sustain talk

    2.3.4.   Guiding style

2.4. Goal-Setting Theories and Approaches

2.5. Self-Efficacy Theory (Social Cognitive Theory, Social Learning Theory)

2.6. Self-Determination Theory

2.7. Growth vs. Fixed Mindset

2.8. Positive Psychology Approach

2.9. Appreciative Inquiry

3

Skills, Tools, and Strategies

In the practice of Health and Wellness Coaching, coaches apply skills in active listening, empathy, and communication to establish rapport and foster a supportive coaching relationship. This section reviews evidence-based skills and tools used in Health and Wellness Coaching, including those used in motivational interviewing, goal setting, and behavior change techniques. Coaches should know how, why and when to utilize these techniques to empower clients to make sustainable lifestyle modifications and mindset shifts. The ordering of the items does not convey their relative importance.

Additionally, coaches should practice cultural humility and adapt strategies to meet the unique needs of each individual, ensuring inclusivity and equity in the coaching process. Coaches should regularly review and update their knowledge, leverage innovative tools, and implement client-centered strategies. Coaches should strive toward a comprehensive and personalized level of support to promote long-term health and wellbeing.

3.1. Facilitation tools

3.1.1. Wellness exploration (e.g., Wellness Wheel, Personal Health Inventory)

3.1.2. Health information (e.g., healthcare provider recommendations, biometric and health risk assessment results)

3.1.3. Values exploration (e.g., surveys)

3.1.4. Strengths-based exploration (e.g., surveys)

3.1.5. Wellness/wellbeing visioning

3.1.6. Brainstorming

3.1.7. Scaling questions (e.g., using a 0-10 scale)

3.1.8. Reflective and self-awareness practices (e.g., journaling, meditation, guided imagery, visualization, mindfulness, etc.)

3.1.9. Digital health platforms, apps, and technology

3.2. Core communication skills

3.2.1. Employ active listening

    3.2.1.1. Listen with curiosity for what is said and how it is said

    3.2.1.2. Observe nonverbal communication

        3.2.1.2.1. Notice what is not being said

        3.2.1.2.2. Attend to and address nonverbal signals

3.2.2. Use silence and pauses appropriately

3.2.3. Use open- vs. closed-ended questions

3.2.4. Affirm/acknowledge/validate

3.2.5. Reflect

    3.2.5.1. Use simple content reflections, paraphrase

    3.2.5.2. Use complex reflections (e.g., double-sided, metaphors, meaning, and emotion)

3.2.6. Summarize

3.2.7. Utilize core components of Motivational Interviewing

    3.2.7.1. Cultivate change talk

    3.2.7.2. Soften sustain talk

    3.2.7.3. Respond to discord

    3.2.7.4. Use ask-offer-ask

3.3. Client's freedom of choice, autonomy, and intrinsic motivation

3.3.1. Elicit client's perspectives (including reasons for change, solutions, ideas, experiments, desires, reactions, desired outcomes, rewards/incentives, cultural identity, and lived experiences)

3.3.2. Help client explore and articulate values, sense of meaning, and purpose

3.3.3. Help client envision their optimal health and/or wellbeing

3.3.4. Discuss and honor without judgment client's preferences for self-monitoring, accountability, and mode of connecting (email, text, phone call, in-person)

3.4. Client awareness, perspective shifts, and insights

3.4.1. Elicit awareness of self-talk and adjustment as appropriate

3.4.2. Acknowledge self-defeating thoughts, perceptions, and limiting beliefs

3.4.3. Explore patterns related to client behaviors and decision tendencies (e.g., triggers, thoughts, emotions, physical sensations, environment, and culture)

3.4.4. Invite and support client to engage in reframing and shifting perspective

3.4.5. Invite and amplify client insights

3.4.6. Support client to recognize, name, and describe own emotions

3.4.7. Encourage client to foster self-compassion and self-acceptance

3.4.8. Draw out client's positive emotions (e.g., joy, contentment, serenity, peace, and gratitude)

3.4.9. Nurture optimism, persistence, and resilience

3.5. Client self-efficacy

3.5.1. Assist client to identify positive role models for behavior change (e.g., vicarious learning experiences for self-regulation, acceptance, and active engagement)

