



Health Coach Training and Certification Standards

Approved, TN-HHN Executive Council, Feb. 5, 2026

Introduction

Increased healthcare costs, emphasis on chronic care management, and overwhelmed clinical staff have accelerated the need for resource-saving and alternative approaches to improve the delivery of primary care services, especially in rural and underserved areas. Non-clinical or lay staff, such as health coaches (HC) and community health workers (CHW) can support team-based care by providing person-centered care for chronic disease and lifestyle-related conditions to better engage patients in their self-management and treatment adherence. In addition, they can provide patient advocacy, assist with patient navigation, and provide referrals and resources that address negative Social Determinants of Health (SDOH) that impact health and access to care. This document focuses on training and certification standards for HC.

Barriers to Incorporation of Health Coaches in Primary Care

Past barriers to the incorporation of these lay workers include: (1) lack of appreciation for the efficacy of health coaching using best practices; (2) lack of approved CPT codes or adoption of existing ones to engender sustainability; (3) lack of full integration of lay staff into the primary care team; and (4) lack of standardization of training and quality assurance for lay staff.

Health Coach Standards

Our Tennessee Heart Health Network (TN-HHN) Population Health Subcommittee has worked over the last several years to come to consensus on billing and reimbursement standards for HC services. The purpose of this report is to establish training and certification standards for lay health workers in Tennessee to ensure quality and standardization for patient care. Currently, the state of Tennessee lacks training and certification standards for this workforce.

Health Coaches

HC typically have an undergraduate degree in a health promotion or health science field, with many holding a graduate degree as well. HC, like other types of CHW, are typically recruited from the community they serve and demonstrate cultural competence and humility. HC in primary care clinics provide patient coaching and outreach services and extend primary care into community through brief encounters at community events, community health centers, and public health screenings. Many HC specialize in chronic condition and lifestyle management and tend to have long-term (six months or more) coaching relationships with their clients.

Currently, the healthcare industry does not formally recognize a national standard for health coaches; however, the most recognized national standards have been developed by the National Board for Health and Wellness Coaching (NBHWC) (see <https://nbhwc.org>). While NBHWC certification offers a rigorous professional pathway, its educational, experience, and training requirements can pose significant barriers for many prospective health coaches in Tennessee. As a result, relying solely on this standard would unnecessarily constrain efforts to grow the health coach workforce.

Therefore, the Tennessee Heart Health Network (TN-HHN) and its member organizations incorporate core NBHWC competencies and relevant components of the curriculum while maintaining the flexibility and practical pathways needed to prepare community-based health coaches in a way that aligns with Tennessee's workforce and community needs. In addition, we require the satisfactory completion of a practical competency demonstration using a standardized, validated assessment tool for health coaching.

Nationally Recognized Competencies for Health Coaches

1. Coaching Presence, Relationships, and Sessions
2. Theories, Models, and Approaches to Behavior Change
3. Skills, Tools, and Strategies
4. Ethics and Professional Practice
5. Health and Wellness

TN-HHN Recognition and Certification of Health Coach Training Programs

The TN-HHN and its member organizations recognize and certify existing HC training and certification programs whose curricula meet these national standards and who utilize a competency-based assessment with which to grant certification. To the best of our knowledge, the following training and certification programs in Tennessee currently meet these standards and have been certified by the TN-HHN:

- [UTHSC Health Coach Training and Certification Program](#)
- [Lifestyle Medicine Specialist Program, University of Memphis, College of Health Sciences](#)
- Vanderbilt Health Coaching Program
- Coalition for Better Health Training for Preventive Health Specialists

Contact Amanda Gabarda, EdD at agabarda@uthsc.edu for questions or suggestions regarding HC training and certification programs in Tennessee or regarding the process for program recognition and certification by the TN-HHN.

Health Coach Training Program Certification Standards

The program certification standards are organized into **three core categories**, each outlining the essential requirements needed to ensure high-quality, evidence-based training:

1. **Faculty Standards:** Define the qualifications, training, and demonstrated competencies required for all trainers and faculty members involved in delivering the program.
2. **Motivational Interviewing (MI) Standards:** Specify the expectations for MI training, practice, supervision, and demonstrated proficiency to ensure client-centered, evidence-aligned communication skills.
3. **Health Coaching & Behavior Change Standards:** Establish the foundational competencies in health coaching, behavior change theory, and applied coaching skills that all certified programs must meet.

Together, these categories create a comprehensive framework that supports consistent, high-quality program delivery aligned with industry best practices and client-centered care.

Faculty Standards:

Each trainer or faculty member must demonstrate formal preparation and verified competence in both health coaching and Motivational Interviewing (MI). Required qualifications include:

- **Education:** An individual holding a minimum of a Master's degree in Health Promotion, Health Coaching, Public Health, or a closely related field (Appendix A);
- **Health Coaching:** Completion of a recognized health coaching course or certification program, ensuring foundational knowledge of behavior change, coaching ethics, and client-centered practice;
- **Motivational Interviewing:** Completion of an intensive MI course or certification, accompanied by a competency assessment demonstrating at least a minimum level of client-centered proficiency (e.g., validated coding/assessment demonstrating competency)

Motivational Interviewing:

Motivational Interviewing is the foundation of the health coach training and certification standards.

Criterion 1 -Curriculum Components: Curriculum based on the Motivational Interviewing current edition (4th Edition, 2024).

