



Live Well!  Bien Vivre!

# MID-PROJECT REPORT

November 2012 - February 2014

## A MESSAGE FROM THE LIVE WELL! BIEN VIVRE! TEAM

Diabetes and chronic disease self-management present a significant challenge to the health-care system and to those individuals living with a chronic disease. Through the shared vision of our funding partners, the Canadian Diabetes Association, Medavie Health Foundation and the Province of New Brunswick, a three-year pilot program was developed. Live Well! Bien Vivre! was designed to empower people to take control of their wellness and make healthy, sustainable behaviour changes to prevent and manage chronic illness.

This report provides background and context on Live Well! Bien Vivre! and highlights the results we've seen in the first half of the pilot.

To our project partners and community stakeholders: thank you for your support of the project so far. We're optimistic about the future of Live Well! Bien Vivre! and the impact it can have on the lives of New Brunswickers.

Julie Atkinson  
Project Manager

Live Well! Bien Vivre! uses a community-based approach to support the prevention and management of chronic diseases, with a particular focus on diabetes.

Launched in November 2012, the project supports individual wellness, including healthy eating, active living, mental fitness and tobacco-free living. Emphasis is on primary prevention for those most at risk of developing chronic diseases, including diabetes, and secondary prevention for those at risk of complications from insufficient self-management.

Live Well! Bien Vivre! is a partnership of the Canadian Diabetes Association, Medavie Health Foundation and the Province of New Brunswick.

The project introduces Health Coaches into six targeted regions in New Brunswick and links their work with community-based resources and existing Canadian Diabetes Association programs.

Live Well! Bien Vivre! focuses on six regions: Acadian Peninsula, Miramichi Region, Moncton Region, Northwest, Saint John Region and the Upper River Valley.



*Live Well! Bien Vivre! project staff. Back row (left to right): Yves Bulger, Claude Vautour, Elaine Côté and Chad Duplessie. Front row (left to right): Lesley Melanson, Christine Mayrand and Julie Atkinson.*

Mid-Project Results:

- » As of February 2014, 234 clients had worked with a Live Well! Bien Vivre! Health Coach.
- » Greatest participation was in the Miramichi, Moncton, Northwest and Saint John regions.
- » 77% of Health Coach clients live with at least one chronic health condition, 63% of whom have diabetes.
- » 64% of Health Coach clients met or partially met their wellness goals.
- » Self-efficacy improves with health coaching.
- » Participants have improved physical activity and healthy eating behaviours while working with a Health Coach.
- » Group Coaching sessions were piloted across the regions in January 2014 and are now an integral part of the Health Coach role.
- » D-Support, a free telephone-based peer support program that matches callers with a trained volunteer who is also living with or affected by diabetes, launched in November 2013.
- » Over 80 *Are you at Risk?* diabetes risk assessment initiatives and 67 *Healthy Living Series* presentations were carried out across the province as part of the project.

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## PROJECT BACKGROUND

Seventy-four per cent of adults in New Brunswick are living with at least one chronic health condition<sup>1</sup>. There are more than 84,000 people in New Brunswick who have already been diagnosed with diabetes—10 per cent of the population<sup>2</sup>. The majority of those cases represent people with type 2 diabetes, or prediabetes. Obesity is a key risk factor for type 2 diabetes and New Brunswick has one of the highest rates of obesity in the country at 25.1 per cent, compared to the national average of 18.3 per cent<sup>3</sup>. Just 52.7 per cent of New Brunswickers report being moderately active or active, and 68.3 per cent are not eating the recommended amount of fruits and vegetables every day<sup>4</sup>. Despite the latest research, improved clinical practice guidelines, revised health-care strategies such as collaborative care settings, numerous programs and a wealth of evidence-based resources available to health-care professionals and the population at large, the incidence and prevalence of diabetes continues to climb.

Although the statistics related to chronic disease and its risk factors are burdensome, it is well established that healthy lifestyle practices play a large role in the management and prevention of diabetes and chronic disease. In fact, health behaviours account for 40 per cent of an individual's health status<sup>4</sup>.

### We know that...

» Lifestyle modifications that result in a loss of approximately five per cent of initial body weight can reduce the risk of progression to type 2 diabetes by almost 60 per cent<sup>5</sup>.

» Moderate-to-high levels of physical activity are associated with substantial reductions in morbidity and mortality in both men and women living with both type 1 and type 2 diabetes<sup>5</sup>.

» Nutrition therapy can reduce glycated hemoglobin (A1C) by 1.0 to 2.0 per cent and, when used with other components of diabetes care, can further improve clinical and metabolic outcomes<sup>5</sup>.

### BUT...

» Sixty per cent of health care professionals report a need for improvement in self-management by people with diabetes, in particular an increase in physical activity (93 per cent), healthier eating (91 per cent) and maintaining a healthy body weight (90 per cent)<sup>6</sup>.

