# Program Evaluation Report:

# HEALTH COACHING

## APRIL 2026

Access Alliance
Multicultural Health and Community Services

New Beginnings for Newcomers.

Access Alliance Multicultural Health and Community Services
Toronto, Canada
**April 2026**

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# EXECUTIVE SUMMARY

**What is Health Coaching?**

The concept and role of Health coaching emerged in the early 2000s to address gaps in chronic disease management, recognizing that clinical care alone was insufficient to sustain behaviour change. Health coaching is an intervention offering a one-on-one, focused self-management support program, described by Lindner et al. (2003) as "an interactive role undertaken by a peer or professional to support a patient to be an active participant in the self-management of chronic illness." Grounded in self-efficacy and behaviour change theories, it developed into a relational, one-on-one approach that supports goal setting, self-management, and long-term lifestyle change. Evidence shows health coaching can improve health behaviours and clinical outcomes such as diabetes management and weight control. In Ontario, it gained momentum within team-based primary care models.

**What does Health Coaching look like at Access Alliance?**

At Access Alliance Multicultural Health and Community Services (Access Alliance), health coaching was introduced as a four-year innovation grant from GreenShield Canada to explore its role within interdisciplinary community health care. Since then, the intended role and work of a Health Coach have remained stable. In 2017, when the program was first initiated, the Health Coach role was described as "*to guide clients to actively engage in taking charge of their own health. The Health Coach acts as both a systems navigator and an agent of behavioural change who facilitates capacity building and self-management skills*." Today, following the same core ideology, Health Coaches support clients with setting SMART goals to help them make practical steps in their day-to-day lives for achieving their desired goals. Health Coaches take a client-centred or client-directed approach, focusing on what is most important to that individual.

**Objectives of this Rapid Evaluation**

This evaluation aimed to identify the purpose, scope, and core functions of the Health Coaching program at Access Alliance, and to define the competencies and role distinctions of health coaches. It examined client experiences and satisfaction to understand the program's value and outcomes, identified strengths and gaps in implementation and system integration, and developed recommendations to strengthen the program's structure, standards, sustainability, and future growth.

## Methodology

The evaluation used a mixed-methods approach combining document review, key informant interviews, and client surveys. Data were collected from program leaders, health coaches, and eight clients (both completed and ongoing participants) to capture multiple perspectives. Qualitative thematic analysis, supported by descriptive survey data, was conducted to identify program strengths, gaps, variations in practice, and factors influencing overall effectiveness.

## Key Findings

Across the three documents, key findings indicate that health coaching provided client-centred, relationship-based support that enhanced engagement, trust, and goal attainment. Clients report improvements in emotional well-being, self-management skills, and navigation of health and social services, with health coaches playing a critical role in addressing gaps left by traditional healthcare systems.

Implementation success depends on flexibility, cultural responsiveness, and strong relational practice; however, challenges emerge around role clarity, referral appropriateness, and organizational integration. Overall, the program demonstrates strong potential as a holistic and accessible model of care that supports both individual wellbeing and system navigation and efficiency for clients with complex needs.

## Conclusion

Health coaching acts as a vital bridge between healthcare services and clients' daily lives, supporting behavioral change, wellbeing, and practical needs through flexible, relationship-based care. Despite early implementation challenges, the program demonstrated strong potential to improve engagement, self-management, and holistic health outcomes when supported by clear roles, skilled staff, and organizational integration.

# EVALUATION OVERVIEW

**Key Evaluation Objectives**

- To identify the purpose, scope, and core functions of the Health Coaching program in the Access Alliance context.
- To determine required skills, qualifications, and competencies of health coaches, and identify areas of distinction from other service-providing roles.
- To evaluate client experiences and satisfaction with health coaching, including perceived value, outcomes, and unmet needs.
- To identify strengths, gaps, and opportunities for improvement in program design, delivery processes, and system integration.
- To generate actionable recommendations for establishing a clear program structure, standards, and evaluation framework to support sustainability, accountability, and future growth.

**Evaluation Methodology**

- The evaluation included document review, key informant interviews with program management, executive leadership, health coaches,  clients, and a satisfaction survey with clients during the interviews. The interview responses were thematically analyzed.
  - 2 interviews with management on program background and management.
  - 8 client interviews and satisfaction surveys; 2 have completed their health coaching, and 6 are still in progress.
  - 3 in-depth interviews with Health Coaches (2 full-time and 1 part-time).
- **Analysis focus**: Identification of common practices, variations, strengths, gaps, and enabling or constraining factors affecting program effectiveness.