3.5.2. Offer affirmations to support client's positive efforts, qualities, and skills

3.5.3. Invite client to articulate strengths and abilities, and plan how to leverage them

3.5.4. Support client to build self-efficacy through taking achievable and realistic steps

3.5.5. Support client to build confidence through reflection, self-assessment, and naming of learnings and progress made

3.5.6. Recognize and highlight client's identity and lived experience as integral to making informed decisions

3.5.7. Invite client to problem-solve and evaluate options, considering both short- and long-term benefits

3.6. Expanding the conversation

3.6.1. Use open-ended/appreciative questions

3.6.2. Use evocative (powerful) questions

3.6.3. Use metaphors based on client language and interests

3.6.4. Connect the focus to multiple dimensions of client's lif

3.6.5. Explore broader perspectives and inspire interest in new possibilities

3.6.6. Recall previous information and experiences of client

3.7. Narrowing the conversation

3.7.1. Skillfully interrupt and redirect

3.7.2. Use bottom-lining

3.7.3. Ask client to summarize

3.8. Improving support

3.8.1.   Assist client to identify and build supportive relationships (social, familial, professional)

3.8.2.   Assist client to identify and build community resources and networks

3.8.3.   Assist client to identify and develop structural and environmental supports

3.8.4.   Recognize non-modifiable systemic barriers to inform supports

3.8.5.   Consider how health literacy and numeracy impact client's health and wellbeing and adjust coaching approach as needed

3.9. Defining goals and implementing action

3.9.1.   Help client establish and refine specific long-term goals that lead toward desired outcomes and/or vision

3.9.2.   Help client identify short-term goals or action plans

   3.9.2.1. Align with client's pace, interests, needs, and values

   3.9.2.2. Ensure that goals or action plans are specific, realistic, and time-bound (e.g., SMART framework)

   3.9.2.3. Consider thought (cognitive goals) or mindset changes as well as tangible actions

3.9.3.   Translate outcome goals into behavioral goals

3.9.4.   Guide client to commit to action

3.9.5.   Identify and leverage types of support to facilitate and sustain change

3.9.6.   Anticipate and plan for potential barriers or challenges

3.9.7.   Establish client's own methods of accountability and tracking progress, moving toward self-management

3.9.8.   Incorporate cultural considerations into goals or action plans

3.9.9.   Adapt goals or action plans to address the impact of social determinants of health

3.10. Ensure appropriate time management

4

Ethics and Professional Practice

Health and wellness coaches commit to maintaining and promoting coaching excellence by adhering to best practices inclusive of professional development, scope of practice, code of ethics, and legal and regulatory guidelines.

Personal development as a coach will focus on enhanced growth and self-awareness, with practices including self-reflection on personal biases, assumptions, judgments, and stereotypes. Additionally, the coach will monitor self-care, including seeking necessary outside help to monitor burnout and promote overall growth and wellbeing. Professionally, the coach will pursue ongoing training, as defined by the *NBC-HWC Recertification Handbook,* including emerging research, science, and evidence-based trends in health and wellness, diversity, and inclusion practices, cultural humility, health equity, and disparity.

It is the responsibility of the coach to adhere to the *NBHWC Health & Wellness Coach Scope of Practice* and to educate the client and other individuals/organizations regarding what is and is not within the scope of practice. If holding additional, active, national- or state-recognized credentials, the coach must clearly define boundaries and guidelines for the coaching relationship in regard to multiple roles and/or dual relationships. The coach will refer the client to a specialist for care outside the coach's appropriate scope of practice. Examples of when to refer include, but are not limited to, a request for providing nutritional plans, exercise prescriptions, recommendations for supplements, interpreting medical data, unpacking past trauma experiences, or providing psychological therapeutic interventions or treatments.

The coach abides by the standards and guidelines as defined in the *NBHWC Code of Ethics*. This includes demonstrating dignity and respect for all people, consistently honoring diversity and cultural sensitivity while maintaining appropriate confidentiality, and clearly stating any conflicts of interest and dual roles. Further, the coach will accurately represent training, expertise, and use of material from appropriate sources, and disclose use of artificial intelligence and related technologies.

Finally, the coach follows best practice guidelines with regards to client privacy and security of information, including appropriate platforms. The coach adheres to the *Title II HIPAA Administrative Simplification* and stays up to date on relevant federal and state regulations that affect health coaching, including responsible use of emerging technologies.