Changing health behaviour logically leads to improved health outcomes, but this requires a combination of knowledge and learned skills, which can be difficult to maintain over time. Improving knowledge is necessary, but is often not adequate for behaviour change and self-management of a chronic disease. A key component to successful change is self-efficacy, the perceptions people hold regarding their own ability to perform successfully in a particular situation<sup>7</sup>. Self-efficacy has been identified as an important determinant of health behaviour, future health behaviour and health behaviour change<sup>8</sup>. Interventions that involve collaborative relationships and patient-centered practices are crucial for successful self-management care.

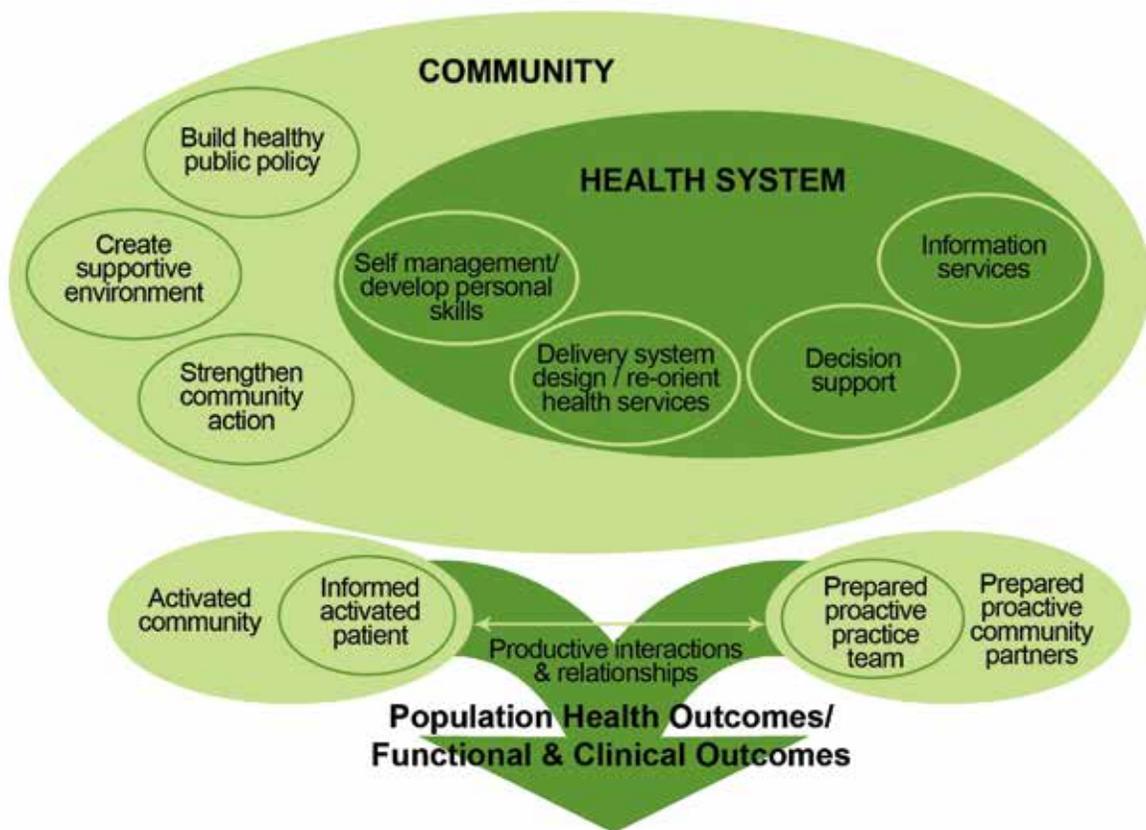
The United Kingdom's (UK) Health Trainer program has been identified as a successful initiative that involves multi-faceted and customized support to improve self-management skills and, ultimately, health behaviours in individuals. Community-based Health Trainers assist people in improving health behaviours and habits by helping them redefine the issue and put change into actual practice<sup>10</sup>. Established in 2004, the Health Trainer program has had success and grown throughout the UK.

The UK evaluation reveals participants had significant increases in fruit and vegetable consumption, increased physical activity, increased self-efficacy and well-being, while fried food consumption and Body Mass Index (BMI) decreased. Twenty-eight per cent of the Health Trainers' clients were signed off after completing the full plan, 31 per cent achieved mini-goals and 15 per cent partially achieved their plan prior to unplanned termination. Of these, the majority maintained the changes upon follow-up<sup>10</sup>.

An essential element of the Health Trainer program was the importance placed on engaging with clients on their own terms, in their own communities, and focusing on personal skill development. By empowering people to become active in pursuing their own health goals, the Health Trainer service has demonstrated success in positive and sustained health behaviour changes<sup>10</sup>.