See a complete list of the evaluation questions in Appendix B.

# FINDINGS

# PURPOSE, SCOPE, AND IMPLEMENTATION

**Health Coaching in the Sector**

Health coaching emerged in the early 2000s as a response to evidence that clinical care and conventional patient education alone were insufficient to support sustained behaviour change in chronic disease management (Lindner et al., 2003; Lorig et al., 2001). Building on self-efficacy theory and behaviour change models, health coaching evolved into a relational, one-on-one approach that emphasizes goal setting, readiness to change, and longitudinal support (Prochaska & DiClemente, 1992; Liddy et al., 2014). Described by Lindner et al. (2003), Health Coaching is "an interactive role undertaken by a peer or professional to support a patient to be an active participant in the self-management of chronic illness".

With a rapid environmental scan/literature review, there appears to be limited peer-reviewed research on health coaching as a valid intervention in the Canadian context. However, in practice-based settings in Ontario, health coaching is seemingly expanding within team-based primary care settings. It is being identified as an intervention that can be implemented with little to no additional resources (Liddy et al., 2014). While health coaching is a relatively new approach, one study of a pilot implementation specifically for diabetes care at primary care clinics (i.e., Family Health Team, Community Health Centre) in Eastern Ontario found it to be successful. They report that they used available resources, the potential for positive sustainable change, and the need for coordination among interprofessional care providers (Liddy et al., 2014).

More broadly, in 2010, a review of 15 randomized health coaching interventions found that six demonstrated significant improvements in one or more health behaviours, including nutrition, physical activity, weight management, and medication adherence (Olsen & Nesbitt, 2010). In the available literature, many programs address health coaching in relation to diabetes, seemingly given that this chronic illness is largely managed through modifiable risk factors. In particular, one randomized controlled trial found a 1.07% reduction in HbA1c in the coached group, compared with a 0.3% reduction in the usual-care group among low-income patients (Thom et al., 2013).

Overall, health coaching as an intervention is gaining traction. In 2020, the McMaster Health Forum produced a 'Rapid Synthesis' on 'Examining the Role of Health Coaching in Health-system Transformation '. Noting the lack of a consistent definition for a 'Health Coach', the review highlights the levels at which Health Coaches can act to influence change. Change management is seen as a consistent piece of knowledge individuals need to have, along with a contextual approach (Waddell et al., 2020).

**Historical Review of Health Coaching at Access Alliance**

Health coaching at Access Alliance Multicultural Health and Community Services emerged through exploratory innovation rather than traditional program design. Interest in health coaching began when leadership identified it as a promising approach to strengthen interdisciplinary care. A four-year innovation grant from GreenShield Canada enabled the organization to experiment with the role, explore how it could function within a community health centre, and determine appropriate professional backgrounds for health coaches. As a result, implementation did not follow a predetermined model; instead, it evolved through exploratory practice supported by leadership curiosity and institutional readiness to test new approaches.

The organization had the flexibility to design and adapt the role. The program initially used various titles, such as Health Systems Navigator, to describe the role of Registered Nurses (RNs) and Occupational Therapists (OTs) in supporting underinsured and uninsured clients in navigating healthcare and improving self-management. However, these titles were found not to be user-friendly, lacking a clear sector-wide understanding, and overlapping with existing roles within interdisciplinary teams. To improve clarity and communication, the program adopted the title “Health Coach”, emphasizing a role that combines system navigation with behaviour change support, empowering clients to actively manage their own health and build self-management capacity.

The initial implementation also required defining who could function effectively as a Health Coach in the absence of a standardized professional pathway. Recruitment emphasized transferable competencies rather than formal certification, and workforce structures developed gradually over time. Some factors of note:

- No formal health coaching licensing or regulated profession existed. Collaborations with York University certificate program supported the workforce.
- Preferred professional backgrounds included: Occupational Therapy, Nursing, Physiotherapy, Dietetics, and Social Work.
- Role boundaries were initially unclear, and expectations evolved during implementation. Job descriptions and work plans were developed over time, with the role described as adaptable but grounded in behaviour change support.

