The State of Health Coaching

The latest industry study, with data shared by over 1,000 qualified health coaches.

Pillar

USF Health
College of Public Health

Table of Contents

> *"Moving the spectrum beyond physicians to include health and wellness coaches dedicated to helping the public with lifestyle improvement is part of our long-term vision."*
> – Donald Melnick, MD, Fmr. President of the National Board of Medical Examiners

91.2%

of health coaches hold a Bachelor's degree or higher

Over 40%

of health coaches have worked in partnership with a clinician.

60.3%

self-reported working part-time as a coach.

Only 2%

of coaches reported coaching 100% of the time via asynchronous modalities.

Smith, K., Bleck, J., Mansouri, J., & Early, C. (2022). The State of Health Coaching (Report No. Pillar 01). With Pillar Inc. https://withpillar.com/state-of-coaching

Section 01. ***Introduction***

A comprehensive review of the health coaching industry.

Health and wellness coaching has emerged as a rapidly expanding field with a robust clinical evidence and hundreds of training programs nationwide. That said, the term coach remains poorly understood, often leading to stakeholder confusion with respect to coach qualifications, scope and applications in patient care. And while coaching is actively being integrated as a best practice in innovative care models, health coach is not recognized as an occupation by the Department of Labor contributing to a lack of public information on the field.

Dr. Jennifer Bleck, Assistant Professor at the University of South Florida's College of Public Health, and Pillar partnered on a cross-sectional cohort research study to assess the state of health coaching today. The report sheds light on the professionalization of coaching and data on this growing workforce of allied health professionals, with training approved by the National Board of Medical Examiners. Following this report, readers will be able to define the role of a health coach, trends in coaching delivery, and areas of opportunity.

Research shows there's tremendous value in embedding health coaches into patient care to empower individuals with the skills and tools to advance their own health and well-being. Our aim is to advance health care by bringing forward a comprehensive review of the current state of health coaching to highlight coaches as patient advocates who are clinically proven to drive positive health outcomes, mitigate clinician burnout and reduce the total cost of care.

Policy & industry shifts have propelled the industry forward.

- **2017: The first certification exam for the National Board Credential (NBC-HWC)** held by the National Board for Health & Wellness Coaching, a non-profit affiliated with the National Board of Medical Examiners. The exam assessed coach competency, reflecting published standards for the field.

- **2019:** A 2017 Compendium and 2019 Addendum comprising **323 peer-reviewed studies** including 107 randomized clinical trials published over eighteen years demonstrate the **clinical efficacy of health coaching to improve health outcomes and reduce cost of care.**

- **2020: AMA-approved Category III CPT Codes** became effective for Health and Well-Being Coaching delivered by Board Certified coaches, paving the way for broad insurance reimbursement.

- **2021:** Approval of new Taxonomy code 171400000X enabling Board Certified coaches to apply for **National Provider Identifier (NPI)**.

- **2021: Clinician shortages** with approximately 333,942 healthcare workers leaving the workforce in 2021. Of those, approximately 117,000 were physicians according to a study by Definitive Healthcare.

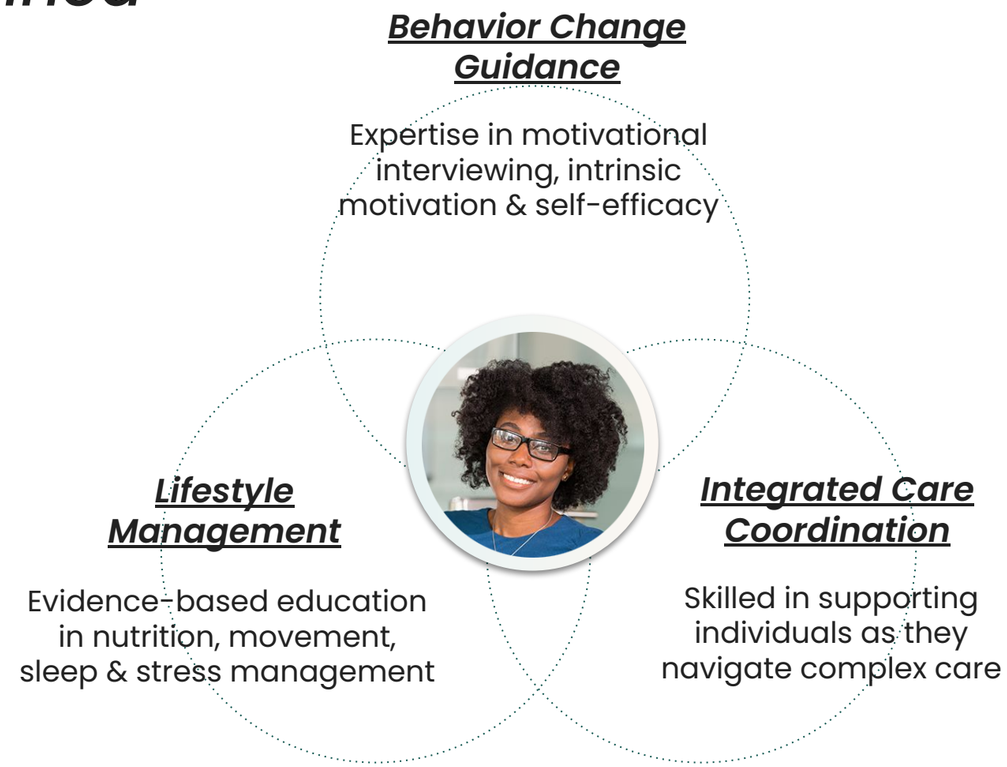
- **2022: Chronic conditions** are the leading driver U.S. healthcare costs, with coached patients reporting statistically significant lifestyle improvements for chronic disease management and prevention.

