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# The Health Education Profession in the Twenty-First Century



Progress Report  
1995 – 2001

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## PREFACE

Outstanding accomplishments in advancing the health of the public are frequently celebrated as we enter the new century. One hundred years ago, no one could have forecast the possibility of organ transplants or the eradication of fearful infectious diseases such as smallpox or polio. As exciting as these accomplishments are, however, we know that many challenges still remain to be addressed, such as the existing racial and ethnic disparities in health status, emerging or reemerging pathogens, the adoption of healthy lifestyles, and the potential applications of the Human Genome Project.

For those of us in the health education profession, critical achievements during the past century for the profession were the accreditation of schools and programs offering degrees with a concentration in health education and the establishment of a credentialing system for health educators. Dr. Helen Cleary has provided a chronology of the comprehensive effort that was required by our professional organizations to develop a consensus for the framework that now describes the entry-level competencies in health education for the profession. This framework provides critical guidance for institutions preparing health educators as well as for the credentialing process of individuals. Without a continuation of the joint effort of all health education professional organizations for quality assurance, however, the maturation of the health education profession in this new century will not be possible.

With the subsequent birth of a certification process for health education specialists at the close of the 20<sup>th</sup> century, it is now critical for the health education profession to continue its joint work as together we address the next implementation challenges. Just as the accomplishments of the past century provide the foundation for the next level of public health achievements, the foundation for the entry-level practitioner has been established for us to move forward with the credentialing process and to assure that our academic institutions training the next generation of health educators seek the appropriate accreditation. As a profession, it is up to each one of us to ensure that entry-level competencies are recognized, translated into curricular requirements for accreditation, and serve as the foundation for the continued development and validation of advanced-level competencies.

The following report provides the foundation for our next steps as we enter the 21<sup>st</sup> century. Critical recommendations have been identified by a working group that includes representation from our health education professional organizations, accrediting bodies, and academic institutions. While it includes the philosophy and vision for our future directions, it will take the commitment of each one of us to be sure that the recommendations are translated into action. This is an exciting time to be actively involved in the practice and profession of health education. With a renewed commitment by each one of us, the future directions for quality assurance in the practice and profession of health education will be realized.

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Past President, APHA  
Past President, Council on Education for Public Health

## OVERVIEW

In June 1995, the National Commission for Health Education Credentialing, Inc., and the Coalition of National Health Education Organizations, USA, convened a forum in Atlanta, Georgia, to consider the future of the health education profession (The Health Education Profession in the Twenty-First Century: Setting the Stage, *Journal of Health Education*, 27(6), 357-364, 1996). Twenty-four participants represented 10 national professional organizations, each of which focus on health education.

These organizations have a history of working collaboratively on major projects that affect the profession. Examples of such collaborative accomplishments prior to 1995 include:

- ◆ delineating the competencies and key responsibilities of entry-level health educators (National Commission for Health Education Credentialing, Inc., *A Competency-Based Framework for Professional Development of Certified Health Education Specialists*. Allentown, PA: National Commission for Health Education Credentialing, 1996);
- ◆ establishing a Credentialing system;
- ◆ establishing baccalaureate approval and accreditation systems for health education professional preparation programs;
- ◆ recommending health education standards for school programs and students (Joint Committee on National Health Education Standards, *National Health Education Standards: Achieving Health Literacy*. Atlanta, GA: American Cancer Society, 1995); and
- ◆ developing common definitions for key health education concepts (Report of the 1990 Joint Committee on Health Education Terminology, *Journal of Health Education* 22(2), 1991).

The national organizations participated in this forum out of a desire to work together toward defining and then achieving goals and objectives intended to advance the profession of health education and to speak with a common voice on issues affecting the profession.

The participating organizations (see Appendix A for a description of each organization) were :

- ◆ The American Association for Health Education (AAHE),
- ◆ American College Health Association (ACHA),
- ◆ American Public Health Association: Public Health Education and Health Promotion Section (APHA-PHEHP),
- ◆ American Public Health Association: School Health Education and Services Section (APHA-SHES),
- ◆ American School Health Association (ASHA),
- ◆ Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHP-PHE),
- ◆ Coalition of National Health Education Organizations (CNHEO),
- ◆ Eta Sigma Gamma (ESG),
- ◆ National Commission for Health Education Credentialing, Inc. (NCHEC),
- ◆ Society for Public Health Education (SOPHE), and
- ◆ Society of State Directors of Health, Physical Education, and Recreation (SSDHPER).

These organizations share a common vision of promoting and improving the public's health through education, advocacy, and research. Together, they also exemplify the diversity of individuals, work place settings,

and experience found in the profession. The organizations collectively represent students in colleges and universities studying to become professionals in health education, health educators practicing in a variety of sites: schools, colleges and universities, hospitals and clinics, business, industry, voluntary health organizations and government, and at a variety of levels: local, regional, state, tribal, national, and international. Two organizations have no individual members but contribute to national leadership for the profession: CNHEO is a coalition of professional health education organizations and NCHEC administers the credentialing process for the profession.

As an outcome of this forum, participants identified six focal points to guide the work of national organizations in their efforts to advance the profession of health education into the 21<sup>st</sup> century:

- ◆ Professional Preparation
- ◆ Quality Assurance
- ◆ Research
- ◆ Advocacy
- ◆ Promoting the Profession
- ◆ Dynamic/Contemporary Practice

## Work Between 1995 and 1999

This report summarizes the work of the delegates of the national health education organizations since the 1995 forum. It does not represent the progress made by individual practitioners or researchers or of groups of health educators working at the institutional, local, state, or regional levels. Those involved in the development of this report view it as a “work in progress” designed to stimulate both thought and action, and to be updated periodically. It provides a basis upon which to build the future of the profession and the practice of health education.

In 1996, the *Journal of Health Education* published a report of the initial forum (vol. 27, no. 6, pp. 357-364). To act on the results of the initial forum, delegates from the national organizations participated in over 30 conference calls and additional face-to-face meetings in conjunction with other conferences between January 1997 and December 1999. (See Appendix B for a list of those participating.) They critically analyzed the actions within the six focal points of the initial forum, went back to their national organizations to identify what the organizations were doing to accomplish these recommended actions, and developed a matrix (see Appendix C) that reflected actions being addressed in 1997. Through the process of analyzing gaps, representatives returned to the national organizations a second time asking for their progress as of 1999. This process of considering and reporting on the initial recommendations also served to focus attention on the recommendations, encouraging the organizations to consider these areas of professional responsibility in their strategic planning and action plans. Indeed, this often happened, and the profession advanced, due in part to the focus on these common areas during the time this report was evolving.