Initial absence of dedicated staff due to funding limitations and a gap in funding temporarily resulted in loss of health coach positions. Continued proposal writing was required to maintain the program and hiring expanded once funding stabilized. Long-term sustainability of the health coaching program was closely tied to funding stability. Transitioning from project-based funding to permanent positions represented a critical step toward institutionalization.Despite longevity, staffing capacity remains approximately 1–1.5 positions.

Over time with the stability of the Health Coach roles, providers gradually learned appropriate use of the service while organizational expectations evolved.

- Providers sometimes used health coaching as overflow support.
- Designed to assist solo physicians lacking team resources.
- Role positioned between settlement services and counselling support.
- Placement varied across departments depending on organizational needs.
- Integration involved continuous adjustment and learning.

**Current Status of Health Coaching at Access Alliance**

Presently, the Health Coach role is staffed by individuals in regulated health professions, including Social Work (SW) and OT. The Health Coaching role acts within a team-based care model intended to act as a bridge for providers to address gaps in behavioural health and wellness of clients. It continues to focus on supporting clients to achieve their health goals by providing one-to-one appointments for identifying and setting goals, guiding the client to achieve those goals, and providing system navigation. The model emphasizes accessibility, early engagement, and individualized goal setting rather than rigid program structures.

- Providers at Access Alliance or in the community can refer clients to the Health Coaches for any health-related reason. For example, mental health, chronic health issues (e.g. arthritis), or complex health needs. Referrals are from Physicians, Nurse Practitioners, Dietitians and Social Workers, etc.
- Implementation includes developing a flexible service delivery approach responsive to client needs. While providers may refer clients to the Health Coach for a particular issue, clients hold their autonomy and power for deciding what they will work towards with the support of the Health Coach. They also drive the number of appointments/times they see the Health Coach.
    - Initial assessment is typically completed within 1-2 sessions.
    - No strict limit on the number of sessions.
    - The Health Coach will work with the client to set manageable plans for achieving the goals and hold the client accountable through check-ins on the agreed-upon plan. Early sessions focused on providing immediate client benefit. Use of SMART goals and incremental behaviour change strategies.
    - Services are delivered through various modes (phone, virtual platforms, in-person sessions, and e-mails)
- Group sessions are used mainly for education or outreach.

A job description of the Health Coach role as of 2025 can be found in Appendix A.

**Evaluation and Outcome Sustainability**

Program sustainability was influenced by the ability to demonstrate impact; however, evaluation practices remained underdeveloped. Measurement relied largely on informal indicators rather than standardized tools.

- Lack of a formal evaluation framework or use of validated tools to assess client progress over time. Outcomes are frequently assessed through client self-reported improvement.
- Absence of complaints is sometimes interpreted as success.
- Difficulty measuring long-term behavioural change.
- Need identified for practical evaluation tools.
- Limited tracking of retention and follow-up outcomes.
- Reduced follow-up affected continuity of care.

# PROFESSIONAL ROLE & PRACTICE CHARACTERISTICS

**Health Coach Role**

The Health Coach role is described as a flexible, client-centred position focused on supporting behavioural change, health navigation, and holistic wellbeing. Rather than functioning as a clinical treatment provider, the role bridges gaps between medical care, social needs, and personal health goals. The role has evolved organically and continues to adapt and adjust based on client and organization needs. Key activities and goals for clients include the following:

- Focus on behaviour change and health goal attainment.
- Supports clients in managing chronic conditions and lifestyle changes.
- Provides accountability, motivation, and ongoing encouragement.
- Helps clients translate medical advice into practical daily actions.
- Addresses broader determinants of health affecting wellbeing.
- Acts as a connector between clients and available services.
- Provides individualized rather than standardized care.
- Role adapts depending on team context and organizational placement.

**Role Clarity in Practice**

Role clarity emerged as an ongoing process rather than an established starting point. Providers and clients initially had a limited understanding of what health coaching involved. Even now with greater understanding, there is still a requirement of continuous explanation, boundary setting, and negotiation within interdisciplinary teams.

- Role misunderstood by providers and clients.
- Sometimes mistaken for a counsellor, therapist, or health educator.
- Need for repeated explanation of the scope of practice and boundaries required active management.
- Inappropriate referrals occur expectations were unclear.
- Clarity improves over time through collaboration and experience.
- Role remained flexible while maintaining core behaviour-change focus.
- Organizational learning continues to contribute to clearer role recognition.