Section 01. ***Qualified Health Coach: Defined***

Health coaches represent the next generation of allied health professionals poised to positively impact healthcare by addressing the sub-clinical needs of patients from health education and lifestyle management to behavior change and care continuity.

We've defined qualified health coaches as practitioners that have graduated from programs approved by the National Board for Health & Wellness Coaching. These coaches are trained in evidence-based models of behavior change coupled with education in lifestyle medicine across nutrition, physical activity, sleep, stress management, and positive social connection. Specific models leveraged by coaches include:

- *PERMA Model (Seligman)*
- *Motivational Interviewing (Miller & Rollnick)*
- *Transtheoretical Model: Stages of Change (Prochaska)*
- *Appreciative Inquiry (Cooperrider)*
- *Self-Determination Theory (Deci & Ryan)*



Coaching in a Clinical Context

The coaching process involves partnering with an individual to bridge the gap between their current state and desired health outcomes through enhancing patient self-management to adopt healthy lifestyle behaviors and home-based self-care. In a clinical setting, a partnership between coach and patient is often focused on activating clinician recommendations to drive care plan adherence and chronic condition management or prevention. Coaching also has financial benefits, demonstrated in a study published by the American Public Health Association that shows health coaching resulting in total cost savings of $412 per patient per month.[1]

Individuals receiving coaching are not the only beneficiaries. A 2015 study published by the American Psychological Association illustrated that embedding coaches in a primary care setting increases clinician satisfaction and effectiveness. Specifically, primary care providers rated visits with patients assigned health coaches as less demanding and were also more likely to report that they were able to spend sufficient time during the medical visit with those patients.[2]

1 Lawson et al. How effective is health coaching in reducing health services expenditures? Med Care. 2015.

2 Dube et al. Clinician perspectives on working with health coaches: a mixed methods approach. Families, Systems & Health. 2015.

Section 01. ***A Guide to Implementing Coaching***

The report is structured to deliver data-driven insights that can inform best practices for implementing an effective health coaching offering. In order to be successful, it's essential to ensure alignment across the various relevant stakeholders including coaches, patients and clients, clinicians, health system executives and payers. Leveraging industry expertise ensures an accelerated implementation of coaching that effectively maximizes impact and value.

Pillar is a venture-backed infrastructure technology company, powering white-labeled coaching programs for healthcare and digital health organizations. Our certified coach workforce and API-first platform improve client engagement and health outcomes by powering seamless virtual care from experts in lifestyle medicine and behavior change - all for less than staffing, building and managing a best-in-class coaching experience in-house.

1.

Coach Selection Criteria

Finalize coach selection criteria based on your target population and program objectives, including: coach certification, years of experience, focus areas(s). Proper vetting ensures a demonstrated coaching ability via preferred delivery channels.

2.

Caseload & Pay Rate

Empower coaches to do their best work in an effective and sustainable capacity by establishing weekly caseload expectations and an appropriate hourly rate that meets the demand for flexible working hours and part-time roles.

3.

Program Design & Cadence

Consider video as a primary modality given it's prevalence; however, coaching can vary in format based on stakeholder needs to include telephonic and async communication. Other considerations are session duration, frequency, and curated content.

4.

Coaching Delivery & Tools

Streamline operational efficiency and engagement tracking with a coaching-specific platform that unifies the messaging, scheduling and patient management functionality, as well as seamlessly integrates with legacy technology.

Section 01. ***Methods***

Study Design
This project utilized a cross-sectional cohort study design. Self-identified health and wellness coaches completed a questionnaire aimed to answer the following research questions:

- Who are health and wellness coaches?
- How is coaching structured and delivered?
- What are the experiences of working health & wellness coaches?

Data Collection
Data collection took place over 16 days, from June 9, 2022, through June 25, 2022, using several convenience sampling distribution methods. The National Board for Health and Wellness Coaching emailed all board-certified coaches an announcement and link to a questionnaire. Additionally, several health coach training programs distributed the questionnaire to their graduates. Lastly, members of the research team shared an announcement of this study with coach-focused social media pages and groups, including Facebook and LinkedIn.

Participants
The study call was directed to trained health and wellness coaches, and respondents self-selected to participate with no direct benefits. Inclusion criteria stated respondents had to self-identify as a coach or have participated in a health and wellness coaching training program. **A total of 1,137 coaches completed the questionnaire.** Of the 1,137 respondents, 939 (82.3%) responded to all items.

Measure
The questionnaire ranged from 37 to 51 items based on selected responses and branching logic. Nominal response choice, likert-type, and open-ended items were utilized. All responses were self-reported, with some including historical recall.