4.1. Engage in ongoing development

4.1.1. Obtain continuing education that advances professional practice as a health and wellness coach

4.1.2. Seek mentorship and collaboration

4.1.3. Develop ongoing reflective practices to deepen awareness and cultural humility

4.1.4. Monitor own physical and emotional health and seek help when necessary

4.1.5. Cultivate personal health and wellbeing practices

4.1.6. Build and maintain professional network for referrals, collaboration, and support

4.1.7. Stay up-to-date on relevant emerging research

4.1.8. Demonstrate basic understanding of how to locate and evaluate appropriate resources based on robust evidence-based science (e.g., Centers for Disease Control, peer-reviewed journals, and National Institutes of Health)

4.2. Know and abide by current NBHWC Health & Wellness Coach Scope of Practice

4.2.1. Educate or share information within NBHWC Scope of Practice when given permission or specifically asked

4.2.2. Refer clients as appropriate (i.e., for imminent danger, trauma treatment, mental health treatment, or other professional healthcare)

4.3. Know and abide by current NBHWC Code of Ethics

4.3.1. Maintain and uphold client privacy

4.3.2. Identify and address conflicts of interest (e.g., disclosure for sale of products)

4.3.3. Honor diversity, demonstrate dignity and respect for all people, practice cultural humility

4.3.4. Maintain clear professional boundaries with clients

4.3.5. Provide true and accurate representation of training, experience, expertise, and credentials

4.3.6. Provide attribution for contributions of others, including copyrighted material

4.3.7. Understand the ethical implications and the responsible use of digital health technology and platforms

4.3.8. Disclose the use of artificial intelligence (AI) or emerging technologies as appropriate if used

4.3.9. Seek consultation or supervision on ethics as needed

4.4. Legal

4.4.1. Maintain confidentiality of data

    4.4.1.1. Gather documented consent from client to collect and store data

    4.4.1.2. Provide data security through protected access and controls (e.g., two-factor authentication, secure servers, and password-protected wifi)

    4.4.1.3. Ensure data privacy, confidentiality, and storage through password-protected platforms, secured devices, or physical files

    4.4.1.4. Know secure vs. non-secure sites and platforms

    4.4.1.5. If using generative AI, do not involve client data

4.4.2. Adhere to relevant laws and regulations (e.g., reporting laws, HIPAA) that affect health coaching

Health and Wellness

Health and Wellness Coaching is rooted in a whole-person model (e.g., physical, psychological, emotional, social, and spiritual) to support a client's pursuit of optimal health, wellness, and wellbeing. The coach understands that health is much broader than the absence of disease and that wellness and wellbeing are impacted by many facets of a client's life. Coaches therefore seek to support clients in achieving the client's vision aligned with their life's mission, aspirations, and purpose as well as their mental, physical, emotional, and social needs. The coach understands that healing can exist despite the presence of disease and that the client is the best expert to shape their vision.

A holistic or whole-person view of health can include many domains, as noted in 5.2. The health and wellness coach should be as familiar with the components of proactive health and wellbeing as they are with the prevention and self-management of the most common chronic diseases. While there are many components of proactive health and wellbeing, there is no pressure on behalf of the coach to encourage the client to optimize any given area. Further, a client's chronic disease(s) does not dictate the focus in coaching unless it is the client's chosen focus. A coach must be able to identify risk factors for prevalent chronic diseases, commonly used biometric measures, and current lifestyle recommendations for optimizing health; however, these are referenced only in service to the client's overall vision, desires, values, and needs. The coach should approach topics within the areas of health and wellness by first determining what the client already knows, needs, and wishes to learn; from this vantage point, then, the coach supports the client in obtaining credible health and wellness-related information, including general knowledge on healthy lifestyle practices to facilitate progress toward the client's vision.

Health and wellness coaches are not content experts in health or disease, nor is this expertise necessary; health and wellness coaches do not diagnose, treat, prescribe, or advise unless the coach has credentials in another profession that allow expert advice to be given. While specific chronic conditions are listed to guide the examinee for studying purposes, it should be understood that lifestyle plays a key role in the prevention and management of other conditions not mentioned here, including cancer. What is important is that a coach is able to recognize common signs of potentially imminent danger or medical red flags and knows when and how to refer to other healthcare professionals as necessary and relevant.

Further, coaches should have a working knowledge of current evidence-based recommendations in the areas of health promotion, disease prevention, and basic lifestyle medicine. Guidelines in health and wellness are continually evolving and can vary widely; the coach's knowledge should include common guidelines created by public health groups, for example, the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, Healthy People 2030, and the National Institutes of Health. In addition, coaches should be aware that there is evidence-based health and wellness information emerging from established organizations in fields such as lifestyle medicine, integrative health and medicine, etc.