**Educational Background**

The educational background of health coaches reflects diversity rather than standardization. The organization prioritized transferable professional knowledge and client-centred training over specific credentials, acknowledging the absence of a regulated health coaching profession.

- No single required educational pathway, with Health Coaches having varied such as Occupational Therapy, Nursing, Social Work, Physiotherapy, Dietetics, Coaching, Health promotion or related fields.
- Preference for behavioural and psychosocial understanding and experience.
- Practical experience valued alongside formal education.
- Learning continues through on-the-job development.
- Educational diversity contributes to role flexibility.

**Competencies**

Competencies focus on relational, behavioural, and system-navigation abilities rather than technical clinical expertise. Effective health coaching relied on integrating knowledge, communication, and adaptive problem-solving.

- Ability to facilitate behaviour change.
- Goal-setting and action planning competencies.
- Motivational interviewing and coaching approaches.
- Capacity to assess client readiness for change.
- Strong collaboration within interdisciplinary teams.
- Ability to navigate health and community systems.
- Cultural responsiveness and sensitivity.
- Critical thinking and adaptability.
- Supporting self-management rather than directing care.

**Skills**

Health coaching practice required a range of interpersonal and practical skills that enabled sustained client engagement and meaningful outcomes. Skills centred primarily on communication and relationship-building.

- Active listening.
- Effective communication.
- Rapport and trust building.
- Coaching conversation techniques.
- Problem-solving with clients.
- Facilitation of realistic goal setting.
- Encouraging accountability.
- Supporting client empowerment.
- Flexibility in session delivery.
- Documentation and care coordination skills.

**Qualities of a Health Coach**

Beyond formal skills and competencies, personal qualities were identified as central to successful practice. The role depended heavily on relational presence and the ability to create psychologically safe interactions.

- Empathy and compassion with a non-judgmental attitude.
- Patience with behaviour change processes.
- Respect for client autonomy and encouraging rather than a directive approach.
- Openness and curiosity.
- Ability to build safe and supportive environments.
- Adaptability to diverse client needs.
- Genuine interest in client wellbeing.

**Purposeful Integration into Interprofessional Care and Sustainability**

Sustaining the program required balancing growing demand with limited workforce capacity and broader system constraints. Organizational and health system factors influenced ongoing viability.

- High demand compared to small number of health coaches.
- Role strain created by inappropriate referrals.
- Need for clearer referral pathways.
- Health coaching not yet normalized across all community health centers.
- Sustainability linked to stronger system integration and role recognition.





# CLIENT EXPERIENCE, ENGAGEMENT & IMPACT

**Client Perspective of 'What a Health Coach is / does'**

From the client perspective, a health coach is primarily experienced as a trusted, supportive person who listens, guides, and helps translate challenges into manageable actions. Clients often understood the role relationally rather than professionally, defining the health coach through lived experience rather than formal role titles.

- Seen as someone safe to talk to about personal issues.
- Viewed as similar to a psychologist, therapist, or doctor by some clients.
- Provides empathy, understanding, and emotional support.
- Helps clients find solutions together rather than giving instructions.
- Acts as someone who listens without judgment.
- Supports both emotional and practical life challenges.
- Helps connect clients to resources and services when needed.
- Perceived as holistic — addressing mental, physical, social, and financial concerns.
- Helps translate therapy knowledge into real-life practice.
- Experienced as different from therapy: more practical, encouraging, and action-oriented.
- Some clients were unaware they were seeing a "health coach," recognizing the role only through experience.

The clients who participated in the Health Coaching Evaluation interview understand the role of a Health Coach with 40% strongly agreeing and 60 % agreeing to understand the role, and also agree that their health Coaches explained their roles to the clients at the beginning of the program. Except for one participant, all other participants know that Health Coaching is different from other healthcare providers such as Physicians, nurse practitioners, psychologists, counselling therapists, etc.

**Client Engagement & Retention**

Engagement was strongly influenced by the relationship with the health coach and the flexibility of the program. Clients remained engaged when sessions felt personalized, supportive, and structured around achievable goals. Sustaining program outcomes depends heavily on maintaining client engagement over time. Behavioural change processes created challenges for long-term participation and follow-up continuity.

- Factors that support client engagement:
  - One-to-one sessions increased engagement.
  - Face-to-face interaction supported openness.
  - Friendly, approachable communication encouraged participation.
  - Ability to reschedule helped maintain engagement.
  - Coaches initiated conversations gently until clients felt ready to open up.
  - Having goals or "assignments" maintained accountability.