Based on the UK Health Trainer model, Live Well! Bien Vivre! takes a community approach to bridge individuals to the health system with a focus on self-management support. By empowering individuals to set wellness goals, problem solve and navigate their health-care system, the result is informed, activated participants who achieve higher levels of self-efficacy and, therefore, better health outcomes.

This is supported by the Expanded Chronic Care Model that encourages multi-faceted approaches and has been proven as an effective model for chronic care<sup>11</sup>:

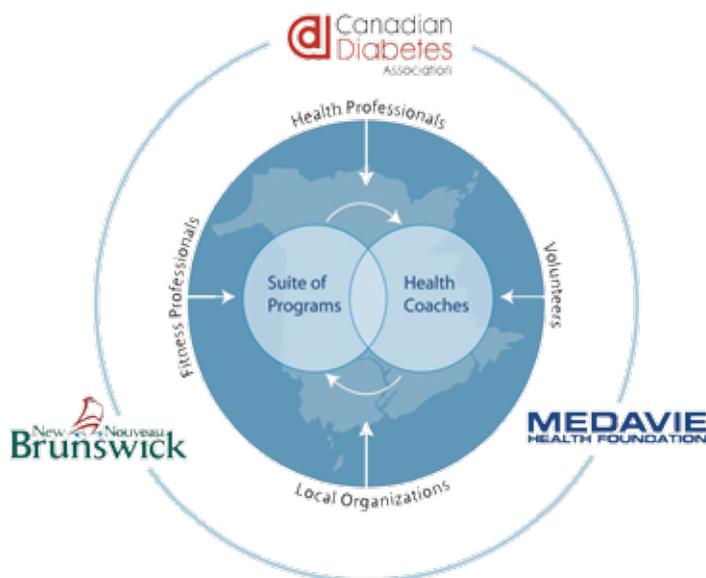


Source: The Expanded Chronic Care Model. [http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_CareModel&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_CareModel&s=2)

## PARTNERSHIP

Live Well! Bien Vivre! is a three-year, inter-sectoral partnership between the Canadian Diabetes Association, Medavie Health Foundation and Province of New Brunswick. The project is aligned with existing provincial strategies and initiatives, such as the diabetes framework and regional Wellness Networks, to promote individual wellness and self-management of chronic disease for New Brunswickers.

The core components of the project are community-based Health Coaches and a suite of programs designed by the Canadian Diabetes Association that leverage existing community wellness resources, including health and fitness professionals, volunteers and local organizations. The project is managed through the Canadian Diabetes Association and guided by a Steering Committee of representatives from all project partners.



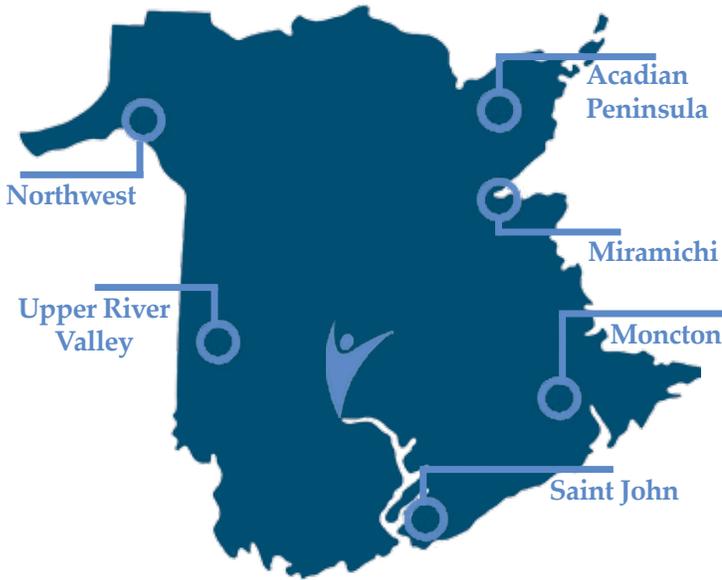
## PROJECT STRUCTURE

Live Well! Bien Vivre! uses a multi-faceted approach to reach people with or at risk of chronic health conditions. The program helps encourage and support long-term change in health behaviours through one-on-one wellness planning, developing community connections and bridging clients to practical information and local resources.