## Internal/External Actions

For each focal point listed above, the representatives of the nine national health education organizations identified some actions needed to move the profession into a dynamic position for the 21<sup>st</sup> century. Actions include those internal to the profession (i.e., actions those in the profession could accomplish themselves) as well as those external to the profession (i.e., actions that would require efforts by some individual or agency not part of the health education profession).

Examples of those responsible for actions internal to the profession include national health education professional organizations; college and university faculty responsible for preparing future health educators; and health educators, individually and as part of groups working at institutional, local, regional, state, tribal, national, and international levels. Examples of those responsible for actions external to the profession include health education consumers and their family members, employers, university administrators, legislators, leaders of business and industry, regulators and funders within governmental agencies, other health professionals, other educators, the media, third party payers, accrediting boards, school board members, and the faith community.

For actions/goals external to the profession, health educators individually or in groups often must stimulate and encourage others to take the recommended actions.

## Communication with Members of the Profession

This report is part of an ongoing effort to communicate with members of the participating organizations and with other health education professionals. That effort has included publishing the proceedings of the initial forum in the *Journal of Health Education* and the *Journal of School Health (JOSH)*, presentations at national conferences of participating organizations, and postings on health education list serves. Delegates shared progress with their organizations in newsletter articles, written and oral reports to boards, and open mike forums at conferences.

## Organization of the Report

This report is organized with a focus on each of the six focal points. It represents the national organizations' reports of their actions and priorities. For each focal point, the report includes:

- ◆ Definition
- ◆ Introduction
- ◆ Internal Actions/Goals
- ◆ External Actions/Goals
- ◆ Further Actions Needed

The conclusion to this document presents an overview of the continuing needs of the profession.

While these suggested actions are not prioritized, we hope that national organizations will continue to use the suggested actions/ goals when engaged in strategic planning, and we also hope that individual health educators and groups of professionals will focus their professional energies on accomplishing many of the suggested actions/goals.

The viability of the health education profession in the 21<sup>st</sup> century depends upon health educators individually and collectively taking responsibility for the profession. This document can serve as a catalyst for such action.



## FOCAL POINT SUMMARIES

### Professional Preparation

#### *Definition*

Professional preparation is the academic coursework and associated fieldwork required of students to receive a degree in health education. Colleges and universities offer professional preparation for health educators at the baccalaureate, masters, and doctoral levels. Health education professional preparation programs have a responsibility to provide quality education for their students, thus benefiting both the profession and the public. Such quality education derives from and develops in students key responsibilities and competencies defined by the profession at both the entry and advanced levels. Many programs also offer specific courses for those preparing to work in various settings (e.g. community/ public health, schools, universities, medical care, or the workplace). Formal accreditation and approval mechanisms help ensure the quality of professional preparation programs.

Individuals who take and pass the certified health education specialist (CHES) examination after they complete their degree work demonstrate their competence in meeting the responsibilities and competencies expected of entry-level health educators. The National Commission on Health Education Credentialing (NCHEC) has responsibility for developing and administering these examinations. The Commission and its network of continuing education providers also approve continuing education offerings for credit toward periodic recertification.

#### *Introduction*

Over 300 institutions in the United States offer health education professional preparation programs. The quality of these programs determines whether or not health educators have state-of-the-art skills that are based on current theory, research, best practices, and ethical practices. Health education faculty at colleges and universities are, thus, key to any efforts to move the profession forward in the 21<sup>st</sup> Century. National, state, and local health education organizations can help faculty members, as well as individual practitioners, do their jobs ethically and do their jobs well.

#### *Internal Actions/Goals*

Representatives of national health education organizations who attended the "Health Education in the 21<sup>st</sup> Century" meeting in 1995 identified 15 actions/goals related to professional preparation, which health educators working individually or in groups could take to move the profession forward. Although professional preparation is not generally thought of as being within the purview of professional associations, each of the organizations represented in this report identified specific actions they have taken, are taking, or are willing to take to help ensure that health educators have optimal opportunities to receive quality professional training from academic institutions on an on-going basis.

### Professional Preparation - Internal Actions/Goals

- Recruit and train grassroots health educators
- Strengthen mentoring of young professionals
- Strengthen professional preparation programs: undergraduate, graduate, advocacy, recruit diverse students
- Identify strategies to draw students to the profession
- Standardize accreditation of programs
- Provide certification and increase the number of Certified Health Education Specialists
- Provide inservice training/continuing education for health education professionals on emerging technology
- Establish mentoring programs
- Adapt curriculum to evolution of the field and the world
- Reinforce pride and commitment in professional preparation and encourage active involvement in professional associations
- Standardize the practice of the profession: within preservice, the field (within different settings), continuing education
- Educate about technology (make it a part of continuing education and professional preparation programs)
- Include in continuing education and professional preparation programs, increased understanding and ability to analyze future trends and impact on health education practice
- Strengthen health educators' knowledge of the competency framework and the commonalities of responsibility across health education settings
- Establish a health education training institute

Of the 15 actions/goals identified as internal actions for the profession, only one is not currently being addressed by one or more of the 9 professional organizations represented in this document.

- ◆ *Adapt curriculum to evolution of field and world.*

The national organization representatives felt it would be inappropriate for any of the organizations to address this particular goal directly. National organizations might,

however, work through their various structures to bring together those who do have curricular responsibilities.

One organization considers one of the internal actions/goals as its core mission.

- ◆ *Standardize the practice of the profession: within preservice, the field (within different settings), continuing education.*

NCHEC considers this action/goal part of its core mission. The Commission works cooperatively with other organizations

through the Competencies Update Project (CUP) to ensure that work on this goal progresses to keep pace with the field.

At least three of the reporting organizations address each of the following actions/goals.

◆ *Recruit and train grassroots health educators.*

The American College Health Association (ACHA) and Eta Sigma Gamma (ESG) are both currently working on this particular action/goal. Eta Sigma Gamma regularly initiates new chapters and new student members. At present, over 100 Chapters with over 3,200 members exist in the United States. Likewise, the ACHA, working on college campuses, has as one of its highest priorities, the recruitment, training, and support of peer health educators who serve as grassroots health educators. One of the organization's primary objectives is to expose students to public health education as a field of endeavor. ACHA places particular emphasis on recruiting and training students from diverse ethnicities and backgrounds. Through its campus-based work, ACHA emphasizes support of and training for young professionals. At its annual meeting, a number of sessions focus on issues faced by new professionals in the field.