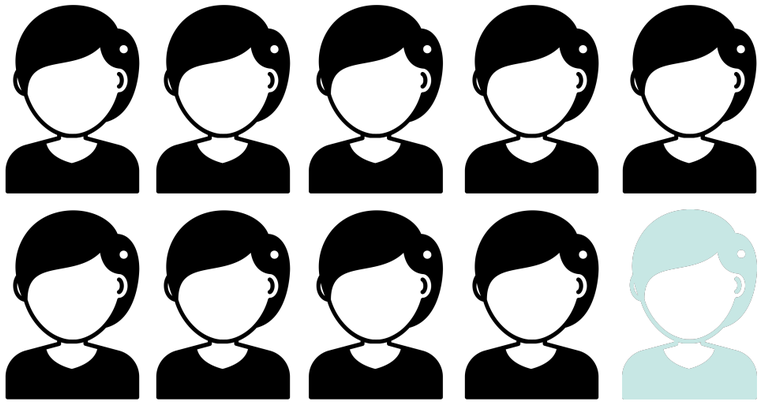
Coaches were initially asked if they are actively coaching. If they selected yes, they were then asked a series of questions related to their current caseload, rates and delivery. If a coach was not actively coaching but had ever coached in the past, they were asked the same series of items in reference to their most recent coaching position. These groups were combined when providing descriptive results throughout this report.

Items related to coaching structure, group coaching and experience working with clinicians were presented with either nominal or ordinal response choices. Items related to worksite, target population and areas of focus were multiple response options in which coaches could select all that apply and thus may be counted in multiple responses. For continuous measures including item related to hours spent, weekly case load, pay per hour and fee clients are charged per hour, coaches were able to write in text responses.

While no standardized scales were incorporated, a basic investigation of validity was conducted. Items that were predicted to be associated were significantly correlated ($p<.01$), including years of experience, pay per hour, and annual income from coaching. Additionally, age was associated with years of experience ($p<.001$).

Analysis
Descriptive statistics are reported for all key variables. Not all coaches responded to all items and no responses were imputed. Thus, findings represent the proportion of the coaches that responded to a given item. For categorical variables, counts and percentages are presented. In the case of continuous variables, means and standard deviations (SD) are shown. As this report focuses on a descriptive snapshot in time of the coaching field, most findings are illustrative, with further comparative analyses expected in a continued investigation of these results. Where presented, bivariate testing was utilized and included chi-square tests, independent sample t-tests, Pearson's correlation, and one way ANOVA with Tukey post-hoc tests.

Section 02. **Coach Qualifications**



Years of Experience

Among 932 coaches, years of experience ranged from less than a year to 47 years with a mean of 5.4 years (SD=5.4) and median of 4.0 years. Coaches most commonly identify as between the ages of 35-64 years old (80.9%, n=739), with age positively correlated with years of experience [r(913)=.185, p<.001].

Health coaches reported a median of 4.0 years, and ***an average of 5.4 years*** *of experience.*

Education

A total of 940 coaches reported their highest level of education. Most coaches reported either a Masters (42.3%) or Bachelor's degree (40.9%). Additionally, 8.0% reported earning a Doctoral degree with 0.6% earning a medical doctoral degree including MDs, DOs, and NDs.

91.2%

of health coaches hold a Bachelor's degree or higher

Additional Training

Over half (50.6%, n=470) of coaches reported additional certificates or licenses beyond their coaching certification. Additional training was most commonly in nursing, fitness or exercise physiology, nutrition, yoga and meditation, and other healthcare services. More specifically, 12.6% (n=127) of coach respondents reported they were also a clinician.

Section 02. ***Coach Qualifications***

Training Program

As of September 2022, the National Board for Health and Wellness Coaching has 111 approved health coach training programs offered by educational institutions, private organizations, and internal programs provided by employers. These training programs vary from 12 weeks long (Mayo Clinic) to 24-month Masters degree programs.

Coach Training Programs **Limited to programs with at least 20 Respondents* ***(N=928)***	**Coaches (%)**
Wellcoaches	15.4%
Institute for Integrative Nutrition	13.9%
Functional Medicine Coaching Academy	11.6%
Duke Integrative Medicine	5.6%
Dr. Sears Wellness Institute	4.9%
Kresser Institute/ ADAPT	4.6%
Mayo Clinic	4.2%
Real Balance	3.8%
The Nurse Coach Collective	2.9%
Wisdom of the Whole Coaching Academy	2.4%
Maryland University of Integrative Health	2.3%

65.4%

of health coaches are National Board Certified Health & Wellness Coaches (NBC-HWC).

Credential

Our study sample includes graduates of 103 different health coach training programs. Over 65% of those graduates earned the National Board for Health & Wellness Coaching Credential (NBC-HWC). Coach respondents who haven't yet earned the NBC-HWC credential were subsequently asked if they are eligible to sit for the National Board Exam. Of those, 56.9% reported yes, and they intend to sit for the exam, with an additional 25.7% reporting no, but they are working towards becoming eligible to sit for the NBC-HWC exam.

Section 02. ***Coach Qualifications***

Demographics

Among those who provided information on gender identity (n=933) and race/ethnicity (n=935), health coaches predominantly identified as women (91.6%) and white (79.4%).

