



Credentialed Chefs as Certified Wellness Coaches: Call for Action



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ABSTRACT

Beneficial relationships exist between food preparation skills and improved dietary quality, and between times spent preparing food and mortality. Food shopping, meal planning, preparation and cooking skills are valuable in supporting good health. Thus experts are proposing nutritional counseling be expanded to include these beneficial behavioral skills. Educational programs delivered by chefs have recently emerged as a way to improve engagement with nutritional guidelines. It is reasonable to assume that a chef with behavior change knowledge and skills, such as coaching, may be more effective in facilitating behavior change. We encourage chefs who wish to be involved in promoting health-related behavior change to consider continuing education in coaching knowledge and skills. We also recommend culinary schools to consider offering these courses, to aspiring chefs. Such programming will not only benefit future clients but also offers a career-enriching professional opportunity to chefs.

Credentialed chefs can make a positive health impact and should be included as professionals who are eligible for the impending national certification of health and wellness coaches.

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Healthy nutrition is recommended care for all (U.S. Department of Agriculture and U.S. Department of Health & Human Services, 2010), particularly patients with non-communicable disease (American Diabetes Association, 2015; National Heart, Lung, & Blood Institute, 2003). However, the majority of the US population does not follow recommended nutritional guidelines (Krebs-Smith, Guenther, Subar, Kirkpatrick, & Dodd, 2010). Barriers include lack of understanding of dietary recommendations, limited budget, food preferences, and underdeveloped cooking skills (Lichtenstein & Ludwig, 2010). Robust correlations exist between food preparation skills and improved dietary quality (Larson, Perry, Story, & Neumark-Sztainer, 2006), and between time spent preparing food and mortality (Chen, Lee, Chang, & Wahlqvist, 2012), supporting the importance of preparing meals oneself. However, a 2007–08 survey evaluating trends in US home food preparation found a decrease in cooking activities (Smith, Ng, & Popkin, 2013). Barriers include limited time, skills, and cooking confidence (Gatley, Caraher, & Lang, 2014; Stead et al., 2004).

Experts are suggesting that nutritional counseling should augment a primary focus on nutrients with food-oriented education (Lichtenstein & Ludwig, 2010) emphasizing skills such as shopping, food storage,

and meal planning and preparation (Hartmann, Dohle, & Siegrist, 2013; Soliah, Walter, & Jones, 2012). Well-trained credentialed chefs are uniquely positioned to impart this valuable health-promoting information. Educational programs aimed at improving culinary skills have recently emerged as a way to improve engagement with nutritional guidelines (Reicks, Trofholz, Stang, & Laska, 2014). These programs include experiential methods such as ‘hands on’ cooking sessions (Eisenberg, Myrdal-Miller, McManus, Burgess, & Bernstein, 2013; Levy & Auld, 2004; Polak, Goldin, Sasson, & Israeli, 2007; Wrieden et al., 2007) and bringing prepared food to class (Brown & Richard, 2010). Such programs, when delivered by chefs alone (Levy & Auld, 2004), or together with a dietitian (Eisenberg et al., 2013; Polak et al., 2007; Wrieden et al., 2007) or behaviorist (Eisenberg et al., 2013; Wrieden et al., 2007), are found to improve attitudes regarding healthy cooking (Levy & Auld, 2004). Moreover, chef-led education increases time spent cooking (Eisenberg et al., 2013), confidence in cooking (Wrieden et al., 2007), healthy food consumption (Eisenberg et al., 2013; Wrieden et al., 2007), and health outcomes (Polak et al., 2007). Only one program included strategies consistent with coaching designed to improve self-efficacy, such as cognitive restructuring, social support, and goal setting (Archuleta et al., 2012), and none describe formal coaching background of the chef-instructor. It is reasonable to assume that a chef with formal knowledge of behavioral change skills might be a more effective in facilitating behavior change.