Health and Healthcare Equity and Inequity

As the credentialing body for Health and Wellness Coaching, the NBHWC is committed to helping eliminate health and healthcare disparities by embracing and utilizing strategies and resources that promote equity, increase access, and reduce discrimination. As such, health and wellness coaches must be aware of and understand structural determinants of health, social determinants of health, and health literacy and numeracy. Further, they should be able to help clients adjust health and wellbeing strategies to accommodate individual needs.

5.1. Health promotion and wellness, embracing a whole person perspective

5.1.1. Describe health, wellness, and wellbeing (e.g., whole person health, high-level wellness, illness-wellness continuum)

5.1.2. Describe dimensions of wellness and their interconnectedness (e.g., social, physical, intellectual, occupational, financial, emotional, environmental, and spiritual)

5.2. Components of proactive health and wellbeing

5.2.1. Physical activity, exercise, and movement

    5.2.1.1. General physical activity guidelines per the U.S. Surgeon General/U.S. Department of Health and Human Services for adults, older adults, and adults with chronic conditions or disabilities (not including children, adolescents, or pregnant or postpartum women)

    5.2.1.2. Activity tracking options, including mobile devices and wearable technology

5.2.2. Food and water

    5.2.2.1. Healthy diet basics, including knowledge and recommendations regarding unprocessed and minimally processed whole foods, whole grains, lean proteins, adequate fiber, healthy fats, and fruits and vegetables (i.e., MyPlate and Harvard Healthy Eating Plate)

5.2.2.2. Awareness of evidence-based nutritional interventions commonly recommended for chronic health conditions (i.e., DASH diet, ADA Plate Method, Mediterranean Diet, and anti-inflammatory diet)

5.2.2.3. Water intake basics, including the role of hydration in health

5.2.3. Surroundings and environment

5.2.3.1. Surroundings include where we live, work, learn, play, and worship—both indoors and out

5.2.3.2. Understand that surroundings influence behavior and can have positive or negative impact

5.2.3.3. Understand how to help clients make incremental changes to improve environment

5.2.4. Spirituality, meaning, and purpose

5.2.4.1. Influence of connecting with something greater than oneself, and how this can provide a sense of meaning, purpose, direction, peace, or comfort.

5.2.4.2. Understands the importance of exploring the personal meaning under desires and needs; what gives an individual meaning and purpose.

5.2.5. Personal and professional development (growing and learning)

5.2.5.1. Impact of investing in personal and professional growth

5.2.6. Sleep, rest

5.2.6.1. Basic sleep needs

5.2.6.2. Awareness of impact of sleep and rest on optimal functioning and healing, including in chronic conditions and diseases

5.2.6.3. Sleep hygiene

5.2.7. Stress management, recovery, and recharge

5.2.7.1. Impact of stress on the body and mind

5.2.7.2. The role of unmanaged stress in the development and/or exacerbation of most chronic diseases

5.2.7.3. Awareness of evidence-based strategies to reduce stress and engage the relaxation response/parasympathetic nervous system (e.g., breathing techniques, biofeedback, meditation, yoga, qi gong, and massage therapy)

[NOTE: Many ways to manage stress are covered in the other components as well (e.g., exercise, healthful nutrition, time in nature, prayer, speaking with trusted friends, adequate sleep, etc.)]

5.2.7.4. Recharging involves activities that replenish mental and physical energy

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5.2.8. Mind-body connection

      5.2.8.1. Changes in the mind impact the body, and vice-versa

      5.2.8.2. Impact of thoughts, beliefs, and mindset on behavior as well as physical and mental health

      5.2.8.3. Impact of mindset shifts on moving toward health and wellbeing, even in the presence of disease or disability

      5.2.8.4. Impact of mind-body techniques and practices to support behavior change, personal growth, and overall health and wellbeing

5.2.9. Relationships and communication

      5.2.9.1. Influence and role of relationships and communication in health and wellbeing

      5.2.9.2. Impact of relationships and communication in shaping how clients perceive themselves and the world around them

5.2.10. Community and belonging

      5.2.10.1. Influence of community on health and wellbeing, including connection to others, environments, social systems, culture, history, geography, etc.