◆ *Standardize accreditation of programs.*

The American Association for Health Education (AAHE) and the Society for Public Health Education (SOPHE) provide leadership for standardizing the accreditation of health education professional preparation programs. Through its recognition as a learned society by the National Council on Accreditation of Teacher Education (NCATE), AAHE conducts folio reviews of professional preparation programs that seek NCATE accreditation. For the past 10 years, AAHE and SOPHE have collaborated on the SOPHE/AAHE Baccalaureate Pro-

gram Approval Committee (SABPAC). Professional preparation programs in community health can apply for approval through this effort. Approval indicates that the program has met the basic framework for the professional preparation of health educators. In 1997, AAHE and SOPHE also worked in concert to prepare and distribute the Graduate Standards for Health Education Professional Preparation.

At the graduate level, the Council on Education for Public Health (CEPH) accredits schools of public health as well as graduate programs in community health education that are outside schools of public health. Health education is one of five core public health competencies included in CEPH's accreditation. Both AAHE and SOPHE support the work of CEPH. In 1999, CEPH adopted the Graduate Competencies in Health Education, now referred to as the advanced-level competencies.

No system exists to review the numerous graduate health education professional preparation programs not affiliated with schools of public health or with emphases other than community health education. In 2000, AAHE and SOPHE launched a task force of health education faculty and others to examine various options for a comprehensive quality assurance system at the undergraduate and graduate levels.

◆ *Strengthen health educator's knowledge of the competency framework and the commonalities of responsibility across health education settings.*

AAHE and NCHEC are willing to provide leadership for this action/goal. AAHE has a Teacher Education Task Force charged with developing new teacher education standards for both the basic and advanced levels of health education NCATE accreditation. This Task Force will build upon the competency framework developed through the Role Delineation Project and published

by NCHEC. NCATE and AAHE, SOPHE, and CEPH use this framework as the basis of their accreditation processes. All the national health education organizations involved in this report except ACHA have representatives on the Advisory Committee of the Competencies Update Project (CUP). The purpose of the CUP project is to reverify the roles and responsibilities for entry-level health educators and to verify roles and responsibilities for advanced-level health educators.

Professional preparation programs that prepare their graduates to take the CHES examination for certification as a health education specialist must address the competency framework. NCHEC offers workshops to help people prepare to take the test.

- ◆ *Educate about technology as part of continuing education and professional preparation programs.*

Nine of the ten organizations provide inservice training or continuing education about emerging technologies. ACHA and SOPHE educate health educators about technology as part of their continuing education and professional development programs. At its annual meeting in Philadelphia in 1999, ACHA emphasized continuing education in using technologies for health education programs. Following its 1999 conference, ASHA offered a workshop that dealt with the use of technology in health education. Both the PHEHP and SHES sections of APHA regularly participate in APHA's Technology Forum, which introduces newly emerging technologies that health educators could use in their programs and planning efforts. SOPHE and the Johns Hopkins University's School of Public Health jointly published a paper "Health Education in the 21<sup>st</sup> Century: A White Paper" that outlined current and anticipated societal changes and their expected impacts on health education, in

part which emphasized technology. SOPHE and ASTDHPPHE participated in a Robert Wood Johnson Foundation project that identified Competencies that health educators will need in the new millennium, including those related to technology.

At least four of the health education organizations are addressing the following internal professional preparation actions/goals.

- ◆ *Promote certification and increase the number of Certified Health Education Specialists (CHES).*

NCHEC, ACHA, and the Public Health Education and Health Promotion Section of the American Public Health Association (APHA-PHEHP) are currently working on this goal and AAHE indicated a willingness to assist. Several of the organizations are Category I providers of Continuing Education Contact Hours (CECHs) for CHES recertification, not only for their annual meetings, but also for other organizations or substructures (e.g., affiliates, constituents, or chapters) that request such services. Several of the organizations (APHA-PHEHP, APHA-SHES, ASTDHPPHE, SOPHE, AAHE, and ASHA) offer both members and nonmembers the opportunity to earn CECHs at their annual meetings, through their various publications, or through other means such as distance learning (e.g., web sites, audiotapes, and videotapes). SOPHE is the largest provider of CECHs per year, awarding 9,000-10,000 CECHs per year through meetings, distance learning activities, and self-study. In 1999 SOPHE was awarded a contract by the Health Resources & Services Administration (HRSA) to study the impact of health education credentialing on individuals, organizations, and society at large. SOPHE intends to distribute the results of this qualitative study to health educators, employers, policy makers, and other interested parties.

◆ *Establish mentoring programs.*

Although no organization offered to assume leadership for establishing a mentoring program for the profession as a whole, at least seven organizations (AAHE, APHA-PHEHP, APHA-SHES, ASHA, ASTDHPPE, SOPHE, and SSDHPERD) currently have mentoring programs. The APHA-PHEHP section leadership participate as mentors in the APHA Student Caucus mentoring program. ASHA has a Mentor-a-Student program that pairs students with professional members who help the students “navigate” the annual meeting and introduce them to other ASHA members. The School Health Education and Services Section of APHA (APHA-SHES) and AAHE have similar mentoring programs. The latter two programs urge the member to stay in touch with the student over time. The Public Health Leadership Institute (PHELI) is sponsored by ASTDHPPE, SOPHE, and SSDHPER. This yearlong training experience emphasizes health education and health promotion as a foundation for achieving public health goals and the need for proactive leaders in the field. The mentoring component is essential.

◆ *Reinforce pride and commitment in professional preparation and encourage active involvement in professional associations.*

AAHE is willing to take the lead for this action/goal. Although ACHA focuses on recruitment of new members, its Health Education Section seeks to instill in student members the importance of having a broad outlook for the profession and encourages multi-organizational membership. As an interdisciplinary organization concerned with the health and well-being of the school age individual, ASHA encourages multi-organizational membership, and fosters “cross-pollination” across disciplines within its organizational structure. Organizational committees and task forces do the

majority of the work of the organizations and provide for participation, allow recognition, and instill a sense of pride among members.