## FINANCIALS

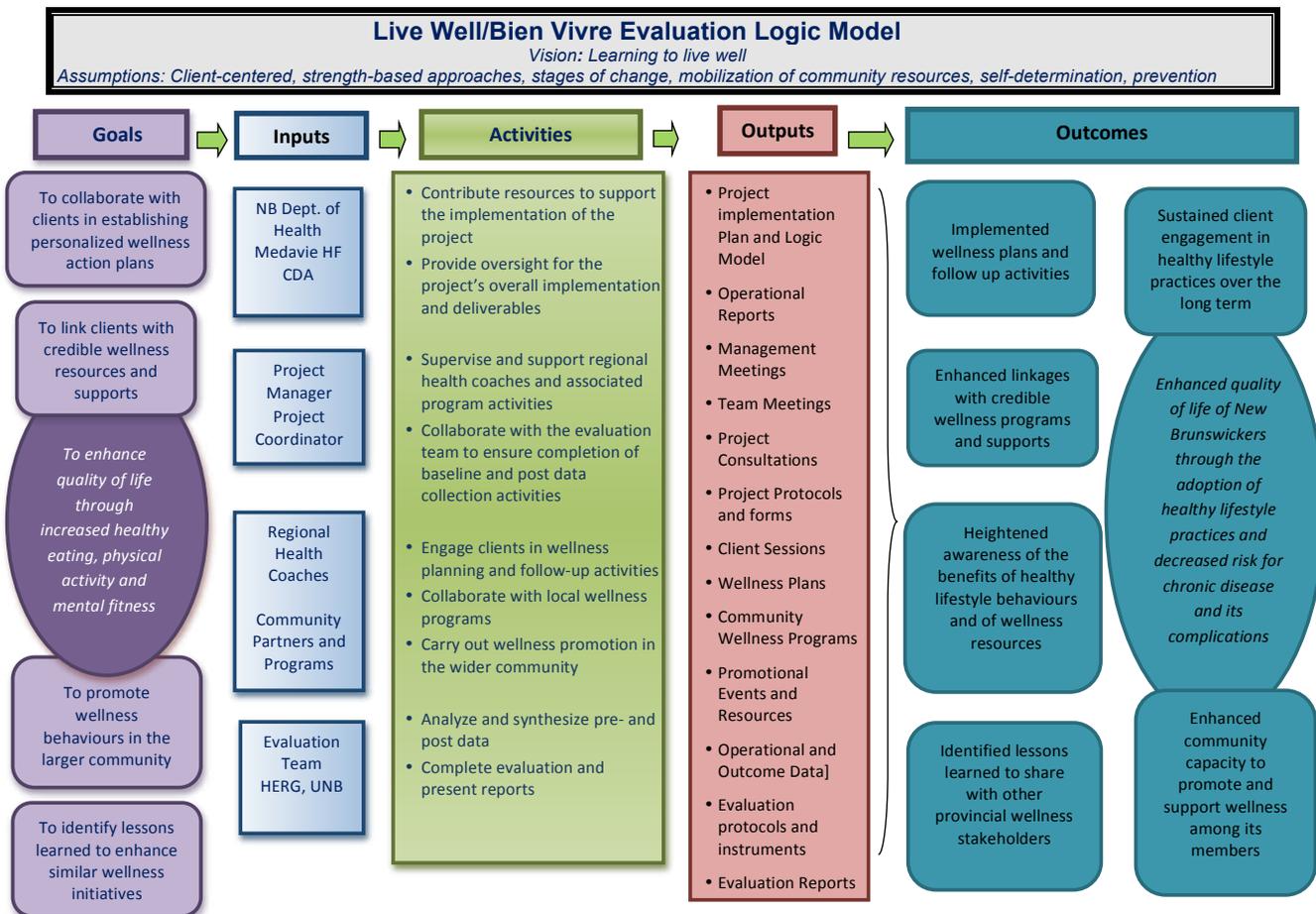
Live Well! Bien Vivre! is funded by Medavie Health Foundation, who contribute \$184,000 per year and New Brunswick's Department of Health, who contribute \$400,000 per year for a three-year term. Funding is allocated to personnel (project manager, six Health Coaches, a communications officer and part-time programs manager), evaluation, marketing and communications, training and meeting costs, and general equipment and programming costs.

# LIVE WELL! BIEN VIVRE! REGIONS



Live Well! Bien Vivre! regions in New Brunswick were chosen to represent the varied demographics in the province, as well as Anglophone, Francophone and First Nations populations. Further criteria included choosing regions with existing Wellness Networks that could be leveraged by the Health Coaches and project partners. In New Brunswick, a **Wellness Network** is a group of engaged citizens working together to promote healthy, active lifestyles for their friends, family and neighbours<sup>12</sup>.

## PROJECT LOGIC MODEL



## WHAT IS A HEALTH COACH?

Health coaching can be defined as helping patients gain the knowledge, skills, tools and confidence to become active participants in their care so that they can reach their self-identified plan<sup>13</sup>. It's a collaborative and personalized approach that focuses on individual wellness and self-management skills. The five roles of a Health Coach include: self-management support, bridge between clinician and patient, navigation of health-care system, emotional support and continuity<sup>13</sup>.

