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# Global Perspectives on Inclusive Well-Being: The Role of Health and Wellness Coaching in Fostering Diversity, Equity, Inclusion, and Belonging

Empowering Individuals, Leaders, Service  
Providers, and Advocates of DEIB Through the  
Lens of Health and Wellness Coaching

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**WELLNESS COACHING INITIATIVE**  
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## I. Foreword (LaKisha Brooks)

This journey at the intersections of Diversity, Equity, and Inclusion (DEI) and Health and Wellness Coaching is a profound exploration that resonates with the heartbeat of our global landscape.

As someone deeply immersed in this field, it is my pleasure to guide you through the intricate tapestry of principles, challenges, and transformative possibilities that lie ahead.

I have witnessed firsthand the ever-evolving dynamics of DEI. These experiences have shaped my understanding of the critical interplay between DEI and the overall well-being of individuals within an organizational ecosystem.

In today's intricate world, prioritizing psychological safety is of utmost importance. Establishing spaces where individuals feel secure to express their true selves is fundamental to cultivating a workplace culture and society that values diversity and places wellness as a priority. Within this context, we embark on a journey that surpasses conventional boundaries, weaving together the elements of DEI, Health and Wellness Coaching, and the imperative of psychological safety.

Our objective is clear — to reframe DEI(B) in a well-being context, recognize the transformative role of Health and Wellness Coaches in fostering DEIB, clarify the global scope of practice for these coaches, increase awareness of the current global DEIB context, and present real-life stories illustrating the effectiveness of Health and Wellness Coaching across various DEIB domains.

In navigating these objectives, we uncover a striking parallel, particularly in the organizational culture pillar of the Diversity Architecture™ framework. This alignment underscores a shared emphasis on fostering a global environment where the intrinsic connection between organizational culture and wellness is prioritized.

Much like the emphasis on wellness underscores the need for a comprehensive approach to diversity and inclusion, this paper aligns with these principles, accentuating the importance of wellness within the fabric of an organization and in society at large. This parallel journey emphasizes the interconnected nature of these dimensions, underscoring that a robust organizational culture is one that not only embraces diversity but also prioritizes the well-being of its members.

As we embark on this exploration, the importance of financial wellness becomes essential in our pursuit of creating an inclusive environment. Financial wellness encompasses more than just financial health; it

promotes individual empowerment and equal opportunities. By addressing the well-being of individuals' finances, we lay the foundation for a truly inclusive environment where everyone can thrive holistically.

In my role as the Vice President of Diversity, Equity, Inclusion, and Belonging at the International Coaching Federation (ICF), I am dedicated to advocating for a more inclusive coaching landscape. Through our collective efforts, we can enhance the discussion surrounding diversity, equity, inclusion, and wellness, ensuring that financial wellness is fully integrated into the fabric of inclusive environments.

Thank you for joining me on this transformative journey where we explore the intricate pathways of DEI, wellness, the essential element of psychological safety, and the hope for a future where financial wellness is a key component of inclusivity.

LaKisha C. Brooks  
DiversityArchitect™  
VP of DEIB, International Coaching Federation

## II. How to Navigate this Paper

To enhance clarity, inclusivity, and accessibility, we have created a comprehensive (non-exhaustive) word glossary at the beginning of this paper.

Within the expansive realm of Diversity, Equity, Inclusion, and Belonging (DEIB), terminology can be both extensive and fluid, with diverse interpretations among individuals and communities. Our intention in providing this glossary is to establish a common ground for all readers, regardless of their familiarity with DEIB concepts. This serves the dual purpose of promoting seamless communication and aligning with our steadfast commitment to transparency and equity.

The glossary equips readers with a shared understanding of the terminologies used in our paper, empowering them to participate in informed discussions and undertake meaningful actions that contribute to a more inclusive and equitable environment. We encourage you to commence your exploration by acquainting yourself with the glossary.

After reviewing the glossary, we invite you to delve into the introductory sections of our paper to set the contextual stage. Following this, feel free to navigate the content based on the facets of diversity that resonate most with you at any given time. Consider this paper as a guidebook, empowering you to engage with the material in a manner that aligns with your interests and priorities within the spectrum of DEIB – at your pace.



## Glossary for the purpose of this paper (non-exhaustive)

**Ableism:** Beliefs or practices that rest on the assumption that being able-bodied is “normal” while other states of being, need to be “fixed” or altered, resulting in devaluing, or discriminating against people with physical, intellectual, or psychiatric disabilities. *Institutionalized ableism* may include or take the form of un/intentional organizational barriers that result in disparate treatment of people with disabilities.

**Ally:** A person who is not a member of a marginalized or disadvantaged group but who expresses or gives support to that group.

**Assimilation:** The process whereby an individual of a minority group gradually adopts characteristics of the majority culture. This adoption results in the loss of characteristics of one’s native culture, such as language, culinary tastes, interpersonal communication, gender roles, and style of dress.

**Belonging:** An individual’s felt sense of their unique value and appreciation, enabling people to bring their full and authentic selves to their workplace.

**Bio-individuality:** A term coined by Joshua Rosenthal, the founder of the Institute for Integrative Nutrition (IIN) Health Coach training school, and largely expressed in the health context today. This conveys the that there is no one-size-fits-all approach to health and nutrition and that we are all unique in our biological makeup and requirements. This idea is further **explored** as a major topic of discussion in biology and the philosophy of biology today.

**Bias:** Prejudice in favor of, or against one thing, person, or group compared with another, usually unfairly or negatively. Unconscious bias, also known as implicit bias, is defined as *“attitudes and stereotypes that influence judgment, decision-making, and behavior in ways that are outside of conscious awareness and/or control.”*

**Cisgender:** A person whose gender identity corresponds with the sex the person had or was identified as having at birth: a person identified as female at birth who identifies as a woman can be said to be a cisgender woman.

**Class:** Relative social rank in terms of income, wealth, education, occupational status, and/or power.

**Class Identity:** One’s predominant class experience, such as ruling class, owning class, middle class, working class, or chronic poverty class.

**Cultural appropriation:** Rooted in the effects of colonialism, cultural appropriation entails adopting aspects of a minority culture by someone outside the culture, without sufficient understanding of its context or respect for the meaning and value of the original, particularly when done in a way that promotes disrespectful cultural or racial stereotypes.

**Cultural competence:** Cultural competence (sometimes known as intercultural competence), often associated with expertise, is a range of cognitive, affective, behavioral, and linguistic skills that lead to effective and appropriate communication with people of other cultures.

**Cultural humility:** Recognition of the ongoing, evolving nature of understanding and supporting others, involving self-reflection, introspection, and questioning of biases, fostering an environment of allyship and inclusivity. It encourages deeper engagement with individuals and communities, transcending static notions of competence.

**Demographic:** Statistical data relating to the population and particular groups within it.

<b>Generations</b>	<b>Born</b>	<b>Current Ages</b>
Gen Z	1997 – 2012	11 – 26
Millennials	1981 – 1996	27 – 42
Gen X	1965 – 1980	43 – 58
Boomers II	1955 – 1964	59 – 68
Boomers I	1946 – 1954	69 – 77
Post War	1928 – 1945	78 – 95
WWII	1922 – 1927	96 – 101

**Disability:** A physical or mental impairment that substantially limits one or more major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

**Diversity:** The quality of a population involving people from a range of different social and ethnic backgrounds and of different ages,

genders, sexual orientations, etc. who are represented in the population.

**Ethnicity:** Denotes groups, such as Irish, Fijian, Sioux, etc., that share a common identity-based ancestry, language, or culture. Often based on religion, beliefs, and customs as well as memories of migration or colonization.

**Ethnocentrism:** A term applied to the cultural or ethnic bias—whether conscious or unconscious—in which an individual views the world from the perspective of his or her own group, establishing the in-group as archetypal and rating all other groups concerning this ideal.

**Equity:** Consideration of a person’s unique circumstances, the fair treatment for all people, so that the norms, practices, and policies in place ensure equality of opportunities or workplace outcomes.

**Equality:** Recognition that every individual has an equal opportunity to make the most of their lives and talents and that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.

**Gender:** A social identity usually conflated with biological sex in a binary system that presumes one has either male and masculine characteristics and behavior, or female and feminine characteristics and behavior. In addition to being a major social status experienced by individuals, this is also “a social institution” that helps humans organize their lives. Gender identity can be the same or different from Sex Assigned at Birth (SAAB).

**Gender Non-conforming/Gender Non-binary:** Identification of and/or expression of oneself outside the binary gender categories of male/masculine and female/feminine.

**Health:** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health is a state of resilience and positive gain, resulting from an individual’s ability to adapt to challenges in the totality of their bio-psycho-emotional-social-existential-spiritual environment, throughout their lifetime.

**Health at Every Size:** (HAES) A social and health promotion movement that challenges social stigma based on weight, size, and shape, emphasizing body positivity, health outcomes, and eating and movement for well-being rather than weight control.

**Health Equity:** Social justice in health (i.e., no one is denied the possibility to be healthy because he/she belongs to a group that has historically been economically/socially disadvantaged).

**Holistic:** The belief or approach that considers that the parts of something are interconnected and can be explained only by reference to the whole.

**Inclusion:** Attitude or policy that reflects the degree to which organizations embrace all employees, regardless of their differences, and enable them to make meaningful contributions.

**Institutionalized racism:** Also known as systemic racism, refers to forms of racism that are ingrained in society or organizations., when entire racial groups are discriminated against, or consistently disadvantaged, by larger social systems, practices, choices, or policies.

**Intersectionality:** The cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect, and their multiple effects on the same individuals or groups. Also refers to the view that overlapping and interdependent systems of discrimination can more effectively be addressed together.

**Lifestyle medicine:** A branch of evidence-based healthcare emphasizing disease prevention through habits over curative medicine. Contemplates six pillars of health: nutrition, exercise, stress management, relationships, and consumption of alcohol/drugs.

**LGBTQ:** Abbreviation for lesbian, gay, bisexual, transgender and queer.

**Well-being:** Thought as the combination of feeling good and functioning well. Includes the broader holistic dimensions of a fully-lived life, such as career, social, financial, physical, community, sense of purpose.

**Wellness:** A healthy lifestyle beyond acute illness; a state of physical health in which people have the ability and energy to do what they want to do in life without chronic suffering, primarily supported through the active pursuit of habits of eating, physical activity and quality sleep that lead to positive health outcomes.

**Race:** A powerful social category forged historically through oppression, slavery, and conquest. Most geneticists agree that racial taxonomies at the DNA level are invalid as genetic differences within any designated racial group are often greater than differences between racial groups.

**Social Identity:** Involves how one characterizes oneself, the affinities one has with other people, the ways one has learned to behave in stereotyped social settings, the things one values in oneself and in the world, and the norms that one recognizes or accepts as governing everyday behavior.

**Sexual Orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.

**Structural Inequality:** A system that creates conditions where one category of people have an unequal status to another category of people. This is systematically rooted in the normal operations of social institutions such as education, employment, laws and regulations, and healthcare.

**Marginalization/marginalized:** Both a process and a condition that prevents individuals or groups from opportunities to fully participate in social, economic, and political life and access basic services. Also known as social marginalization or social exclusion.

**Microaggression:** Action of unconsciously or unintentionally expressing or revealing a prejudiced attitude toward a member of a marginalized group, such as a racial minority, including insults, slights, stereotyping, undermining, devaluing, delegitimizing, overlooking, or excluding someone.

**Microaffirmation:** A small gesture of inclusion, caring, or kindness, including listening, providing comfort and support, being an ally and explicitly valuing the contributions and presence of all.

**Multicultural Sensitivity:** Also known as cultural diversity, multicultural sensitivity refers to effective communication with individuals of diverse backgrounds, experiences, and perspectives in the modern multigenerational work environment.

**Neurodiversity:** Recognition and respect for neurological differences as for any other kind of human differences or variations. These differences can include Dyspraxia, Dyslexia, Attention Deficit Hyperactivity Disorder, Dyscalculia, Autistic Spectrum, and Tourette Syndrome.

**Organizational health literacy:** The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

**Personal health literacy:** The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

**Privilege:** Unearned access to resources (social power) only readily available to some people as a result of their race, gender, sexuality, ability, socioeconomic status, age, and other differences.

**Psychological Safety:** A shared belief that it's OK to take risks, to express one's ideas and concerns, to speak up with questions, and to admit mistakes — all without fear of negative consequences.

**Queer:** An umbrella term used by people who wish to describe themselves as neither heterosexual nor cisgender.

**Racial Equity:** The condition that would be achieved if one's racial identity is no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address the root causes of inequities not just their manifestation. This includes the elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them.

**Racism:** A belief that racial differences produce or are associated with inherent superiority or inferiority. Racially based prejudice, discrimination, hostility, or hatred.

**Ruling Class:** The stratum of people who hold positions of power (political, financial, other) in society's major institutions.

**Tokenism:** The policy of making only a perfunctory effort or symbolic gesture toward the accomplishment of a goal, such as racial integration; the practice of hiring or appointing a token number of people from underrepresented groups to deflect criticism or comply with affirmative action rules.

**Transgender:** An umbrella term describing a person whose gender identity is something other than their Sex Assigned at Birth (SAAB) - a person's first association with gender, typically based on physical sex characteristics.

**Well-Being:** A positive state experienced by individuals and societies. It is linked to health as a human right and positive aspiration. Well-being is determined by social, economic, and environmental conditions. It encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose.

## III. Abstract

Multiple studies have shown that Diversity, Equity, and Inclusion (DEI or EDI) are vital to creating and maintaining sound economies and are recognized as among the hottest global topics of our decade (Milanesi, 2023). Anchored in the principle that all people can thrive personally and professionally, DEI is about giving all people a sense of safety, respect, connection, and belonging, thus, DEI directly impacts well-being.

As our global economies become more diverse, leaders of all levels need to create safe, equitable, and inclusive environments. Macro-level global issues, such as war, pandemics, or climate change, affect people differently, largely due to existing inequities. The challenge is knowing how to root DEI initiatives in ways that are sustainable and impactful with this worldview (Krause, 2022).

Our previous white paper "[Health and Wellness Coaching in the Workplace for Sustainable Business Outcomes](#)" concluded that Health and Wellness Coaching can be a solution for Diversity, Equity, and Inclusion in the workplace by helping remove barriers for race, gender, ethnicity, age, and other forms of bias.

Beyond workplaces, into healthcare settings, education, and our communities and lives, DEI is among the most critical challenges today. Supporting diverse groups of people from a range of generations, backgrounds, ages, and health statuses is paramount today. Health and Wellness Coaching can help conquer this challenge and meet modern-day DEI objectives through personalized, attention where everyone feels they belong.

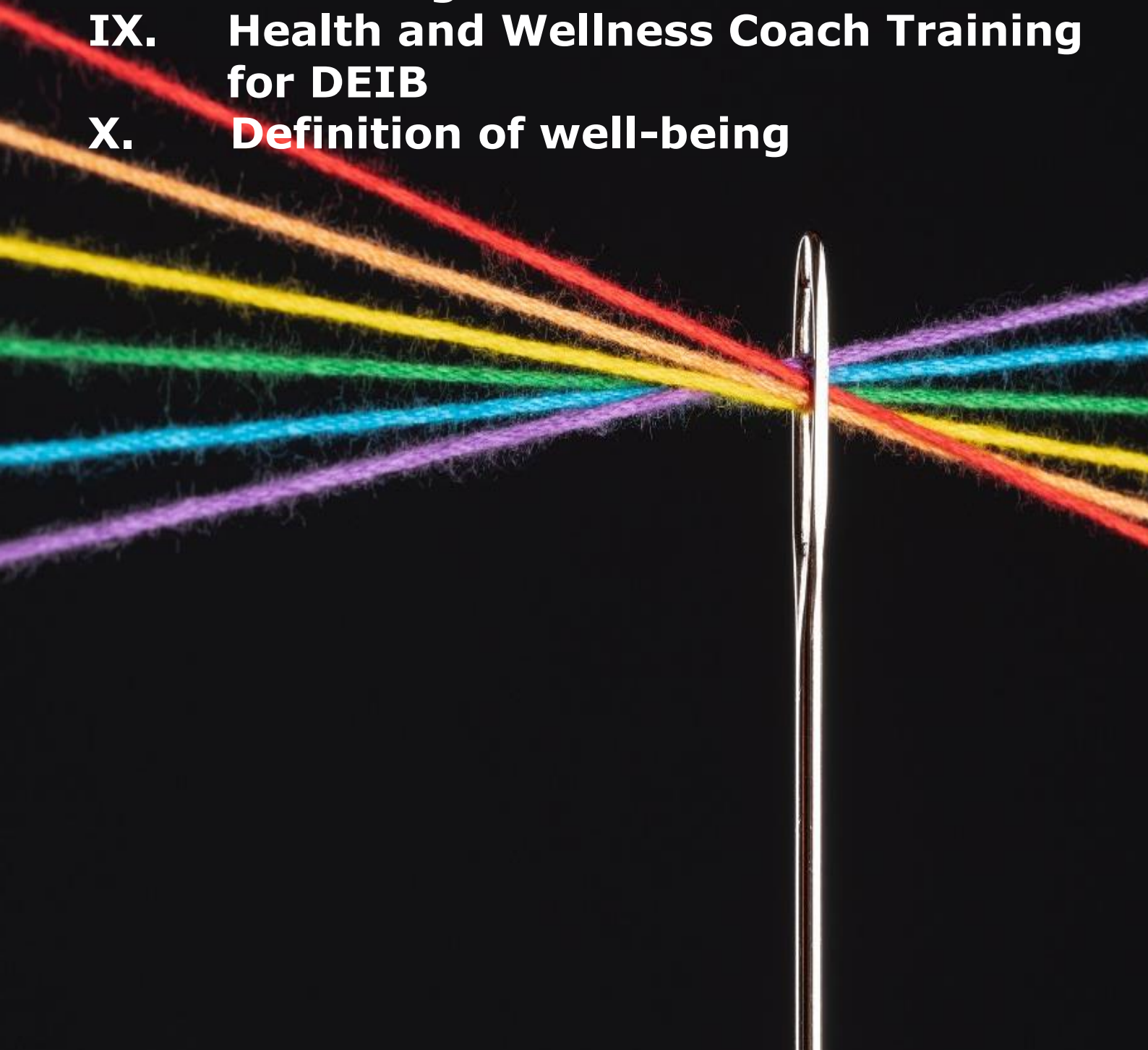
The primary objective of this paper is to offer guidance and insight to individuals, leaders, service providers, and advocates of DEIB worldwide. The specific aims are as follows:

- Reframe DEI(B) in a well-being context.
- Understand the distinct and valuable role played by Health and Wellness Coaches in fostering DEIB in a wide variety of contexts.
- Clarify the scope of practice and requisite credentials for Health and Wellness Coaches globally, specifically related to DEIB.
- Increase awareness of the current global context of DEIB.
- Present real-life stories testimonials or studies we've termed "Voices from the Field", illustrating the true effectiveness of Health and Wellness Coaching in the specific domains of DEIB encompassing:
  - Race and Ethnicity
  - Age and Generations
  - Gender
  - Sexual Orientation

- Religious and Spiritual Beliefs
- Disability
- Socioeconomic Status and Background
- Neurodiversity
- Health Status
- Weight Stigma and Body Image.
- Provide resources to support leaders and providers so they can inform, educate, and create the ripple effect of positive change.



- IV. Definition of DEI**
- V. Definition of Belonging**
- VI. Why DEIB Today**
- VII. Reframing DEIB in a Well-Being Context**
- VIII. Definition of Health and Wellness Coaching**
- IX. Health and Wellness Coach Training for DEIB**
- X. Definition of well-being**



## IV. Definition of DEI

DEI is the most common abbreviation for Diversity, Equity, and Inclusion. Many different DEI (or EDI) phrases such as “equity, diversity and inclusion”, “equality, diversity, and inclusion”, “diversity, equity and inclusion”, “equity, diversity, inclusion, and accessibility”, “justice, equity, diversity, and inclusion”, and “equity, diversity, inclusion, and decolonization” (Wolbring & Nguyen, 2023).

Within the vast expanse of dictionaries and online resources, definitions abound. **However, for the purpose of this paper, we have intentionally and boldly opted to adopt the Wikipedia definition.** Wikipedia stands out as a multilingual, freely accessible online encyclopedia crafted and sustained by a collaborative community of volunteers known as Wikipedians. This **disruptive choice** aligns with our commitment to Diversity, Equity, and Inclusion (DEI), as Wikipedia embodies open collaboration and offers a reference point that is inclusive and accessible across linguistic boundaries.

Today, DEI refers to organizational frameworks that seek to promote “the fair treatment and full participation of all people”, particularly groups “who have historically been underrepresented or subject to discrimination” based on identity or disability. These three notions (diversity, equity, and inclusion) represent three closely linked values organizations seek to institutionalize through DEIB frameworks (Wikipedia Foundation, 2023).

Movements such as #MeToo (2017) and #BlackLivesMatter (2013) are just two of the recent initiatives that have compelled us to reflect on the social injustices existing today. Scrutiny around these social issues has trickled down to the professional world and led to the rapid expansion of corporate DEI programs. DEI, which was once seen as a sub-component under the human resources department, has now evolved into a core business priority that creates value for all. In the U.S. economy, the number of DEIB-related job postings increased by 123% between May and September 2020, while the global Diversity and Inclusion market is expected to reach US\$15.4 billion by 2026 (Dong, 2022, Strategyr, 2023).

