



Health coach training programme

Final evaluation report

April 2020 to June 2026

September 2026

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What we achieved together

Health coaches training Evaluation findings

April 2020 – June 2026 snapshot



110

Trainings delivered

2

Training
providers

1,046 Trainees began
training

986 Trainees
completed training

Outcome measures

Trainee's ratings on a scale of 1-5 (agreement and confidence Likert scales)

97% Trainees rated their **confidence** to practice as health coach as 'good' or 'very good'.

95% Trainees agreed or strongly agreed their **preparedness** to work with Māori and whānau improved

97% Trainees agreed or strongly agreed they would **use** their learning from the programme in their work.

99% Trainees rated the **overall quality** of the health coach training programme as 'good' or 'very good'.

Background to the health coach training

Health coaching aims to build people's motivation and capability to better understand and self-manage their physical and emotional wellbeing. Health coaches work closely with members of the primary health organisation (PHO) and community providers to support the enrolled population to meet their health and wellbeing needs. The roles are part of the integrated primary mental health and addiction (IPMHA) services.

Te Pou coordinated the delivery of health coach training provided by Health Literacy NZ and Tāmaki Health until December 2025, with trainees continuing the programme until June 30, 2026. From January 2026, health coach training was made available through training providers directly by Health New Zealand | Te Whatu Ora. The programmes are based on the health coach practice profile published by Health New Zealand | Te Whatu Ora. During January to June 2026, there were no new trainees enrolling into the Te Pou coordinated programme.

The Health Literacy NZ programme consists of 16 hours of initial training, eight to 12 weeks of support and mentoring, four webinars, and a final eight hours of training. The Tāmaki Health programme consists of 40 hours training, one day of on-site training, ten webinars, and a further day on-site, see Table 1.

In terms of terminology, the word 'phase' is associated with Tāmaki Health training processes, and 'stage' is associated with Health Literacy NZ. In this report, when both providers are referred to in the same sentence, 'phase' is used for simplicity.

Table 1: Programme structure.

Health Literacy NZ training processes	Tāmaki Health training processes
Preparation 2-hour Zoom meeting with providers and stakeholders to discuss and contextualise the health coaches training programme	
Stage 1 – Introduction Training delivered either: 2-days in-person (16 hours) or 9 x 2-hour virtual blocks over a week	Phase one 40 hours of training delivered either: 5 days in-person or 5.5 days virtual (with homework)
Stage 2 - Mentoring 8-12 weeks of ongoing support and mentoring Regular individual contact by email, Zoom and phone by trainers	Phase two One day of on-site training and competency practice in clinic with newly trained health coach (usually 2 - 4 weeks after phase one)

Health Literacy NZ training processes	Tāmaki Health training processes
4x expert webinars – once every 2 weeks. (delivered by experts in primary care, health coaching, mental health, and addiction)	
Stage 3 - Making the most of health coaching 8-hour workshop delivered either: 1-day in-person or 4x 2-hour blocks over 2-days Establishment of an online community of practice (COP) for health coaches	Phase three Ten fortnightly ongoing virtual support through webinars One additional day of on-site training and competency practice in clinic with newly trained health coach

Key evaluation questions

The evaluation seeks to answer the following key questions.

- How much did the programme do?
- How well did the programme do it and who benefitted?

Results

How much did the programme do?

Figure 1 shows the number of week one workshops delivered, the number of people who attended, and the number who completed the training programme. These figures were drawn from training evaluation reports April 2020 to June 2026.

Figure 1: Completions data from April 2020 to June 2026



*These numbers may vary slightly from because of gaps in enrolment records during the COVID-19 period from 2020 to 2021.

How well did the programme do and who benefitted?

The evaluation data used in this report covers the period from January 2024 to June 2026. Data collection methods for both providers were reviewed and made consistent in 2022, with the evaluation questions updated in December 2023 to focus more clearly on outcomes. The updated questions and structure came into effect in January 2024. Since then, the evaluation questions and structure have remained consistent, hence the decision to focus the evaluation data during these periods. The data includes responses from both week one and final evaluations.