◆ *Establish a health education training institute.*

SOPHE has indicated a willingness to take the lead for this action/goal. For the past 17 years, ASTDHPPE has provided leadership by coordinating the National Conference on Health Education and Health Promotion in collaboration with the Centers for Disease Control and Prevention through its National Center for Chronic Disease Prevention and Health Promotion. SOPHE, AAHE and SSDHPER have also partnered in these conferences.

In addition to their annual meetings, many of the organizations sponsor special training programs and conferences during the summer months. For example, during its summer institute, ASHA includes in-depth workshops related to the health education standards (e.g., how participants can use these standards to prepare instructional activities and to assess students’ progress, and how to use technology as a tool for attaining the standards). ASHA has a full-time director of professional development who provides workshops, seminars, and presentations that are primarily for teachers and school administrators. These presentations advocate for quality health education. Several organizations have materials available for purchase that can guide various training programs.

At least five of the organizations are addressing two of the 15 internal actions/goals.

◆ *Strengthen professional preparation programs: undergraduate, graduate, advocacy, recruit diverse students.*

AAHE offered to provide leadership in strengthening professional preparation programs, as well as recruiting diverse

students to the profession. ACHA, ASHA, SHES, and SOPHE are already working on this action/goal and NCHEC is willing to help attain it. ASHA includes professional preparation as one of its five key goals adopted in 1998. The School Health Education and Services Section of APHA (APHA-SHES) is revising a position paper related to teacher preparation for non-health educators. The section recommends that all those in teacher preparation, especially those at the elementary level, take one three-semester hour course beyond a personal health course that focuses on how to teach health. The NCHEC works with professional preparation programs to assure that graduates meet the eligibility criteria for certification in health education.

ASTDHPPE and AAHE have several major projects focused on strengthening professional programs at historically Black colleges and universities and Hispanic-serving institutions. AAHE projects address HIV prevention, comprehensive school health education, teacher education standards for both basic and advanced level health education, NCATE accreditation, developing (with SOPHE) advanced level standards for health education professional preparation (described earlier in this report), and quality assurance in professional preparation.

One of SOPHE's strategic goals is to track the gender and ethnicity of its membership and use baseline data for measuring improvement in diversity of its membership, a priority for the new leadership within the organization. SOPHE recently adopted a resolution to eliminate racial and ethnic health disparities, which calls for the Society to broaden its membership and leadership development. In 1999, ACHA developed special strategies for increasing diversity of membership within its Health Education Section.

SSDHPER and AAHE prepared inservice policy guidelines for middle school teachers who are generalists and teach health along

with other subjects. They are working with state education agencies and institutions of higher education in four pilot states to implement the policy recommendations.

◆ *Identify strategies to draw students to the profession*

AAHE is also willing to take the lead in identifying strategies for drawing students to the profession. As with any professional organization, membership recruitment is a major issue. However, several of the professional organizations have initiated unique processes to recruit students. APHA-SHES devotes a portion of its annual meeting to the presentation of student work and research, and provides an award for the "outstanding student abstract." Through its mentoring program, APHA-SHES members work to retain students in the field. ASHA recruits students to serve as monitors during its annual meetings. In return, these students receive complimentary conference registration and free membership in the organization for one year. Following graduation, student members of ASHA have a reduced membership fee for one year. In addition to its student awards programs, SOPHE received a grant from the California Endowment to support scholarships for students/young professionals to attend its 1999 meetings. The majority of the scholarships went to racially and ethnically diverse students.

◆ *Include in continuing education and professional preparation programs, increased understanding and ability to analyze future trends and impact on health education practice.*

Six organizations are working on this action/goal, with NCHEC taking the lead by approving for continuing education programs that increase health educators' understanding of and ability to analyze the influence of future trends on health education practice. AAHE, ACHA, APHA-PHEHP, APHA-SHES, ASHA, and SOPHE have

offered special programs during their annual meetings that address this action/goal. AAHE includes issues and trends that affect health education as a regular feature of its annual meeting. ASTDHPPE has offered a series of post-conference workshops and coordinated audio training conferences for state health departments related to this action/goal. As part of its annual meeting, ACHA uses technology to develop health educators' ability to use technology for analyzing future trends in health education.

◆ *Strengthen the mentoring of young professionals.*

Eight of the organizations are working to strengthen mentoring of young professionals. The strategies they use vary from very formal mentoring relationships to more informal matching of students with seasoned professionals. ESG is willing to provide leadership for this action/goal as the profession's national health education honorary society. With many local chapters, each with a faculty sponsor, ESG can promote the importance of mentoring to new as well as "alumni" members. Each organization has some unique mentoring processes. AAHE has a "follow-the-leader" program where a student follows a member leader for a day at the annual meeting. APHA-SHES encourages the development of a long-term relationship between the student and the leader. Some organizations have implemented "first timer" activities to welcome newcomers to meetings and to organizations. These activities range from distributing newcomer ribbons to offering more formal social activities and receptions.

Thus, one or more of the organizations are working on most of the internal actions/goals related to professional preparation. Nine of the ten organizations provide inservice training and/or continuing education for health education professionals on

emerging technology. Both APHA-PHEHP and APHA-SHES regularly participate in APHA's technology forum. SOPHE and the Johns Hopkins University School of Public Health jointly published "Health Education in the 21<sup>st</sup> Century: A White Paper" that outlined current and anticipated societal changes and their expected impacts on health education. In addition, SOPHE and ASTDHPPE participated in a Robert Wood Johnson Foundation project that outlined competencies health educators will probably need in the new millennium.

### External Actions/Goals

The 1995 meeting participants identified 11 actions/goals related to professional preparation that those external to the profession could take to further health education in the 21<sup>st</sup> Century.

- ◆ Define the body of knowledge of Health Education (a) integrate body of knowledge/skills into accreditation process.
- ◆ Define the body of knowledge of Health Education (b) establish consistencies across university programs.

### Professional Preparation - External Actions/Goals

- Initiate cooperative agreements among accrediting bodies, employers, and health education programs in program policy development
- Define the body of knowledge of Health Education: (a) integrate body of knowledge/skills into accreditation process
- Define the body of knowledge of Health Education: (b) establish consistencies across university programs
- Provide professional preparation in networking and advocacy
- Standardize professional preparation through accreditation of programs:
  - (a) education about the benefits of accreditation.
- Standardize professional preparation through accreditation of programs:
  - (b) standardization of the curriculum
- Provide specialization beyond entry-level: (a) differences between levels
- Provide specialization beyond entry-level: (b) skills with specialization
- Look at other professions that have been successful (which may mean reassessing the definition of entry level).
- Seek health education requirements for all teacher education students
- Infuse the defined body of knowledge and information about the profession of health education in all health education, public/allied health, and teacher education courses.