- Factors that support client engagement (Continued):
  - Hands-on guidance and practical tools supported continued involvement.
  - Regular follow-up reinforced commitment.
  - Clients brought weekly issues to discuss, sustaining engagement.
  - Flexible delivery (phone, email, in-person) improved participation.
- Factors or barriers that affected client engagement:
  - Timing conflicts
  - Difficulty focusing due to life responsibilities.
  - Time constraints
  - Reduced motivation
  - Competing life challenges
  - Clients sometimes disengaged after relapse (e.g., smoking cessation).
  - Feelings of shame or discouragement affected return visits.
  - Behavioural change difficult to sustain long-term.
  - Loss to follow up with reasons for discontinuation unknown.

While there is no particular or set number of appointments clients are required to complete, Health Coaches note that roughly 8-10 appointments is usually where service is reassessed. For the calendar year of 2025 and covering two Health Coach rosters (1 full-time and 1 part-time), clients averaged 3.5 appointments, with one appointment being the most frequent number of appointments.

**Client Goals in Health Coaching**

Clients described goals as personalized, practical, and evolving over time. Goals extended beyond physical health to include emotional regulation, daily functioning, social participation, and system navigation. Examples of client goals include:

- Establishing sleep routines and improving sleep regulation.
- Managing stress, anxiety, and emotional fluctuations.
- Self-acceptance of health conditions (e.g., alopecia, migraines).
- Improving lifestyle habits and healthier routines.
- Increasing social engagement and reducing isolation.
- Completing daily tasks and projects.
- Participating in community activities or education.
- Improving communication confidence (e.g., English use).
- Navigating social systems and accessing services.
- Securing resources such as food delivery or transportation supports.
- Organizing priorities and managing executive functioning challenges.
- Working step-by-step toward manageable improvements.

**Impact of Health Coaching on Clients' Lives**

Clients reported meaningful emotional, behavioural, and practical changes resulting from health coaching. The impact was often described as transformative, improving both their wellbeing and everyday functioning.

- Increased ability to open up and communicate with others.
- Reduced feelings of isolation and loneliness.
- Greater emotional control and resilience.
- Feeling supported during difficult life challenges.
- Increased confidence and empowerment.
- Improved coping strategies and problem-solving skills.
- Reframing negative or rigid thinking patterns.
- Better sleep and reduced racing thoughts.
- Progress in relationships with food, health, and self-care.
- Improved mood and emotional stability.
- Ability to manage stress more effectively.
- Practical life improvements (appointments, education access, services).
- Some clients described health coaching as "life-changing".
- Feeling uplifted and emotionally supported during low periods.

All the client participants reported that the Health Coaches helped them better understand their health or life challenges to achieve their goals (50% strongly agreeing and 50% agreeing). 60% (37.5% strongly agreeing and 25% agreeing) also reported that their health coaches helped connect them to useful services or programs to help them meet their health goals, while the remainder (37.5%) did not need those services.

**Perceived Value of Health Coaching (Client Experience)**

Clients valued health coaching primarily for relational connection, continuity of support, and practical application of strategies to real-life situations.

- Coaching created comfort and psychological safety from the first session. Feeling heard and understood, including the ability to share issues not discussed elsewhere.
- Continuous follow-up and reflection were highly valued.
- Coaching translated theory into actionable steps with practical suggestions (walking, gym, routines, tools).
- Support completing forms, applications, and navigating institutions.
- Helped clients understand root causes of problems.
- Provided a consistent support space without strict service limits.
- Encouragement helped clients initiate change gradually.
- Clients appreciated collaborative problem-solving rather than directive advice.

Overall, all the clients that participated are satisfied (62.5% strongly agreeing and 37.5% agreeing) with the health coaching they received, and all of them agreed that this is a very recommendable service.

# IMPLEMENTATION BARRIERS AND CHALLENGES

The findings reveal that barriers to health coaching occur at all levels. Challenges experienced by clients, health coaches, and the organization influence engagement, effectiveness, and long-term sustainability of the program.