Quality of the health coach programme delivery

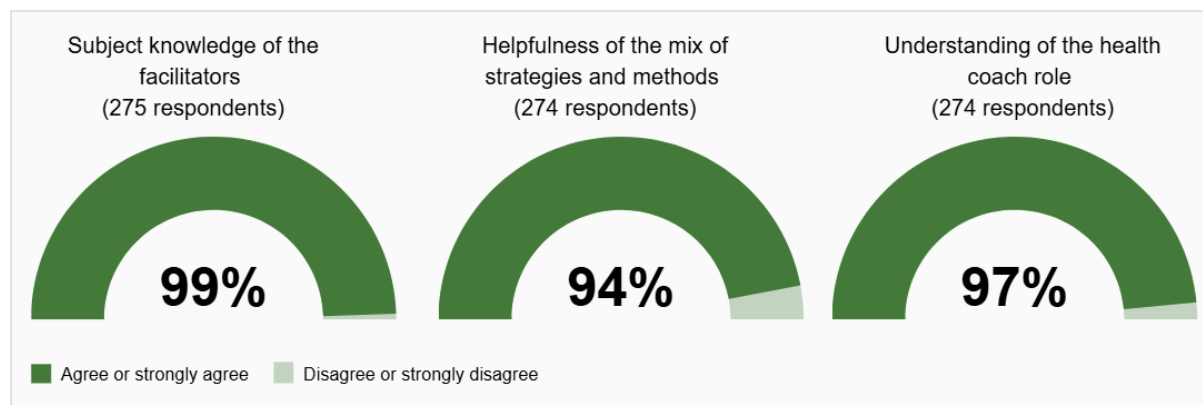
Almost all trainees (99 percent) rated the overall quality of the health coach training programme as good or very good. Similarly, 96 percent rated the quality of follow-up and mentoring support as good or very good, and 97 percent rated their overall confidence to practise as good or very good. See Figure 2.

Figure 2: Quality of the health coach training programme



Trainees also rated their trainers, training delivery methods, and understanding of the health coach role highly. Almost all rated their trainers' subject knowledge (99 percent) and the usefulness of the mix of strategies and delivery methods (94 percent) as good or very good. In addition, 97 percent of trainees agreed or strongly agreed that their understanding of the health coach role had increased. Figure 3.

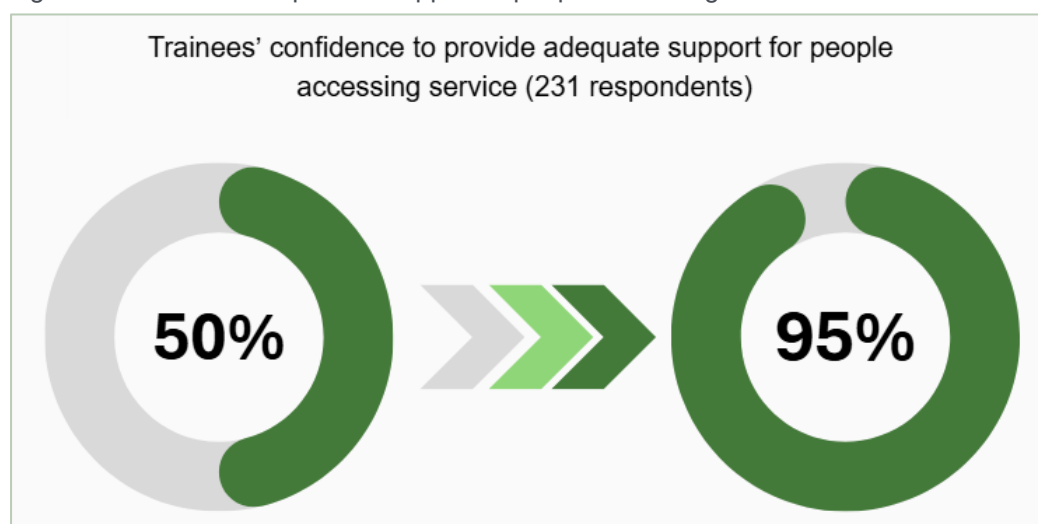
Figure 3: Feedback on trainer and training delivery methods