One can imagine that the coaching skill set, when combined with the credentialed chef's knowledge of culinary skills, might be a useful two-pronged approach for promoting healthy eating, and perhaps change in

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lifestyle behaviors generally as well. Health and wellness coaching facilitates a positive change in mindset and behavior, through strategies such as patient-directed goal-setting, content education, guided self-discovery, and accountability (Wolever et al., 2013). By definition, coaching interventions go beyond instruction and engage the client as an active and autonomous partner in making change. Coaching is effective at promoting positive nutritional change in both healthy individuals (Prochaska et al., 2012) and patients with chronic diseases such as obesity (Appel et al., 2011), diabetes (Wolever et al., 2010), and heart disease (Jaarsma et al., 2008). Coaching is also feasible in primary care settings as a component of patient care (Liddy, Johnston, Nash, Ward, & Irving, 2014).

Cooking is more than just a set of skills; it is related to work, family, and personal patterns of self-care (Erlich, Yngve, & Wahlqvist, 2012). Recently we described a behavior change program, the Chef Coaching Program, which was remotely delivered by a credential chef who is also a certified wellness coach (Polak, Dill, Abrahamson, Pojednic, & Phillips, 2014). Patient goals initially were primarily culinary but soon goals for improvement of other health behaviors were envisioned and pursued. Hence, there is preliminary evidence that a chef can be trained to execute health and wellness coaching skills effectively.

This initial program (Polak et al., 2014) described a coaching intervention delivered remotely via Skype. Other coaching studies provide evidence that remote coaching, primarily telephonic, delivers efficacy comparable to face-to-face interventions (Appel et al., 2011; Sforzo, Kaye, Ayers, Talbert, & Hill, 2014). While a “hands on” culinary model may be the ideal, it faces barriers for implementation (e.g., need for a demonstration kitchen, tools or a classroom), including high costs (Polak et al., 2015), which diminish affordability and scale of application. A remote “hands off” culinary behavior change program is more accessible and affordable, and therefore a valuable option. It is also noteworthy that chefs often deliver culinary skills training and education in small groups, and group coaching has the potential to support healthy behavior change (Armstrong et al., 2013). In summary, there is promise for chefs trained as coaches to deliver coaching and culinary skill education programs to clients.

During the last few years, major culinary institutions have grown more interested in improving national nutritional habits (Culinary Institute of America, 2014; American Culinary Federation, 2014). Coaching is an attractive pathway to affect this process and we recommend culinary schools consider offering health and wellness coaching, and other behavior change courses, to aspiring chefs. We also encourage credentialed chefs who wish to be involved in promoting health-related behavior change to consider continuing education so they might begin using coaching tools to increase effectiveness with their clients. Such programming will not only benefit future clients but also presents a career-enhancing and enriching professional opportunity for chefs.

Coaching is an emerging profession with US standards for training, education, and certification forthcoming (Mittelman, 2015). The National Consortium for Credentialing of Health and Wellness Coaches was founded in 2009 (The National Consortium for Credentialing of Health & Wellness Coaches, 2015). One of its goals is to develop standards and a uniform certification process for this emerging field as part of the effort to transform health care systems from expert-centered to patient-centered, and from an illness focus to a prevention and wellness focus, through integration of well-trained health and wellness coaches (The National Consortium for Credentialing of Health & Wellness Coaches, 2015). Another consortium goal is to support the integration of basic coaching skills into the practices of other health professions to better catalyze and support engagement in health-giving lifestyles. Therefore, health professionals (e.g., nurses, health educators, exercise professionals, physical therapists) are primary targets for coach training, education, and certification. Well-trained credentialed chefs are a valuable addition to this group. They are well-placed to promote health and wellness by contributing culinary education and skills to address the growing epidemics of lifestyle-related diseases.

We recommend to the Consortium that credentialed chefs *be included as individuals who are eligible* for the impending national certification of health and wellness coaches.

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