The five roles of a Health Coach <sup>13</sup>				
Self-Management support	Bridge between clinician and patient	Navigation of the health-care system	Emotional support	Continuity
<ul style="list-style-type: none"> <li>• Providing information</li> <li>• Teaching disease-specific skills</li> <li>• Promoting behaviour change</li> <li>• Imparting problem-solving skills</li> <li>• Assisting with the emotional impact of chronic illness</li> <li>• Encouraging follow-up</li> <li>• Encouraging participation</li> </ul>	<ul style="list-style-type: none"> <li>• Serving as client liaison</li> <li>• Ensuring client understands and agrees with the care plan</li> <li>• Providing cultural and language concordance</li> </ul>	<ul style="list-style-type: none"> <li>• Connecting clients with resources</li> <li>• Facilitating support</li> <li>• Empowering the client</li> <li>• Ensuring the client's voice is heard</li> </ul>	<ul style="list-style-type: none"> <li>• Showing interest</li> <li>• Inquiring about emotional issues</li> <li>• Showing compassion</li> <li>• Teaching coping skills</li> </ul>	<ul style="list-style-type: none"> <li>• Providing familiarity</li> <li>• Following up</li> <li>• Establishing trust</li> <li>• Being available</li> </ul>

Source: Bennett et al. (2010). *Health Coaching for Patients*. <http://www.aafp.org/jfpm/2010/0900/p24.html>

Improving knowledge is often not enough to motivate people to change their behaviour, particularly for a sustained amount of time. Successful self-management interventions are based on the self-efficacy theory that considers personal, social and environmental variables that influence individuals in their everyday lives<sup>8</sup>. Health coaching does just that. Its client-focused nature allows participants to concentrate on their interests, strengths and challenges. By encouraging small successes over time, self-efficacy improves and the result is more persistence and effort from the client and, ultimately, successful behaviour changes. The coach's role is to support clients to identify and achieve wellness goals while coordinating them with the many resources available in their community. The navigational role of the Health Coach is just as noteworthy as it connects clients to credible resources, community programs and primary health care.

## OUR HEALTH COACHES

In November of 2012, Health Coaches in six regions of New Brunswick were hired for a three-year contract with Live Well! Bien Vivre!. Requirements for the Health Coach position included a university degree in health, health promotion, social sciences, physical education, kinesiology or community development with related experience in community development, health/wellness promotion and program development. Key attributes, including empathy, integrity and strong communications skills, are crucial for successful Health Coaches and the interview process was developed to assess these characteristics and values.

The successful candidates had strong connections to their community and come from a diverse range of backgrounds, including: social work, dietetics, health promotion, education and religious studies.

### Health Coach attributes:

- » Empathetic
- » Strong sense of self
- » Willingness to develop personally and professionally
- » Ability to listen at the deepest level
- » Genuinely curious about people
- » High personal integrity
- » Balanced in life with a strong support system
- » Able to set good boundaries
- » Intuitive, courageous and an entrepreneurial spirit



**Yves Bulger**  
Health Coach  
Acadian Peninsula Region



**Chad Duplessie**  
Health Coach  
Miramichi Region



**Claude Vautour**  
Health Coach  
Moncton Region



**Christine Mayrand**  
Health Coach  
Upper River Valley Region



**Lesley Melanson**  
Health Coach  
Saint John Region



**Elaine Côté**  
Health Coach  
Northwest Region

## HEALTH COACH TRAINING

A building-block approach was taken to Health Coach training. Orientation provided Health Coaches with the fundamentals in self-management, three-minute empowerment techniques, an introduction to healthy eating, physical activity and mental fitness from a generalist lens, and case studies to integrate the coaching language. Emphasis on the individualized, client-centred approach differentiates the coaches from the *My Choices, My Health* facilitators in the province.

Health Coaches took this information back to their regions where they began building regional networks and commenced coaching. Gaining hands-on experience was critical to their development and ongoing training has been built from their experiences and learning gaps.

Nearly six months later, the Healthy Eating Physical Activity Coalition (HEPAC) provided a workshop on asset-based community development and training in mental health was provided through the Canadian Mental Health Association's *Changing Minds* workshop.

A fall 2013 training continued to build on the fundamental skills and experiences of coaching by providing an introduction to mindfulness and conscious living by Dr. Bill Cook. Dr. Michael Vallis from the Behaviour Change Institute provided an interactive, full-day session for the coaches that helped them work through scenarios, challenging clients and reinforcing the processes the coaches had been using over the past year.

Bi-weekly Health Coach meetings are held to allow coaches to share and discuss difficult cases, new scenarios and successful approaches. Continuing education will continue with two face-to-face meetings per year for the duration of the project.