Trainees' confidence and preparedness to practice

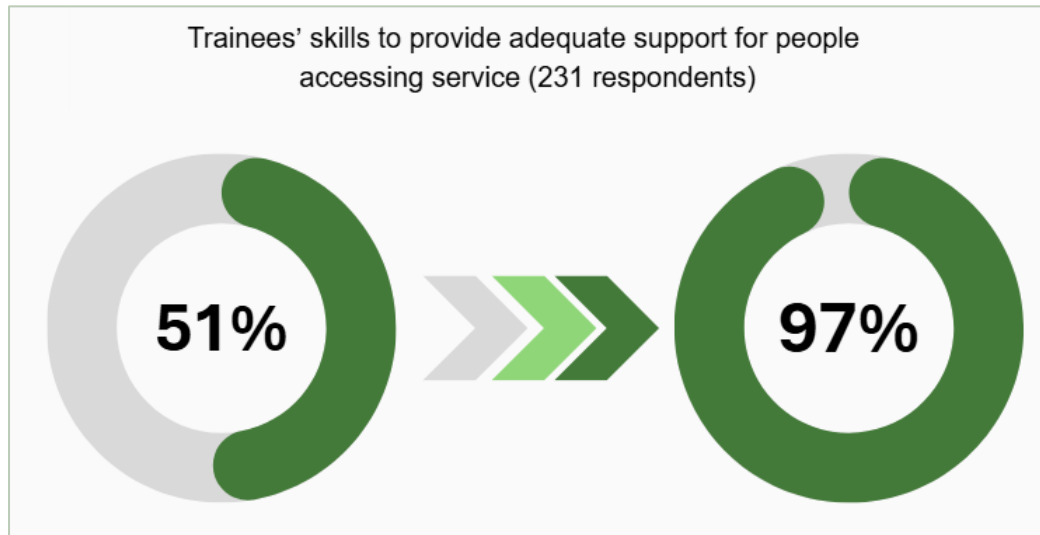
Trainees' confidence in providing adequate support for people accessing services increased from 50 percent before the health coach training programme to 95 percent after. Representing almost a two-fold increase (1.9 times) See Figure 4.

Figure 4: Confidence to provide support to people accessing services



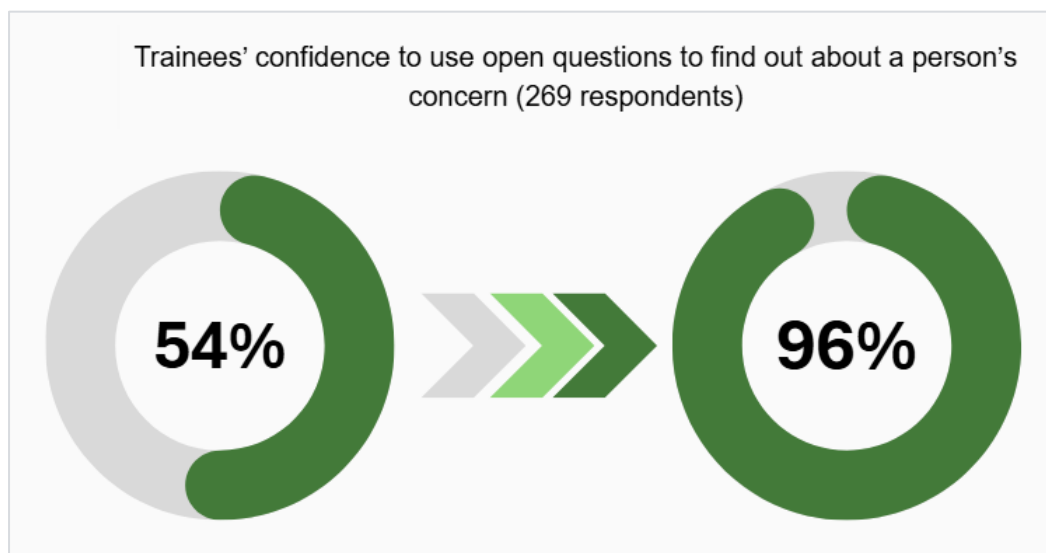
Similarly, their skills in providing adequate support for people accessing services increased from 51 percent before the training to 97 percent after. Representing almost a two-fold increase (1.9 times) See Figure 5.