Though the current narrative around DEI has been collectively framed in a distinctly North American social and political context, the drivers behind DEI work apply just as readily to the international community. Structural inequality and bias are global phenomena. There exist country-specific ethnic dynamics and inequalities that make DEI an important conversation in every geography. The impact of colonization and

European ethnocentrism influences the global community through resource and power imbalances, migration pressures, and climate change that continue to disadvantage areas of the Global South and communities of color (Ethnocentrism, 2012). From caste differences in South Asia to ethnic and religious minorities in the Middle East and North Africa, these global and national dynamics can pose potential risks and untapped opportunities.

Although much progress has been made over the past few years, more needs to be done to eliminate harmful social biases and promote equity in society. This paper aims to explore how Health and Wellness Coaching can contribute to this progress.

## V. Definition of Belonging

The International Coaching Federation (ICF) defines belonging as “The feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group or place” (International Coaching Federation, 2023).

In DEI“B” terms, “belonging” refers to the sense of being accepted, valued, and included within a particular group, organization, or community. It encompasses the feeling that one's identity, perspectives, and contributions are recognized, respected, and integrated.

Belonging goes beyond mere representation. It involves creating an environment where individuals feel a genuine connection and emotional comfort, enabling them to fully participate and thrive without discrimination, exclusion, or marginalization based on background, identity, or personal characteristics.

Fostering a sense of belonging is a crucial aspect of Diversity, Equity, Inclusion, and Belonging (DEIB) efforts, as it aims to create an atmosphere where people from all backgrounds can contribute their unique insights and experiences without fear of judgment, bias, or alienation.

Belonging can be distinguished from Diversity and Inclusion (Harvard Human Resources, n.d.):

**Diversity** typically means proportionate representation across all dimensions of human difference.

**Inclusion** means that everyone is included, visible, heard, and considered.

**Belonging** means that everyone is treated and feels like a full member of the larger community and can thrive.

Belonging can further be distinguished from “fitting in” according to researcher and author Brené Brown. “Fitting in” is about seeking approval and acceptance and conforming to what one thinks others want them to be while “belonging” allows individuals to be who they are (Brown, 2020).

Belonging is an outcome or emotional response of feeling welcome and accepted just as one is. Aspects that influence belonging include being acknowledged, feeling connected, feeling supported, and having a purpose.

## VI. Why DEIB Today

- **History**

Although the limelight has been shone on DEIB in the past decade, the DEIB topic has been around for a long time. Workplace diversity training first emerged in the mid-1960s following the introduction of equal employment laws and affirmative action. New laws prompted organizations to start diversity training programs to help employees adjust to working in more integrated offices. As organizations grew internationally, so did their diversity training along with the need for it.

Many of the programs were largely ineffective at improving workplace diversity and harmony; while employees could digest the information and rules presented to them, a 2019 Harvard Business Review study found that bias-focused training had little effect on the behavior of male or white employees — who typically held the most power within organizations (Harvard Business Review, 2019). Often, these mandatory training programs were poorly perceived as overly controlling, and counterproductive.

Another common DEIB strategy utilized by organizations was hiring tests that allow managers to assess candidates based on their technical knowledge and qualifications instead of their socioeconomic or racial background. However, many hiring managers disliked being told they couldn't hire whomever they wanted.

The ineffectiveness of traditional diversity training approaches has incited an incentive for change. The recent boom of the DEIB industry coincides with current social movements such as the protests following the death of George Floyd in May 2020 in the USA, an increase in global migration leading to more diverse nations in the past 20 years, along with the undeniable reality that the Internet has become a dominant force in the acceleration of global cultural exchange (Rosenberg, 2019).

- **Globalization**

In our increasingly complex and interconnected world shaped by globalization and technological advancements, diversity has become the fabric of modern society. Success in global markets requires multicultural initiatives and a sustained effort to integrate distinct demographic and cultural diversity into an inclusive environment that fits into the broader vision of an organization's growth. While global diversity of the labor force is good and beneficial for companies to enhance creativity and drive innovation, it also challenges traditional business ideas and assumptions (Strategyr, 2023).

Besides socio-economic changes, organizations have a financial incentive to invest in improving diversity. A comprehensive article published in 2015 found that businesses ranking in the top quartile for racial and ethnic diversity are more likely to have financial returns above industry medians (Hunt et al., 2015).

Diversity has especially shown positive impacts on:

- **Talent acquisition.** A focus on racial, gender, and ethnic diversity significantly enlarges the sourcing talent pool which mitigates the financial costs of talent shortages faced by many.
- **Employee satisfaction.** McKinsey research data found that workplace diversity boosts career and personal satisfaction for women and members of minority groups while employee satisfaction remains unchanged when DEIB programs are only superficial (Hunt et al., 2015).
- **Customer alignment.** An emphasis on diversity allows firms to better align with an increasingly heterogeneous and globalized customer base thereby improving customer relationships and strengthening their brand.
- **Decision-making, creativity, and empathy.** More workplace diversity equals more diverse solutions, ideas, and opinions.

A 2020 survey conducted by Fortune and Deloitte revealed that 96% of CEOs agree that DEIB is a strategic priority for them and that they have also invested in DEIB initiatives in nearly every aspect of their business (Fortune & Deloitte, 2020). The addition of a "Chief Diversity Officer" position to many executive boards has further strengthened the value that diversity brings to performance and reputation. Diverse companies earn 2.5 times higher cash flow per employee and inclusive teams are 35% more productive. High-diversity environments and all-inclusive cultures have clear benefits and advantages (Strategyr, 2023).

Yet, global DEIB initiatives are particularly challenging to successfully implement and measure. Achieving real equality and inclusion is a difficult task and over 65% of employees think that their managers do not foster an inclusive environment. Achieving greater diversity in the workplace is relatively easier as it represents the mix or the make-up of an entity. However, the inclusion piece of the puzzle is more complex, and it has been challenging to ensure it since it involves making the mix work together as a cohesive whole by respecting, welcoming, and valuing the diversity of every individual's unique background, experiences, race, ethnicity, sexual orientation, gender identity, faith, tradition, and most importantly, perspectives. An inclusive culture allows for collaborative daily learning, while full freedom to decide and experiment, provides excellent mobility across the organization, and encourages long-term thinking. Diversity without inclusion can create a toxic culture and similarly, inclusion without diversity can create an uncreative, stagnant environment (PrNewswire, 2021).

- **Loneliness**

Loneliness can also be considered a form of diversity in that lonely people do not feel they “belong”. The increased risk of loneliness associated with prolonged lockdowns and self-isolation during the COVID-19 pandemic drew more attention to the “epidemic of loneliness” throughout the world.

Psychologists and social neuroscientists often refer to loneliness as painful isolation (Buecker et al., 2021). The emphasis on “painful” make a clear distinction between solitude – the state of being alone – and subjective loneliness, which is the distressing feeling that comes from unmet expectations of the desired types of interpersonal relationships.

According to a meta-analysis of 345 studies, loneliness levels linearly increased between 1976 and 2009 (Cacioppo, 2009). A team of global researchers reviewed 34 studies from four continents covering more than 200,000 participants measuring loneliness before and during the pandemic. Although not all the studies — or age groups — showed a marked increase in loneliness, researchers found an overall rise of 5% in the rate of loneliness (Beutel et al., 2021).

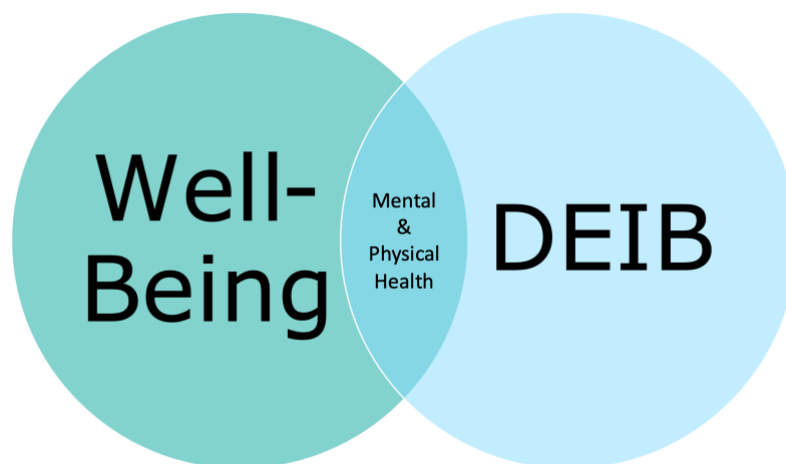
Today, post pandemic, several factors contribute to increasing rates of loneliness. These include changes in social structures, such as the decline of extended families, an increase in single-person households, and geographic mobility that can lead to social disconnection. Additionally, the pervasive use of technology, although connecting people digitally, can sometimes result in feelings of isolation and decreased face-to-face social interactions (Ortiz-Ospina & Roser, 2020).

Loneliness has been linked to various negative health outcomes, both physical and mental. Chronic loneliness can contribute to increased stress, depression, anxiety, weakened immune system function, and even cardiovascular problems. It can also impact cognitive abilities, sleep patterns, and overall quality of life. Indeed, loneliness is now considered a public mental health issue (Mann et al., 2022).

On the bright side, one of the pillars of Lifestyle Medicine fosters social connections and relationships as important elements of health promotion. It is worth reflecting on the idea that the relationship between health and loneliness can go both ways: lonely people may see their health deteriorate with time, but it may also be the case that people who suffer from poor health end up feeling lonelier. Similarly, diversity — without inclusion — may cause loneliness.

## VII. Reframing DEIB in a well-being context

Well-being is a foundational strategy to ensure that individuals can contribute their best while navigating the myriad challenges that impact how they live, work, and relate to others (Harvard Business Review, 2022).



Many leaders treat DEIB and well-being as two distinct initiatives, even though they are fundamentally connected. Organizations need well-being strategies that are equitable and inclusive of diverse employees, as well as comprehensive DEIB initiatives that deliver a consistent employee experience for all. To fully meet the needs of every employee, DEIB and well-being efforts need to be synchronized (Aon, 2022).

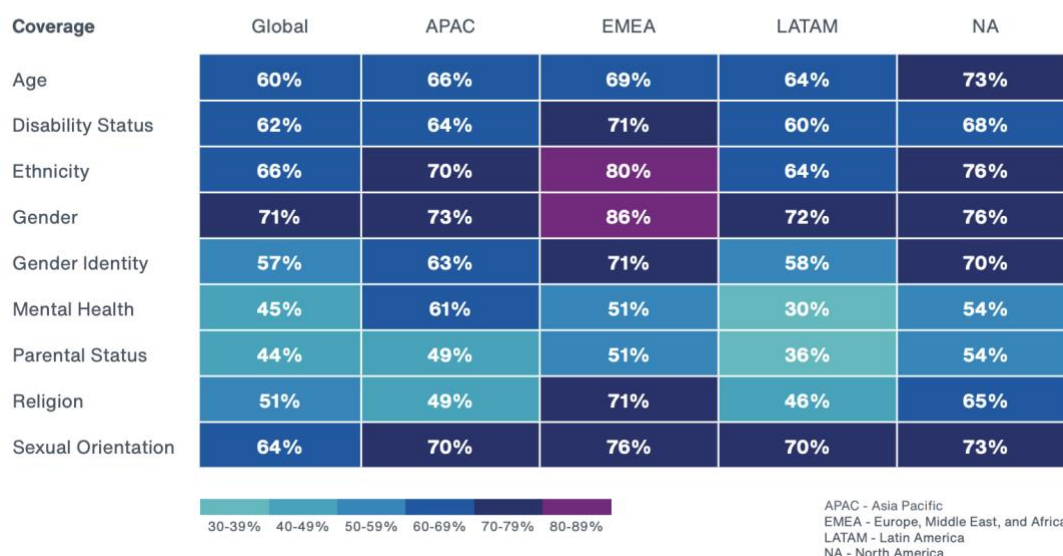
A global study by Aon revealed a correlation between organizations with high engagement levels and broader, wide-ranging DEIB initiatives (Aon,

2022). Broader, in this context refers to DEIB policies that cover six or more categories such as age, gender, disability status, gender identity, religion, sexual orientation, ethnicity, veteran status, parental status, and mental health. Unsurprisingly, companies with DEIB strategies of narrower scopes – focusing on one or two areas – had lower engagement levels.

The Aon Diversity, Equity, and Inclusion survey conducted in 2022 with over 1,200 respondents across 55 countries, industries, and sectors looked at DEIB policy design and key trends through a health and well-being lens revealed the following data on global DEI initiatives (Aon, 2022):

### Which areas does your DE&I policy cover?

This section highlights the areas that are covered under DE&I policy across various organization sizes and sectors, taken from the responses of regional / global leaders who are connected to / responsible for rewards, benefits or DE&I efforts for the business.



To support total well-being, leaders must understand and address the unique challenges faced by their underrepresented or marginalized populations. Some of these challenges, which can impact presenteeism and performance (Harvard Business Review, 2022), include:

- Underrepresented populations are more likely to face physical and mental challenges which can be traced to the historical legacies of systemic inequalities, such as loans or insurance refusal and environmental racism (Li & Yuan, 2021; Washington, 2020).
- Underrepresented populations, particularly those in lower-income geographies, face more difficulty in finding good health care and healthy lifestyle options. Access to doctors, specialists, healthcare infrastructure and coverage, as well as



other social determinants of health (SDOH), have a powerful influence on health outcomes (Ndugga & Hill, 2023).

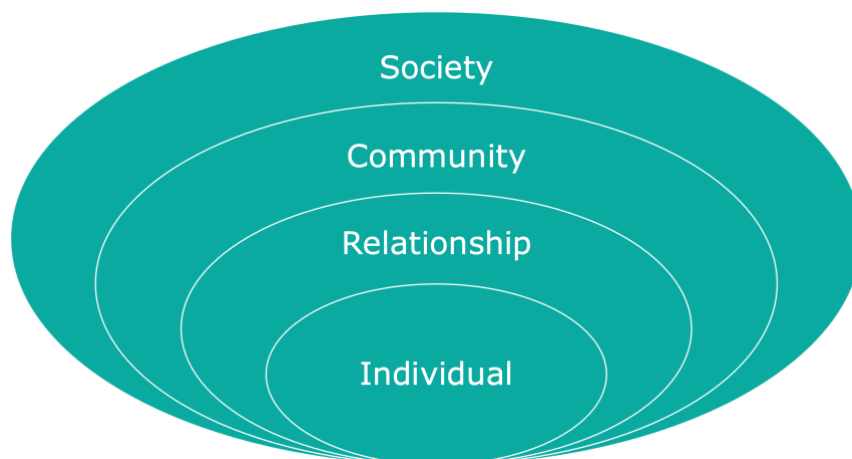
- Underrepresented populations often suffer from poor mental health due to several challenges, including access to high-quality mental health care services, a strong cultural stigma about mental health, discrimination, and lack of awareness about mental health (Harvard Business Review, 2022).

## The social-ecological model of well-being

Health and well-being go far beyond the doctor's office. Human experiences such as discrimination, harassment, and microaggressions impact overall well-being because they affect the whole person.

All lived experiences inevitably impact well-being and performance. Global communities have made great progress in health, well-being, and DEIB; however, they can no longer be treated as separate and distinct and must be synchronized and reframed together.

The social-ecological model conceptualizes health broadly and focuses on multiple factors that might affect health. This broad approach to thinking of health initiated in the 1947 Constitution of the World Health Organization, includes physical, mental, and social well-being (World Health Organization, 1947).



The social-ecological model understands health to be affected by the interaction between the individual, the group/community, and the physical, social, and political environments (Israel et al., 2003; Sallis et al., 2008; Wallerstein et al., 2003).

The first level of the model — Individual — includes Individual biology and other personal characteristics, such as age, education, income, and health history. The second level – Relationship - includes a person’s closest social circle, such as friends, partners, and family members, all of whom

influence a person's behavior and contribute to his or her experiences. The third level – Community - explores the settings in which people have social relationships, such as schools, workplaces, and neighborhoods, and seeks to identify the characteristics of these settings that affect health. Finally, the fourth level — Social — looks at the broad social factors that favor or impair health. Examples here include cultural and social norms and the health, economic, educational, and social policies that help to create, maintain, or lessen socioeconomic inequalities between groups (CDC, 2007; Krug et al., 2002).

Health and Wellness Coaches can directly impact every level of this model by building a safe and supportive environment for an individual coaching partnership to take place. Group coaching further elicits the power of social support in health behavioral change through social learning cues and positive reinforcement which can be particularly effective in creating a sense of “belonging”.

Health and Wellness Coaches are trained to guide individual clients and groups toward enhanced well-being with a DEIB approach by taking a non-judgmental approach and honoring their chosen identity, context, experiences, values, preferences, and ways of thinking in a collaborative process.

Rather than “telling” a client what to do or how to do it, Health and Wellness Coaches support and encourage individuals and groups to become architects of their own health. This collaborative and empowering approach honors the wholeness of the individual in a client-centered process for achievement of well-being.

## VII. Definition of Health and Wellness Coaching

The Global Wellness Institute, Wellness Coaching Initiative's (Global Wellness Institute, Global Coaching Initiative, 2022) definition of Health and Wellness Coaching is based on the synergy between the evidence-based research by Wolever et al., (2013) and industry-leading Health and Wellness Coaching representative bodies around the world. Additional components are the coaching approach and unconditional positive regard that empower the client to be masters of their own health, wellness, and overall well-being:

*"Health and Wellness Coaches work collaboratively with individuals and groups in a client-led process that supports the client in working toward self-determined health and wellness goals. Coaches support clients in using their self-awareness, insights, and personal strengths to develop management strategies for lasting behavior change. Coaches hold unconditional positive regard as they empower the client to achieve their goals, using a process of discovery. Coaches support and encourage clients to become masters of their own health, wellness, and overall well-being." (Global Wellness Institute, Wellness Coaching Initiative, 2022)*

For the purpose of this paper and increased awareness, the authors have chosen to explicitly define Medical Coaching due to its particularly important role in the Diversity, Equity, and Inclusion arena. Throughout the paper, Medical Coaching will be referenced specifically wherever relevant.

*"Medical Coaching is a coaching methodology that enables clients to develop emotional, mental and physical resilience in a medical crisis or challenge". (Medical Coaching Institute, 2011)*

Hence, while Health and Wellbeing Coaching works mostly for prevention and health promotion, Medical Coaching works mostly with management of a critical condition or crisis. The Travis Illness-Wellness Continuum illustrates this well.

The very principles of coaching are created to focus on the whole person regardless of differences. Everyone is unique, hence inclusion and belonging come when everyone's perspective is valued.

What 'well-being' individual means to one is different from what it means to another. In Health and Wellness Coaching, this is sometimes referred to as bio-individuality — the concept that there is not a one-size-fits-all approach to well-being and that we are all unique in our biological makeup and requirements. Each person has their own specific nutritive

and health needs, as well as routines, practices, and preferences that work for them. Several factors influence an individual profile, including genetics, blood type, metabolism, and stress response (Gabriel, 2020).

## VIII. Health and Wellness Coach Training for DEIB

To ensure that Health and Wellness Coaches can truly create a safe space for their clients and possess a strong awareness of DEIB, approved training always encompasses the first three elements and usually includes the following five:

1. *Empathic Communication and Active Listening*: Develop effective communication skills and active listening techniques fostering open and inclusive dialogue. Training that includes how to create a non-judgmental and empathetic environment, where clients feel heard, understood, and validated. This involves cultivating skills in reflective listening, asking open-ended questions, and demonstrating empathy and sensitivity to individual experiences – with the coach meeting the client where they are.
2. *Bias Awareness and Mitigation*: Training to address biases, stereotypes, and unconscious assumptions that may influence coaching interactions. Health and Wellness Coaches will be encouraged to be aware and reflect on their own biases and learn strategies to mitigate their impact on the coaching process. This includes promoting self-awareness, challenging assumptions, and personal narratives, and cultivating curiosity and openness to learning about diverse perspectives.
3. *Ongoing Professional Development*: Training should emphasize the importance of continuous learning, and professional development in the areas of diversity, equity, inclusion, and belonging. Health and Wellness Coaches must stay updated on the latest research, best practices, and emerging issues related to these topics. This can be accomplished through participation in workshops, webinars, conferences, and ongoing coaching supervision or mentorship.
4. *Cultural Competence and Awareness*: Include a focus on educating on cultural competence, which involves developing an understanding and appreciation of diverse cultures, identities, and backgrounds. This training emphasizes the importance of respecting and valuing cultural differences, while also challenging biases and stereotypes. Health and Wellness Coaches should be able to recognize and meet the unique needs and perspectives of individuals from various cultural backgrounds.
5. *Intersectionality*: Training that incorporates an understanding of intersectionality is important - recognizing that individuals have various social identities that can intersect and influence their experiences and challenges. Health and Wellness Coaches are

taught to take into account the multiple facets of a person's identity, such as race, gender, ethnicity, sexual orientation, disability, faith, religion, and socioeconomic status, to provide more inclusive and personalized support.