Gender Identity

91.6% Women

6.5% Men

0.5% Non-binary

1.4% Prefer not to answer

*Race/Ethnicity**

79.4% White

5.3% Black/African American

5.0% Hispanic/Latino

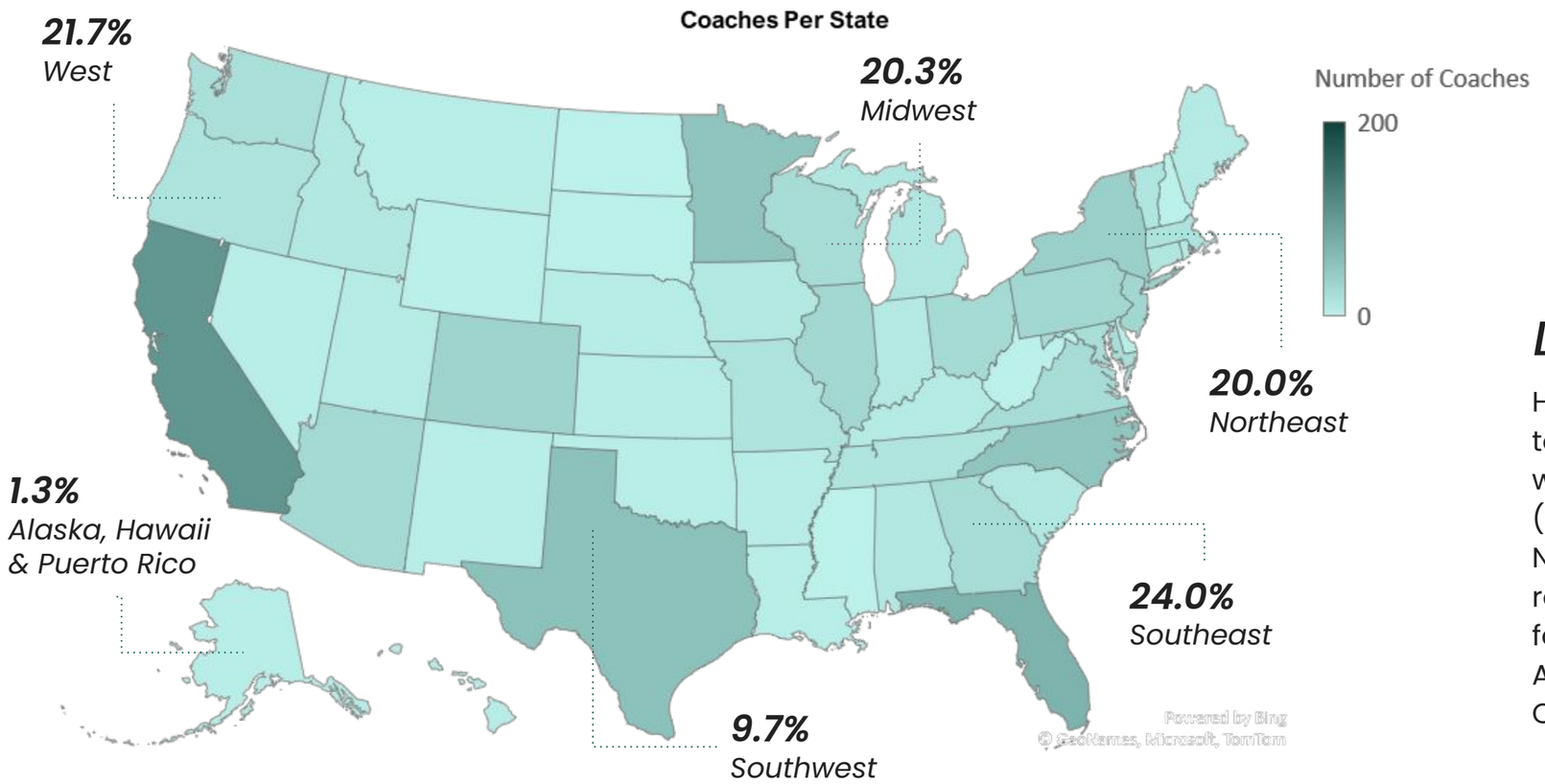
2.4% Asian

2.0% Biracial/Multiracial

0.3% American Indian/Alaska Native

3.9% Prefer not to answer

1.7% Other



Location

Health coaches practice nationwide and are able to coach across state lines. Respondents (n=937) were primarily located across the Southeast (24.0%), West (21.7%), Midwest (20.3%), and Northeast (20.0%). On a state level, California represented the highest proportion (11.4%), followed by Florida (7.8%) and Texas (6.0%). Additionally 2.9% live internationally, primarily in Canada (1.5% of respondents).

* Reflects census categories.

Section 03. ***Target Population***

When asked to select their top three target client populations, 871 coaches selected at least one target population.

Target Population (N=926)	**%**
Women	67.0%
Individuals with Chronic Conditions	43.9%
Men	30.2%
Adults 65+	15.9%
College Students	9.1%
Low Income	7.9%
Employees/ Corporate	5.8%
Active Military or Veterans	4.6%
Non-English Speaking	2.6%
Individuals Under 18	2.5%

Gender

Coaches predominantly reported a target population that identifies as women (67.0%).