Figure 5: Skills to provide support to people accessing services



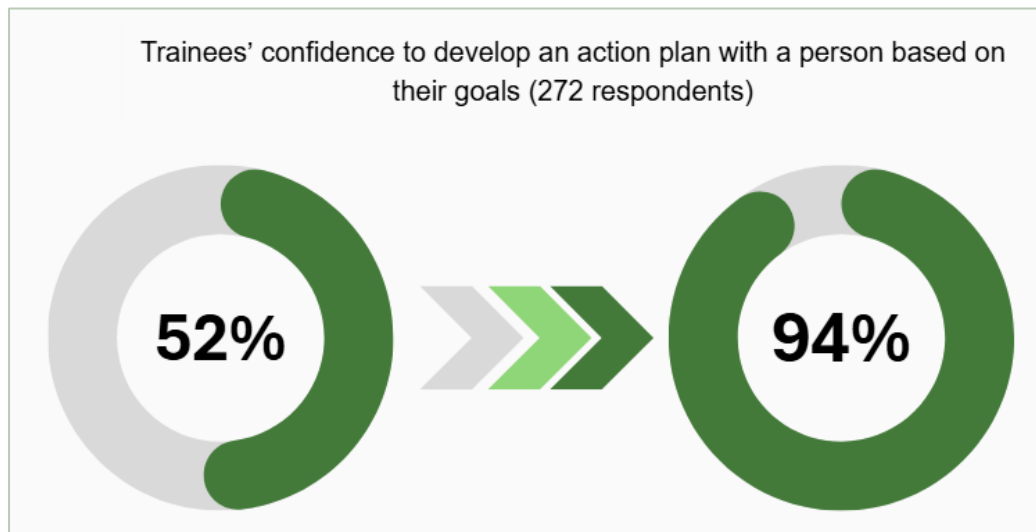
Trainees' confidence to use open questions to find out about a person's concerns increased by 42 percent (1.8 times) after the health coach training. See Figure 6.

Figure 6: Confidence to use open questions



Trainees' confidence to develop an action plan with a person based on their goals also increased by 42 percent (1.8 times) after the health coach training. See Figure 7.