      5.2.10.2. Impact of living within the context of community, and that love, acceptance, belonging, and support from others are essential needs

      5.2.10.3. Role of social isolation and loneliness as a risk factor for all-cause mortality

5.3. Supporting prevention and self-management of chronic disease

5.3.1. Key knowledge for coaching in prevention and self-management of common chronic conditions and diseases

      5.3.1.1 Cardiovascular disease (heart disease and stroke)

            5.3.1.1.1 Definitions and descriptions of conditions

            5.3.1.1.2. Red flags indicating need for immediate attention (i.e., FAST, signs of heart attack)

            5.3.1.1.3. Modifiable risk factors

      5.3.1.2. Hypertension/prehypertension

            5.3.1.2.1. Definitions and descriptions of conditions

            5.3.1.2.2. Systolic blood pressure and diastolic blood pressure, normal ranges, and red flags indicating need for immediate attention

            5.3.1.2.3. Modifiable risk factors

5.3.1.3. Lipid abnormalities, including high cholesterol

    5.3.1.3.1. Definitions and descriptions of conditions

    5.3.1.3.2. Lipid profile, including LDL, HDL, total cholesterol, triglycerides, and normal ranges

    5.3.1.3.3. Modifiable risk factors

5.3.1.4. Diabetes/prediabetes

    5.3.1.4.1. Definitions and descriptions of conditions

    5.3.1.4.2. Fasting blood sugar, A1C, normal ranges, and red flags indicating need for immediate attention

    5.3.1.4.3. Modifiable risk factors

5.3.1.5. Metabolic syndrome

    5.3.1.5.1. Definition, criteria, and description of condition

    5.3.1.5.2. Modifiable risk factors

5.3.1.6. Obesity

    5.3.1.6.1. Definition and description of condition

    5.3.1.6.2. BMI (and its limitations), waist circumference, and normal ranges

    5.3.1.6.3. Modifiable risk factors

5.3.1.7. Dementia and Alzheimer's disease

    5.3.1.7.1. Definitions and descriptions of conditions

    5.3.1.7.2. Modifiable risk factors

5.3.2. Mental health, specifically depression and anxiety

    5.3.2.1. Definition of mental health

    5.3.2.2. Definitions and descriptions of depression and anxiety

    5.3.2.3. Lifestyle influences

5.3.3. Substance use (prescription and non-prescription)

    5.3.3.1. Substance use and abuse overview and definitions, and when to refer

    5.3.3.2. Tobacco, including overview of tobacco use, health effects, and support networks/tools for tobacco cessation

    5.3.3.3. Alcohol, including overview of alcohol use, health effects, and support networks for alcohol use issues

5.3.4. Symptoms of common sleep disorders (insomnia and apnea); when to refer

    5.3.4.1. Definitions and descriptions of insomnia and apnea

    5.3.4.2. Modifiable risk factors

5.4. Health and healthcare disparities, equity, and inequity

5.4.1. Define

5.4.1.1. Health disparities

5.4.1.2. Health equity and inequity

5.4.1.2.1. Healthcare equity and inequity

5.4.2. Recognize that there are strategies and resources to promote equity, dismantle power dynamics, address stereotyping, and reduce discrimination

5.5. Structural determinants of health

5.5.1. Recognize that structural determinants of health are the "root causes" of health inequities because they shape the quality of the Social Determinants of Health experienced by people in their neighborhoods and communities

5.5.2. Identify relevant structural determinants and how they impact client (e.g., values, beliefs, and norms; governance; laws and policies; institutional practices that impact hierarchical patterns of advantage; and power relations)

5.5.3. Know that structural determinants of health affect whether the resources necessary for health are distributed equally in society

5.5.4. Consider how structural determinants of health impact client's health, wellbeing, behavior, and medical conditions

5.6. Social determinants of health (SDOH)

5.6.1. Define SDOH as the conditions under which people are born, grow, live, work, and age, which are shaped by a set of forces beyond the control of the individual. They are intermediate determinants of health, "downstream" from the structural determinants of health

5.6.2. Identify relevant social determinants and how they impact client (e.g., education access and quality, economic stability, healthcare access and quality, neighborhood and built environment, and social and community context)

5.6.3. Know that structural determinants of health create and impact SDOH

5.6.4. Consider how SDOH impact client's health, wellbeing, behavior, and medical conditions

5.7. Health literacy and numeracy

5.7.1. Define health literacy and numeracy