**Organizational Barriers**

While the health coaching model demonstrated a strong impact, sustainability depends heavily on organizational resources, continued funding stability, and system integration. Structural limitations influence scalability and long-term continuation:

- Limited program awareness:
  - Providers and community members unfamiliar with health coaching.
  - Underutilization without physician referral.
- Role positioning within the healthcare system:
  - Some overlap with counselling or case management services.
  - Need for clearer referral criteria and scope limitations.
- Evaluation and measurement challenges:
  - Lack of standardized outcome indicators
  - Difficulty capturing holistic impacts quantitatively
- Workforce capacity constraints:
  - Growing demand without proportional staffing
- Integration challenges:
  - Need for stronger collaboration across disciplines and services

**Health Coach -Level Barriers**

Health coaches often act as system bridges, increasing effectiveness. This work frequently navigates complex client needs that extend into social work, counselling, and system navigation. This broadened role sometimes resulted in blurred professional boundaries:

- Reliance on transferable skills of the Health Coaches rather than defined competencies.
- Role ambiguity causes confusion between health coaching, counselling, and therapy.
- Clients expecting deeper psychological intervention.
- Inappropriate or unclear referrals, such as clients being referred due to provider frustration rather than suitability.

**Client-Level Barriers**

Clients generally valued health coaching; however, engagement was shaped by personal, social, and structural circumstances. Only a few participants faced complex life situations that affected consistent participation and progress toward goals:

- Scheduling conflicts.
- Work and life responsibilities.
- Difficulty maintaining focus.
- Some clients are initially unsure why they were referred to a Health Coach

For 75% (n=6 strongly agreeing or agreeing) of the clients interviewed, it was easy for them to attend health coaching appointments in relation to date, time, location, and transportation. Most of them reported that the health coaching schedule is flexible and works around their schedule. For one participant, their health condition and transportation made it difficult for them to engage in the health coaching program; they resorted to health coaching via an asynchronous email system. For another participant, although the coaching time is made flexible, due to their work schedule changing, the appointment time for scheduling subsequent sessions can be difficult to manage.

# SWOT ANALYSIS

The SWOT analysis indicates that the health coaching program is a valuable, client-centred intervention that effectively bridges the gap between clinical care and everyday life management by providing holistic, flexible, and relationship-based support that enhances client engagement, confidence, and wellbeing.

**Strengths:**

- Client-centred and holistic care.
- Strong therapeutic relationships.
- High client engagement and satisfaction.
- Bridges the gap between clinical advice and practical actions.
- Flexible service delivery.
- Effective goal setting for behaviour change supports care navigation and system coordination.
- Reduction of provider workload.
- Potential for preventive healthcare impact and reduced healthcare system burden.

**Weaknesses:**

- Limited awareness of health coaching among patients and healthcare providers.
- Role ambiguity leading to client and provider confusion.
- Lack of standardized evaluation and outcome measurement tools.
- Dependence on individual coach skills rather than a standardized practice framework, particularly for hiring practices.

**Opportunities**

- Increase program visibility within systems and communities.
- Strengthen integration with health and other care services.
- Expand services to populations benefiting from practical supports.
- Develop clearer role definitions and referral guidelines.
- Implement standardized evaluation frameworks and indicators.
- Scale in the organization through embedded roles.

**Threats:**

- Misunderstanding of the role and health system pressures causing inappropriate and variable referrals.
- Increasing demand without proportional staffing resources.
- Social determinants of health (transportation, finances, work responsibilities) affect client participation.
- Risk of discontinuation with shifts in organizational or policy priorities.

# RECOMMENDATIONS

The following recommendations are based on suggestions from stakeholders such as clients, service providers and program management, as well as triangulation and reflection of the data uncovered during this evaluation.

**Recommendations from Stakeholders**

*Provider and Organizational Recommendations*

- Improve role clarity in implementation.
- Educate healthcare teams about the health coaching scope.
- Establish appropriate referral pathways.
- Maintain flexibility in service delivery.
- Support interdisciplinary collaboration.

*Client Recommendations*

- Continue one-on-one personalized sessions.
- Maintain flexible scheduling options.
- Provide longer-term coaching support.
- Preserve a relational and non-judgmental approach.
- Increase accessibility to the program.
- Explore health coaching referrals specifically for neurodivergent individuals.
- Increase information sensitization about the Health Coaching program.

**Recommendations Emerging from the Findings**

*Program Development*

- Develop clear orientation materials describing the health coach role.
- Embed coaching within primary care teams from inception.
- Create structured but flexible referral criteria.