6. *Inclusive Language and Practices*: Education and awareness on using inclusive language that honors individuals' identities and experiences. Training that emphasizes the importance of using affirming and person-centered language, steering clear of assumptions and judgments, and recognizing the impact of words, expressions, and metaphors. Health and Wellness Coaches should be cognizant of inclusive practices that honor diversity and create a sense of belonging and safety for all clients.
7. *Knowledge of Health Disparities and Social Determinants of Health*: Training includes being familiar with health disparities and the social determinants of health that can influence an individual's well-being. This includes understanding how factors such as race, gender, socioeconomic status, and access to resources can impact health outcomes. Coaches should be equipped to address these disparities and advocate for health equity within their Health and Wellness Coaching practice.
8. *Lifelong Cultural Humility*: Encourages Health and Wellness Coaches are encouraged to incorporate a lifelong commitment to self-evaluation and self-critique, as well as to redress the power imbalances in the client-coach dynamic, and to developing mutually beneficial partnerships with communities on behalf of individuals and defined populations (Tervalon & Murray-Garcia, 1998).

In addition to these elements, coaches are trained to understand bias through adherence to coaching ethics and standards from the current leaders in Health Coach Accreditation. These standards, tools, and reminders, allow for maximum integrity, minimum bias, and false beliefs to support equity fairness in coaching practice.

As stated by the National Board of Health and Wellness Coaching (NBHWC), the coaching agreement allows clarity "about what is appropriate in the relationship and what is not, what is and is not being offered, and about the client's and coach's responsibilities in establishing the coaching agreement" (NBHWC, 1997).

The ICF declares the necessity "to uphold integrity, optimal professionalism, transparency in the service that we provide for the betterment of humanity, to be the most effective and thorough coach" (ICF, 2021).

## VIV. Definition of well-being

Well-being is a deep and personal concept. According to the World Health Organization (WHO), “well-being is a positive state experienced by individuals and societies. It is linked to health as a human right and positive aspiration. Well-being is determined by social, economic, and environmental conditions. It encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose” (WHO, 2021).

*“Health and Well-Being are inextricably linked.” (WHO, 2021).*

While the terms “health” and “well-being” can be commonly used interchangeably, the concepts are not the same. They are, however, inextricably linked. “Health” is commonly defined as a positive state involving mental, physical, and social domains. While the notion of “Health” is more widely accepted, the precise interpretation of “Well-Being” is somewhat unclear given the myriad of perspectives on what contributes to and constitutes well-being on an individual and societal level (WHO, 2021).

In the context of chronic health conditions or end-of-life stages which are specifically supported by Medical Coaches, “Health” is commonly defined as an experience where the illness is separated from the person’s sense of self-identity allowing the person learnings, personal transformation, and choice. (Medical Coaching Institute, 2011).

The WHO’s Promoting Well-Being initiative is advancing global well-being as it pertains to health. The WHO Agenda Towards Promoting Well-being report highlights two primary categories of well-being: Individual Well-Being and Societal Well-Being (WHO, 2021).

- **Individual:** An individual’s perception of their own well-being, referred to as subjective well-being (SWB) is experienced dynamically, is impacted by life events, and typically returns to a consistent equilibrium state for each person.
- **Societal:** Society’s perception of psychological, physical, social, economic, and environmental dimensions of well-being.

The WHO’s Geneva Charter for Well-Being discusses a wide range of determinants of societal well-being, including social determinants, economic determinants, commercial determinants, community action, investment, empowerment, life course, communication, literacy, and advocacy. This agenda emphasizes the importance of promoting health and empowerment at all stages of life and addressing the social, economic, and environmental determinants of well-being on a grander scale (WHO, 2021).

The Social Determinants of Health (discussed in this paper) further connects the concept of Well-Being to Diversity, Equity, Inclusion, Belonging, and Justice (DEIBJ). The WHO landmark Report on the Commission on Social Determinants of Health provides a pathway model to explain factors affecting the inequitable distribution of health and well-being.

The WHO Geneva Charter for Well-being underlines the urgency of creating sustainable “well-being societies,” committed to achieving equitable health now and for future generations (WHO, 2022).

The WHO constitution states: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This goes beyond the previously dominant biomedical model, to reflect a comprehensive understanding and holistic approach to health, influenced by biological, social, and environmental determinants. Today, well-being is framed within this broad definition and as a positive aspirational aim (WHO, 1948).

In this framework, the concept of Well-Being extends beyond the impact on the individual towards collective well-being on a global scale. Health and Wellness Coaches, either practicing within the context of 1:1 relationships or group coaching settings must consider the structural and intermediary determinants that may influence the health and well-being capacities of their clients to meet them where they are to fully support enhanced well-being with a DEIB-responsive coach approach.

## Dimensions of Well-Being

Well-being encompasses many dimensions, including physical, emotional, mental, social, financial, relational, intellectual, spiritual, environmental, community, purpose/meaning, and more. For some, well-being may be a holistic idea spanning one’s entire body, mind, and soul, whereas, for others, well-being may be viewed as more concrete factors such as one’s living environment, access to healthcare and services, connection to a strong support network, or sense of financial stability.

Potential Sources to Cultivate Well-Being	
<ul style="list-style-type: none"> <li>Nourishment/Quality Nutrition</li> <li>Environment &amp; Surroundings</li> <li>Mindfulness/Reflection</li> <li>Contributions/Meaning/Purpose</li> <li>Intellectual Stimulation</li> <li>Financial Stability</li> <li>Spirituality</li> <li>Self-Awareness</li> <li>Opportunities for Growth</li> </ul>	<ul style="list-style-type: none"> <li>Altruism &amp; Impact</li> <li>Self-Direction &amp; Agency</li> <li>Constructive Relationships</li> <li>Connection/Community</li> <li>Rest &amp; Recovery</li> <li>Constructive Emotions</li> <li>Creativity &amp; Play</li> <li>Nature &amp; Sunlight</li> <li>Movement/Physical Activity</li> </ul>

Well-being measurements are often highly subjective regarding what contributes to our personal life satisfaction and are derived from widely different experiences and expectations of what qualifies as a satisfying and/or healthy life. There are numerous validated assessments to attempt to measure one's overall well-being at any given point in time, however, it is essential to note that these are all self-reported measures and there is no universal system to measure this from a biomedical lens. Some Validated Well-Being Assessments include:

- Flourishing Scale (Diener et al., 2009).
- Subjective Well-Being Assessment (NCBI, 2023).
- Cantril Self-Anchoring Striving Scale (Gallup, 2021).
- Positive and Negative Affect Schedule (Tran, 2013).
- WHO Well-Being 5 (WHO, 2023).
- HERO Wellness Scale (HERO-Wellness-Scale, n.d).
- Health-Related Quality of Life (Johns Hopkins Arthritis Center, 2015).
- Gallup-Sharecare Well-Being Index (Gallup, 2017).
- VA Whole Health Inventory (Veterans Affairs, 2019).

According to the World Happiness Report (2023), a simple way to measure people's well-being is to ask them how satisfied they are with their lives. A typical question is, "Overall, how satisfied are you with your life these days?" People reply on a scale of 0-10 (0= completely dissatisfied, 10= completely satisfied). This allows people to evaluate their happiness without making assumptions about what causes it. Thus 'life satisfaction' can be a standard measure of well-being. Health and Wellness Coaches have an ideal opportunity to play an influential role in the development of an individual's behaviors and mindset toward an enhanced state of well-being.

In the following section we will explore 10 specific categories of Diversity. These are the 10 categories that we see as the most relevant to Health and Wellness Coaching. Though they are explored individually, we must understand intersectionality when speaking about Diversity, Equity, Inclusion, and beyond.

## **Intersectionality**

In the context of our paper, understanding intersectionality is imperative for understanding and crafting effective strategies within the realm of Health and Wellness Coaching.

Intersectionality, through the lens of DEIB, recognizes that individuals may encounter simultaneous forms of discrimination. Importantly, it



emphasizes that these various forms of bias are intricately connected and cannot be comprehended in isolation.

Our paper underscores the significance of considering the interconnected relationships of categorizations, such as race, gender, sexual orientation, and health status, when addressing well-being. For instance, envisioning the experiences of a black, homosexual individual with ADHD highlights the complexity of intersecting identities and the necessity of tailoring coaching approaches that address the multifaceted aspects of an individual's lived experience.

Recognizing and navigating these intersections are essential steps toward fostering a truly inclusive well-being paradigm.

# X. Race and Ethnicity

RACISM  
IS A  
PANDEMIC



## X. Race and Ethnicity

- **What it is**

### **Race**

The concept of race is controversial. It is difficult to define a rationale for racial categories and there is no consistent agreement about an objective set of categories. Classifying individuals by their physical appearance and skin color is unreliable and of questionable validity. Genetic studies have found some evidence of broad "continental" groups that are genetically similar, however, there is little evidence that these correspond to commonly perceived racial categories.

Findings from human genetics research have challenged the view that race is genetically determined. Evolving research depicts that there is more within- rather than between-group variation in races. Due to the changing environment, this means that groups within a certain identifiable race would have more differences within their inner circle than differences with those who aren't in their inner circles, leading scholars to conceptualize race as a social, rather than biological, construct.

Despite these difficulties, the term race is still widely used in legal, health, and policy contexts and can be expressed as "any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry (Merriam-Webster, 2023).

### **Ethnicity**

Ethnicity is essentially self-defined and may change over time. Classification of ethnicity is essentially pragmatic, based on categories that include common self-descriptions, are acceptable to respondents, and identify variations that are important for research or policy. Ethnicity is different from country of origin since many countries include more than one ethnic group. A common understanding of ethnicity can be stated as "the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race." (ScotPHO, 2023).

### **How race and ethnicity impact health and well-being**

Race and ethnicity can significantly influence health and well-being outcomes, reflecting the intricate interplay of social, economic, cultural, and environmental factors. These demographic characteristics are pivotal in understanding health disparities as they often correlate with disparities in access to resources. Socioeconomic status, shaped by race and

ethnicity, dictates access to education, employment, and income, directly impacting health outcomes (Smith, 2011).

Cultural backgrounds play a crucial role in influencing health beliefs, practices, and the ability to navigate healthcare systems. Language barriers, rooted in diverse linguistic backgrounds, can hinder effective communication with healthcare providers. Systemic biases and discrimination within healthcare systems contribute to disparities in the quality of care, while historical injustices and traumas have lasting effects on the social determinants of health for certain racial and ethnic groups (Fiscella & Sanders, 2016).

Genetic and biological factors also come into play, as certain health conditions may have a higher prevalence in specific demographics. Recognizing and addressing these complex intersections is essential for developing inclusive health interventions that work towards eliminating health disparities and promoting equitable health outcomes for all (Hernandez & Blazer, 2006).

- **Why it matters**

Race and ethnicity play a pivotal role in the DEIB conversation within the context of well-being today. Acknowledging the impact of race and ethnicity is essential for dismantling systemic barriers that contribute to health disparities. In fact, social determinants of health influence access to education, economic stability, and healthcare resources.

Enduring prejudice can be so stressful that it has proven to shorten lives. According to Wamsley (2021), former CDC Director Dr. Rochelle Walensky declared racism to be a major health crisis yet advanced protocols have yet to be created in the context of a healthcare system deeply strained by the arrival of COVID. Race and Ethnicity have even been shown to affect the way people adhere to medical treatment – a specificity supported by Medical Coaches (Hanlon et al., 2010).

Many people who have deeper complexions, have accents, or are immigrants live with varying amounts of anxiety about how they will be treated and must navigate situations when seeking medical care. Even Serena Williams, a world-famous, economically privileged athlete shared experiences of her doctors not believing her and providing inferior care that almost cost her and her daughter's lives (Lockhart, 2018). Many more have experienced the shame of being dismissed and being treated as if they do not feel pain or endured deplorable conditions in healthcare systems in other countries of origin.

In the pursuit of well-being for all, recognizing and addressing the unique challenges faced by different racial and ethnic groups is crucial.

Incorporating race and ethnicity into the DEIB framework ensures that well-being initiatives are not only comprehensive but also sensitive to the diverse needs of individuals and communities. By fostering inclusion and understanding the intersectionality of identities, organizations, and societies can cultivate environments that support the integral well-being of every individual, contributing to a more equitable and just world.

- **How Health and Wellness Coaching can support this diversity**

Structural racism affects many clients, and it is critical to use specialized methods to create an environment of trust as a foundation for a more equitable road to wellness. Health and Wellness Coaches play a pivotal role in addressing and mitigating race and ethnicity bias within the field by adopting inclusive practices that promote equity and empower individuals from diverse backgrounds. First and foremost, coaches can actively cultivate cultural competence by seeking education on various cultural norms, beliefs, and health practices. This outlook allows coaches to engage with clients in a non-judgmental way that respects and accepts their unique perspectives, fostering a sense of inclusivity based on connection and trust.

Health and Wellness Coaches are trained to enter relationships with absolute curiosity and without assumptions. Most people, when dealing with people of backgrounds different from their own, base what they know on their limited personal interactions. As author Chimamanda Adichie explains: “The single story creates stereotypes and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story.” (Adichie, 2009, p. 4).

Moreover, Health and Wellness Coaches can advocate for the elimination of systemic barriers that contribute to health disparities. By addressing the social determinants of health—such as access to quality education, employment opportunities, and healthcare resources—coaches can work with clients to navigate these challenges and facilitate positive lifestyle changes (see section on social determinants of health). This involves tailoring wellness plans to consider the specific socio-economic, cultural, and environmental factors that impact clients from different racial and ethnic backgrounds.

Effective communication is another key aspect where coaches can make a significant impact. By being mindful of language barriers and adopting culturally sensitive communication strategies, coaches can ensure that clients fully comprehend their wellness plans and feel comfortable discussing their health concerns. Building open and trusting relationships between coaches and clients is essential for overcoming potential mistrust

stemming from historical biases and discrimination within the healthcare system.

Furthermore, Health and Wellness Coaches can serve as advocates for diversity within their profession. Encouraging and supporting individuals from underrepresented racial and ethnic groups to pursue careers in coaching contributes to a more inclusive industry. This diversity in representation helps clients feel seen, understood, and supported, ultimately breaking down biases and fostering a more equitable approach to health and wellness.

In essence, Health and Wellness Coaches have the potential to be agents of positive change by actively working to close the gaps associated with race and ethnicity bias. Through education, advocacy, and inclusive practices, coaches can empower individuals to overcome barriers, achieve optimal well-being, and contribute to the broader movement toward health equity.

- **Voices from the Field**

## **Voice: The Role of a Health and Wellness Coach in a remote region in Chiapas, Mexico**

The following is a testimonial from Nina Raffaele Aponte, Health and Wellness Coach, Healing Conduit, Educator.

*"One of my personal goals is to serve and support the collective health of community-based groups that focus on activism and social change. In July 2022, I seized the opportunity to travel to a remote town in a southern highland region of Chiapas, Mexico, where I had a long-standing contact with the founding mothers.*

*The coaching field has been criticized as catering its services to the mainstream white public. Seeing very few wellness resources specifically written for Latinas of all skin tones and feeling passionate about using my light-skinned privilege as a biracial person to model education beyond the deep-seated systemic prejudice installed by the colonial mindset, I saw this as a unique opportunity.*

*This experience proved to be an enriching exchange for both sides, learning about the struggles of Mayan women speaking Tzotzil and Tzeltal with very different cultures, living conditions, and health issues. Before my arrival, the community group I was partnering with, CEFOCAM which provides training to women traditional weavers from the highlands of Chiapas, told me that the principal health issues were diabetes, poor nutrition, and heart disease.*

*Once I arrived and saw firsthand how people leave food out for extended periods, I questioned the safety of consuming the food where I was staying. I realized that there were many families whose level of poverty had them living without refrigeration. I also noticed that in the typical marketplace, chickens and other meats were sold unrefrigerated.*

*This inspired me to set a meeting with the health promotion director to inquire about their education on food safety, and the prevention of food poisoning, in the hopes of addressing this topic specifically with the community. This practice turned out to be such a norm that despite sharing there are heat-resistant bacteria, the staff saw food safety as a nonissue. Another thing I hadn't considered was that the community educators spoke their original languages and were not fluent in Spanish, and the staff who were bilingual could not be spared from their duties to translate. I was unable to deliver diabetes prevention education nor integrated nutrition as prevention education as the health educators came down from the communities infrequently.*

*Working as a Health and Wellness Coach, and living within this community, enabled me to absorb some perspectives of this indigenous group as I expanded my cultural competency. I learned it's important to be immersed in a setting and consult with local experts before creating a plan. Perhaps the conversations that I had prior to my arrival had been polite in the initial agreement. Being appropriate is more than using politically correct terminology and being fair to all people, it's how we approach diverse groups, being humble and not expecting others to adapt to our postures of privilege."*

## **Voice: The Role of the Health Coach in a Global Pandemic on Racial and Ethnic Injustices (Jordan, 2021).**

The COVID-19 pandemic was an epidemic of noncommunicable disease, coupled with racial and ethnic injustices and longstanding health/wealth disparities, coupled with a politically divisive atmosphere that sometimes undermined factual science and public health initiatives. The combination of these biological, social, political, and cultural forces required a multifaceted, multilayered comprehensive approach.

As evidenced by the concept paper synthesizing the demographic impact of COVID-19, establishing supportive coaching relationships with individuals and families most at risk had a clear impact. Certified professional health coaches were shown to facilitate behavior change and mindset shifts toward healthier choices and activities, thereby reducing

the risk of preventable, chronic diseases largely dependent upon lifestyle factors.

The client-focused, non-directive, reassuring, and empathetic coaching dialog has proven to be an effective approach for supporting individuals coping with the anxiety of prolonged social isolation, long COVID-19, and vaccine hesitancy, often related to past injustices suffered within marginalized and oppressed communities of color.

Both individual coaching — tailored to the specific agendas and needs of individuals, and affordable, high-efficiency models of group coaching with locally designed strategies allied with public health initiatives were shown to make a positive impact on risk reduction of chronic diseases within ethnic/racial minorities.

While health coaches often strengthen the responsibility of behavior change on the individual, the grave disparities and inequities of the COVID-19 pandemic required an expanded coach approach that regarded social determinants of health, specifically, race and ethnicity. With expanded skills in addressing social determinants of health and “next generational” cultural competencies, certified professional health coaches have been shown to work as primary actors in healthcare. Hence, they must be included in future preventive strategies.



# XI. Age and Generations



## XI. Age and Generations

- **What it is**

One aspect of diversity that often gets overlooked is age, yet age is the one element of diversity every human will eventually share. Demographic aging and increasing age diversity have hastened the need for societies and employers to support individuals across their lifespans. For the first time in human history, there are five generations working side by side:

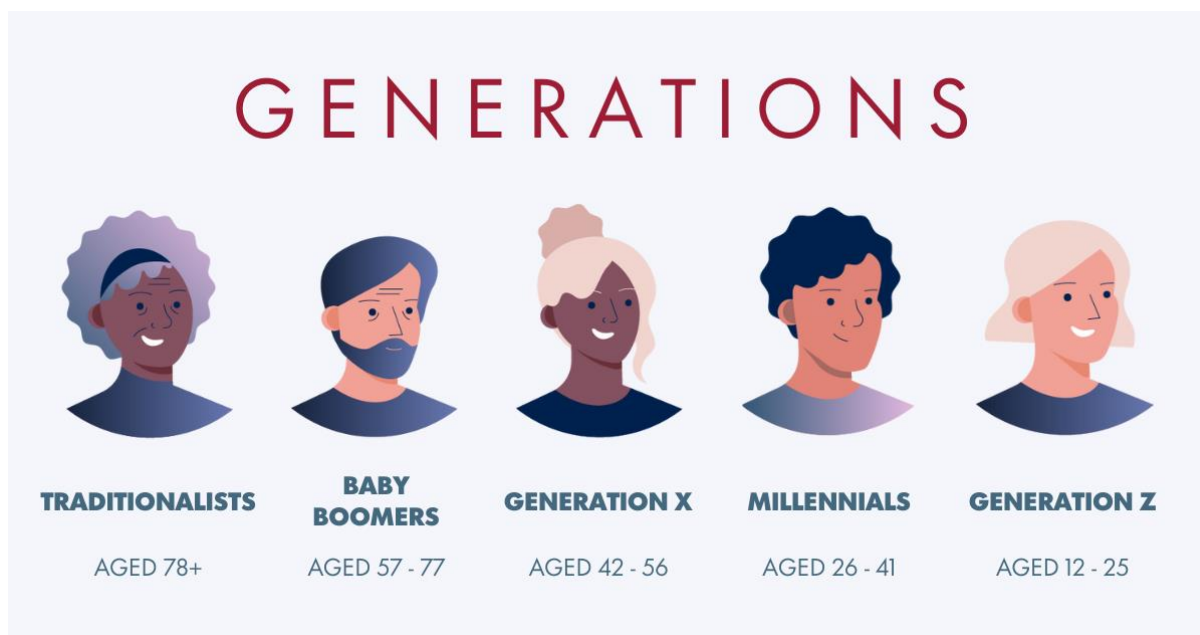


Image: Robert Half Talent Solutions

A generation is an age cohort whose members are born during the same period in history and who thus experience significant events and phenomena at similar life stages. These collective experiences shape the group's values and norms and can vary from culture to culture.

According to the WHO, every country in the world is experiencing growth in both the size and the proportion of older persons in the population. By 2030, 1 in 6 people in the world will be aged 60 years or over and the number of persons aged 80 years or older is expected to triple between 2020 and 2050. While this shift in distribution towards older ages, known as population aging, started in high-income countries, it is now the low- and middle-income countries that are experiencing the greatest change (WHO, 2023).

Ageism – discrimination against a person based on age – has serious consequences for older and younger people as well as for society. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or policies that perpetuate ageist beliefs. It can obstruct sound policy development, and it can significantly undermine the quality of health and social care that people receive (WHO, 2023).