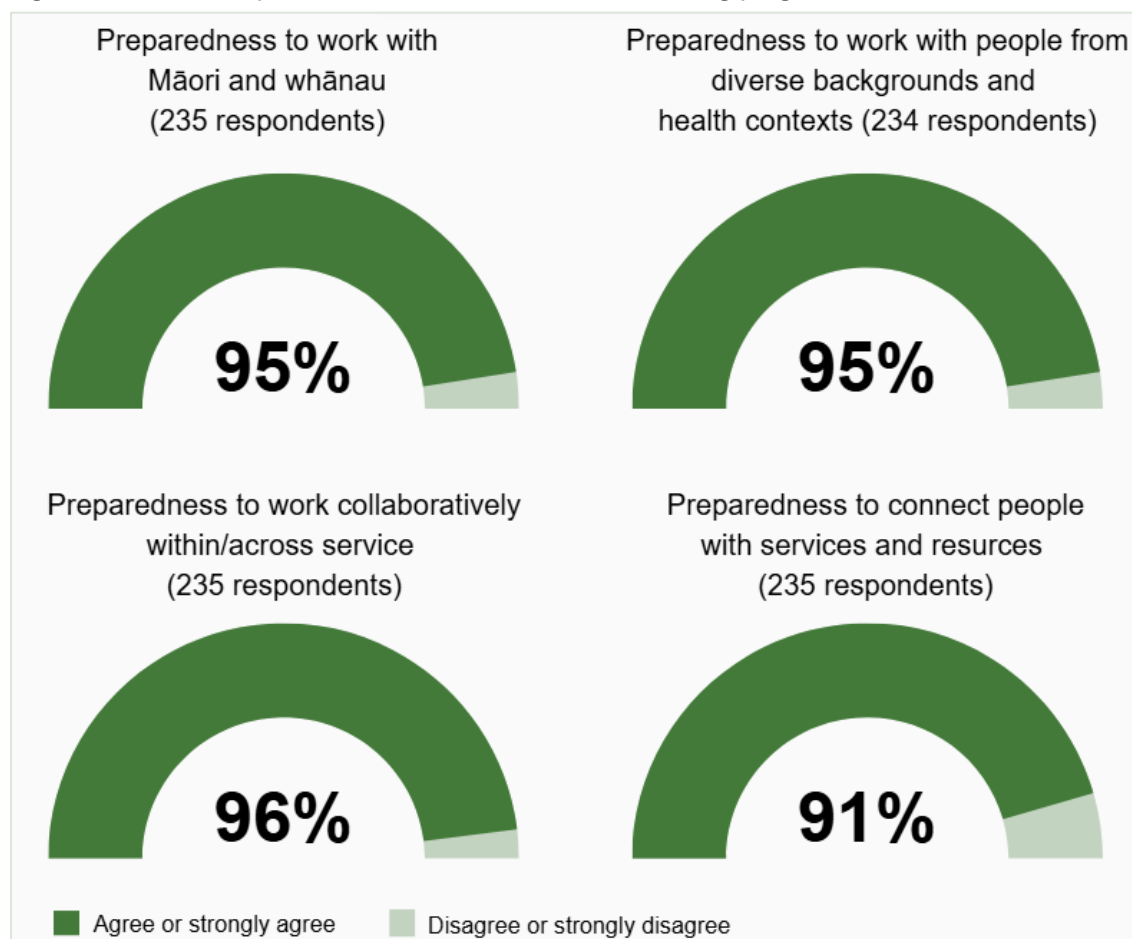
Figure 7: Confidence to develop an action plan with a person based on their goals



Cultural responsiveness and integrated practice

Trainees reported strong confidence in the cultural responsiveness aspects of the health coach training programme. Almost all agreed or strongly agreed that they were well prepared to work in partnership with Māori and whānau (95 percent). Similarly, trainees reported high levels of preparedness to work with people from diverse backgrounds, health contexts (95 percent), different from their own. Almost everyone also agreed or strongly agreed they are prepared to work collaboratively within and across services (96 percent) and connect people to services and resources (91 percent). Figure 8.