*Workforce Development*

- Adopt competency-based hiring and training models.
- Provide ongoing professional development to support the varied needs of clients.
- Support reflective practice for health coaches.

*Sustainability*

- Recognize relational care as a measurable health intervention.
- Integrate health coaching into chronic disease and mental health pathways.

# DISCUSSION

This evaluation exercise explored the implementation, functioning, and impact of a health coaching program through organizational, provider, and client perspectives. The findings demonstrate that health coaching operates as a relational, adaptive, and system-bridging intervention, addressing gaps between clinical healthcare services and everyday lived health experiences.

**Implementation and Program Development**

The health coaching program did not emerge as a rigidly predefined intervention. Instead, implementation evolved organically in response to system pressures, unmet patient needs, and provider frustration with limited time and resources. Health Coaching filled an operational gap within healthcare delivery by supporting individuals whose needs extended beyond medical treatment. The program became a mechanism for addressing behavioural, psychosocial, and social determinants of health that traditional clinical roles struggled to accommodate.

Implementation success depended heavily on flexibility rather than strict protocol adherence. Organizational learning occurred gradually, allowing the role to adapt to real-world practice contexts.

- Implementation was iterative rather than linear.
- The role expanded through practice experience.
- Health Coaching responds to system inefficiencies.
- Organizational acceptance increased over time.
- Integration required relationship building with providers.

**Role Formation and Professional Identity**

A central finding across all datasets was ongoing role ambiguity. Health coaching lacked standardized boundaries at the outset, leading to confusion among providers and clients. However, role ambiguity functioned both as a challenge and a strength. While unclear expectations created referral problems, flexibility allowed health coaches to respond holistically to complex client needs. Professional identity developed through interaction rather than formal definition. Health Coaches negotiated their role within interdisciplinary teams, gradually establishing recognition as behavioural-change specialists rather than therapists or clinicians. Health Coaching identity is practice-constructed, not credential-defined.

**Education, Competency, Skills, and Qualities**

The program demonstrated that effectiveness depended less on standardized professional background and more on relational competencies. Health Coaches came from diverse educational pathways, yet shared common abilities:

- behavioural change facilitation
- active listening
- motivational communication
- system navigation

Participants emphasized personal qualities such as empathy, patience, non-judgment as equally important as technical knowledge. This supports the foundation that health coaching represents a competency-based profession rather than a discipline-based one.

**Client Experience and Understanding of Health Coaching**

Clients did not define health coaching through professional terminology. Instead, they understood the role through experience:

- someone who listens;
- someone who supports; and
- someone who helps make life manageable.

Clients often compared Health Coaches to Therapists or Psychologists but distinguished coaching by its practical orientation and collaborative nature. Health coaching therefore, functions as a relational partnership, enabling clients to translate insight into action.

**Client Engagement and Goal Achievement**

Engagement emerged as one of the strongest program outcomes. Sustained participation was not driven by mandatory structures but by relationship quality and personalized care. Flexible scheduling, individualized goal setting, and ongoing follow-up supported participation, particularly for clients facing complex life circumstances. Client goals extended beyond clinical health outcomes to include:

- emotional wellbeing;
- daily functioning;
- social participation; and
- system navigation.

This reinforces that health coaching addresses whole-person health, not isolated medical conditions.

**Program Impact**

Participants highlighted that the health coaching program had significant and multidimensional impacts on their lives:

- *Emotional:* Emotionally, clients reported reduced isolation, improved confidence, and greater ability to manage their emotions.
- *Behavioral:* They described adopting healthier routines, developing more effective coping strategies, and feeling increased accountability for their health and wellbeing.
- *Functional:* Coaching helped clients access needed services, complete daily tasks more effectively, and participate more fully in community life. Several clients emphasized that the program was transformative, creating lasting relational and personal change rather than providing only short-term support.

# CONCLUSION

This study demonstrates that health coaching functions as a critical bridge between healthcare systems and patients' lived realities. Implementation success relies less on standardized procedures and more on relational practice, adaptability, and responsiveness to complex client needs.

Health coaching addressed gaps left by traditional healthcare delivery by supporting behavioural change, emotional well-being, and practical life functioning simultaneously. Although early implementation faced challenges related to role clarity and system integration, which still exist to some extent today, these same conditions enable innovation and responsiveness.