- **Why it matters**

On March 18, 2021, the *Global Report on Ageism* was launched by WHO, the Office of the UN High Commissioner for Human Rights, the UN Department of Economic and Social Affairs, and the UN Population Fund. Combating ageism is one of the four action areas of the Decade of Healthy Ageing (2021–2030).

In the UK, The Lancet writes “Changing how we think, feel, and act towards age and aging is a prerequisite for successful action on healthy aging and for progress on the three other action areas of the Decade of Healthy Ageing: developing communities that foster older people's abilities, delivering person-centered integrated care and primary health services responsive to older people's needs, and providing long-term care for older people who need it.” (Mikton et al., 2021)

Older generations are exposed to ageism through common stereotypes that older people are frail, helpless, difficult, or unpleasant — leading to less favorable treatment than younger people receive. In healthcare settings, studies report that 1 in 5 Americans aged 50 and older experience discrimination, which can result in inappropriate or inadequate care, with over a quarter (29%) developing “worsening disabilities over four years” due to frequent healthcare discrimination (Elwell, 2022)

The nearly 25-year gain in human longevity over 100 years coupled with declining birth rates, means that the workforce is aging, and that people will need to work longer. The spread of ages in the available labor pool means that organizations will need to recruit workers across the age spectrum to continue to grow. Additionally, longer working lives will mean that employees will need to continually refresh skills and take longer breaks to provide the stamina needed for a work-life that spans 50-60 years.

In the workplace evidence shows that DEIB tools used to bridge age divides, can reduce conflict and generational stereotypes, and improve organizational commitment, job satisfaction, employee turnover, and organizational performance (Jungmann et al., 2020, Kulik et al., 2000; Li et al., 2021).

Age-diverse teams bring together people with complementary abilities, skills, information, and networks and can offer better decision-making, more productive collaboration, as well as improved overall performance to build something that no generation could do on its own (Harvard Business Review, 2023; Wu & Konrad, 2021).

However, outdated beliefs about aging often persist in ways that diminish the impact an age-diverse workforce can have on the bottom line, and it has been found that only 8% of organizations include age as part of their DEIB strategy. Including age as an element in DEIB can help shift the workplace culture and empower people of all ages to contribute their unique skills and perspectives (Kita, 2019; SHRM Foundation, 2016).

Generational differences can become strengths by removing the lens of age and shifting the focus toward abilities, skills, experience, and knowledge. Age-diverse teams offer better decision-making, more productive collaboration, and improved overall performance — only if members are open and willing to share and learn from their differences.

Updated, proactive age management practices can contribute to staff morale by reducing concerns or fears while inspiring new ideas, confidence, innovation, and expanding the talent recruitment pool. Together, combating age barriers, motivating, and promoting age diversity, supporting health and well-being, and rethinking retirement through specific Health and Wellness Coaching initiatives can allow individuals, societies, and organizations to thrive.

- **How Health and Wellness Coaching can support this diversity**

According to the WHO, health is the one factor that determines the extent of the opportunities to make valuable contributions to family and community that come with additional years of life (WHO, 2023).

**Health and Wellness Coaches have been shown to support individuals of all ages (Global Wellness Institute, Wellness Coaching Initiative, 2022):**

**Aligned values:** Each generation protects its distinct set of values and beliefs. Misunderstandings and conflict may threaten these values. Supporting individuals to understand and align with their values can help individuals cope better with their own age and with the other generations. This is especially impactful in the context of the 5-generation workplace.

**Age-appropriate health and well-being, especially in workplaces:** A multigenerational society brings a wealth of knowledge, experience, and

innovation. However, it also presents unique challenges in developing effective wellness programs, especially in workplaces. To ensure the success of initiatives, inclusive well-being programs must cater to the diverse needs and preferences of all generations. A one-size-fits-all approach will not promote workplace well-being because each generation has its own values and priorities which must be respected and approached differently. Age-appropriate health and well-being initiatives must:

- Consider the characteristics and needs of each generation.
- Offer a variety of program options.
- Leverage technology for program accessibility.
- Encourage intergenerational collaboration and mentorship.
- Communicate and engage with employees effectively.
- Customize and personalize wellness offerings.
- Measure and evaluate success.

Individualized Health and Wellness Coaching can help meet modern-day DEIB age objectives through personalized attention or group strategies where everyone feels they belong. It focuses on action, supporting individuals to create the forward movement they need to make personal changes that perfectly meet their needs at their pace.

**Preventative health:** Biological aging is only loosely associated with a person's age in years, however, the most common health conditions in older age are non-communicable diseases including heart disease, stroke, and chronic lung disease. Maintaining healthy behaviors throughout life, particularly eating a nutritious diet, engaging in regular physical activity, and refraining from tobacco use, as well as undertaking health screenings all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity, and delaying care dependency.

**Health behaviors:** Although some of the variations in older people's health reflect genetic inheritance, most are due to their physical and social environments and the influence of these environments on fair opportunities and health behavior. Importantly, these factors start to influence aging from childhood. This means that an older person from a disadvantaged background is both more likely to experience poor health and less likely to have access to the services and the care that they may need.

**Supportive environment:** Evidence suggests that the proportion of life in good health has remained broadly constant, implying that the additional years are in poor health (WHO, 2023). If elderly people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value can be like that of a younger person. If, however, these added years are

dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.

**Adaptive aging:** In Health, Wellness, and Medical Coaching over the past decade, there has been a noticeable shift from unidimensional decline models of aging towards life-span developmental models. These models offer strategies that specifically address the adaptation of aging skills. This approach effectively bridges the existing paradox between findings that illustrate decreased capacities on biological, physiological, and cognitive levels and those that demonstrate a general sense of satisfaction and an experience of emotional well-being.

Viewing aging through the lens of adaptation has empowered coaches with novel approaches to address resilience, well-being, and emotional distress. This paradigm shift acknowledges the dynamic and evolving nature of the aging process, allowing coaches to tailor interventions that not only consider the physical aspects of aging but also incorporate strategies to enhance psychological and emotional aspects. This holistic perspective aligns with the growing recognition that successful aging involves adapting to the challenges and changes that come with advancing years, fostering a more comprehensive and positive coaching experience for clients.

- **Voices from the Field**

## **Multi-Generational Workforce**

Nearly 40% of the workforce in Europe, the UK, and the US are over 50. In addition, today's demographics mean a projected lifespan of well over 80 years. Depending upon when one "retires", that sums up to 20-30 years of exciting, active life to prepare for (Deloitte, 2023).

For the first time in history, we have five generations represented in the workplace at the same time. However, while organizations are renewing their DEIB efforts, only 8% include age as part of their strategy. While research shows bias around sexuality and race has declined over the last 12 years, unconscious bias around ageism has barely shifted. The US Equal Employment Opportunity Commission states that *age* is the one critical element overlooked by most companies' DEIB initiatives (Callahan, 2019, SHRM, 2016).

Yet, evidence shows that when DEIB tools are used to bridge age divides, they can reduce conflict and generational stereotypes and improve organizational commitment, job satisfaction, employee turnover, and organizational performance (Jungmann et al., 2020; Kulik et al., 2000; Li et al., 2021).

An example of a strategy geared to combat workplace ageism and adapt to today's demographic reality, are workplace pre-retirement programs that provide holistic, multi-dimensional coaching for organizations and aged 50+ individuals (Kocher & Ben Dhaou, 2021). These programs provide coaching for organizations and aged 50+ individuals through five dimensions of well-being: Physical, Emotional, Intellectual, Spiritual, and Financial, providing a truly holistic experience that addresses the specific needs of everyone (Kocher & Ben Dhaou, 2021).

## Real Voices

*"Working through my older years transitioning with a Health and Wellness Coach allowed me the insights, tools, and practical steps to embrace balanced well-being and achieve vibrant health to truly thrive."*

*"I never would have believed that working with a Health and Wellness Coach upon retirement would have allowed me such a new, fresh look at the future, with a life still full of opportunities and possibilities ahead."*

*"Working with a Health and Wellness Coach provided by my employer was the perfect guide to navigate how to thrive in my 60s and beyond."*

*"I was stuck at 58, working with a Health and Wellness Coach gave me a lot of motivation to start taking action now!"*

## Senior Living

Although resident wellness is increasingly a priority in senior living communities, few programs promote well-being in later life. A pilot wellness coaching program for 79 senior living residents with individual and group coaching sessions focused on their goals, revealed positive changes in health satisfaction, physical quality of life, psychological quality of life, loneliness, relatedness, competence, and sense of purpose. Residents reported high satisfaction with the program. These findings have implications for the application of well-being frameworks in later life, as well as the development and implementation of wellness coaching programs with older adults (Fullen et al., 2022).

## XII. Gender





## XII. Gender

- **What it is**

Gender and Gender Identity are umbrella terms that refer to people of all genders – including men, women, transgender, and non-binary individuals.

According to the WHO, gender refers to “the characteristics of women, men, girls, and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time” (WHO, 2023).

Gender interacts with but is different from sex, which refers to the different biological and physiological characteristics of females, males, and intersex persons, such as chromosomes, hormones, and reproductive organs. Gender and sex are related to but different from gender identity. Gender identity refers to a person’s deeply felt, internal and individual experience of gender, which may or may not correspond to the person’s physiology or designated sex at birth.

Gender Identity Diversity and Inclusion recognize the wide range of gender-related identities and ways of expression and acknowledge that everyone deserves to be treated with respect regardless of gender identity and expression (Hixson-Vulpe, 2021).

- **Why it Matters**

According to the WHO, gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. Gender-based discrimination intersects with other factors of discrimination, such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity, and sexual orientation, among others.

Gender influences people’s experience of and access to healthcare. The way that health services are organized and provided can either limit or enable a person’s access to healthcare information, support, and services, and the outcome of those encounters. Health services should be affordable, accessible, and acceptable to all, and they should be provided with quality, equity, and dignity.

Gender inequality and discrimination impose substantial threats to the health and well-being of women and girls, introducing barriers to accessing essential health information and services (WHO, 2023). Gender

inequalities extend to medical research too, creating “an ever-widening gap in our knowledge of how disease processes occur and can be treated in women” (Simmons, 2023). These challenges encompass restricted physical mobility, limited decision-making power, lower literacy rates, and discriminatory attitudes from both communities and healthcare providers. Additionally, healthcare systems often lack adequate training and awareness regarding the specific health needs and challenges faced by women and girls. Consequently, this heightened vulnerability places them at increased risk for various health issues, including:

- unintended pregnancies,
- sexually transmitted infections,
- cervical cancer,
- malnutrition,
- respiratory infections,
- elder abuse,
- elevated levels of violence, —such as female genital mutilation and child, early, and forced marriage.

The detrimental impact of harmful gender norms extends beyond women and girls to affect the health and well-being of boys and men. Particularly concerning are rigid notions of masculinity that encourage risky behaviors, such as smoking, engaging in unsafe sexual practices, misusing alcohol, and refraining from seeking necessary healthcare. These damaging norms contribute to both the perpetration and victimization of violence among boys and men, with profound implications for their mental health.

Furthermore, rigid gender norms adversely impact individuals with diverse gender identities, subjecting them to violence, stigma, and discrimination, particularly within healthcare settings. Consequently, this group faces a heightened risk of HIV and mental health challenges, including suicide.

When looking at healthcare through the lens of Gender and Gender Identity DEIB, we must observe two aspects of this system: a system that provides health services and health-related care and a workplace environment.

### **A system that provides health services and health-related care.**

Being a gender and gender identity-diverse health service and healthcare system means making sure women and men have equal conditions and opportunities to fulfill their health potential, a fair distribution of resources, an ability to identify and meet different gender-based needs, and measures to eliminate gender inequities.

It also means addressing the gender bias of the healthcare practitioners

working in the system. This is often found to be unintentional, but a result of the vestiges of disproved beliefs and outdated conventions because much of medical science is based on the belief that male and female physiology differ only in terms of sex and reproductive organs. This results in conducting most medical research on males.

Gender-based inequality in healthcare has proven to be damaging and dangerous. Some examples follow:

- One in five women feel their doctor has ignored or dismissed their symptoms, and 17% say they feel they have been treated differently because of their gender (Paulsen, 2020).
- A survey conducted in early 2019 by *TODAY* found one in five women say they have felt that a healthcare provider has ignored or dismissed their symptoms, and 17% say they feel they have been treated differently because of their gender—compared with 14% and 6% of men, respectively (Today Show, 2019).
- Women receive a later diagnosis of over 700 different diseases than men, making preventable diseases much more lethal (Surest, 2021).
- Conditions that most commonly impact women, like fibromyalgia and chronic pain, are less studied and less well-known. This means there are fewer treatment options and fewer ways to reduce suffering (Ruschak et al., 2023).
- A UK study examining over 18,600 people with 15 different types of cancer found that women consistently waited longer for a diagnosis after first noticing their symptoms (Din et al., 2015).
- A study conducted by Jane E. Hoffmann and Anita J. Tarzian, addresses the bias against women in the treatment of pain. They claim that “In general, women report more severe levels of pain, more frequent incidences of pain, and pain of longer duration than men, but are nonetheless treated for pain less aggressively,” The repercussions of this can be dire, Hoffmann and Tarzian add, as women are statistically more likely to receive inaccurate or inadequate treatment if their pain is not taken seriously (Hoffmann & Tarzian, 2003).
- The United Nations Population Fund (UNFPA) reports an estimated 257 million women around the world who want to avoid pregnancy are not using safe, modern methods of contraception. A range of factors also contribute to unintended pregnancies, including a lack of sexual and reproductive healthcare; contraceptives that do not suit women's circumstances; harmful norms surrounding women controlling their bodies; sexual violence and reproductive coercion; and shaming in health services (United Nations, 2022).
- Transgender and GNC adults were more likely to be uninsured and have unmet healthcare needs, and were less likely to have routine care, compared to cisgender (non-transgender) women (Gonzales & Henning-Smith, 2017).

- A study of patients from 2021 in the U.S, revealed that transgender people encounter unique challenges and inequalities in their ability to access health insurance and adequate care (Santos, 2021).

## **Healthcare as a workplace environment.**

Being a gender and gender identity-diverse workplace means rising above counting the number of women employed vs. the number of men and focusing on promoting equality by addressing the gender pay gap as well as looking into ways to alleviate barriers and restrictions faced by employees of both genders when contributing to the workforce and exploring opportunities to advance.

In the U.S., women represent 66% of all entry-level healthcare employees. However, only 30% make it to the top of the ladder. Over 1.4 million people, in the U.S., identify themselves as transgender. Human resources must use inclusive language in the policies, to avoid hurting people from other genders like gender-neutral, transgender, etc. (Berlin et al., 2020; Pathak, 2023).

- **How Health and Wellness Coaching can support this diversity**

Gender discrimination has a significant impact on mental and physical health worldwide. It can limit access to healthcare, increase rates of ill health, and lower life expectancy (Medilexicon International, 2021).

Coaching, as a profession, can play an important role in promoting gender equality among employees in the healthcare system by helping to identify and remove gender-based barriers that hold people from advancing, including bias, stereotypes, and lack of access to leadership roles (Boldly, 2023).

When facing Identity-based health inequalities and disparities, coaches can support clients in the following specific ways:

- Raising awareness to help clients recognize when they are facing gender and gender-related health disparities.
- Helping clients increase emotional agility and develop behavioral strategies to cope with events of gender and gender-related health disparities and discrimination.
- Helping clients create tailored responses and interventions to address specific reoccurring gender and gender-related health disparities and discrimination.
- Empowering clients by addressing the mental effects of gender-related discrimination, such as stress, anxiety, depressive states,

low self-esteem, and lack of confidence (Medilexicon International, 2021).

- Promoting health literacy and data collection to help clients educate themselves about their health and social rights so they can make informed decisions about their health and advocate for themselves.
- Educating themselves and keeping up to date with the latest research and best practices in addressing gender and gender identity health disparities to provide the most effective support to their clients.

- **Voices From the Field**

## **Women with Breast Cancer**

For most women diagnosed with metastasized (secondary) breast cancer, this is either the second or third time they find themselves fighting for their lives. This makes the experience overwhelming on a physical, emotional, and mental level.

For this reason, a leading pharmaceutical company decided to create an online support service for these women, that included calls with a nurse, nutritionist, and medical coach. The purpose of the medical coaching sessions was to increase their emotional and mental resilience (Ben-Arzi, 2023).

In this case study, a woman with metastasized breast tumor was experiencing stress and anxiety. She reported that some of her stressors and challenges were connected to gender-related bias from her healthcare practitioners. This bias manifested in judgmental comments regarding her need for information, anxiety, and wish to explore Integrative Medicine practices to help alleviate side effects from the treatment.

As a result, she experienced elevated levels of stress before every encounter with her doctor and avoided contacting him when she had questions, exhibited new symptoms, or needed medical directions.

Through Medical Coaching, the woman:

- Learned to develop communicational strategies to effectively communicate her needs, wishes, and boundaries with her medical team.
- Learned to increase her emotional agility.
- Felt empowered to use new behavioral strategies with her medical team.
- Experienced a significant decrease in her levels of anxiety.
- Was able to ask for the information she needed to make educated health choices.

- Felt supported, informed, and validated throughout her treatment.
- Experienced an increase in her energy and overall sense of hope.

## **Pregnant Women**

The mental and physical changes experienced during pregnancy can be overwhelming, and it's often difficult to navigate the healthcare system. Many women receive inadequate prenatal care for a variety of reasons, ranging from age and accessibility to financial concerns. "Early Steps Maternity of Quantum Health" provides specific health and wellness coaching support to pregnant women (Quantum Health, 2023).

In this case study, the pregnant woman had many questions and concerns during her pregnancy, from mental (previous depression) and physical health to financial uncertainty. Through Health Coaching, the pregnant woman:

- Learned new sleeping positions to improve quality of rest while pregnant.
- Felt supported and informed throughout pregnancy and postpartum.
- Depression showed no signs of returning, and the client learned how to get help if needed.
- Lowered her employer-sponsored insurance rates.
- Gave birth to a healthy baby boy with no issues during delivery or infancy.

*"My coaches were very resourceful and made me feel that my health and wellbeing was their top priority. They had kind, soothing voices that made me feel at ease, and they provided me with information and tips to make my pregnancy as comfortable as possible." — Early Steps Maternity Participant*

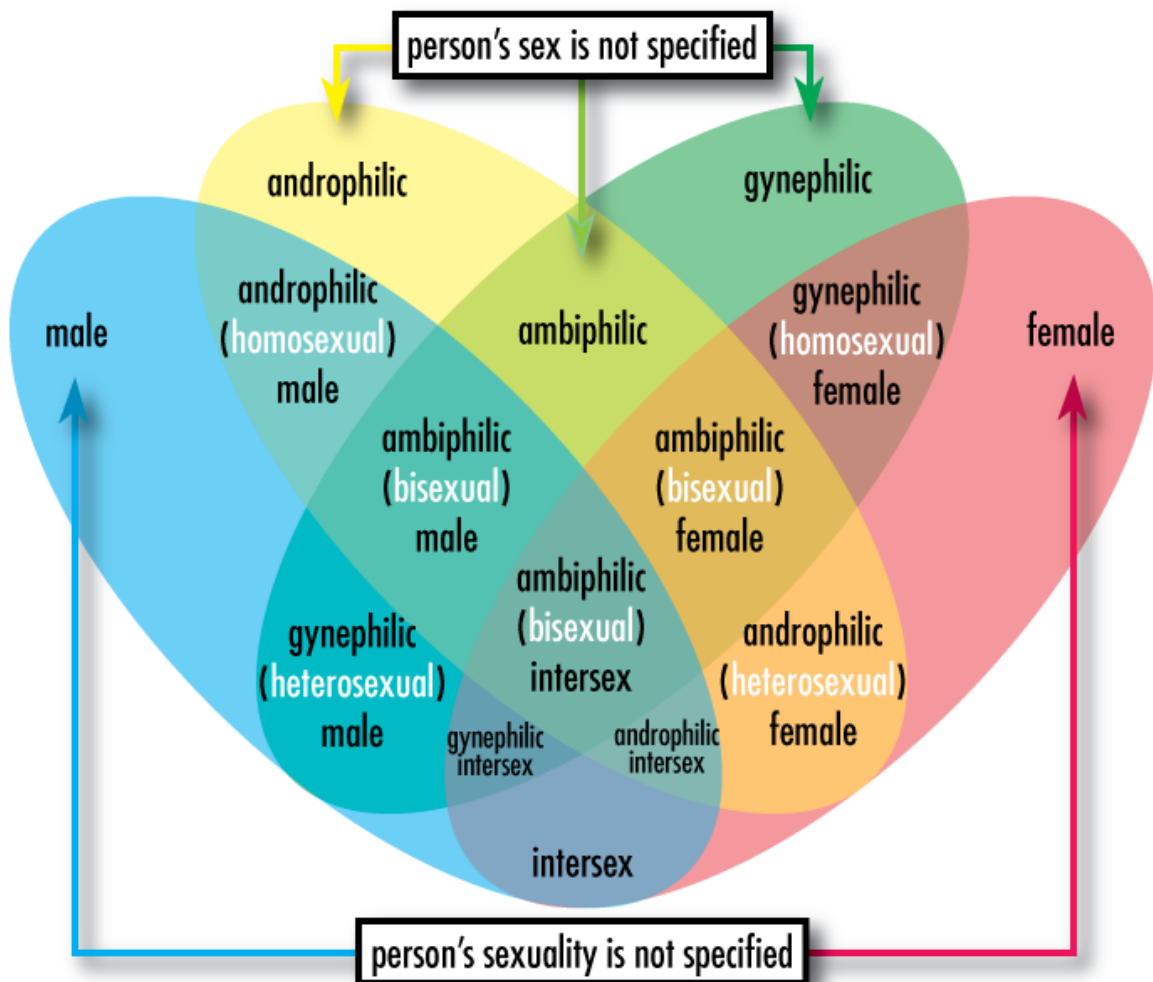
# XIII. Sexual Orientation



**XIII. Sexual Orientation**

- **What it is**

Sexual orientation is the term given to a person’s pattern of emotional, romantic, and/or sexual attraction to individuals of the same gender (homosexual), opposite gender (heterosexual), or both genders (bisexual). It is an integral aspect of a person's identity and is often categorized into various labels such as gay, lesbian, bisexual, or straight. It is one of the primary dimensions of diversity.