The majority of the health education organizations are not addressing most of these external actions/goals. Only AAHE offered to take the lead for any of the actions/goals; it agreed to provide leadership for three goals, which SOPHE agreed to assist with through its work with SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) and the Council on Education for Public Health (CEPH).

- ◆ Seek health education requirements for all teacher education students.  
 ACHA supports the action/goal “Seek health education requirements...” and ASHA, APHA-SHES, and SSDHPER offered to help with it.  
 AAHE and SSDHPER indicated that they supported but were unable to work on the action/goal:
- ◆ Standardize professional preparation through accreditation programs:

(a) education about the benefits of accreditation.

NCHEC indicated a willingness to work on the above action/goal as well as on the action/goal “Seek health education requirements...” in collaboration with other organizations, but no other organizations indicated that these goals were within their spectrum of effort.

SSDHPER supported the following action/goal but was unable to work on it for now:

- ◆ Initiate cooperative agreements among accrediting bodies, employers, and health education programs in program policy development.

No organization is working on this action/goal or planned to work on it in the near future, perhaps because they saw this as outside their area of influence.

NCHEC is willing to work collaboratively with other organizations on the following actions/goals:

- ◆ Provide specialization beyond entry-level:
  - (a) differences between levels
- ◆ Provide specialization beyond entry-level:
  - (b) skills with specialization

The work of the Competencies Update Project might well assist in attaining these two actions/goals.

Both AAHE and SSDHPER are willing to work collaboratively on the following action/goal, but neither is currently working on it:

- ◆ Infuse the defined body of knowledge and information about the profession of health education in all health education, public/allied health, and teacher education courses.

SSDHPER would work with other organizations to:

- ◆ Provide professional preparation in networking and advocacy.

No other organizations indicated a similar predilection. For the past three years, however, SOPHE has coordinated an Advocacy Summit in Washington, DC, and nearly all of the organizations have supported this summit, both monetarily as well as by sending representatives as participants.

### *Future Actions*

A review of the 15 internal and 11 external professional preparation action/goals shows that national health education organizations are doing more related to the internal than the external actions/goals. A possible explanation is that the organizations consider the internal actions/goals within their scope of practice, which includes providing opportunities for faculty in professional preparation programs to attend professional meetings and expand their professional horizons and body of knowledge. For membership organizations to “dictate” what professional preparation institutions should do would enter the domain of the faculty who have responsibility for professional preparation programs.

The national organizations indicate a willingness to work with faculty and practitioners to create a climate for sharing what is happening in the field, to consider future needs and directions, and to translate those discussions into professional preparation programs. The Competencies Update Project provides further impetus for health education organizations and faculty in professional preparation programs to reexamine how they conduct professional preparation and, if needed, to alter the process in order to prepare health educators more adequately for the world they will face.

## Quality Assurance

### *Definition*

Quality assurance in health education refers to professional accountability in conforming to established standards and criteria in health education. A dynamic health education profession requires periodic review and revision of standards, consistent with new findings in research, theory and practice. Examples of quality assurance in health education include certification of individuals, the accreditation and/or approval of professional preparation programs in health education, and the application of health education ethical standards.

### *Introduction*

Among the defining characteristics of a profession is the ability to ensure quality in its professional preparation and practice. The health education profession has accomplished significant milestones with regard to quality assurance in health education standards and practice during the last 30 years. Its work in role delineation and the development of competencies distinguish the health education profession from many other allied health and public health professions, which are only beginning to define their outcomes.

Building on the Role Delineation Project's work, Health Education Certification, a form of practitioner credentialing, began in 1989 following the incorporation of the National Commission for Health Education Credentialing, Inc (NCHEC). This milestone culminated some 20 years of effort on behalf of the profession in clarifying its roles and responsibilities. Since 1989, more than 6,000 health educators have received the Certified Health Education Specialist (CHES) credential. The CHES process tests

the competencies of entry-level health educators and promotes their continuing education. Maintaining the CHES credential requires an annual renewal with an additional requirement of 75 hours of continuing education over a 5-year period. This credentialing process is a primary mechanism for promoting individual accountability for conforming to established standards in health education.

The health education profession has also made great strides in ensuring quality of professional preparation programs in health education. Various bodies provide accreditation or review of professional preparation programs for health educators. The National Council on Accreditation of Teacher Education (NCATE) working with AAHE accredits programs preparing teachers of health education using the entry-level competencies required for CHES credentialing. The SOPHE/AAHE Baccalaureate Approval Committee (SABPAC) approves baccalaureate programs in community health education using the CHES competencies. The Council on Education for Public Health (CEPH) accredits Schools of Public Health awarding Masters of Public Health degrees as well as Masters degree programs in Community Health Education outside of Schools of Public Health.

During the last 5 years, several health education organizations developed the advanced-level Competencies that have influenced both professional preparation programs and continuing education of the currently employed health education workforce. CEPH has endorsed these advanced-level Competencies.

Several studies have documented the impact of the entry-level Competencies on professional preparation programs and other areas (see references). Academic institutions receive feedback related to the performance of graduates on the CHES examination, facilitating greater potential

congruence of professional preparation program offerings and standardized Competencies.

### *Internal Actions/Goals*

Participants at the 21<sup>st</sup> Century meeting in 1995 identified eight actions/goals within Health Education as priorities for improving health education's approach to quality assurance.

existing codes of ethics and presenting the draft unified code at meetings of each CNHEO member for profession-wide input. All nine members of the CNHEO ratified the code of ethics for the health education profession by November 1999. The Coalition and its member organizations are disseminating copies of the Code through professional journals, newsletters, textbooks, and other channels.