The findings suggest that sustainable health coaching programs require:

- clear organizational understanding;
- competency-based workforce development;
- flexible delivery models;
- recognition of relational care as essential healthcare work; and
- adequate sensitization and outreach about the program in communities and in health care systems.

Ultimately, health coaching emerged not merely as an additional service but as a transformative model of care capable of enhancing engagement, supporting self-management, and improving holistic health outcomes.

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# Appendix A

**Health Coach Job Description**

***Responsibilities and Deliverables***

- Carry out assessments and coordinate care for medically and socially complex clients
- Work with clients on individual and group level to provide: goal setting, support and education build skills in order to achieve desired goals
- Support clients across the lifespan to achieve good mental health and stabilize their mental health through health/psych education, self-management skill building, and health systems navigation skill building
- Work within an inter-professional team to develop practical solutions and strategies for clients who face barriers to good mental health and/or access the right care services at the right time and/or act as a liaison between primary care providers, hospital providers, external community providers and the client
- Facilitate connections with external agencies and community resources to increase clients' understanding of resources available to them to help increase good mental health
- Manage varied and complex caseloads with input from team members on medical, psychological, physical and financial issues
- Participate in the development, implementation, monitoring and evaluation of relevant services for clients and the community
- Accurately record and report detailed information on the effectiveness of the service and clients' progress in our Electronic Medical Records system
- Share learnings to improve practice & policy in the broader system and to expand direct service to people who face inadequate housing, unemployment, mental health and substance use challenges, food insecurity and challenges with the legal system
- Identify strategies and promising practices that can be modeled or systematized for future clients with similar needs
- Contribute to the organization by participating in program quality improvement initiatives, research and education
- Ability to travel and provide services throughout the City, at designated sites, and to work evening and weekend shifts when required/scheduled

# Appendix A

**Health Coach Job Description Continued**

***Qualifications and Skills:***
***Required:***

- The role is open to nurses (RN), social workers (MSW), Occupational Therapists (OT), Health Coaches (certified) or a combination of relevant education and work experience;
- Current registration with a relevant College or recognized licensing body
- 2 years of experience in a community health, community based and/or mental health setting
- Demonstrated and excellent interpersonal, communication (written and verbal)
- Presentation, Problem-solving, organizational, and time management skills
- Ability to work independently, and be a self-starter
- Computer literate, with proficiency with Microsoft Office Suite including Excel
- Strong research skills for coordination of community resources
- Thorough knowledge of broad determinants of health and issues affecting low income, multi-lingual and racialized and LGBTQ communities
- Thorough understanding of health promotion and community development principles
- Ability to work collaboratively and interdependently with an interdisciplinary health care team

- ***Considered an asset:***
- Demonstrated flexibility to work in a fast paced, ever-changing environment;
- Experience working with uninsured, low-income, multilingual, and/or racialized communities
- Principles of an anti-oppression and cultural competence framework;
- Ability to speak a second language of our priority populations
- Experience working in mental health and/or addictions
- Health Coach or Systems Navigation training
- Education and/or experience in therapeutic modalities such as CBT, DBT, ACT for individuals or groups

# Appendix B

| Program Element | Questions |
|---|---|
| Program Purpose & Scope | What is the intended purpose of Health Coaching at Access Alliance?<br>What does the client need the program to address?<br>What outcomes is health coaching expected to contribute to (for clients and the organization)? |
| Implementation Design & Model of Care | How is health coaching currently structured and delivered in practice?<br>What does a typical health coaching interaction look like?<br>Is there a shared understanding of the coaching process?<br>How consistent is delivery across programs, sites, or providers?<br>How is management informing other service providers such as doctors, nurse practitioners etc. about health coaching? (Referral pathway) |
| Roles, Responsibilities & Competencies | Who delivers health coaching, and what certification or education do they need?<br>What backgrounds, qualifications, or skills are considered necessary or sufficient?<br>How clear are role boundaries between health coaches and other providers?<br>What competencies appear essential for effective health coaching in this context? |
| Client Experience & Engagement | How do clients understand the role of a health coach?<br>What do clients find most helpful or unhelpful about health coaching?<br>Do clients feel supported in setting and working toward their health goals?<br>What barriers affect client engagement, follow-up, or continuity? |
| Outcomes & Perceived Impact | What are the outcomes perceived by the patients?<br>What are the outcomes perceived by the health coaches? |
| Governance & Sustainability | What would be needed to stabilize, formalize, and sustain the program long term? |