67.0% Women

30.2% Men

43.9%

of respondents coach individuals with chronic conditions.

Chronic Conditions

43.9% of respondents selected that they coach individuals with chronic conditions. Consistent with the lifestyle-related top 6 areas of focus, the most common target chronic conditions include: diabetes or pre-diabetes, obesity or weight loss, hypertension, heart disease, metabolic syndrome and high cholesterol.

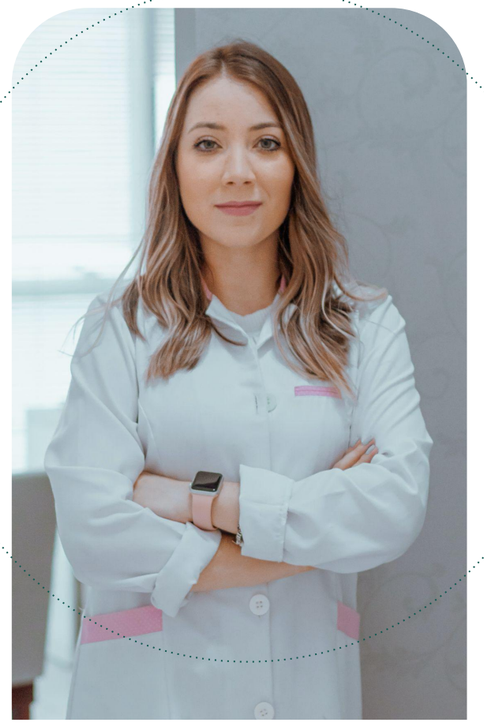
Section 03. **Target Population**

Working with Clinicians

1,007 coaches provided information on their working relationship with clinicians. A total of 41.9% reported partnering with a clinicians either currently (28.1%) or in the past (13.8%), and an additional 38.6% would like to work with clinicians. Moreover, 12.6% of respondents (n=127) said they were clinicians.

Over 40%

of health coaches have worked in partnership with a clinician.



"I have always worked within medical or naturopathic practices and would like to see policy changes that encourage health coaches to join medical practices."
-Health coach in North Carolina with 10 years of experience

Coaching in Spanish

2.6% of coaches (26) reported that their target population was non-English speakers; among these, 24 (92.3%) said they coach in Spanish. Two coaches reported coaching in Japanese. The following languages were cited once: Vietnamese, French, Portuguese, Punjabi, Mandarin, and Dutch.

A total of 117 coaches (12.5%) said they speak Spanish, yet only a subset of 43 coaches (3.8%) reported being able to coach in Spanish. An additional 30 coaches (2.6%) reported they would be able to coach in Spanish with additional training.

Section 03. ***Target Population***

Areas of Focus

When asked to select all primary areas of focus, 926 coaches reported at least one area of focus. The most common categories were weight loss (56.2%), nutrition (55.9%), fitness & movement (53.0%) and sleep (44.1%).

Top areas of focus include the pillars of ***lifestyle medicine****: nutrition, fitness and sleep.*

1. Weight Loss
2. Nutrition
3. Fitness & Movement
4. Sleep
5. Pre-Diabetes
6. Diabetes
7. Mental Health
8. Hypertension
9. GI & Gut Health
10. Autoimmune Conditions
11. Heart Disease
12. Women's Reproductive Health
13. Musculoskeletal & Pain
14. Smoking Cessation
15. Executive & Leadership

> *"I'm excited for the future of coaching as the health and wellness industry expands. I'm hoping for endless possibilities of improved health and minimizing chronic conditions through bettered nutrition, movement, and lifestyle choices."*
> *-Health coach in Missouri with 4 years of experience*

Section 04. ***Employment & Compensation***

Caseload

When asked the maximum number of clients they'd like to coach per week, coaches reported an average desired weekly caseload of 20 clients, with full-time coaches indicating a maximum limit of 32.6 clients. Although 86.4% of part-time coaches reported an average weekly caseload of under ten clients, the mean desired case load was a max of 13.4 clients.

When asked how many clients they coach per week on average, coaches in digital health comprise the largest portion of caseloads over 100 per week. In contrast, coaches in healthcare reported an average caseload of 4-6 clients per week.

Mean Weekly Client Caseload	**Total** (n=967)	**Full-Time** (n=328)	**Part-Time** (n=588)
1	9.4%	1.8%	11.9%
2-3	25.1%	4.0%	36.7%
4-6	20.5%	11.0%	25.7%
7-10	12.3%	13.1%	12.1%
11-15	7.7%	9.8%	6.8%
16-25	8.9%	18.6%	3.9%
26-50	9.0%	22.6%	1.9%
51-75	1.9%	4.9%	0.3%
76-100	0.5%	1.5%	0.0%
101-200	2.2%	5.8%	0.3%
Over 200	2.6%	7.0%	0.3%
10 Clients or Less	**67.3%**	**29.9%**	**86.4%**
Over 10 Clients	**32.8%**	**70.2%**	**13.5%**
Desired Max Caseload - mean (SD)	19.9 (23.3)	32.6 (31.15)	13.4 (13.6)

60.3%

respondents Identified as working part-time.