Source image: Wikipedia, 2023



- **Why it matters**

A person's sexual orientation can significantly impact their self-esteem, how they relate to others, feelings of belonging, and overall well-being. It may take time and challenge to understand and acknowledge one's sexual orientation and come to a place of self-acceptance, find social support within communities, and manage romantic and sexual relationships.

It is essential that we understand the unique challenges faced by sexual minority individuals, and advocate for policies that protect their rights. It is worth noting that the US Gallup study in 2022 reported that 7.2% of the population identified as LGBT (Gallup, 2022). Research shows that these individuals may have experiences that include:

- Higher rates of mental health challenges such as depression, anxiety, and suicide ideation compared to heterosexual individuals.
- Physical health risks — gay and bisexual have a higher risk of HIV/AIDS.
- Poorer healthcare experiences.
- Substance abuse — often used as a coping mechanism for stress and discrimination experiences.
- Poor social support and relationships – some family, friends, and elements of society may reject their sexuality which again can favoring isolation, loneliness and negatively impacting mental and physical health.

Sexual orientation has been said to be the “last acceptable bias” (Sullivan, 2008). While many people understand that racial and ethnic stereotypes are off-limits, it is not unusual to hear comments that are derogatory about homosexuals or lesbians (Henneman, 2004; Sullivan, 2008). Only 40% of gay, lesbian, bisexual, and transgender workers report experiencing fair treatment at work, and 22% of heterosexuals say they would feel uncomfortable working with gay or lesbian co-workers (Henneman, 2004). Members of the LGBTBQ+ are underrepresented in corporate environments with 40% closeted at work (Balinson et al., 2020; Dupreelle et al., 2020).

A February 2022 Gallup study found that significantly fewer LGBT employees strongly agreed that their organization cares about their well-being, is fair, or will do the right thing about ethics or integrity issues. About twice as many non-LGBT employees strongly agree with these perceptions. The study further showed that LGBT employees were less likely to be “thriving” with 40% LGBT opposed to 56% of non-LGBT and that LGBT employees were nearly twice as likely to have experienced depression and anxiety (Gallup, 2022).

- **How Health and Wellness Coaching can support this diversity**

Health and Wellness Coaches can effectively support individuals of diverse sexual orientations by cultivating an inclusive and welcoming space. This involves incorporating inclusive language and explicitly communicating a commitment to diversity.

Coaches refrain from making assumptions or relying on stereotypes regarding a person's sexual orientation, recognizing the individuality of each client's experience. Employing an open, humble, accepting, and curious line of questioning encourages a deeper understanding of their unique health and wellness journey.

*"Coaches hold an unconditional positive regard as they empower the client to achieve their goals, using a process of discovery." (Global Wellness Institute, Wellness Coaching Initiative, 2022)*

Additionally, coaches should be well-informed about the unique health and medical risks as well as specific health disparities LGBTQ+ people face, resources, and referral organizations catering to the specific needs of the LGBTQ+ community. Keeping abreast of current research, trends, and best practices in LGBTQ+ healthcare ensures coaches provide relevant and informed support. It is crucial to view sexual orientation as one of the many facets of a person's identity, understanding that it may not necessarily be the most significant.

Ultimately, coaches can play a pivotal role in fostering equality, inclusivity, and a society that embraces diversity by recognizing and respecting different sexual orientations within their coaching practice.

- **Voices from the Field**

*"As a gay woman, I choose my health professionals carefully. I'm 55 and have lived through enormous changes in attitudes towards those of us who don't fit the norm. Coming out was a painful process in the early 90s in Scotland. I carried a great deal of shame around my sexuality. It was a big deal to tell friends and family. My mother was devastated and told me that I should never tell my father as he would never welcome me home again. For 8 years I didn't tell him. Thankfully we reached a place where I was accepted and eventually my partner and I felt loved by my mum and dad. It has been a long road to this place of me being able to be open and out and proud.*

*Being open with health professionals about who I am is very important to me. I don't want to be coached by someone who doesn't 'get' me. There are a lot of assumptions in this world. Forms still have tick boxes for*

*married/divorced/de facto/single. Male/female. This is so old-fashioned!  
Every single time I am reminded that I am an outsider.*

*Working with my fantastic Health and Wellness Coach felt right from the beginning. She talked with such respect and positivity about the great relationship I have with my partner of 27 years who is very supportive to me in managing my health. After a few sessions, my coach mentioned that her son was gay. Hearing this felt like a warm hug, strengthening our connection.*

*I work as a health professional in research and recognize that in our field there is still systemic bias. I have experienced, however, that Health and Wellness Coaches are true allies to the well-being of the LGBTQ+ community, thanks to their non-judgmental, open-minded, and client-driven agenda”.*

*— Anonymous coachee testimonial, Australia*

# **XIV. Religion and Spirituality**



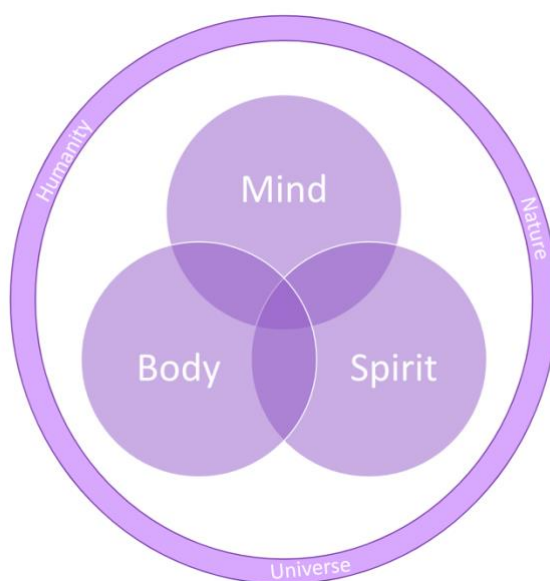
## XIV. Religion and Spirituality

- **What it is**

### **Religion**

A dictionary definition states that religion can be defined as “a personal set or institutionalized system of religious attitudes, beliefs, and practices, the service and worship of God or the supernatural, commitment or devotion to religious faith or observance, a cause, principle, or system of beliefs held to with ardor and faith” (Merriam-Webster Dictionary “Definition of Religion,” 2023).

There are over 10 000 distinct religions worldwide, and four major religions including Christianity, Hinduism, Islam, and Buddhism account for 70% of all religions (Wikipedia contributors, 2023).



Approximately 85% of the world's population identifies with a religion, although reports suggest some religious affiliations are declining in the developed world (World Population Review, n.d.). A decline in affiliations might reflect a decrease in faith or, simply, a disconnection between faith and religious institutions.

### **Spirituality**

The term spirituality is abstract and subjective and is different from religion and faith. While it has more than 13 conceptual components, Spirituality can be a connection to God, nature, others, and surroundings and it is associated with quality and meaning in life (Victor and Treschuk, 2019).

A recent review evaluating the COVID-19 pandemic concluded that spirituality was considered an effective coping strategy used by healthcare professionals to promote mental health and well-being resulting in greater patient satisfaction with the care given. Additionally, addressing the spiritual needs of individuals leads to a reduction in stress, anxiety, depression, and an increase in resilience and hope among patients (Diego-Cordero et al., 2022).

The Global Wellness Institute Workplace, Well-being Initiative produced a Real Talk on Spirituality in the Workplace which included practices of connecting to a greater purpose, values, heart-centered living and intuitive being. Author, Jessica Grossmeier, provides a working definition of spiritual well-being, "the journey towards being one's most authentic self through practices that promote connection with oneself, with others, and with the world (Grossmeier, 2022; GWI, WWI, Real Talk, 2023).

Understanding our values, beliefs, identity and purpose creates a greater space for authentic connection with self and with others. A sense of belonging derives from living life with purpose - alignment with a clear understanding of ourselves, connection – alignment in our relationships with others, and transcendence - contributing to something greater than ourselves (*Religious and Spiritual Diversity | the Office of Diversity, Inclusion and Health Equity, 2022*).

*"Living with a sense of purpose aligned to our values comes from a deeper place within. To access it we need to, quiet the mind and allow ourselves to go to this deeper place, our soul. Without the input of this deeper place, the mind can become frenetic and lose control. Decisions become reactive and heavily influenced by circumstance. There are many practices that can be used to still the mind and reawaken our ability to be curious, reflective, introspective, and contemplative. This opens a pathway to mindfulness, compassion, and deeper personal alignment"*  
(*Spirituality in the Workplace Blog, Jocelyn Pepe, 2023*).

This deeper level of connection can be achieved in quiet reflection, time in nature, private prayer, yoga, or meditation all of which positively benefit overall well-being (Psychology Today, 2019).

- **Why it matters**

As the world becomes increasingly global, developing cultural competence will be paramount for the well-being of humankind.

*Cultural Competence is "the ability to understand, appreciate, and interact with people from cultures or belief systems different from one's own" (Meade, 2021).*

In the United States alone, it is estimated that the majority of the working population between the ages of 18 to 64 years, will identify as members of non-white racial and ethnic groups by 2039 (Meade, 2021).

Conversations with people from diverse religious backgrounds provide an opportunity for people to share authentically who they are, building connection and a sense of belonging. Being open to conversations and understanding another person's beliefs, whether religious or spiritual, takes humans into a deeper, more expansive place of connection (Singh, 2022).

A spiritual practice brings a sense of connection and belonging- to a GOD, the Universe, Mother Nature, family, community, or each other. Religious or spiritual practices may be similar in essence and can also be quite different within and across religions. Listening with compassion and curiosity allows us to seek an understanding of the many benefits and strengths in our differences and to see the similarities that bind humanity together (Singh, 2022). As human beings, we share many commonalities that make us more alike than different.

Beyond diversities in humanity, there is our common existence inhabiting planet Earth and the universe. No matter how spiritually or religiously diverse people may be, this common human bond is a point of connection and belonging that transcends race and religion (Headspace, n.d.). Perhaps because of this shared bond to our surroundings, nature is a place that positively impacts overall health, serving as a spiritual space that all living beings, including humans, have access to share and enjoy.

Indeed nowadays the concepts of systemic health and planetary health do consider that human health is not restricted to our bodies (nor parts of them) but instead, human beings are considered a complex adaptive system, where biological, psychological, social and ecological subsystems are interconnected and interdependent (Capra, 2014).

## **Religion, Spirituality, and Health and Well-being**

According to the WHO, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (WHO, 1947).

There are many health benefits in having a faith based, spiritual or religious way of living that supports greater well-being and quality of life

for humanity. According to a Gallup study, on Religion and Well-being, there is a four-point scale difference in well-being between religious and non-religious people, meaning that 40 million more people are experiencing greater well-being due to faith (Levey, 2023). It has been found that the human brain reacts in similar ways to spiritual experiences, regardless of tradition, race, creed, or gender, displaying the unique biological nature of the human species (Miller et al., 2019). Health benefits include better physical and mental health, greater social well-being, greater ability to manage stress, better sleep, lower blood pressure, lower mortality as well as increased compassion, deeper relationships, and higher self-esteem than those disconnected from this way of being (Psychology Today, 2019). In summary, social support found in religious and spiritual communities provides outlets for connection and deeper purpose and a benefit from stress-reduction techniques inherent in prayer and ritual (Psychology Today, 2019). In addition, social connection has been recognized as a pillar of health, according to Lifestyle Medicine, in counterpart to loneliness being considered a risk factor for many health conditions (Holt-Lunstad, 2018).

*"Considering the global rise of negative experiences and the growing mental health crisis, a multifaceted solution is necessary. The role of religion and spirituality can be considered as a way to help combat the mental health crisis. Leaders who are looking for solutions amid this crisis can consider the opportunities that religion and spirituality can offer to a range of institutions, including workplaces." — Religion and spirituality: tools for better well-being? Gallup 2023*

As there is a growing movement of people across the globe, it becomes increasingly important to seek understanding of each other and what beliefs guide us. In the workplace, specifically, religion is a topic frequently avoided, and this attitude exacerbates disconnection among people (Singh, 2022). Training leaders in the workplace, with coaching skills, develop open-minded cultures and the ability to hold multiple perspectives.

- **How Health and Wellness Coaching can support this diversity**

*"Integrating spirituality into care can help each person have a better chance of reaching complete well-being and their highest attainable standard of health." — Howard K. Koh, Harvard T.H. Chan, School of Public Health*

Although hospitals and healthcare settings often have a religious or spiritually designated room, there is still a level of discomfort between patients and healthcare providers when discussing spirituality and religion in traditional healthcare settings, health coaches are trained to explore



with curiosity and compassion the deep beliefs of individuals focusing on the bio-individual nature of people (*Spirituality and Aging*, 2011). Health Coaches take a person-centered approach to health beyond the physical body to encompass all aspects of health, including physical, mental, emotional, social, and spiritual well-being (Sager, 2020).

Often, religious and spiritual beliefs guide individuals in their decisions regarding health and well-being, and Health Coaches can explore and support these spiritual and religious-based beliefs with the premise that the person being assisted has the answers within and is an expert in her/himself (*Religious and Spiritual Diversity | the Office of Diversity, Inclusion and Health Equity*, 2022). The partnership established between coach and client, rooted in equality and curiosity, supports people to understand and connect more deeply with what gives meaning to their life, and this is a foundational aspect of health coaching that helps improve quality of life (*Religious and Spiritual Diversity | the Office of Diversity, Inclusion and Health Equity*, 2022).

Health Coaches engage in active listening to hear the heart and soul of a person, bringing clarity about the values he/she lives by. At a spiritual level, health coaches seek to understand what connects individuals to the world and gives their life purpose and meaning. Trained to listen with curiosity and without judgment, they can honor that everyone has their unique spirit (Epidemic and Pandemic Preparedness and Prevention (EPP), 2023; Singh, 2022).

Health Coaches can support individuals to cultivate a deeper relationship with self, others, the greater universe, or God, supporting greater social well-being, life satisfaction, and happiness (Psychology Today, 2019). Spiritual ecology is an approach that tries to situate the environment, and more specifically ecology, as intrinsic to human nature. It cannot be something separate from humanness (Williams, 2022). It ignites a strong belief in the environment as something sacred and non-materialistic, and therefore may offer a religious aspect here. However, in the case of spiritual ecology, we can also see this as a secular belief system as well (Williams, 2022).

As Dr Takacs, an expert in environmental law, puts it during his work with conservationists and biologists:

*"They had feelings they cannot understand, but that give meaning to their lives, impel their professional activities, and make them ardent conservationists".*

Additionally, the social support of religious and spiritual communities provides outlets for connection and deeper purpose and a benefit from stress-reduction techniques inherent in prayer and ritual (Barber, 2012).

Connecting to an optimistic perspective around health and life with the support of a Health Coach has a positive impact on overall quality of life. Leaning into trust that there is a force for good that is greater than humans, is a positive approach for good mental health. Studies have shown that those deeply connected to religion and spirituality have immune systems that are more robust and live longer according to abundant research in the field of positive psychology.

Spiritual experiences are ever present when discussing health or illness. Health Coaches establish a partnership base on trust and compassion that fosters awareness and connection leading to lifestyle changes that, in turn, can support health recovery and positive well-being (Rura, 2022).

*"When humanity learns to connect on, religious or spiritual beliefs with curiosity, intention, and kindness, societies, and workplaces will be better off" — Dr. Simran Jeet Singh, Executive Director of the Aspen Institute's Religion & Society Program.*

- **Voices from the Field**

*"My experience in working with a Health Coach from a spiritual perspective was deeply transformational and brought me to look at the root causes of patterns and behaviors that were causing me suffering. Once connected into calm energy in the partnership, I was able to begin to dive deeper into some of the bigger issues in my way of feeling truly well.*

*To move forward in coaching and therefore in my life, I had to accept that the journey was a full mind, body, heart, and spirit learning. It became a healing for me to connect to my true inner self to connect more authentically with the people and world around me.*

*I learned to lean into patterns that were in my way and blocking me from alignment in my life, and gained many new perspectives that helped my mental well-being and brought me out of the micro details of my life into the bigger macro perspective. With this I was able to channel my new energy into the new learnings, focus on my purpose and who I am here to be and what I am here to do, connected and grounded with the nature and the universe that surrounds me." - Chantal*

# XV. Disability



## XVI. Disability

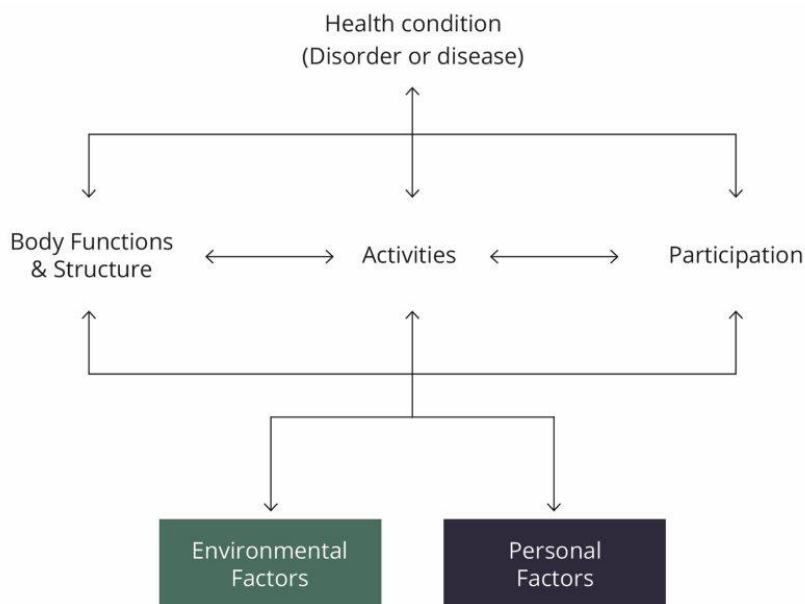
- **What it is**

The WHO sees *disability* as a part of temporarily or permanently 'being human'; an estimated 1.3 billion people (about 16% of the global population) currently experience significant disability and this is increasing because of population aging and the increases in the prevalence of chronic, non-communicable health conditions.

*"Disability results from the interaction between individuals with a health condition, such as cerebral palsy, Down syndrome, and depression, with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support" (WHO, 2020).*

However, definitions of disabilities, as well as provisions for people with disabilities, vary widely amongst different countries.

The Australian Institute of Health and Welfare's report *People with Disability in Australia* references the WHO's International Classification of Functioning 2002 and provides a helpful schema, modified from the ICF:



Source: International Classification of Functioning, Disability and Health

*"People experience different degrees of impairment, activity limitation and participation restriction. Disability can be related to genetic disorders,*

*illnesses, accidents, ageing, injuries, or a combination of these factors. Importantly, how people experience disability is affected by environmental factors – including community attitudes and the opportunities, services and assistance they can access – as well as by personal factors.” (People With Disability in Australia, Defining Disability, 2022; International Classification of Functioning, Disability and Health (ICF), n.d.).*

According to the Centre for Disease Control and Prevention (CDC) in the U.S. disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Amongst the many types of disabilities are those that affect vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships among others.

Although the term “people with disabilities” often and incorrectly implies a heterogeneous population, this is a diverse group of people who often present a wide range of needs. Two people with the same type of disability (often hidden or not obvious) can be affected in very different ways (*Disability and Health Overview*, n.d.).

In the UK, the Equality Act 2010 defines disability as a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on one’s ability to do normal daily activities. ‘Substantial’ being more than minor or trivial (for example, taking much longer than it usually would to complete daily tasks like getting dressed). ‘Long-term’ is lasting for 12 months or more (Office for Disability Issues, 2011). Thus, people with progressive medical conditions can be classed as disabled.

The Equality Act includes people with all cancers or those who have had cancer in the past, people with an HIV infection and with multiple sclerosis, from the day of diagnosis for these conditions (Equality Act, 2010).

A mental health condition is considered a disability if it has a long-term effect on an individual’s normal day-to-day activity, lasting, or is likely to last, for a period of 12 months. A wide variety of mental health conditions can lead to a disability including dementia, depression, bipolar disorder, obsessive compulsive disorder, schizophrenia (Equality Act, 2010).

Singapore’s ‘*Enabling Masterplan 2030*’ people with disabilities are those whose “prospects of securing, retaining places and advancing in education and training institutions, employment and recreation as equal members of the community are substantially reduced as a result of physical, sensory and intellectual disabilities as well as autism.” Notably, autism is

considered a developmental disability, currently with no known causes or cures (*Information on Disability in Singapore | SG Enable, n.d.; Enabling Masterplans, n.d.*).