### **Quality Assurance - Internal Actions/Goals**

- Maintain a uniform code of ethics
- Actively seek accountability from consumers
- Establish peer-review panels and/or technical assistance teams
- Develop a mechanism for the systematic, continuous evaluation of the profession
- Define: (a) core components of health education programs, model standards for health education programs
- Define: (b) core competencies for health education preparation programs and accreditation
- Arrange for liability insurance options
- Define body of knowledge and skills of health education

Of these eight internal quality assurance goals, four are being pursued by three or more national health education organizations:

- ◆ Maintain a uniform code of ethics
- ◆ Define (a) core components of health education programs, model standards for health education programs;
- ◆ Define (b) core competencies for health education preparation programs and accreditation.
- ◆ Define body of knowledge/skills of health education

The health education profession can be proud of adopting a uniform code of ethics for the profession in 1999. The CNHEO took the lead in combining and adapting

Since 1995, organizations have also made progress in developing program standards. At least one organization is leading efforts to define core components of health education programs and model standards for health education programs; four organizations are supporting this task. In 1996, ACHA initiated a Task Force on Health Promotion in Higher Education to develop quality improvement indicators for health promotion in higher education. The task force drafted standards of practice for health promotion in higher education in five areas: (1) leaders demonstrate a capacity for community-based health promotion; (2) activities integrate with and complement the mission of its institution; (3) use of a collaborative process; (4) cultural competence and inclusiveness when working with

multicultural populations and demonstration of competence in addressing issues of diversity and health; and (5) programs built on and conduct quantitative and qualitative research.

Two organizations—AAHE and SOPHE—are jointly developing a comprehensive, coordinated effort (Task Force on Quality Assurance 2001-2003) to ensure quality at the undergraduate and graduate-levels of professional preparation in health education. Participation in accreditation reviews is voluntary and not all professional preparation programs in health education undergo such review. The goal of a task force formed by these two organizations is to develop a comprehensive, streamlined system for quality assurance in health education at the entry- and advanced-levels of practice. The task force with profession-wide involvement will be initiated in 2000 and is expected to complete its work in 36 months.

No single organization is taking the lead for the following action/goal, but one organization supports it.

- ◆ Establish peer review panels and/or technical assistance teams

ASTDHPPE periodically provides technical assistance consultants or teams to state health departments upon request.

No single organization provides profession-wide leadership for the action/goal.

- ◆ Develop a mechanism for the systematic, continuous evaluation of the profession.

Collectively, however, the profession is addressing this goal through the Competency Update Project (CUP). In 1998 the National Commission for Health Education Credentialing, Inc. initiated the CUP to review and update the entry-level health education competencies and to verify the advanced-level competencies. All ten health education national organizations contribute

to this process through their participation in the CUP Advisory Committee. Completion is expected in 2001.

One organization offers liability insurance options for health education professionals; no other groups expressed interest in supporting this action/goal.

Of all priorities internal to the profession, only one had no organizational primary or secondary support:

- ◆ Actively seek accountability from consumers.

### *External Actions/Goals*

The 21<sup>st</sup> Century meeting in 1995 identified 12 actions/goals important for quality assurance in health education by those external to the profession:

### Quality Assurance - External Actions/Goals

- Standardize professional practice
- Require credentialing nationally to practice and have it specified in (a) job descriptions (Certified Health Education Specialist preferred)
- Require credentialing nationally to practice and have it specified in (b) required knowledge, abilities, and skills
- Require credentialing nationally to practice and have it specified in (c) recruitment and retention
- Require credentialing nationally to practice and have it specified in (d) requirements and guidelines for jobs
- Include health education competencies in standardized assessments
- Develop and adopt model standards for health education programs
- Publicize the code of ethics
- Include health education in monitoring teams/actions related to standards
- Participate in review boards
- Involve consumers in establishing quality assurance in health education
- Provide adequate resources

Three or more professional organizations are pursuing eight of the 12 actions/goals.

- ◆ Require credentialing nationally to practice and have it specified in job descriptions;
- ◆ Require credentialing nationally to practice and have it specified in required knowledge, abilities and skills;
- ◆ Require credentialing nationally to practice and have it specified in recruitment and retention;
- ◆ Require credentialing nationally to practice and have it specified in requirements and guidelines for jobs;
- ◆ Include health education competencies in standardized assessments;
- ◆ Develop and adopt model standards for health education programs;
- ◆ Publicize the code of ethics; and
- ◆ Participate in review boards.

Several professional organizations supported the four actions/goals related to requiring credentialing nationally to practice, although no one group indicated a leadership role. NCHEC is considering a marketing program that promotes credentialing to practice health education and three organizations indicated willingness to support the initiative. As of 1999, one state required CHES certification for employment as a health educator by the state and several other states include "CHES preferred" in job descriptions.

One organization expressed willingness to assume leadership for including health education competencies in standardized assessments, and two groups offered support. Two organizations are developing and adopting model standards for health education programs, and two organizations offered support.

Two organizations are taking leadership to publicize the code of ethics, while three additional groups offered support.

Several other organizations are participating on review boards to help promote quality assurance. For example, SSDHPER, ASTDHPPE and SOPHE identify members who can serve on site review teams for accreditation/ approval bodies.

The remaining four actions/goals in the external quality assurance area lacked any form of organizational support.

- ◆ Standardize professional practice.
- ◆ Include health education in monitoring teams/actions related to standards.
- ◆ Involve consumers in establishing quality assurance in health education.
- ◆ Provide adequate resources.

No national organization identified itself as having a leadership role for including health education in monitoring teams/ actions related to standards; some working group participants considered this action/ goal as a responsibility of state agencies such as departments of education or health.

### *Future Actions*

Individually and collectively health education organizations are engaged in or broadly support quality assurance efforts for the profession. One or more professional organizations are pursuing more than 75% of the internal and external actions/goals. During this review process, participants suggested rewording several actions/goals. For example:

- ◆ Regarding the four actions/goals related to requiring CHES in employment, etc., more groups would support the goals if the word “require” were replaced with “encourage,” “support,” or “recommend.”

- ◆ Regarding inclusion of health education competencies in standardized assessments, support might increase by rewording the objective to include health education competencies in “standards of professional practice” (i.e., versus standardized assessments).

Since the organizational survey did not provide a working definition of “leadership” or “support” roles, some groups hesitated to identify themselves as leaders for the profession, although they engage in activities supporting the goal. For example, several groups indicated they “participate in review boards” but no group considered itself the lead group for the profession.

A review of quality assurance actions/goals both internal and external to the profession suggests that the professionals in the field of health education might need more experience with a variety of quality improvement mechanisms before they can articulate a complete list of priorities. However, several directions are noteworthy.

With a newly adopted Code of Ethics, national organizations have a document they can disseminate widely to health educators as well as to employers and other audiences. For the Code to stay current, the CNHEO must commit to a system for revising and updating the code in the coming years.