Employment Status

When asked do you work full-time or part-time as a coach, 594 of respondents self-reported that they work part-time (60.3%). Note part-time was not defined and thus is a self-identified term.

Section 04. **Employment & Compensation**

Workplace & Employment

When asked where do or did you provide coaching services, and to check all that apply, a total of 920 coaches responded. 56.8% (n=584) reported operating a private practice. 39.2% (n=229) of coaches operating a private practice reported also working at one or more worksites.

Common employers included digital health (22.0%, n=226), healthcare settings including the VA (20.0%, n=206) and corporate well-being programs (15.1%, n=155) defined as corporate settings or employee well-being programs.

56.8% *Private Practice*

22.0% *Digital Health Company*

20.0% *Healthcare Setting (inc. VA)*

15.1% *Corporate Well-being*

Hourly Rate

$40.11/hour
on average

(SD=22.07)

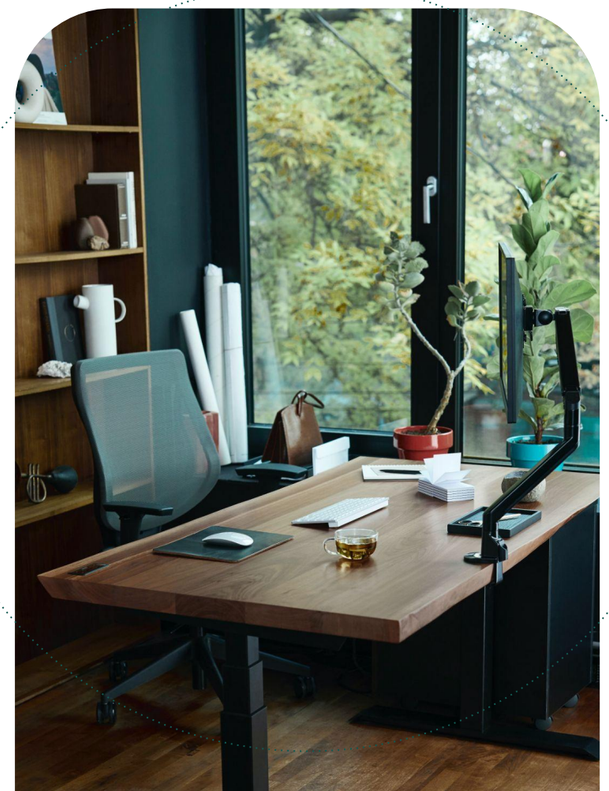
Pre-Tax Salary

$50K-$74,999
common salary range
pre-tax & benefits

Compensation

484 of respondents reported hourly rates that ranged from $14 to $350 per hour. Excluding 17 coaches who reported hourly rates over $125, coaches are paid on average $40.11 per hour (SD=22.07) and a median of $32.00 per hour.

266 of respondents employed full-time provided annual salary before tax data that also does not include benefits. 59.8% reported annual salaries in excess of $50,000 before year, with 41.0% reporting salaries between $50,000 to $74,999.