*"People with disabilities may be the largest underserved subpopulation demonstrating health status disparities that stem from preventable secondary conditions." (Krahn & Fox, 2014)*

Andrew Parsons, Ph.D., a UK-based Certified Wellness Practitioner and Master Coach, offers a different and valuable perspective on use of language around disability, preferring to use the term 'different' ability, on the basis that people with health conditions may achieve the same goals as those who do not have the same condition, but in different ways is an environmental and social construct. Dr. Parsons believes that to create equality and equity, different barriers to full function need to be considered and adjustments made accordingly (Parsons, 2023).

## **Physical disability**

Rutgers University Center for Disability Sports, Health & Wellness gives examples of physical disability as: cerebral palsy, spinal cord injuries, amputation, spina bifida, musculoskeletal injuries.

*"Physical disability indicates any physical limitations or disabilities that inhibit the physical function of one or more limbs of a certain person. It can be temporary or permanent. The causes of this kind of disease are various. Any person can acquire it through accident, injury, illness post-surgery effects and heredity" (Konczal, 2020).*

## **Mental disability**

Under the UK Equality Act (2010), people with conditions, such as depression, schizophrenia, bipolar disorder and many other types of mental health conditions have protection if they can show that their mental health problem is a disability (*What Is the Equality Act?, n.d.*).

In its 2022 article "Is mental illness a disability in Australia?", the APM, a global human services company, states that the Australian Equal Opportunity Act (2010) recognizes mental illness as disability and protects against discrimination in places like school, work, shops, and sporting organizations. ere, a disability that arises from a mental health condition is called a psychosocial disability and is considered a disability when a person's condition presents barriers to equality, considering that disability describes the limitations faced by a person, not the person him/herself (*Is Mental Illness a Disability in Australia?, n.d.*).

## **Learning disability**

A learning disability is a lifelong condition; it is not an illness and cannot be cured. Many people with a learning disability have greater health needs than the general population, are more likely to experience mental health issues, and are more prone to chronic health problems such as epilepsy, physical and sensory disabilities.

In the UK, the term **learning disability** is used in relation to people who have the following characteristics:

- A significantly reduced ability to understand complex information or learn new skills ('impaired intelligence'),
- A reduced ability to cope independently ('impaired social functioning'), and
- A condition which started before adulthood and has a lasting effect.

NHS England states that the term learning disability should not be confused with a '**learning difficulty**' which is used to refer to specific problems in processing information that substantially affects a person's ability to learn rather than the characteristics outlined in the above definition of learning disability (*People With a Learning Disability, Autism or Both*, NHS, 2021).

In the U.S. the National Institute of Neurological Disorders and Stroke (NINDS) state that learning disabilities are disorders that occur in very young children and are usually life-long conditions, affecting their ability to:

- Understand or use spoken or written language.
- Do mathematical calculations.
- Coordinate movements.
- Direct attention (*Learning Disabilities*, n.d.).

### **Specific Learning Disability (SLD)**

The U.S. National Centre for Learning Disabilities (NCLD) describes a specific learning disability as "a *brain-based disorder that affects an individual's ability to read, write, and do math (e.g., dyslexia, dysgraphia, and dyscalculia)*).

According to the Diagnostic and Statistical Manual 5 (DSM-5, 2023), the prevalence of learning disabilities is between 5 and 15 percent, with school-age children across different cultures affected by a learning disorder limiting them in reading, writing, or mathematics. Despite progress, individuals with learning disabilities continue to face stigma due to a lack of awareness and understanding regarding their capabilities in various settings, including the classroom, workplace, and communities (*Learning Disability*, 2022).

Students identified with SLD receive special education services under the Individuals with Disabilities Education Act (IDEA), a law that provides free and appropriate public education to children with disabilities. The NCLD set out Federal State Snapshots of Learning Disabilities, serving as a snapshot of federal data, terms, and definitions.

## **Learning disability and mental health**

In the UK, the key national charity MIND raises awareness and understanding of mental health and campaigns on behalf of anyone experiencing a mental health problem; they highlight that learning disability is not a mental health problem in itself, even though people with learning disabilities may also experience mental health problems from experiencing negative attitudes and abuse (*Learning Disability Support*, 2021).

- **Why it matters**

As the WHO states:

“A person’s environment has a huge effect on the experience and extent of their disability. Inaccessible environments create barriers that often hinder the full and effective participation of persons with disabilities in society on an equal basis with others” (WHO, 2023).

Historically, there has been a lack of data on disability and its collection is crucial in assessing how effective services are in their care and ensuring health and social care is inclusive of disabled people. Available research has shown that people with physical disabilities report barriers when accessing health services which in turn impact their health and wellbeing outcomes (*Strengthening the Collection of Data on Disability*, n.d.).

Listening to the perspectives of disabled people and developing an understanding of their experiences at a local level, is absolutely critical to ensure that the barriers to their inclusion are well understood and addressed and for appropriate adjustments to be made to enable them to receive good quality care and equity of opportunities.

A key principle underpinning this understanding is direct consultation with people to gain an accurate reflection of their lived experience. For children and young people, this can be self-empowering and increase their confidence for self-advocacy and interaction with decision makers (Bond, 2022).

Without this understanding, society and services risk contributing further to the isolation and stigmatization surrounding people with disabilities and in turn, would render any disability-inclusive strategies ineffective (*Assessing a Patient With a Disability*, n.d.).



MIND point out that people with a learning disability may struggle to get a mental health problem recognized and diagnosed (*Learning Disability Support*, 2021).

- **How Health and Wellness Coaching can support this diversity**

Health and Wellness Coaches are equipped to work with the person, not their health condition, and to recognize 'intersectionality' — that people may fall into two or more categories of disability. From the perspective of 'goal setting', Health and Wellness Coaches can support clients in expressing a wider sense of agency and making an impact on their own environment, for example, to find or develop appropriate 'adjustments' to their work and/or personal life (Parsons, 2023).

Health and Wellness Coaches possess a comprehensive understanding of the Stages of Change model and adeptly apply motivational interviewing techniques. This enables them to employ precise language tailored to the client's acceptance level, especially when working with individuals facing physical disabilities.

The specific knowledge and awareness of Medical Coaches regarding the Medical System's lack of awareness, equipment, and accessible facilities suited to meet the unique medical needs of people with disabilities needing medical treatments and procedures allow them to assist their client in improving their communication with health care practitioners and create effective coping strategies.

Health and Wellness Coaches are equipped with the tools, techniques, communication skills, and mindful presence to support people with disabilities in assessing their values and using their strengths to work towards their health goals. Coaches are also trained in the use of positive psychology, reflecting on previous successes, reaffirming competences, and recognizing and addressing emotional barriers. This helps to build a positive and supportive relationship so that disabled individuals can realize their goals and potential (Horizons & Horizons, 2020).

*"Assessment of people with disabilities must be individualized and free of bias and stereotyping of people with disabilities in general and with those with specific types of disabilities. Sensitivity in approaching and interacting with people with disabilities is essential to be able to communicate effectively.... [and] also address the presence of a disability and its effect on the patient's ability to perform activities of daily living, participate in health promotion activities, and obtain health care."*  
(Assessing a Patient with a Disability, 2022).

The National League of Nursing describes the communication and interpersonal skills essential to building a relationship with a person with physical disability which holds true for Health and Wellness Coaches: "... *this includes making eye contact with the interviewee and being at the patient's eye level. For a patient with a disability, this often requires sitting down to ensure that you are at the patient's eye level, so that the patient is not required to look up to communicate with you. If he or she is in a wheelchair or sitting in a chair or on a motorized scooter, this is especially important.*" (Nair & Adetayo, 2019).

- **Voices from the field**

### **Physical disability: occupational therapy**

The following testimonials were provided by H el ene Th eriac, an occupational therapist and certified coach. H el ene has extensive experience and trains healthcare professionals and Health and Wellness Coaches to use a coach approach for people with disabilities (Function First Coaching Inc., 2023).

*"I enlisted a Health Coach to address my poor sleep, stemming from chronic low back pain. Surprisingly, my sleep quality surged from a 1 to an 8 after just three brief sessions. The coach guided me to rediscover effective sleep strategies I had forgotten, drawing from successful past experiences. With shared insights from similar cases, I crafted a personalized 'recipe.' Six months later, I still follow that formula, maintaining a consistent 8 out of 10 sleep quality."*

— Function First Coaching Patient

*"After being out of work for two years due to chronic pain, I found myself struggling with everyday tasks like housecleaning and grocery shopping.*

*My life lacked meaningful activities, and my social life was almost nonexistent. Living in constant pain took a toll on my mental health, leading to a state of depression and a low quality of life. That's when I decided to work with a Health and Wellness Coach.*

*Together, we identified goals that were important to me, some of which I genuinely wanted to pursue, such as rekindling a social life. Other goals were necessary for my well-being, like maintaining a clean apartment to have people over. Through six months and ten sessions, I gradually began to regain control of my life. I learned to accept that I am not the same person I used to be, and that's okay.*

*Now, three years later, the positive impact of those coaching sessions is still evident in my life. I work up to 10 hours a week, engage in gentle yoga, and have cultivated new, more meaningful friendships. My outlook*

*on life has become more positive, thanks to the strategies and mindset I developed with my coach. These sessions have truly turned things around for me, and I continue to incorporate the valuable lessons into my daily life."*

*— Function First Coaching Patient*

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## **Physical disability: physical therapy**

The following testimonials were provided by Nath Fernandes, a qualified coach with cerebral palsy, who has worked within the disability sector for more than 10 years.

*"After Nath conducted an initial consultation with RJ, it was identified that one of his goals was to improve his health and wellbeing. Using Nath's prior knowledge of adaptive yoga, he was able to contact a local yoga teacher offering this service and arrange a taster session.*

*As a result of RJ's complex needs, Nath worked alongside his multi-disciplinary team (comprising of a physiotherapist) and himself to seek out products such as wedges enabling him to feel the full benefit of the session.*

*After the session, he felt positive and relaxed and plans to do weekly sessions in the near future" (Horizons & Horizons, 2020).*

Low back pain is the highest contributor to disability worldwide. A 2019 pilot randomized controlled trial conducted by Amorim et al., investigated the feasibility and preliminary efficacy of a patient-centered physical activity intervention, supported by health coaching and mobile health, to reduce care-seeking, pain, and disability in patients with chronic low back pain after treatment discharge. The trial revealed that 88% of participants reported that coaching sessions helped encourage them to be physically active. At 6-month follow-up, participants had a 38% reduced rate of care-seeking, self-reported more walking, and a higher proportion of this group attained their physical activity goals (Amorim et al., 2019).

## **Learning disability:**

Shaun Webster participated in the development of the NHS Core Capabilities Framework for Supporting People with a Learning Disability. His experience serves to highlight the positive outcomes of a collaborative, co-creative process, which underpins a health coaching approach.

*"I am not just a person with a learning disability. I am a geek, a father, a grandfather, and a married man. My job is Volunteer coordinator at CHANGE, a human rights organization that employs people with learning disabilities like me to co-lead our work. I have an MBE!*

*I am proud that I was included in the planning for the original learning disability framework.... I felt that my ideas mattered and that my experiences were valued.*

*The content of the framework shows what needs to be done to create lasting change and empowerment for people with a learning disability. When people always do things for you, it is hard to become independent. I have been encouraged to find out what becoming independent means, such as gaining a job, respect, equal pay, and just being included in life. I have helped others to do things for themselves.*

*When professionals understand and listen to us, this improves our services and our lives. It gives people like me with a learning disability more power and breaks down the barriers between us. This supports people with a learning disability to be a real voice for change. I hope that people with a learning disability will have the same human rights as anyone else.*

*This framework will help create a future where people with a learning disability have a direct influence on human rights policies, law, health, and social care. I want you to take notice and understand people like me, support us to feel valued and take our power back. We can work with and support you to improve your work with us. Together we can create real change (Core Capabilities Framework for Supporting People with a Learning Disability, 2019)."*

## **"Other" disability:**

The following testimonial is from Andrew Parsons, a Master well-being coach, and workplace wellness catalyst using a variety of approaches to support clients to function optimally, take part, and live well as individuals, teams, organizations, and cross-cultural collaborations.

*"As a coach working with clients living with and beyond cancer, I have been humbled by feedback showing how the coaching process can positively transform their lives.*

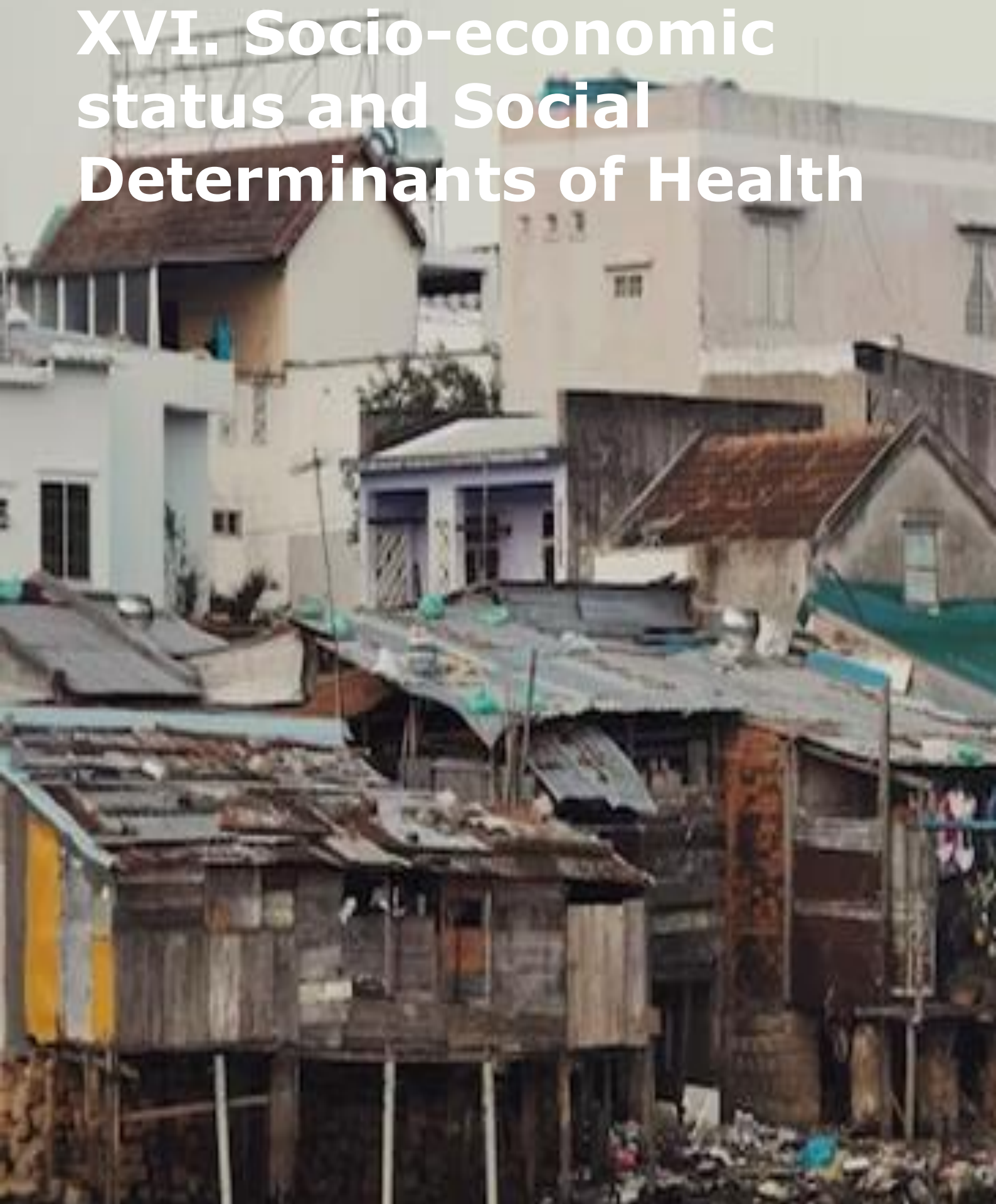
*Coaching is not therapy; however, the outcomes can be therapeutic. Health and Wellness Coaching supports clients to navigate stresses and disruptions. Clients become empowered through the process of developing their resources and strategies for optimal functioning.*

*For those with health conditions or disabilities, supporting individuals to make sustainable lifestyle changes provides huge benefits. This is often in terms of improved nutrition, increased physical activity, and better quality of life. Combined with better sleep patterns and improved resilience,*

*these factors are important to an integrative approach to medicine, that can benefit outcomes. I know from personal experience the importance of physical activity, nutrition, and sleep in cancer.*

*Coaches with a wellness orientation with clients with disabilities can also support them in identifying their strengths and resources, developing new perspectives, and integrating change. For example, in a cancer setting Health and Wellness Coaching with appropriate awareness, training, and knowledge has been shown to support cancer survivors in integrating the new normal in their lives.”*

# XVI. Socio-economic status and Social Determinants of Health



## XVII. Socio-economic Status and Social Determinants of Health

- **What it is**

Social determinants of health (SDOH) are the economic and social conditions that influence individual and group differences in health status (Braveman & Gottlieb, 2014). They are health-promoting (or harming) factors that reflect the conditions in which people are born, grow, work, live, and age.

The US Center for Disease Control and Prevention (CDC) defines SDOH as "life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life." (Ramirez, 2008). These include access to care and resources such as food, insurance coverage, income, housing, and transportation (Brennan et al., 2008). In Canada, the frequently used SDOH include Income and income distribution; Education; Unemployment and job security; Employment and working conditions; Early childhood development; Food insecurity; Housing; Social exclusion/inclusion; Social safety network; Health services; Aboriginal status; Gender; Race; Disability (Bryant et al., 2011).

There is growing evidence that the products and practices of some commercial actors—notably the largest transnational corporations—are responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity; these problems are increasingly referred to as the commercial determinants of health. These include the impact that key industries (tobacco, ultra-processed food, fossil fuel, and alcohol) have on health outcomes and how these intersect with health inequalities/disparities (Gilmore et al., 2023).

- **Why it matters**

These wide sets of forces and systems that shape the conditions of daily life interfere with individual risk factors that influence the risk or vulnerability for any given health condition. Therefore, the distributions of SDOH are often shaped by public policies and cannot be detached from local prevailing political ideologies (Mikkonen & Raphael, 2010).

According to the WHO, "The social determinants can be more important than health care or lifestyle choices in influencing health. The unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and unfair economic arrangements" (WHO, 2019).

It is believed that the key to achieving health equity is through action on SDOH. When the WHO report was written, two major areas of SDOH were prioritized to be addressed: the first was daily living conditions and the second was the distribution of power, money, and resources, including equity in health programs, public financing of action on the social determinants, economic inequalities, resource depletion, healthy working conditions, gender equity, political empowerment, and a balance of power and prosperity of nations (WHO, 2008).

According to the WHO's Commission on Social Determinants of Health, access to health care is essential for equitable health, however, there is substantial variation in healthcare systems and coverage from country to country (WHO, 2008). Even in the wealthiest countries, there are health inequalities between the rich and the poor, the situation in poor or developing countries is much worse.

The 2011 World Conference on Social Determinants of Health, in which 125 countries participated, aimed to communicate that the social conditions in which an individual exists are key to understanding health disparities and called for new policies across the world to fight health disparities, along with global collaborations (Rio Political Declaration on Social Determinants of Health, n.d.).

- **How Health and Wellness Coaching can support this diversity**

Health behaviors shape health and well-being in individuals and populations. A social determinants approach recognizes the interplay between the incorporation of biological and psychological processes in complex, dynamic systems, embracing a population approach that situates individuals in context (Short & Mollborn, 2015).

Health and Wellness Coaches can play a vital role in supporting clients by recognizing and addressing the impact of socioeconomic status and social determinants of health on their well-being. Firstly, coaches can foster inclusivity by creating a safe and judgment-free space where clients feel comfortable discussing the various socio-economic factors that may influence their health. This involves acknowledging that access to



resources, education, and economic stability profoundly shape an individual's health journey.

Understanding the social determinants of health allows coaches to tailor their guidance to each client's unique circumstances. Coaches can work collaboratively with clients to identify realistic and sustainable wellness goals that consider the constraints and opportunities presented by their socio-economic status. This may involve adapting nutrition plans, exercise routines, and stress management techniques to align with the client's available resources and lifestyle.

Considering the commercial determinants, coaches can support clients to become more aware of the impact of industries/brands marketing alcohol, tobacco on their health choices and habits, as well as assist them to develop and implement sustainable health-creating behaviors.

Moreover, Health and Wellness Coaches can empower clients by offering education and resources that enhance their understanding of how social determinants impact health outcomes. This could involve sharing information on affordable healthy eating options, community resources, and stress reduction techniques that align with the client's socio-economic context.

Perceived susceptibility is the subjective assessment of the risk of developing a health problem (Thompson et al., 2012). The health belief model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. The health belief model predicts that a higher perceived threat leads to a higher likelihood of engagement in health-promoting behaviors (Urich A., 2017). Health and Wellness Coaching adds value to a strategy for building the necessary literacy for self-care.

In addition, advocating for social justice and addressing systemic barriers is part of the coach's role. Coaches can guide clients in navigating healthcare systems, connecting them with community services, and fostering self-advocacy. By considering socio-economic status and social determinants of health, coaches contribute to a holistic and equitable approach to well-being that recognizes and addresses the broader societal factors influencing individual health journeys.