A task force initiated through the joint efforts of two organizations is to develop a comprehensive, coordinated system of quality assurance for professional preparation and will provide a major underpinning to this arena. The initiative has as part of its operating principles to engage profession-wide discussion and involvement in adopting such quality assurance approaches. It is anticipated such a system will be proposed for implementation in the next three years. The issue of “providing

adequate resources” will be a major item for moving ahead with any revised and/or new system.

Currently one organization provides technical assistance teams at the state level. Other organizations could expand efforts in this area to address the needs of various practice settings beyond state health departments such as worksites, schools, and managed care organizations.

Currently one organization provides liability insurance options for the profession. It is unclear how many individuals in the profession subscribe to this service, the number of employers now providing such insurance, and how such insurance has functioned in terms of protecting individual health educators, organizations, or the public. Such information could help organizations determine whether to offer liability insurance as a centralized professional-wide service.

Given discussions of credentialing systems for public health workers and worksite health promotion specialists, the profession needs to expand its involvement on review boards or similar groups external to the profession. Such other credentialing systems could significantly affect acceptance of health education certification.

The national health education organizations struggle with how to involve or reach out to consumers with quality assurance efforts—both involving consumers in establishing quality assurance in health education and in actively seeking accountability from consumers. Examining how other health professions have broached this arena might inform future health education efforts, whether through the CNHEO, individual organizations, or practitioners.

Members of the health education profession need to find ways of communicating standards and relating those standards to outcomes. Although the 1995 meeting

participants did not identify actions/goals related to accountability for outcomes, increased emphasis on accountability in all areas of society suggests this will be increasingly important in the 21<sup>st</sup> century. At least one major study is underway to evaluate the relationship of health education credentialing to outcomes. The results of this study might provide marketing information that health educators and their professional associations can use with practitioners, professional preparation faculty and institutions, employers, governmental bodies and society at large.

Developing a mechanism for the systematic, continuous evaluation of the profession might be the responsibility of the CNHEO rather than any one organization. Periodically convening meetings such as the initial 21<sup>st</sup> Century forum could provide a mechanism to evaluate the profession and set goals for the future.

- ◆ Widely disseminate the Code of Ethics throughout the profession as well as to employers and other audiences. In addition, the CNHEO must commit to a system for revising and updating the code in the coming years.
- ◆ Work with the profession to develop a comprehensive, coordinated system of quality assurance for professional preparation in health education.
- ◆ Expand efforts to provide technical assistance teams at the state level to state health departments, worksites, schools, and managed care organizations.
- ◆ Assess the extent to which health educators may be interested in obtaining liability insurance and expand the provision of such insurance through more health education organizations or through a central service, if necessary.

- ◆ Expand involvement of health educators on review boards or similar groups external to the profession that may impact health education credentialing.
- ◆ Identify feasible alternatives for the health education profession to involve or reach out to consumers in its quality assurance efforts—both involving consumers in establishing quality assurance in health education and in actively seeking accountability from consumers.
- ◆ Communicate to external audiences about standards of the health education profession and how such standards relate to outcomes, e.g., how health education credentialing relates to outcomes.

## Research

### *Definition*

Health education research is both applied and basic. It draws from theoretical constructs found in educational, social, behavioral, and life sciences. Health education theory and research derives from and uses rigorous social science methods. The knowledge derived from this research forms the basis of the practice of health education. Health educators apply these constructs to improve individual and population based health. The practice of health education, in turn, influences health education theory and research.

### *Introduction*

A cursory view of today's world reveals a large range of health and social problems that call for solutions based on knowledge. Future successes in the health education profession require demonstrating the effi-

cacy of health education interventions and assuring translation of research into practice and practice into research. In the 1960s, AAHE (School Health Division, AAHPERD) published a synthesis of research in areas of school health education which was used widely. The profession needs to improve communication of research findings internally and externally and create health education programs and interventions based on sound theory and demonstrated methods and strategies. Health educators must become more adept at documenting success through evidence-based research that demonstrates efficacy and effectiveness.

### *Internal Actions/Goals*

At the 1995 meeting, representatives of health education organizations identified eight actions/goals related to research that health educators could take to move the profession of health education forward in the 21st century.

### **Research - Internal Actions/Goals**

- Assure translation of research to practice and from practice to research
- Create study groups between research and practice groups
- Develop a technical assistance program modeled after the extension service
- Establish training institutes/centers: theory-research-practice
- Establish a research institute think-tank with money
- Ensure research that will provide articulation of theory and practice
- Demonstrate the efficacy of health education
- Promote health education professionals with skills for structuring programs and research that will demonstrate the efficacy of health education

Subsequent to the 1995 meeting, several national health education organizations indicated they are addressing four of these internal actions/goals.

- ◆ Assure translation of research to practice and from practice to research;
- ◆ Demonstrate the efficacy of health education;
- ◆ Promote health education professionals with skills for structuring programs and research that will demonstrate the efficacy of health education; and
- ◆ Ensure research that will provide articulation of theory and practice.

The national organizations recognize the importance of research and scholarly activity in supporting the profession of health education. Most attempts at translation of research to practice and vice versa occur through traditional means such as conference sessions, continuing education opportunities and journal articles. For example, program planning committees for various professional conferences and meetings often select proposed sessions based on the use of research in practice and vice versa. Segments of professional programs often focus on the efficacy of health education, especially in school settings. External funding provides professional organizations opportunities to publish and disseminate evaluation of health education initiatives. This funding allows communication of programmatic description and evaluation, as well as commentary on strengths and weaknesses of research findings. One organization collaborated with CDC in 1995 on publishing a research agenda for health education and is now in the process of updating it. Internet and other technologies provide opportunities for researchers to convey their research findings to practitioners.

No national organizations participate directly in activities that address the other four internal actions/goals.

- ◆ Create study groups between research and practice groups;
- ◆ Develop a technical assistance program modeled after the extension service;
- ◆ Establish training institutes/centers: theory-research-practice; and
- ◆ Establish a research institute think-tank with money.

Some organizations are addressing these action items indirectly. For example, AST-DHPPHE and SOPHE collaborated with the National Center on Injury Prevention to develop a website that highlights the translation of research to practice. ESG has set aside monies for health education research available on a competitive basis to local chapters. Furthermore, ESG supports a process that helps fund efforts to translate research to practice. NCHEC is gathering data about certified professionals' needs for professional development. Many of the health education journals emphasize research-practice linkages.