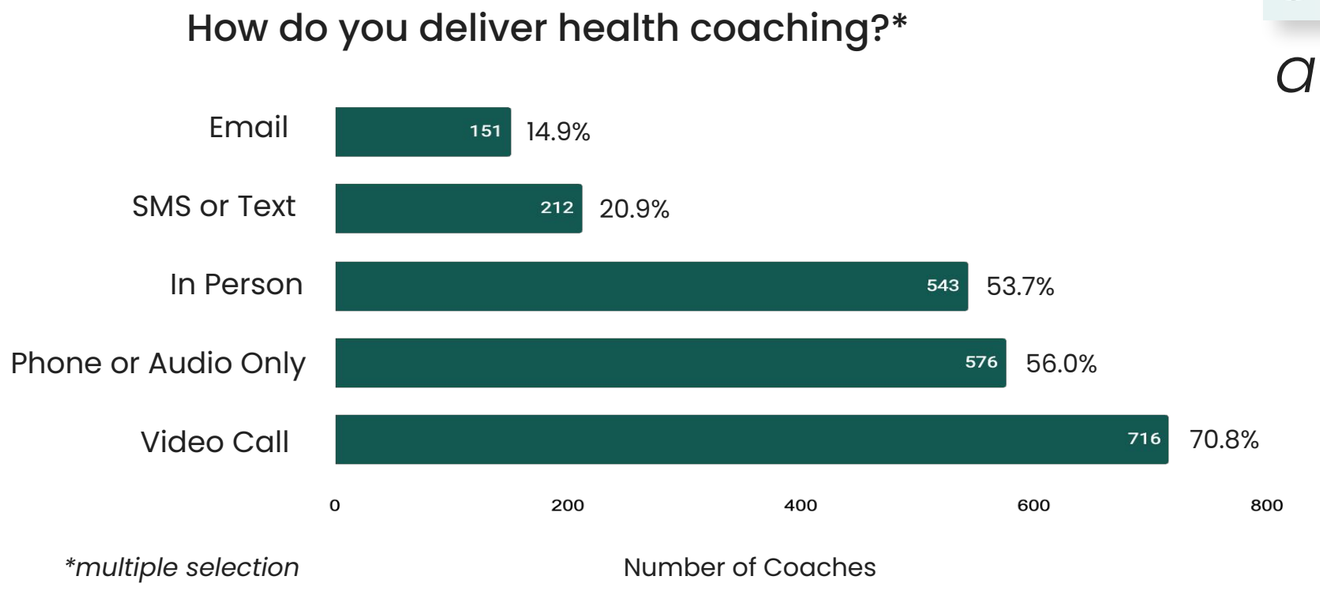


Section 05. **Caseload & Program Design**

Modalities

When asked how you deliver coaching, 1,012 respondents were prompted to select all the modalities that apply to their coaching practice. Video (70.8%) was the predominant modality across workplaces. Only 2% of coaches reported coaching 100% of the time via asynchronous modalities - whether email or SMS/text-based coaching. Overall, coaches reported SMS/text-based coaching as a supplement to video-based or in person coaching with an overall average of 36.6% of total time spent on SMS/text-based coaching.

***Only 2%** of coaches reported coaching 100% of the time via asynchronous modalities.*



***3 to 6** mos.*

average engagement

Frequency & Duration

When asked how often they typically meet with each client, coach and clients predominantly meet on a weekly (42.2%) or bi-weekly (33.9%) basis. The remainder reported monthly (8.7%) and a varied frequency (13%). 63.4% of coaches reported average engagements between three to six months, with 31.6% reporting 3 months and 31.8% reporting 4 to 6 months.

30 to 60 min

average session length

Session Length

Typical session lengths were provided by 858 respondents and primarily ranged from 30 to 60 minutes long, with 60 minutes representing the most common session length. Of these 858 coaches, 40.3% reported a 60 minute initial session, with follow-on sessions typically lasting 60 minutes (30.7%), 30 minutes (29.0%) or 45 minutes (25.9%).

Section 05. **Caseload & Program Design**

Pricing

1:1 Private Practice Sessions
When asked about pricing for a private practice session, 486 coaches reported pricing between $15 and $500 for a 60 minute session, with an average price of $105.10 (SD=66.9) and a median price of $90. In total, 35 coaches reported charging $200 or more and 47 coaches reported charging under $50.

Group Sessions
When asked about pricing, 322 coaches provided a response on their group coaching rates. Of these respondents, 31.8% reported offering complimentary group coaching sessions as part of a package or as an add-on service. An additional 2.2% of coaches stated that group coaching is billed through insurance with no direct cost to the client.

Moreover, 189 coaches provided $USD rates of what they charge clients per session with prices ranging from $10 to $300, with an average price of $65.67 (SD=63.2) and a median price of $50. This excludes data from 9 coaches who reported charging over $400 per group coaching session.

Over 80% of respondents *expressed interest in offering group coaching.*

Group Coaching

When asked if they ever offered group coaching, 37.4% of 974 respondents said yes, with group sizes ranging from 2 to 50 participants with a mean of 8.4 individuals per group (SD=6.2) and a median of 6 individuals per group. This range excludes three coaches who reported a group size of 100 clients, as well as four coaches who reported extreme variability in group size: 10-70 clients, 2-40 clients, 3-50 clients and 3-25+ clients.

43.5% of coaches reporting that they will ‘definitely’ offer group coaching in the future and 40.9% reporting the possibility of group coaching. When asked ‘do you plan to offer group coaching in the future,’ only 3.8% responded ‘absolutely no’ or ‘have not considered it.’

Section 05. **Caseload & Program Design**

Time Spent: Coaching & Admin

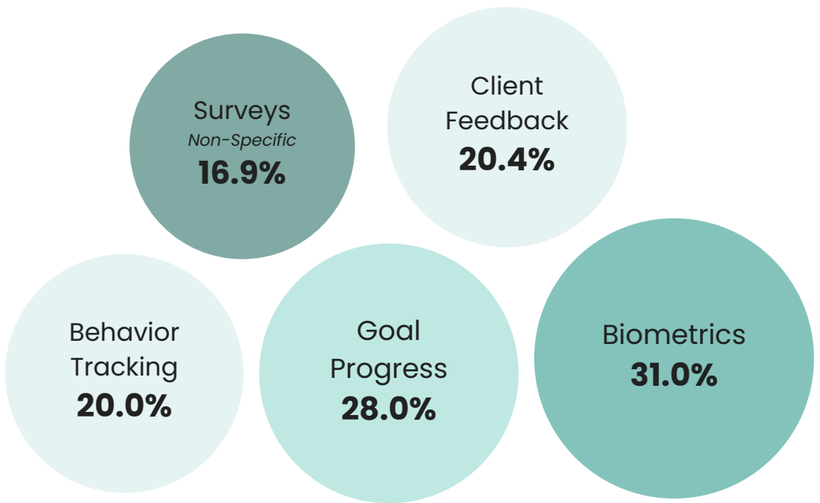
Coaches were asked on average how many hours they typically spend per week actively coaching and on tasks associated with coaching, which exclude direct coaching with a client (e.g., marketing, admin, or scheduling emails, note-taking, billing).