- MI Spirit: Emphasizes partnership, acceptance, compassion, and empowerment
- Communication Skills: Includes OARS (Open questions, Affirmations, Reflections, Summaries) and active/ reflective listening
- Four Tasks of MI: Engaging, Focusing, Evoking, Planning
- Language of Change: Identification and cultivation of change talk; softening sustain talk, and responding to discord
- Providing Advice and Information: Ask-Offer-Ask

Criterion 2 -Instructional Standards: Training standards as evidenced by Motivational Interviewing Network of Trainers.

- **Training Content:** Developed, reviewed, or delivered by a certified member of the Motivational Interviewing Network of Trainers (MINT) to ensure fidelity to MI principles and standardized teaching methodology.

Criterion 3 –Training Format: Immersive Experience: Minimum of 12–15 hours of interactive training including:

- Role plays, Real-time feedback, Reflective exercises, Peer coaching

Health Coaching/ Behavior Change:

Health coaching competencies are currently best defined by the National Board for Health and Wellness Coaching (NBHWC) and reflect the key topics presented within the competency areas below.

Criterion 4 –Assessment and Evaluation: Participants will be evaluated by an individual proficient in Motivational Interviewing and health coaching using an evidence-based evaluation tool or rubric aligned with validated MI assessment and health coaching frameworks (e.g., MICA or MITI).

- Standardized Patient Simulation: Participants engage in a simulated coaching session with competency assignment based on level of skill (client-centered, Proficient, MI Proficient).
- Evaluation Tool: Performance scored using a tool aligned with a validated instrument such as the Motivational Interviewing Competency Assessment (MICA).
- Feedback Mechanism: Includes structured feedback from trainers and peers, with opportunities for self-reflection and improvement.
- Optional clinical rotations where feasible and post-training practicum or internship where available after participant has passed the examination and shows proficiency to avoid harm

Criterion 5 –Coaching Presence, Relationships, and Sessions: Focuses on the coach's ability to build trust, maintain presence, and facilitate client-centered sessions. Key topics as follows:

- Establishing and maintaining coaching presence
- Building rapport and trust
- Active listening and empathy
- Structuring coaching sessions (opening, exploring, closing, follow-up)
- Managing time and flow of sessions
- Facilitating client autonomy and self-discovery

Criterion 6 –Theories, Models, and Approaches to Behavior Change: Covers foundational knowledge of behavior change science and its application in coaching.

Key Topics:

- Health Belief Model
- Habit formation
- Goal-setting theory and approaches
- Motivational Interviewing (as a method and philosophy)
- Positive Psychology and Strengths-Based Approaches
- Theory of Planned Behavior
- Theory of Self-Perception
- Transtheoretical Model (Stages of Change)
- Self-Determination Theory
- Social Cognitive Theory

Criterion 7 –Skills, Tools, and Strategies: Practical coaching techniques used to support client progress and transformation.

Key Topics:

- Accountability structures and follow-up
- Addressing self-efficacy and personal agency SMART goal setting and action planning
- Coaching tools (e.g., wellness wheels, readiness rulers, journaling prompts)
- Promoting social support
- Strengths identification and utilization
- Use of open-ended questions, reflections, and summaries
- Visioning and values exploration

Criterion 8 –Ethics and Professional Practice: Ensures coaches operate within ethical boundaries and uphold professional standards.

Key Topics:

- NBHWC Code of Ethics (or similar healthcare ethics)
- Scope of practice and referral protocols
- Confidentiality and informed consent
- Cultural humility and inclusivity
- Professional boundaries and dual relationships
- Documentation and record-keeping

- Continuing education and credentialing

Criterion 9 –Health and Wellness: Provides foundational knowledge of wellness domains to support holistic coaching. Key Topics include:

- **Health promotion and wellness, embracing whole person perspective**
 - Health, wellness, and well-being
 - Dimensions of wellness and interconnectedness
- **Lifestyle Management: Components of proactive health and well-being**
 - Physical health (nutrition, exercise, sleep, obesity, etc)
 - Emotional and mental well-being
 - Stress management and resilience
 - Social connection and relationships
 - Spirituality and meaning
 - Environmental and occupational wellness
- **Chronic Condition Management: Supporting prevention and management of chronic disease**
 - Asthma
 - Cardiovascular Disease (Heart Disease and Stroke)
 - Coronary Artery Disease
 - Chronic Heart Failure
 - Diabetes/ Prediabetes
 - Hypertension
 - Obesity
 - Substance Use Disorder
- **Health and Healthcare equity and Inequity**
 - Structural Determinants of Health, Social Determinants of Health (SDOH), and Health literacy

Appendix A:

Faculty Standards: Closely related fields considered:

- **Health Education / Health Education & Promotion**
- **Behavioral Health or Behavioral Sciences** (especially with a health focus)
- **Health Psychology or Clinical Psychology** (with health behavior change emphasis)
- **Counseling** (e.g., Clinical Mental Health Counseling) *when paired with MI/behavior change expertise*
- **Social Work (MSW)** *when paired with MI/behavior change and health-related practice*
- **Nursing (MSN/MPH-Nursing tracks), Advanced Practice Nursing, Community/Public Health Nursing**
- **Allied Health / Health Sciences** (e.g., MS in Health Sciences) *if curriculum includes behavior change/patient education*
- **Nutrition / Dietetics** (e.g., MS in Nutrition, MPH with nutrition concentration) *when coaching/behavior change is part of training*
- **Kinesiology / Exercise Science** (especially **Health Behavior** or **Health Promotion** tracks)
- **Health Services Administration / Healthcare Administration** *if training/research is strongly tied to health promotion/behavior change*
- **Epidemiology or Community Health** (often within an MPH/MSPH framework)

References

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