- **Voices from the Field**

To explore what happens when coaching conversations for change and possibility are delivered to marginalized and underserved communities -

that typically undergo vastly different interactions with authorities in law, healthcare, and social services - a case report describes the impact of 12 weeks of free health coaching for twelve underserved individuals. The group included homeless, formerly homeless (living on a subsidized housing complex), and low-income people, of black, Hispanic, and mixed-race origins, with almost half having recent immigrant status.

The health coaching relationships were conducted with protocols developed for managing executive health. None of the participants had ever talked with a health coach before and only three knew how to utilize low-cost public health clinics. The results show how the motivational power of coaching conversations was a promising strategy for breaking through the social isolation and loneliness of street-dwelling adults with chronic health problems. Health coaching was shown to open an opportunity for transitioning poverty-level individuals from passive recipients using public health sector services to more empowered actors with first-stage awareness who initiated preventive health actions (Jordan, M, 2013).

To address the healthcare needs of homeless veterans, the feasibility, acceptability, and utility of Peer-WHC (Wellness and Health Coaching) was evaluated, followed by pilot studies and a randomized clinical trial. Whole Health Coaching was shown to help participants make meaningful progress toward health goals, reduce stress, and improve quality of life. The emphasis on self-assessment, patient-driven goal setting, supportive, non-judgmental inquiry, and mindful awareness contributed to program success and enhanced participants' experience (Blonigen et al., 2022; Purcell et al., 2010).

Health and Wellness Coaching has also been evaluated as a strategy for the prevention of gestational diabetes in low-income minority women. Case studies reported a range of emotional, instrumental, and health literacy-related supports offered by health coaches. This hybrid health coaching model highlights the possibility and challenge of delivering diabetes prevention program content to postpartum women in community settings (Athavale, 2016).

# XVII. Health Status



## XVIII. Health Status

- **What it is**

Health status is the impact of disease on patient function as reported by the patient. An important point here is that clinicians are traditionally focused on the diagnosis of disease and evaluation of symptoms, whereas patients are focused on the complete range of health status. Furthermore, patient report is essential because it has been shown that clinicians do not accurately estimate the health status of patients. There is often a large discrepancy between physician-rated and patient-rated symptom burden and functional limitation, and traditional clinical testing is of limited help because there is generally a poor correlation between test results and patient-reported health status. Therefore, for care to become more patient-centered, we need to use standardized patient surveys to measure the complete spectrum of health status (Rumsfeld, 2002).

The WHO's definition of health status aligns with this whole-person perspective, considering various factors that contribute to an individual's or a population's health, such as physical health, mental health, social well-being, environmental factors, and access to healthcare. This comprehensive approach acknowledges that health is a multidimensional concept that goes beyond the absence of illness to encompass the broader aspects of well-being and quality of life (WHO, 2023).

Beyond the broad term, the American Public Health Association (APHA) defines health status as the "promotion and protection of the health of all people and their communities. APHA redirects that definition of health status to "health equity" stating that "Creating health equity is a guiding priority... By health equity, we mean everyone has the opportunity to attain their highest level of health" (APHA, 2023).

Health status can be evaluated through medical assessments, surveys, questionnaires, and other data sources. It is a valuable concept for healthcare providers, researchers, policymakers, and public health professionals to understand the health needs of individuals or populations and to develop strategies for improving health and well-being. It can be used to track trends, identify disparities, and make informed decisions about healthcare delivery, interventions, and resource allocation.

It is critical to take into account that health status is regulated by both interpersonal and intrapersonal judgments and decisions. Interpersonal refers to "interactions with other people, which can provide social support

or create barriers to interpersonal growth, that promotes healthy behavior.” Intrapersonal refers to “influence behavior such as knowledge, attitudes, beliefs, and personality” (Ecological Models, 2018).

- **Why it matters**

The concept of "health status" holds significant relevance in the DEIB conversation, acting as a focal point for addressing disparities, promoting equitable access to care, and guiding efforts to enhance overall well-being for individuals, irrespective of their background.

Health disparities form a pivotal aspect of this dialog, acknowledging that health outcomes and access to healthcare services vary across demographic groups, influenced by factors such as race, ethnicity, socioeconomic status, and gender. In DEIB efforts, recognizing and addressing these disparities becomes critical.

The notion of health status aligns seamlessly with the concept of intersectionality, acknowledging that individuals often belong to multiple marginalized groups, which can compound health disparities. It emphasizes the interconnectedness of various aspects of identity and their collective impact on an individual's health.

Equitable access to care is a central theme in DEIB discussions, and health status disparities underscore the necessity for fair access to quality healthcare services, regardless of an individual's background. Hence there is also a clear connection between health status and social determinants of health, discussed elsewhere in this paper.

Recognizing disparities in health status emphasizes the need for healthcare environments that provide culturally competent and respectful care to individuals from all backgrounds. Cultivating cultural competency among healthcare providers becomes crucial, as a fundamental tool to provide sensitive and responsive care.

Ultimately, DEIB is not solely about access to healthcare; it extends to improving the overall well-being and quality of life for all individuals, irrespective of their background. The concept of health status resonates with this broader goal, emphasizing the universal nature of DEIB efforts in the realm of health and wellness.

- **How Health and Wellness Coaching can support this diversity**

Health and Wellness Coaches serve as catalysts for positive change, embracing a comprehensive approach to promote equity and inclusivity. With a clear commitment to an open-minded approach, they are essential advocates for inclusive needs, fostering self-sufficiency in individuals' health and wellness goals (Bennett et al., 2013). Positioned uniquely with a focus on personalized support and integral well-being, Health and Wellness Coaches play a pivotal role in advancing equity in "health status." Their impact is multi-faceted, encompassing various strategies aimed at addressing disparities, enhancing resource access, and promoting inclusivity.

Cultural safety is paramount in this approach, influencing healthcare providers to minimize bias and achieve equity within the workforce and working environment (Curtis et al., 2019). Culturally competent Health and Wellness Coaches, respecting diverse backgrounds and beliefs, provide inclusive and tailored support. Additionally, coaches promote health literacy, empowering clients to make informed decisions, particularly crucial for those facing educational or language barriers.

Recognizing unique health needs within different backgrounds, coaches tailor interventions to specific circumstances and cultural factors. Collaboration with healthcare professionals ensures clients receive coordinated care, addressing both physical and mental health needs. Coaches also work to reduce stigma related to mental health and certain conditions, facilitating help-seeking behaviors.

- **Voices from the Field**

Open Source Wellness (OSW) is an organization determined to see every patient as a whole person and address individual needs in a human-centered way. OSW offers an accessible alternative to gain community support in behavioral health "prescriptions." According to their co-founder, Dr. Elizabeth Markle, there are plenty of "boutique health and wellness systems, and those with privilege can shop at Whole Foods, hire health coaches, and join gyms. But for those individuals and families who need it most, who struggle with poverty, unsafe environments, and upstream drivers of chronic disease, - there is no affordable, accessible, and culturally relevant delivery system for the behavioral medicine that they need" (Open Source Wellness, 2023).

The OSW model was designed to function as a behavioral pharmacy; an affordable, accessible delivery system for a universal experiential prescription: MOVE (physical activity), NOURISH (healthy meals), CONNECT (social support), and BE (stress reduction) (Emmert-Aronson et al., 2019).

A recent study evaluated the OSW model where health coaches worked with participants, mostly women, racially and ethnically diverse, divided in small groups to provide support and create accountability for goals. Results showed that participants demonstrated significant increases in daily servings of fruits and vegetables, exercise, as well as significant reductions in body mass index. Depressed patients saw reductions in depression symptoms, and hypertensive patients saw reductions in systolic blood pressure (Emmert-Aronson et al., 2019).

This study demonstrated the effectiveness of the OSW model as an example of an individualized coaching experience within the framework of an inclusive community-support model that promotes collective health and well-being (Emmert-Aronson et al., 2019).

# XVIII. Neurodiversity





## XIX. Neurodiversity

- **What it is**

According to Harvard Health, Neurodiversity is "the idea that people experience and interact with the world around them in many different ways; there is not a single one 'right' way of thinking, learning, and behaving" (Baumer, 2021).

Neurodiversity is a concept that recognizes and celebrates the natural variation in neurological functioning among individuals. It emphasizes that neurological differences, such as those associated with autism, ADHD, dyslexia, and other conditions, are a normal and integral part of the human experience. Instead of viewing these differences as disorders that need to be fixed or normalized, the neurodiversity paradigm regards them as unique expressions of the diverse human brain.

Neurodiversity advocates argue for acceptance, understanding, and support for individuals with neurodivergent traits, promoting the idea that a neurodiverse society is richer, more innovative, and better equipped to solve complex problems. In essence, neurodiversity challenges societal norms by valuing and embracing the cognitive diversity that exists within the human population.

- **Why it matters**

Neurodiversity is integral to the DEIB conversation because it broadens the understanding of diversity to include neurological differences as a valuable aspect of human variation. In the DEIB framework, acknowledging and embracing neurodiversity fosters a more inclusive and equitable environment, challenging traditional norms that may stigmatize or marginalize individuals with neurodivergent traits.

In the DEIB conversation, neurodiversity emphasizes the importance of fair representation and equal opportunities for individuals with diverse neurological profiles. It encourages the creation of supportive environments that value the strengths and contributions of neurodivergent individuals while accommodating their unique needs.

Within this diverse environment, neurodiversity often results in highly attuned, high-achieving, high-potential individuals. Whether it is attention to detail, high focus or creativity, organizations, and wider society can benefit from diverse-minded employees (Blackburn, 2023).

By recognizing neurodiversity, both organizations and communities move beyond a one-size-fits-all approach to accommodate a range of cognitive styles and perspectives. This inclusivity not only promotes a sense of belonging for neurodivergent individuals but also enhances the overall diversity within teams, fostering creativity, innovation, and problem-solving. In organizations, the benefits of embracing neurodiversity include productivity, innovation, culture, and talent retention. To cover all of this, accommodations will be needed, including greater flexibility in the way people work, that works for their reality (Price, 2022).

In essence, embracing neurodiversity is a crucial step toward building truly inclusive spaces that honor the richness of human cognitive diversity within the larger context of diversity, equity, and inclusion efforts.

## What is ADHD?

“Attention Deficit Hyperactivity Disorder” or ADHD, is a nuanced medical condition often accompanied by prevalent stigmas. Understanding and navigating this complex neurodevelopmental disorder can be challenging for various stakeholders, including parents, educators, employers, and especially those diagnosed with ADHD. Even professionals specializing in the field may encounter difficulties in accurate diagnosis.

ADHD affects boys and girls equally, yet the diagnosis rates among girls significantly trail those of boys. Historically, the diagnostic ratio favored boys at 4-1, and though it has improved to 2-1, the underdiagnosis of girls remains a concern (Abdelnour et al., 2022).

The DEIB conversation gains significance in acknowledging that ADHD in girls is often explained as a product of personality rather than an organic disorder, perpetuating stereotypes of daydreaming, forgetfulness, or chattiness. Girls are more likely to conform to societal standards, seeking positive attention and meeting expectations, albeit at a significant emotional cost.

The outcomes of underdiagnosis in girls and women have direct implications for DEIB efforts. Untreated ADHD obstructs the realization of inherent potential, contributing to repeated failures, anxiety, and depression. Late diagnoses increase the likelihood of masking ADHD symptoms with anxiety or depression, presenting a false picture. Emotional, social, and behavioral challenges arise from undiagnosed women at a higher risk of psychiatric hospitalization. Recognizing the fluctuating nature of ADHD symptoms at different life stages, such as puberty, pregnancy, and menopause, underscores the need for tailored

approaches aligned with the woman's hormonal status within the broader DEIB conversation (Miller et al., 2012).

## Why ADHD matters?

Adjusting for the global demographic structure in 2020, the prevalence of persistent adult ADHD (confirmed onset in childhood) was 2.58% and that of symptomatic adult ADHD was 6.76%, 139.84 million and 366.33 million, respectively, adding up to 506.17 million adults affected in 2020 globally (Song et al., 2021). While both persistent and symptomatic ADHD are defined by the presence of above-the-diagnostic-threshold ADHD symptoms in adulthood, only persistent ADHD has a confirmed onset in childhood.

Individuals with ADHD often contend with a range of comorbidities that span mental, emotional, and physical health domains. Mentally and cognitively, ADHD can be associated with obsessive-compulsive disorder (OCD) and learning disabilities. Emotionally, individuals may grapple with anxiety and depression. On a physical health level, there is an increased risk of injuries, struggles with weight management, sleep disturbances, substance abuse, and immunological dysregulation, including conditions like asthma, allergic rhinitis, and atopic eczema, along with altered gut microbiome functions. Additionally, considerations around medication adherence and lifestyle changes become crucial components in addressing the unique needs of individuals with ADHD. (Katzman et al., 2017).

- **How Health and Wellness Coaching can support this diversity**

Health and Wellness Coaches are uniquely equipped to address the specific health-related challenges that individuals with ADHD face. These challenges encompass adherence to ADHD medication and other health-related requirements, such as exercise, nutrition, stress management, and management of substance abuse (primarily caffeine and nicotine).

Within the realm of health, wellness, and medical coaching, these behaviors take precedence, prompting the implementation of tailored strategies. Coaches can focus on supporting clients in organizing tasks, managing distractions, regulating sleep patterns, supporting emotional regulation, and developing techniques for memory enhancement. Beyond these individual strategies, Health Coaches play a unique role in guiding individuals with ADHD to establish effective communication with their healthcare team, which may include primary care physicians, psychiatrists, and complementary health practitioners. Establishing open communication fosters a collaborative approach, and favors a balanced management of ADHD and overall health.

Furthermore, Health and Wellness Coaches offer support through empathic communication skills, one-to-one conversations, where non-judgement and active listening encourages authenticity. Discussing what really matters, ambivalence is uncovered and handled adequately, as an effective coaching strategy. In the workplace, this approach not only enhances understanding and responsiveness to the unique needs of individual employees but also catalyzes the dismantling of mental health stigmas, fostering a more supportive and inclusive environment (Mahto et al., 2023).

- **Voices from the Field**

Coaching has gained recognition as a client-centered behavioral intervention for the management of ADHD as demonstrated below.

An 8-week collaboration between a psychiatrist and a Health and Wellness Coach had a double impact: the collaboration expanded what the psychiatrist had been able to achieve alone in working with a client with ADHD and resulted in client improvement in self-efficacy and in various functional impairments, including organizational skills and academic achievement. As a result, the client achieved her goal of resuming graduate studies and integrating and maintaining her behavioral changes for more than 6 months, successfully graduating from her program (Ahmann et al., 2020).

This case illustrates beneficial outcomes and the promising role of Health and Wellness Coaching in assisting individuals with ADHD in achieving successful behavior change. It opens many possibilities for integrating Health and Wellness Coaching with other modalities in interdisciplinary work, especially for neurodiverse people.

While health coaches may not provide direct therapeutic interventions for such disorders, they can support in various aspects that contribute to the individual's overall health and quality of life. Indeed, a recent hypothesis sees coaching's emergence as a partial challenge to medicalization of ADHD (Bergey, 2024), further strengthening the importance and unique role of health coaches in ADHD care.

## **What is Autism Spectrum Disorder?**

Autism is a complex developmental condition that affects social, sensory, and communication experience, and it may manifest differently in men and in women. Autism Spectrum Disorder (ASD) is a neurodevelopmental condition with many dimensions characterized by social challenges and

repetition in behaviors (Khalifa et al., 2019). Individuals with ASD may have difficulty with executive function, sensory distractions, social connection and understanding social cues, motivation, and goal setting, as well as difficulty with individual living (Rudy, 2023).

In the context of the work environment, these difficulties might be manifested as persistent deficits in social communication and social interaction such as abnormal social approach, failure of normal back-and-forth conversation, reduced sharing of interests or failure to respond to social interactions.

## **Why it matters.**

Clearly ASD characteristics might impact relationships and productivity in the work environment. On the other hand, a challenging thought is that it is not autism that holds people back at work, but discrimination (Praslova, 2021). Autistic professionals can be up to 140% more productive than the typical employee when properly matched to jobs. If included professionals on the autism spectrum bring valuable strengths to the workplace, including (but not limited to) understanding complex systems, independently focusing on tasks, reliability, and loyalty.

Also, there is a high comorbidity rate between ASD and ADHD with 30-50% of individuals with Autism meeting the criteria for an ADHD diagnosis and 66% of people with ADHD having Autistic Spectrum traits and 80% of people with Autism have ADHD traits (Understanding Autism - the Mind Practice, n.d.).

## **Health Coaching for Autism Spectrum Disorder**

Coaching individuals with ASD can help with achieving goals to improve outcomes for that individual, and has been associated with improved behavioral, social, health-related, motivational, and career outcomes. A Health Coach will develop mutual trust, engage in a flexible relationship, support increased confidence and self-autonomy, while building health supporting habits (Hillier et al., 2021).

Successful workplace strategies for individuals with autism spectrum disorder were: minimizing distractions, reducing noise, and predictable job duties, along with environmental considerations. a positive work environment (Deloitte, n.d.). Health and Wellness Coaching can provide both support to employers and co-workers.

- **Voices from the Field**

The following is a testimonial from Sarah Doll-Steinberg, The Mind Practice, Certified ADHD and Nutrition Coach.

*"As a life coach specializing in neurodiversity, I have many clients with Autism or Autistic traits. Every person is unique and the first step to supporting individuals with Autism is to understand their particular strengths, challenges, and needs. As a neurodiverse individual myself, I have firsthand knowledge of many of these challenges! Many clients tell me that just talking to someone who experiences the same issues makes them feel understood and reduces the stigma associated with symptoms.*

*Understanding the neuroscience behind the Autistic brain is an important part of coaching. There may be differences in processing information, sensory perception, social interactions, and communication from a neurotypical brain. These differences may negatively affect our thoughts and behaviors. For example, low interoceptive awareness is common with Autism, and we may fail to recognize symptoms of anxiety, hunger, fatigue, overwhelm, etc., Perhaps we regularly argue with our partner upon returning from work, not realizing we need time to recover from being overstimulated or stressed during the day. Or perhaps we don't recognize our loss of temper is due to hunger or the loud music someone is playing. Understanding our brain can help us to demystify these challenges. Identifying these internal sensations and building strategies for when they occur enables us to overcome the difficulties we experience.*

*Coaching conversations are client-led, but often include building self-confidence, daily living skills, behavioural strategies, emotional regulation or communication strategies. Working together to build these structures, at a pace that suits the client and with support when required, leads to lasting change".*

# XIX. Weight Bias and Stigma



## XX. Weight Bias and Stigma

- **What it is**

Weight bias is defined as negative attitudes towards, and beliefs about, others because of their weight. These negative attitudes are manifested by stereotypes and/or prejudice toward people in larger (or occasionally smaller) bodies. Internalized weight bias is defined as holding negative beliefs about oneself due to weight or size. Weight bias can lead to weight stigma, which is the social sign or label affixed to an individual who is the victim of prejudice. Weight stigma involves actions against people that can cause exclusion and marginalization, and lead to inequities (WHO, 2017).

Even the terms “underweight, overweight, and obese/obesity” can be stigmatizing. They imply that there is one weight to be and everything else is under or over. Further, these terms medicalize and pathologize body size based on BMI which has been shown to be a flawed measure (Mauldin et al., 2022).

- **Why it matters**

According to the World Obesity Federation, nearly half of the world is “obese or overweight” (World Obesity Federation, 2023). Current healthcare is weight-centric, equating weight and health. This approach to healthcare has negative consequences on patient and client well-being (Mauldin et al., 2022).

Weight stigma can result in discrimination and social exclusion, limiting opportunities in various areas of life. It can affect educational attainment, employment prospects, and interpersonal relationships. Individuals who face weight stigma may encounter bias in hiring decisions, workplace mistreatment, and bullying. This discrimination perpetuates inequality and hinders social and economic participation.

Weight stigma intersects with other forms of discrimination and oppression, such as sexism, racism, ableism, and classism. It is essential to recognize and address the intersectional nature of weight stigma to promote social justice and equality. Individuals who belong to marginalized groups may face compounded stigma and discrimination based on their weight and other intersecting identities. From a public health perspective, focusing on weight as a measure of health can perpetuate harmful stereotypes and neglect other factors influencing well-being, such as social determinants, genetics, and lifestyle behaviors. Hence, addressing weight stigma impacts healthcare as a whole.



Weight stigma can have detrimental effects on physical and mental health. It contributes to increased stress, anxiety, depression, and disordered eating behaviors. Weight stigma by healthcare providers is frequent and even more harmful, as it can also lead to avoidance of healthcare services; weight loss advice is not a replacement appropriate diagnostic testing and treatment. Further, weight stigma perpetuates a cycle where individuals may engage in unhealthy behaviors, such as crash diets or excessive exercise, which can further harm their health and well-being.

Weight stigma can negatively impact body image and self-esteem. Constant exposure to negative stereotypes and societal messages about body weight can lead to body dissatisfaction and a distorted perception of one's own body. This can have long-lasting effects on self-worth, confidence, and overall mental well-being.

Though there is a lack of multinational studies, meta-analyses found that approximately 19% of people with obesity and 39% with severe obesity experienced stigma (Sikorski et al., 2015). This stigma has been experienced by educators, employers, health professionals, the media and even friends and family (Cameron, 2016; Brochu et al., 2014; Kirk et al., 2014; Puhl et al., 2007; Rudolph et al., 2009). Data from the Rudd Center for Food Policy and Obesity indicate that: school-aged children with obesity experience a 63% higher chance of being bullied; 54% of adults with obesity report being stigmatized by co-workers, and 69% of adults with obesity report experiencing stigmatization from health care professionals (Ha, 2020).