*Live Well! Bien Vivre! Health Coaches participated in an interactive Behaviour Change Strategies workshop with Dr. Michael Vallis in October 2013.*

Fall 2012 (Orientation)	Spring 2013	Fall 2013
UK Health Trainers program Training Manual	Asset Based Community Development	Mindfulness and Conscience Living by Dr. Bill Cook
Stanford Chronic Disease Self-Management		
Three-minute empowerment		
Integrating a coaching language; case studies	Changing Minds by the Canadian Mental Health Association	Behaviour Change Strategies by Dr. Michael Vallis
Importance of the nonclinical role - generalist		
Sharing of credible resources		

## HEALTH COACHING PROCESS

Using a self-referral process, participants interact one-on-one with their coach in person, by email or via Skype. Health Coaches do their administrative work from a home office and meet clients in community spaces such as coffee shops, community centres, workplaces or public libraries. Meeting clients in the community reduces barriers of transportation and allows clients to meet with their coach in a comfortable space. Coaches support, motivate, provide customized resources and help clients set achievable goals until they have the confidence and skills to sustain the change on their own.

Health Coaches do not diagnose, prescribe or give advice. Coaches use their expertise to provide clients with tools to build an individual's capacity to achieve short- and long-term wellness goals. The time devoted to coaching is entirely at the client's discretion. Communication between the client and their Health Coach is as often as needed and determined on an individual basis. On average, a client has nine sessions with a Health Coach over a two-to-three month period. Coaches typically have 15 to 20 client meetings per week and caseloads can vary greatly, from 20 to more than 30 clients at one time, based the fluctuating needs of their clients. Health Coaches are the bridge to move individuals from learned skills to the behavior change that is necessary to maintain lifestyle changes.

## GROUP COACHING

Group coaching sessions focusing on teaching understanding and development of S.M.A.R.T. (sustainable, manageable, attainable, realistic and time-orientated) goals were developed in an effort to increase client reach and ultimately one-on-one client uptake. The group coaching sessions were first piloted in the Acadian Peninsula in Fall 2013 and, based on the success in that region, the pilot was expanded to all Live Well! Bien Vivre! regions in 2014.

In January 2014, 25 group coaching sessions were held throughout the province with a total of 249 participants. The sessions were rated very highly by participants and many requested one-on-one follow-up with a Health Coach. Group coaching is now a tool Health Coaches use to engage with organizations, workplaces and community groups, and reach new potential clients. Additional group coaching modules will be developed in the summer of 2014.



*Live Well! Bien Vivre! Health Coaches (from left to right): Yves Bulger, Chad Duplessie, Claude Vautour, Christine Mayrand, Lesley Melanson and Elaine Côté.*

## THE PROGRAMS

The Canadian Diabetes Association has a number of programs that form the core of Live Well! Bien Vivre!. These programs are provided in the six project regions and are delivered by volunteers and Health Coaches.

### Diabetes Risk Assessment

A Diabetes Risk Assessment program has been offered in communities across New Brunswick as part of the community-based work that is coordinated through the combined efforts of the Health Coaches and Canadian Diabetes Association program staff and volunteers. *Are You at Risk?*, an awareness campaign aimed at Canadians aged 40 and older, focuses on the risk factors for type 2 diabetes and sensitizes the general population to their risk of developing type 2 diabetes. By helping people to understand the consequences of health-related behaviour, we are supporting sustained behaviour change<sup>14</sup>. More than 80 *Are You at Risk?* initiatives have been carried out in the province, reaching close to 1,600 people at health and wellness fairs, grocery stores, pharmacies, sports games and through partnerships with existing community resources.

### Healthy Living Series

Healthy Living Series presentations are delivered by Canadian Diabetes Association volunteers and Health Coaches throughout the province. These presentations aim to give basic, introductory knowledge of diabetes to people who are newly diagnosed, living with, affected by or at risk of developing the disease. They are also intended to improve overall health and wellness knowledge, increase community presence and build strong community connections. Small groups facilitate group discussion, engagement and learning on a variety of specific topics related to diabetes prevention and management. The modules include practical information and resources on issues such as living well with diabetes and eating on a budget. These presentations were offered in a variety of settings including workplaces, libraries, grocery stores and community organizations. Since the launch of Live Well! Bien Vivre!, 67 presentations have been held, reaching more than 700 people in the province.



*Diabetes Risk Assessment event in Woodstock, NB, January 2013.*



## D-Support

D-Support is a free, telephone-based peer support service for people who are living with or affected by diabetes. Nation-wide surveys conducted by the Canadian Diabetes Association revealed that peer support was the most frequently requested service by people living with and affected by diabetes.

D-Support matches callers with trained, local volunteers who are also living with or affected by diabetes, so they can gain support and encouragement from someone who understands the daily challenges of living with diabetes and its related chronic diseases. The service aims to help participants become more confident in daily self-management, improve self-efficacy and, ultimately, help them to better manage their diabetes and reduce health complications.

D-Support volunteers have been trained in:

- » Active and empathetic listening.
- » Sharing relevant and helpful experiences.
- » Resources available through the Canadian Diabetes Association.
- » Resources available in their communities to best help participants find solutions to their challenges.