Figure 8: Cultural responsiveness of the health coach training programme



Application of learning to practice

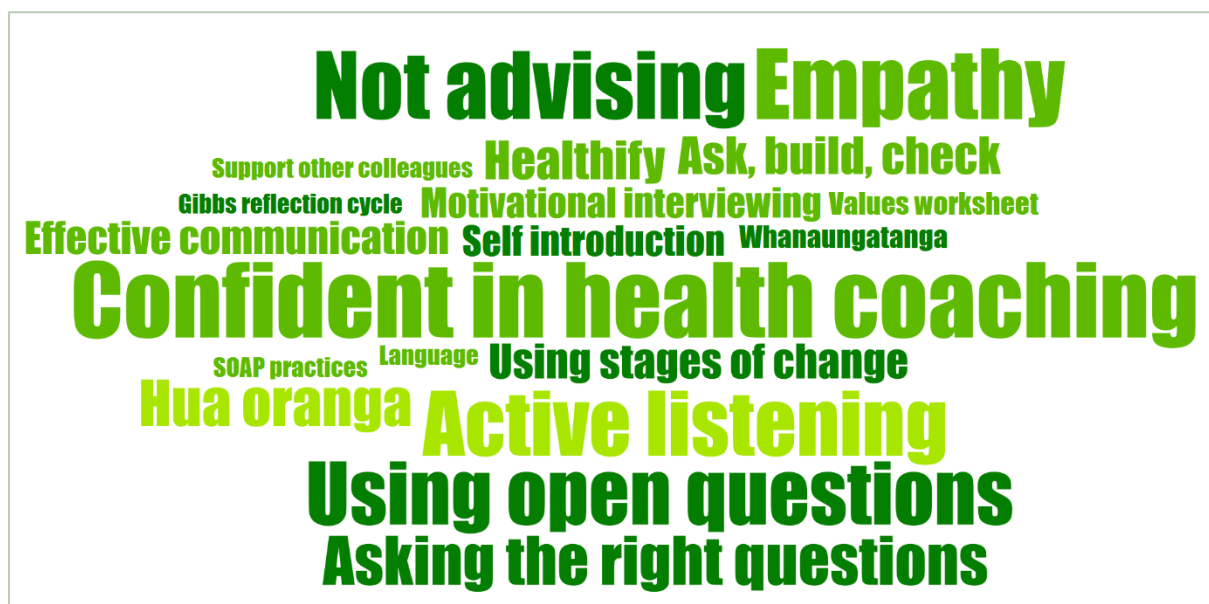
Ninety-seven percent of the trainees agreed or strongly agreed they would use tools and resources learned from the training in their work. See Figure 9.

Figure 9: Intention to use



Trainees gave practical examples of how they plan to use what they learned in the health coach training programme. Many said the training helped them feel more confident in their health coaching role. They also said they would focus less on giving advice and instead support people by listening and showing empathy. Trainees said they would use open questions, listen carefully, and ask questions that help people talk about what matters to them. See Figure 10.

Figure 10: Skills trainees intend to apply to their work



Comments regarding aspects of the training programme trainees intend to apply to their work are presented in the quotes below.

“I have been intentionally asking open questions and practicing letting the tāngata whai ora come up with solutions before I offer them

Being able to get an understanding of what health coaches are trained to do has helped me, to support health coaches in their space. Also understanding what a day looks like for them” (Health coach trainee).

“Empathetic listening and not providing my personal suggestions” (Health coach trainee).

“I used the training to support people to set their own goals, take small steps, and build confidence in managing their own health” (Health coach trainee).

“Used lots of open questions to explore and get to know the tāngata whai ora and what’s going on for them in their health journey, used assessment tools to help identify gaps, talked about values during sessions, being able to identify the stage of change someone is at and ask targeted questions, knowing the typical process of a coaching session and using that as a guide” (Health coach trainee).

Frameworks, assessment tools and resources (63 citations) are highlighted as the most useful aspects of the health coach training programme. Knowledge and skills gained (43 mentions), and networking and learning from peers (27 mentions) were also highlighted as useful. See Figure 11 below.

Figure 11: Most useful elements of the training programme



“The workbook is definitely a resource that I am grateful to have within the training and also to use within my practice” (Health coach trainee).

“Sharing knowledge, experience and having discussions with my peers who are all doing this course. I found that this was awesome as we all work in services around Aotearoa. It has been good to learn and bounce off each other, share ideas and collaborate” (Health coach trainee).

“Having an initial and final training session separated over time (instead of one big block of training) worked really well, as what is learned initially can be overwhelming and theoretical, but great to come back together and review/discuss after getting some experience in practice- really helpful to

translate the theoretical learning from the initial block session into reflective practice” (Health coach trainee).

“The warm, supportive and empowering tone and guidance from the trainers”.

“The resource book is so comprehensive it’s great to refer back to and well organised” (Health coach trainee).

“Sharing knowledge, experience and having discussions with my peers who are all doing this course. I found that this was awesome as we all work in services around Aotearoa. It has been good to learn and bounce off each other, share ideas and collaborate” (Health coach trainee).