While significant attention is given to the issue of weight stigma directed towards individuals who are overweight or obese, it is important to recognize that societal attitudes toward body weight can affect individuals at various points along the weight spectrum.

Some people with significant overweight and obesity choose to undergo bariatric surgery. Many view this as a “magical solution,” poorly informed about the unique challenges awaiting them after the procedure, including:

- Life-long commitment to adhere to behavioral changes,
- Diet restrictions requiring a significant attitude change toward food and eating habits,
- Weight gain caused by non-adherence to diet guidelines, depression, or substance abuse,
- Postoperative depression increased by an idealization of life after surgery, temporary changes in self-esteem and personality, social reactions and demands to the weight loss, difficulty coping with negative life events that were attributed to obesity and post-surgical complications,

- An existing complex emotional relationship with food that is still used as a coping mechanism for emotions, anxiety, and stress,
- Coping with excess skin (even though this can be fixed with plastic surgery this can negatively affect self-confidence),
- Postoperative Depression.

In Canada, there is since 2020 a clear strategy in place, as per the Canadian Clinical Guide for Clinical Practice, that “shifts the focus of obesity management toward improving patient-centered health outcomes, rather than weight loss alone”. They further state that “Obesity care should be based on evidence-based principles of chronic disease management, must validate patients’ lived experiences, move beyond simplistic approaches of “eat less, move more,” and address the root drivers of obesity”.

Underweight people might also face judgments, comments, or assumptions about their appearance, health, and lifestyle. This kind of stigma can also contribute to feelings of self-consciousness, isolation, and a negative body image for those who are underweight.

- **How Health and Wellness Coaching can support this diversity**

Health, Wellness and Medical Coaches are trained to help increase resilience and emotional agility as well as help client cope with emotional triggers and shift into resourceful and pro-active states.

At the root of Health and Wellness Coaching is the creation of a safe and non-judgmental space for clients. By challenging weight bias and promoting body acceptance, Health and Wellness Coaches can help foster a more inclusive and equitable society that values and supports people of all body sizes. Within this safe space, Health and Wellness Coaches can help shift the focus from resistance or victimization to health promotion, body acceptance, and compassion, while supporting individuals in achieving well-being.

Health coaches use an individualized approach that respects the unique needs and goals of each client. Recognizing that health is multifaceted and influenced by various factors beyond weight, coaches can support clients in setting realistic and sustainable health goals that align with their values and preferences. Health and Wellness Coaches are trained to avoid using stigmatizing terms and to focus on health behaviors rather than weight as a measure of success, emphasizing overall well-being and self-care.

Coaches must be mindful of the impact their words can have on an individual's mental and emotional well-being. Employing inclusive and sensitive language allows coaches to acknowledge the diverse experiences and challenges related to health and body size without perpetuating stereotypes or judgment. By cultivating an environment free from weight-related biases, coaches can create a safe space for clients to explore their health goals, promoting a person-centered and positive approach to well-being that goes beyond external appearances. In the glossary, we have included links to specific, weight-centric and weight-inclusive terminology.

Health coaches can empower clients to become advocates for their health and well-being by supporting them in developing self-compassion, self-esteem, body acceptance, and resilience to combat weight stigma. This may involve helping clients challenge societal beauty standards, develop positive coping strategies, and find supportive communities.

Finally, many Health Coaches are specifically trained to work with clients in this area and are all trained to recognize the boundaries of their scope of practice and to refer clients to appropriate professionals, such as registered dietitians, therapists, and medical professionals to ensure clients receive comprehensive and specialized care when needed. By adopting a weight-inclusive approach and actively addressing weight stigma, health coaches can create a supportive environment that promotes integral well-being and helps clients develop a positive relationship with their bodies and health.

- **Voices from the Field**

Provided By Dr Michelle May, CSP, Founder of Am I Hungry?® Mindful Eating Program.

*"A weight-neutral approach to eating has been transformational for me. When I started the Am I Hungry? program, I was exhausted from the endless cycles of dieting I'd engaged in my entire life and desperate for change. With Michelle's help and the support of weight-neutral coaching sessions, I quickly saw how I had been using food as a coping mechanism for years. I learned new skills that have completely transformed my relationship with food. I have found true joy in eating without restriction and am no longer bound by the fear and self-recrimination of continually gaining and losing weight. Perhaps for the first time, I am truly and fully enjoying my life and am in a place of true acceptance of the person I am, body and all." — Wendy*

*"My coach helped me understand that the dominant paradigm of thinness = health is not only unsupported by scientific evidence but is also hugely damaging to physical and emotional well-being. She challenged me to*

*resist such easy explanations and instead adopt a weight-neutral approach based in mindfulness and curiosity. This shift has proven transformational. I no longer see food as the enemy. I no longer judge my worth by my size. I no longer value movement for the calories it burns and instead see it as a source of pleasure and health. And I no longer postpone joy for some distant time in the future when I will be “deserving” of it.” — Kate*

*“My weight as a measure of my “progress” has always been a source of shame and judgment. Positive feelings when I lost weight were always replaced by shame when I inevitably gained it back. Each new diet failure brought more shame and judgment. A weight neutral approach eliminated the shame and feeling of judgment, allowing me to focus on how I felt and my relationship with food.” — Jim*

# XX. Closing the Case for DEIB through Health and Wellness Coaching



## XXI. Closing the case for DEIB through Health and Wellness Coaching

- **What's being done**

Health and Wellness Coaching is not credentialed or regulated globally. The development and establishment of this emerging profession has been led by the United States and the United Kingdom where it is most advanced (Global Wellness Institute, Global Coaching Initiative, 2021).

### **United States National Board of Health and Wellness Coaching: NBHWC**

The National Board for Health and Wellness Coaching is committed to promoting diversity, equity, inclusion, and belonging in the field of health and wellness coaching. To help accomplish this important work, NBHWC is forming a Diversity, Equity and Inclusion Committee. At the time of this paper, there are 10,000: National Board-Certified Health and Wellness Coaches that hold the NBC-HWC credential in over 30 countries. They published a statement on social justice encouraging all health coaches in their community to seek out resources (including their own) to learn more about health disparities, racism, and other issues of social justice (NBHWC, 2023).



Source Image: NBHWC, 2023 *UK&IHCA* (LinkedIn)

## **United Kingdom UK & International Health Coaching Association: UKIHCA**

As the leading professional body for health coaching founded in 2018 UKIHCA's role is to advance the modality of health coaching in all its contexts to establish and maintain professional standards for professional health coaches and to approve education and training providers who have attained its robust standards for education and training professional health coaches. The Association has a vibrant, active, and growing international community of over 900 members.

UKIHCA's Equality, Diversity, and Inclusion Policy Statement declares a commitment to equality, diversity, and inclusion as fundamental to the Association's core values, ensuring its success as a high-performing global institution with a positive and supportive culture, where all staff, consultants, partners, members, and the general public as clients, feel empowered and respected (UKIHCA, 2023).

UKIHCA is committed to ensuring that the discipline and practice of health coaching reflect the needs and demands of a wider contemporary ecosystem and that developing specializations in health and wellbeing contexts that embrace DEIB are reflected and enshrined in every aspect of health coaching education delivered by its Approved Education and Training Programs.

To reflect the global evolution of the health coaching landscape and ecosystem, UKIHCA is participating in the NBHWC's Diversity, Equity & Inclusion Committee.

The Association's generic Scope of Practice (2020) and its Standards for Education and Training for Professional Health Coaching (2021) are presently undergoing review and update and will be republished in the summer of 2024.



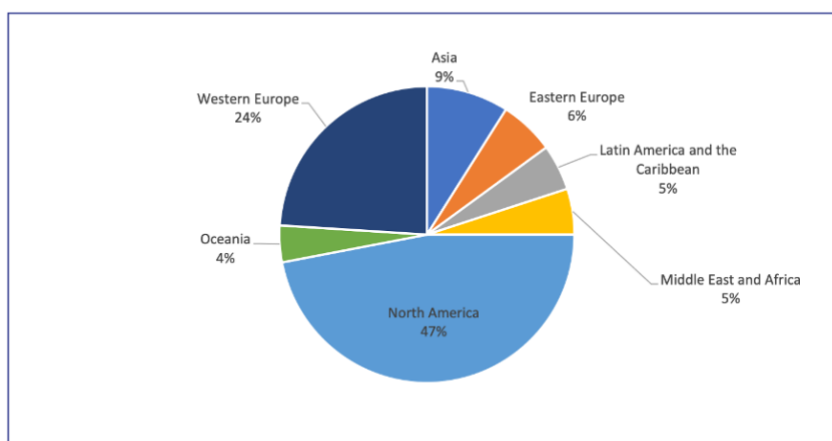
## **International Coaching Federation: ICF**

The International Coach Federation (ICF) is a global professional organization dedicated to advancing the coaching profession and setting high standards for coaching excellence. It is one of the largest and most recognized coaching associations worldwide. ICF was founded in 1995 and has since played a significant role in promoting coaching as a valuable professional discipline.

As a global leader and pre-eminent international coaching association, the ICF holds an important and influential role in guiding and directing DEIBJB among coaches across the profession. Recently, ICF has committed to diversity, equity, inclusion, justice, and belonging (DEIBJB) through the inception of a diversity statement in the 2022 “ICF State of Diversity White Paper” (ICF, 2022).

As ICF leadership and membership take action to implement new recommendations and initiatives, the aim is to create an association that is open, welcoming, and accessible to all to strengthen the vibrant coaching community and the expansive global community they serve.

As of March 2022, ICF was comprised of 54,177 members in over 140 nations and territories. ICF includes among its members young professionals of the Millennial and Centennial generations as well as members from the Greatest Generation (ICF, 2022).



Source Image : (ICF, 2022)

- **The Diversity of Health and Wellness Coach Specialties**

Health and Wellness Coaching is a diverse field, and coaches often specialize in various areas to meet the unique needs of their clients depending on their training, interests, and certifications. Coaches may choose to focus on one or more of these areas to provide specialized support to their diverse clients. As human health evolves, Health and Wellness Coach specialties evolve too.

### **Example Health and Wellness Coach Specialties (ever evolving)**





- **Final Thoughts, Calls to Action and Conclusion**

## **Surviving versus Thriving**

Surviving versus thriving underscores the significance of well-being and resilience. Survival entails overcoming adversity with available resources but may lead to inequitable consequences. Thriving, on the other hand, denotes optimal well-being irrespective of challenges, aligning with the Illness-Wellness Continuum. The persistence of health equity gaps amplifies global public health threats rooted in cultural, institutional, and interpersonal racism. The unequal distribution of power and resources perpetuates malpractice, maltreatment, and diminished quality of life, creating a dichotomy between populations merely surviving and those flourishing. A fair and livable environment necessitates a cooperative system devoid of preconceptions, pre-meditated thoughts, or stigmas.

## **“Calling Out” and “Calling In”**

In fostering inclusive spaces, the concepts of "calling out" and "calling in" emerge as crucial tools. Calling out involves publicly addressing harmful words or behavior while calling in invites one-on-one or small group conversations for a nuanced discussion. These strategies are not mutually exclusive, offering a dynamic approach to addressing harm. While implementing them, patience, understanding, and the identification of allies are essential. Reflection on personal identities and privileges enhances the effectiveness of calling in or calling out (Calling and Calling Out Guide, Harvard University, n.d.).

## The future of Health and Wellness Coach training

Looking forward, the future development of multicultural competency in Health and Wellness Coach training emerges as a crucial aspect of addressing DEIB challenges. Cultivating this competency goes beyond professional responsibility; it represents a commitment to delivering inclusive, effective, and culturally sensitive coaching services. Coaches equipped with multicultural competency can guide clients from diverse backgrounds effectively, ensuring an understanding and respect for unique needs. This competency empowers coaches to recognize and address health disparities, fostering inclusive environments where clients feel valued and understood, thereby making a valuable contribution to advancing DEIB in wider society.

To embark on this developmental journey, coaches can engage in training, workshops, and continuous education, utilizing frameworks such as the National Wellness Institute Multicultural Competency Model (Straub, 2023).

### Calls to action!

As authors of the paper and representatives of the Global Wellness Institute Wellness Coaching Initiative, we call upon all readers, including Individuals, Leaders, Service Providers, and Advocates of DEIB, to actively engage in the following Calls to Action:

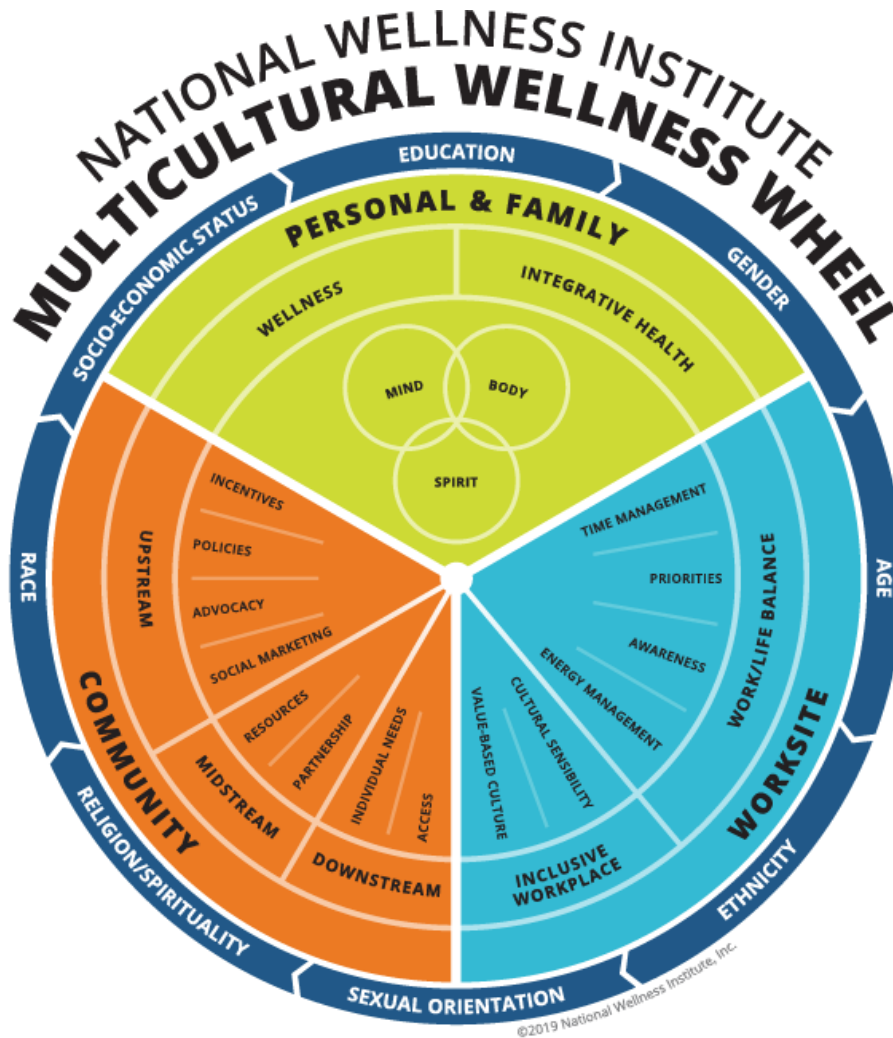
- **Champion Health and Wellness Coaching:** Recognize the value of Health and Wellness Coaches in promoting DEIB principles in the context of personal well-being. Advocate for the integration of wellness coaching in healthcare settings, workplaces, and communities to provide inclusive, effective, and culturally sensitive support.
- **Embrace Multicultural Competency:** Individuals, leaders, and service providers are encouraged to embrace multicultural competency actively. This involves fostering an understanding and appreciation of diverse cultural backgrounds, experiences, and needs. Seek opportunities for education, training, and mentorship to enhance cultural competence in personal and professional settings.
- **Promote Inclusive Spaces:** Leaders and advocates of DEIB should actively work to create and promote inclusive spaces within their organizations and communities. This includes recognizing and addressing instances of bias, discrimination, and microaggressions. Foster an environment where individuals from all backgrounds feel valued, heard, and respected.

- **Implement DEIB Initiatives:** Leaders and service providers should champion and implement DEIB initiatives within their organizations. This involves developing and enforcing policies that promote equity, fostering diversity in leadership roles, and ensuring that all individuals have equal opportunities for growth and advancement.
- **Support Mental Health and Neurodiversity:** Individuals and advocates of DEIB should actively support mental health awareness and neurodiversity. Destigmatize conversations around mental health, promote understanding of neurodivergent conditions, and encourage open discussions to break down barriers to mental health support and inclusion. Consider that everyone lives in a neurodiverse society.
- **Advocate for Policy Changes:** Advocates and leaders can contribute to larger systemic change by advocating for policies that address health disparities, promote inclusivity, and reduce barriers to equitable healthcare. Engage in conversations with policymakers, join advocacy groups, and use collective voices to drive positive policy changes.
- **Engage in Continuous Learning:** Individuals and leaders alike should commit to continuous learning about DEIB topics to stay informed about current research, best practices, and evolving perspectives on diversity, equity, inclusion, and belonging. Encourage a culture of learning within organizations to foster ongoing openness, growth and understanding.
- **Promote “Calling In-Out” Culture:** Encourage a culture of "calling in" within organizations and communities. Recognize that individuals may unintentionally cause harm and create opportunities for constructive dialogue to address issues of bias or discrimination. Support each other in the journey toward understanding and growth.

By actively engaging in these Calls to Action, each reader can contribute to a more inclusive, equitable, and thriving world. The collective efforts of Individuals, Leaders, Service Providers, and Advocates of DEIB can bring about positive change, fostering a global environment where everyone can thrive and enjoy optimal well-being.

**The Multicultural Wellness Wheel of the National Wellness Institute (NWI)** is designed to support wellness practitioners and related stakeholders in broadening their outlook as it relates to the concepts of wellness and well-being and to support the recognition of the

interlocking systems displayed within the wheel. This concept map addresses applied multicultural competency and the needs and goals of individuals, families, and workplaces. It also provides a guide for the development of well communities and civic infrastructures (NWI, 2023).



- **Conclusion**

This paper shows that the DEIB conversation is paramount in 2024 and that accredited, well-trained Health and Wellness Coaches stand at the forefront, playing a pivotal role in supporting DEIB initiatives. Their skills and knowledge enable them to navigate the complex landscape of human health and well-being, fostering inclusivity and equity in their practice, adding value to multidisciplinary health teams. By prioritizing DEIB principles, these coaches contribute to the complete betterment of their clients and society, embodying agents of positive change in the realm of wellness.

## Inclusive Language Glossary Resources

**General Inclusive Language Guide:** <https://us.sagepub.com/en-us/nam/inclusive-language-guide>.

- Race/Ethnicity
- Gender
- Sexual Orientation
- Age
- Disability
- Health/mental health
- Socioeconomic status

**Specific Inclusive Language Guide: Race & Ethnicity**  
<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines>

**Specific Inclusive Language Guidelines: Disability**  
<https://www.ungeneva.org/en/about/accessibility/disability-inclusive-language>

**Specific Glossary of Gender & Sexual Identity Terminology for professionals:** <https://www.genderhealthtraining.com/wp-content/uploads/2023/12/GHTI-Glossary-v122023.pdf>

**Specific Inclusive Language Guide for Weight Stigma and Bias Terminology:** <https://pubmed.ncbi.nlm.nih.gov/35819360/>

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### Want to contribute?

Health and Wellness Coaching Connection Blog Space.

It is our mission to empower individuals and businesses around the world to confidently partner with wellness coaches, optimizing health and well-being and clarifying wellness coach specialties and global guidelines through education and community resources. The GWI WCI Blog is one of these resources intended to advance the global Health & Wellness Coaching Community by providing accessible, evidence-based articles related to the field of Health & Wellness Coaching. Blogs will be posted on our area of the [GWI website](#) and cross-posted on LinkedIn.

Learn more here :

[Wellness Coaching Connection Contributor Guidelines](#)  
[Blog-Newsletter Submission Form](#)

Please email us ([gwiwci2023@gmail.com](mailto:gwiwci2023@gmail.com)) if anything is unclear or if you have questions. We look forward to receiving your submissions!

## Questions for Discussion Guide

Complementing our research, this Questions for Discussion Guide serves as an organized tool to facilitate ongoing discussion and contemplation on the pivotal role of Health and Wellness Coaching within the realms of Diversity, Equity, and Inclusion. Intended for educators, students, and readers, this guide provides a structured framework for further exploration, encouraging thoughtful analysis and collaborative dialogue to advance inclusive practices in the field.

- What does a diverse, equitable, and inclusive workplace/world/community where everyone belongs look like/feel like?
- What are the gaps in your organization around this type of diversity?
- How might you champion greater inclusion in your day to day?
- How can you champion more inclusion and awareness around this diversity?
- What might be a personal obstacle to embracing this type of diversity?
- What unconscious bias might you have in this type of diversity?
  - How might you explore your unconscious bias?
- What is the greatest challenge for you concerning this type of diversity and why?
- Who might support you to better understand this type of diversity?
- In what context might you find this type of diversity most relevant (i.e. Workplace? Schools? Community?)
- Where (country, location, venue) might this type of diversity NOT be a challenge and why?
- What has been your personal experience with this type of diversity - from the outside or inside?

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