*Health Coach Lesley Melanson and New Brunswick Premier David Alward.*



*Debra Dickeson (New Brunswick Department of Health), Health Coach Chad Duplessie and Live Well! Bien Vivre! Project Manager Julie Atkinson.*

## MAJOR EVENTS

### Live Well! Bien Vivre! Launch

Representatives from the Government of New Brunswick, Medavie Health Foundation and the Canadian Diabetes Association hosted guests and members of the community, including media, to officially launch Live Well! Bien Vivre! on November 19, 2012 in Woodstock.

*Alan Stephen (Chief Operating Officer of New Brunswick EMS), Hugh Flemming (Minister of Health), Christine Mayrand (Live Well! Bien Vivre! Health Coach), David Alward, (Premier of New Brunswick) and Michael Cloutier (past President and CEO of the Canadian Diabetes Association).*



### Moncton Expo

The *Shop Smart and Eat Well* expo was held in Moncton on April 30, 2013. More than 90 people living with or affected by diabetes attended the expo. Attendees participated in a session facilitated by Sobey's registered dietitian Véronique Maillet, who talked about grocery shopping and cooking for diabetes management, and provided strategies to "makeover" recipes. There was also a tradeshow, which featured the latest in diabetes products and local food and nutrition information.

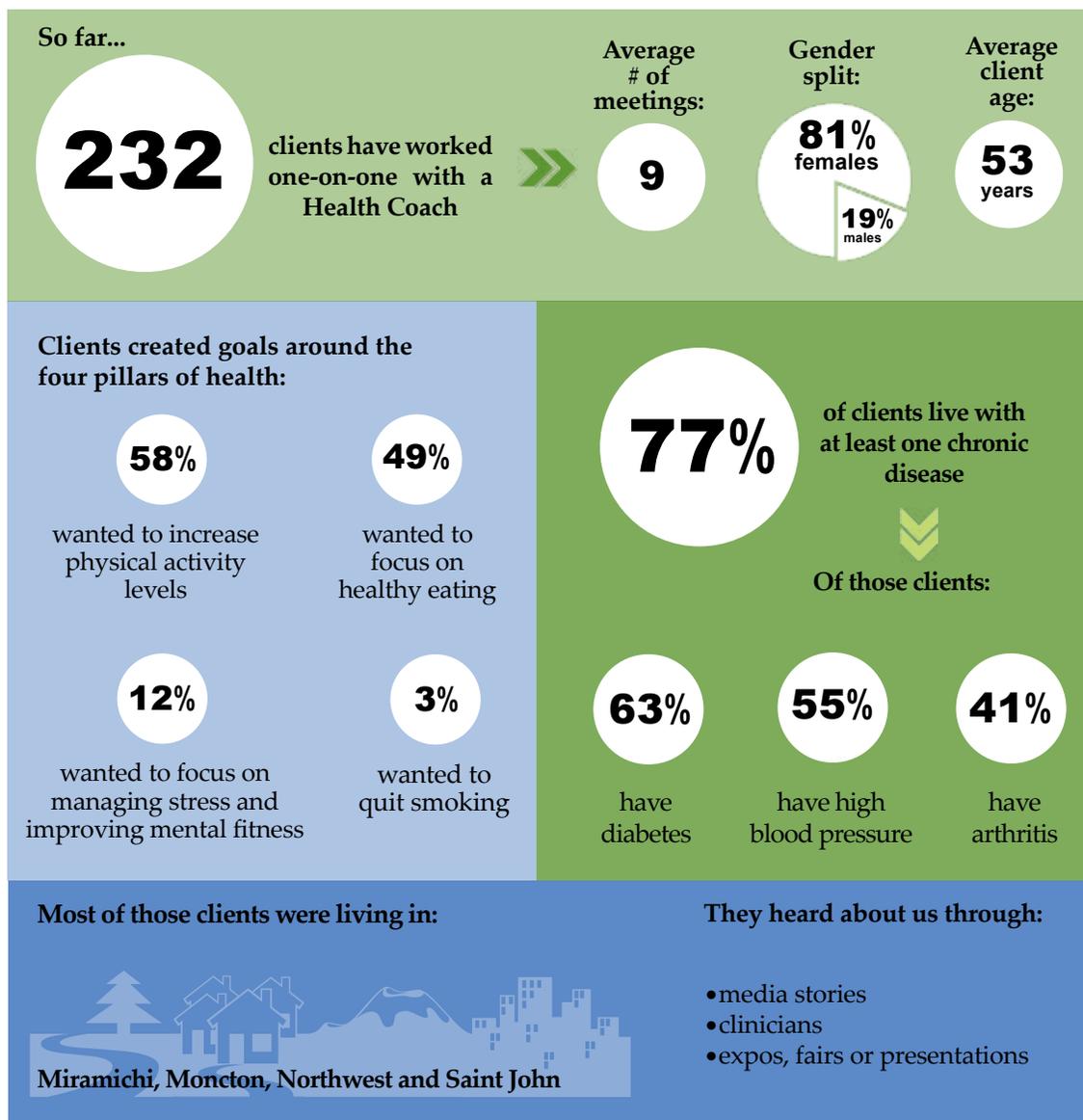


## EVALUATION

Live Well! Bien Vivre! evaluation is being completed by the University of New Brunswick's Health and Education Research Group over a four-year period. An evaluation framework has been developed that evaluates process and impact on clients, Health Coaches and partners. Evaluation tools, including client pre- and post-health assessment questionnaires and Health Coach monthly reporting forms, were designed to measure health behaviours such as healthy eating, physical activity and tobacco use. As it is a community-based project focusing on health behaviours, biometric indicators are not measured in this project. However, there is strong evidence that shows improving health behaviours such as healthy eating and physical activity produces improvements in weight management, glycemic control and cardiovascular risk factors<sup>6</sup>.

### Results to date

The following data is from January 2013 to February 2014, representing midway through the three-year project.



**61**

clients have completed pre- and post-health questionnaires



**64%**

fully or partially met the wellness goals they established with their Health Coach

**BEFORE**  
Health Coaching

**VS**

**AFTER**  
Health Coaching

Self-perceived health:	Fair	Good
Vegetable and fruit consumption:	1-3 per day	4-6 per day
% eating one dark green and orange vegetable per day:	16%	30%
Strength training:	Never/rarely	Once per week or less
Physical activity levels:	Light	Moderate (150 min/week)
% eating non-nutritious snack foods more than 1-3 times per week:	45%	22%

**Most common barriers to clients, as identified by their Health Coaches:**

**69%**

low self-efficacy

**41%**

physical health considerations

**34%**

lack of social support

**Health Coaches were most frequently required to:**

reinforce behaviour

teach self-management skills

provide emotional support

## KEY LEARNINGS

Live Well! Bien Vivre! is midway through the three-year project. While a final evaluation and report will be made available after the conclusion of the project in August 2015, significant learnings have already been captured from the project so far, including:

- » Health coaching is proving to be an effective way to enable clients to make positive health behaviour changes, particularly in physical activity and health eating.