On average, full-time coaches spent 20.5 hours per week coaching, with part-time coaches spending 6.3 hours per week. Other coaching-related administrative tasks (not with clients) took almost as many hours as time with clients, representing an approximate ratio of 1:1 of time spent with clients to time spent on administrative tasks.

Administrative tasks took ***almost as many hours as time with clients.***

Mean (SD)	**Total**	**Full-Time**	**Part-Time**
Hours Spent Coaching Per Week	11.1 (11.3)	20.5 (11.9)	6.3 (7.2)
Hours Spent on Coaching Related Tasks Per Week	10.6 (9.6)	16.1 (10.5)	7.7 (7.4)

Top 5 Categories for Progress Tracking



Measuring Success

All coaches were asked: what metrics do you use or have you used for tracking each client's progress? When provided with an open-ended response window, 774 coaches shared their methods and listed a variety of frameworks, tools, and processes for measurement. Generally speaking, there was little consistency in the listed measures of success. Both objective measurements such as biometrics (31.0%) were listed, as well as subjective measures of self-reported goal progress (28.0%) and general client feedback (20.4%). Behavior tracking either through self-report or tracking systems (e.g. web or mobile applications) were also commonly cited (20.0%). Additionally, 16.1% of respondents responded that they use "coach notes" with no further clarification.

Section 06. ***Takeaways***

The findings presented throughout this report support several conclusions. First, clarification on reimbursement is needed to provide opportunities for integrating health coaching into the medical field. Second, with significant variability in many areas, including coaching structure, pay, education, and experience, efforts are needed to establish standards and expectations for the coaching profession. Lastly, there is an immediate opportunity and unmet need for advancing health equity through the diversification of coaches and culturally inclusive services.

Clarifying Reimbursement for Board Certified Coaches

Coaching is not yet widely available across healthcare settings, with just 20% of respondents reporting working in healthcare settings, including the VA. That said, the study revealed that over 40% of health coaches have worked in partnership with clinicians, and an additional 39% would like to work with clinicians. Insurance reimbursement pathways remain unclear for coaches, whether leveraging existing non-physician Category I CPT Codes or current Category III CPT Codes for health and well-being coaching. Transparency around CPT codes, billing and reimbursement rates will accelerate the integration of coaching into fee for service-driven patient care, making coaching services accessible to a broader population that cannot afford the out-of-pocket cost.

Developing Standardized Protocols for Performance & Development

An absence of industry consensus on mechanisms for quality measurement makes assessing coach performance and managing program oversight challenging. At the same time, the delivery of coaching - including caseloads, modality and frequency - varies substantially, with coaches in digital health reporting the highest proportion of weekly caseloads over 100, while caseloads in healthcare are much smaller, comprising 4-6 individuals per week on average. The development of standards will support the alignment of expectations on the delivery, structure, and success criteria of coaching programs across stakeholders, furthering professional development and performance objectives for the field.

Advancing Health Equity & Diverse Representation

There's a significant opportunity for coaches of diverse backgrounds to join the profession and contribute to a meaningful shift in health equity by increasing capacity and access to inclusive care. Widening affordable access for individuals from underserved communities to National Board-approved training programs will augment the supply of diverse professionals trained to partner with patients on behavior change through the lens of social determinants of health. There is a further opportunity to provide training for coaching in non-English languages to empower additional coaches in delivering services across diverse patient populations.

1.

Clarifying Reimbursement for Board Certified Coaches

2.

Establishing Standards for Performance & Development

3.

Advancing Health Equity & Diverse Representation

Acknowledgement

Pillar and Dr. Jennifer Bleck express our immense gratitude to all the coaches who took the time to participate and provide this data. We'd also like to acknowledge the support from individual coaches and the following organizations: National Board for Health and Wellness Coaching, Functional Medicine Coaching Academy, Real Balance Global Wellness Services, American Holistic Nurses Association, Maryland University of Integrative Health, and Wellcoaches.

We recognize the importance of collaboration with leaders across the health coaching ecosystem to further enhance the field.

About the Authors

Dr. Jennifer Bleck is an Assistant Professor at the University of South Florida's College of Public Health. She is a Nationally Board Certified Health & Wellness Coach and teaches undergraduate and graduate coaching courses. With respect to research, Dr. Bleck focuses on mental health in adolescence and young adulthood, as well as the evaluation methodology of wellness coaching and health promotion programs. Dr. Bleck has a Master's of Public Health in Evaluation Sciences and a PhD in Public Health.

Pillar is the infrastructure layer for scalable health coaching. The company's API-first platform and white-labeled coach network enable digital health and healthcare companies to turn on their brand of health coaching to drive engagement, cost reduction and positive health outcomes. Pillar is female founded and backed by top-tier investors including Y Combinator, Streamlined Ventures, as well as industry-leading founders and operators in healthcare.

Citations

For the use of this data, please reference the authors as Pillar, Dr. Jennifer Bleck and include the citation detailed below.
For commercial inquiries or interest in leveraging this data to structure a coaching program, email partnerships@withpillar.com.

Smith, K., Bleck, J., Mansouri, J., & Early, C. (2022). The State of Health Coaching (Report No. Pillar 01). With Pillar Inc. https://withpillar.com/state-of-coaching.