“The different tools that are available when working with whai ora and how to access and use them. Knowing about behavioural change and how to work with the stages of change” (Health coach trainee).

“Course content was very interesting and relevant to a broad range of topics relating to our health coach role. Content was delivered very clearly and timely with room for discussion and constructive feedback” (Health coach trainee).

Discussion

The evaluation findings suggest the health coach training programme worked well for trainees and supported the development of a confident, practice-ready workforce. The pattern across the results shows that trainees valued the programme, trusted the trainers, and felt more able to apply the health coach role in real practice. This is important because health coaching goes beyond knowing or providing information, it requires the ability to build relationships, ask helpful questions, support people’s own goals (Wolever et al., 2013).

A key strength of the programme was that it appears to help trainees shift from an advice-giving approach to a coaching approach. This matters for practice. Health coaching is most effective when people are supported to identify what matters to them and what small steps, they are ready to take (Ministry of Health, 2020). Trainees’ comments show that they understood this shift. They talked about listening more, asking open questions, showing empathy, and supporting people to find their own solutions. This suggests the training helped trainees build the core communication skills needed for person-directed and strengths-based practice.

The findings also show that trainees felt better prepared to support people’s emotional and physical wellbeing in an integrated way. This is important within IPMHA services, where people often present with a range of health, social, emotional needs. Health coaches need to be able to respond in ways that are practical, flexible, and connected to the person’s

context (Ministry of Health, 2020). The results suggest the programme supported trainees to think beyond a single health issue and consider the wider factors that affect wellbeing.

The feedback on cultural responsiveness is also important. Health coaches work with Māori, whānau, Pasifika, and diverse communities across Aotearoa. Feeling prepared to work in partnership with Māori and whānau is a positive sign. However, cultural responsiveness should not be viewed as something achieved through training alone. It needs to be supported through ongoing reflection, supervision, local relationships, and service-level commitment to culturally safe practice (Curtis et al., 2019). Service providers should therefore continue to create opportunities for health coaches to reflect on power, bias, partnership, and how they apply culturally responsive approaches in everyday work. The results also highlight the value of practical tools, frameworks, workbooks, mentoring, and peer learning. Trainees value resources they could return to and apply in practice. This suggests the programme's design supported adult learning by combining training with ongoing support and opportunities to reflect on real experience.

The most useful parts of the programme were not only the content, but also the chance to discuss, practise, reflect, and learn from peers. This is especially important for health coaches working across different primary care and community settings. Services may also benefit from protecting time for new health coaches to attend follow-up sessions and use the tools introduced in training.

The findings also point to the importance of team integration. Health coaches need to work well within and across services, including primary care teams, community organisations, and iwi organisations (Ministry of Health, 2020). The results suggest trainees felt prepared to collaborate and connect people with services and resources. In practice, this means local services should ensure health coaches have clear referral pathways, good induction into practice systems, and strong relationships with other team members. Training can build confidence, but workplaces need to make it easy for health coaches to use these skills.

Conclusion

Over the last five years, the health coach training programme has made a strong contribution to building the health coach workforce across Aotearoa. Between January 2020 to December 2025, the programme supported 1,042 trainees to start the health coach training, out of which 986 completed it.

The evaluation findings show the programme was delivered well. Trainees rated the quality of the training, trainers, delivery methods, follow-up support, and mentoring highly. They also reported stronger confidence, skills, and readiness to practise after completing the programme. This suggests the programme is not only valued by trainees but is also helping them build the practical skills needed for health coaching, including listening, asking open questions, supporting people's goals, using tools and resources, and working in culturally responsive ways.

The findings also show the programme supported trainees to move from giving advice to working alongside people, whānau, and services. This is important for person-centred practice. Health coaches need to support people to identify what matters to them, take small steps, and build confidence to manage their wellbeing. The feedback suggests trainees understood this approach and intended to use it in their everyday work.

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