- » Mental fitness is an underlying component of health coaching and is emerging as a dominant barrier for clients. Health coaching practices are focusing on improving participants' self-efficacy, with clients becoming more empowered to make and sustain changes.
- » Group coaching was originally introduced as a referral source for one-on-one coaching, but is proving to be a particularly effective tool to engage with workplaces and organizations.
- » As Health Coaches build more experience and community connections, their productivity has increased substantially.
- » Client participation has varied noticeably between geographic regions within New Brunswick, despite similar marketing strategies and community networks.
- » A meaningful number of clients have accessed Health Coaches for credible wellness information or referral to other community-based and health-care services. Data from these individuals has not yet been captured.
- » Marketing and communications efforts have provided strong return on investment, resulting in more than 50 media stories and 19 per cent of Health Coach clients since the project launched in November 2012.

## Future opportunities

- » Continue to focus on targeted communication and marketing in each of the six regions with a particular focus on the Acadian Peninsula and Upper River Valley where client engagement has been lower.
- » Examine ways to target health coaching on populations at higher risk of diabetes and related chronic disease including First Nations communities, men, priority neighbourhoods, and adults under 50 years of age.
- » Develop specific modules for group coaching to widen reach within the province.
- » Strengthen the post-evaluation process to identify which clients are connecting with a Health Coach solely for information and referral purposes. Additionally, include follow-up with clients three to six months post-coaching to determine if the healthy behaviours are being sustained over time.

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### « This is Terra.

Terra (left) and Health Coach Lesley (right) have achieved great results together. Lesley helped Terra come up with a plan to start eating healthier foods and exercising more. Terra has stuck to her plan and has been achieving her goals. She's lost more than 70 pounds and now when she plays with her children, she no longer experiences back pain. Her success has even inspired some of her friends to set wellness goals of their own!



## This is Janie.



When Janie began seeing her Health Coach, she originally wanted to change her evening snacking habits and increase her energy. She achieved those goals and found herself motivated to take it a step further. Janie says that the support of her Health Coach allowed her to build confidence and take advantage of her new-found energy. At the age of 74, Janie took advantage of her childhood love of airplanes to achieve one of her “bucket list” goals: skydiving 10,000 feet over the Miramichi!

## This is Gwen.



Gwen is a retired nurse and is living with diabetes. She had a list of wellness goals she wanted to accomplish, but was facing challenges succeeding on her own. With the help and support of her Health Coach, she was able to prioritize her list and identify that high stress levels were acting as a barrier to achieving her goals. Gwen worked with her Health Coach to take simple steps to help manage her stress level and within several weeks felt ready to take on her next goal of increasing her daily vegetable intake. Her Health Coach helped her develop an action plan and connected her with nutritional resources to change her diet. Gwen is thrilled with her progress, and continues to work toward her next goals and better self-management.



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