Representatives of the organizations who participated in the working group discussed several potential reasons for the lack of direct focus on the above goals/actions. Perhaps these goals/actions are more accurately external goals or actions. Another possible explanation is that participants found some goals/ actions unclear or redundant. For example, the differences between "Assure translation of research to practice and from practice to research" and "Ensure research that will provide articulation of theory and practice" were unclear. Other goals/actions, such as the establishment of a think-tank are more appropriately the purview of post-secondary institutions or government agencies.

### External Actions/Goals

Participants at the 1995 meeting identified nine research-related actions/goals that require involvement of people, groups, and organizations outside the profession of health education to move the health education profession forward in the 21<sup>st</sup> century.

AAHE and SOPHE are seeking increased funding for health education research. AAHE and ASHA promote applied research in peer-reviewed journals and the dissemination of research information to practitioners through specialized sections of the *Journal of Health Education* and the *Journal of School Health*. SOPHE's new journal

### Research - External Actions/Goals

- Increase funding for health education research
- Seek funding of research relevant to health education and include health educators as the researchers
- Promote giving equal weight to action-oriented, inquiry research in promotion and tenure decisions in Institutions of Higher Education
- Encourage Institutions of Higher Education to actively support health education faculty involvement in applied research at the community level
- Promote funders encouraging faculty to be involved in the community level
- Promote the acceptance of applied research in peer reviewed journals
- Disseminate research information to practitioners
- Involve health educators in health status research connecting outcomes and indicators
- Increase communication between and among researchers (data collectors) and health educators

Of the nine external actions/goals, three or more professional organizations addressed four of the actions/goals:

- ◆ Increase funding for health education research;
- ◆ Encourage Institutions of Higher Education to actively support health education faculty involvement in applied research at the community level;
- ◆ Promote the acceptance of applied research in peer reviewed journals; and
- ◆ Disseminate research information to practitioners.

*Health Promotion Practice* connects research to practice and practice to research.

Three organizations (ASHA, ASTDHPPE, and SOPHE) are interested in encouraging Institutions of Higher Education to support faculty involvement in applied research at the community level. Organizational representatives working on this project initiated discussions with the director of the Harvard Project, a CDC-funded initiative for increasing partnerships between colleges and local communities that improve health outcomes for children and youth in the community. The discussion focused on potential partnerships between the Harvard Project and the health education profession around

such issues as professional preparation of health teachers and the academic reward systems within institutions of higher education. The Harvard Project provides one forum where representatives of national health education organizations can encourage presidents of colleges and universities to reward those who apply research to practice settings at the same level as they reward scholarly productivity and teaching.

Currently, CDC funds 20 Prevention Research Centers that have strong applied research agendas across diverse topics and among diverse populations. Potentially, health education organizations could work more closely with these centers to disseminate cutting-edge community-based health education research.

At least one national health education organization is addressing or has indicated an intention to address each of the remaining external actions/goals.

- ◆ Seek funding of research relevant to health education and include health educators as the researchers.
- ◆ Promote giving equal weight to action-oriented, inquiry research in promotion and tenure decisions in institutions of Higher Education.
- ◆ Promote funders encouraging faculty to be involved at community level.
- ◆ Involve health educators in health status research connecting outcomes and indicators.
- ◆ Increase communication between and among researchers (data collectors) and health educators.

Certainly individual health educators and health education professional preparation programs within Institutions of Higher Education have key roles to play in addressing research-related actions/goals. As the profession of health education be-

comes better recognized, funding available for health education research is likely to increase.

### *Future Actions*

As part of the dialogue around these Goals, several of the health education professional organizations have begun considering an “Encyclopedia of Health Education Research.” The Encyclopedia would represent a synthesis of research in health education that includes all work settings, thus connecting the profession. Topics for inclusion in this Encyclopedia might encompass research on historical developments in each health education work setting, philosophical and theoretical approaches to health education practice, models of effective programs, professional preparation issues, behavior change, analysis of health messages, effectiveness of instruction for health, and status of the profession in various states. It would also address elements of quality research and criteria for evaluation of quality research. A committee to oversee the work might include members from AAHE’s Research Coordinating Board, ASHA’s Research Council, SOPHE’s Research Agenda Committee, and the Academy of Health Behavior. The American Educational Research Association’s (AERA) *Encyclopedia of Educational Research* might serve as a model for the work. AERA’s encyclopedia has included a synthesis of research in health instruction for many years. This compilation could demonstrate the efficacy of health education in a variety of settings and provide guidance for planning effective health education programs and interventions. The proposed Encyclopedia might also provide a foundation for the body of knowledge that comprises the discipline of health education.

## Advocacy

### *Definition*

Health educators, professional associations, professional preparation programs, and public and private health education organizations play a major role in the development, diffusion, and evaluation of policies that influence health. The World Health Organization defines advocacy for health as “a combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems for a particular health goal or program.” The goal of advocacy efforts is to arouse public concern and mobilize resources and forces in support of an issue, policy or constituency.

### *Introduction*

Collaborative efforts, including building relationships with policy makers and the media and developing coalitions, can become a strong catalyst for effective advocacy. These efforts succeed by maximizing the power of individuals and groups through joint actions and by bringing together individuals from diverse constituencies to deal with often complex issues. National health education organizations have made significant progress since the 1995 report in advocating both for the profession and for health-promoting policies, programs and services. Individual health educators and national and state health education organizations increasingly recognize the need for developing effective skills for advocating at the institutional, local, state, tribal, national and international levels. Indeed, the future of the profession might well rest, in part, on the success of these and future efforts.

### *Internal Actions/Goals*

The following chart contains the 15 internal advocacy actions/goals identified by participants at the 1995 meeting.

### Advocacy - Internal Actions/Goals

- Establish national organizations to provide training to prepare advocacy speaker teams
- Verify a united voice, common messages and advocacy for the lay person
- Include congressional districts as part of national organization membership, and email addresses
- Establish a health education political action committee
- Provide health education political action advocacy kits
- Establish health education public relations services (regular press releases, information on/about health education for the nation)
- Develop a system for evaluating and recognizing friends of health education in state, national elected offices and sharing this information across health education national organizations
- Develop a marketing campaign to improve health education perception and need at the local and national level
- Define for the consumer the appropriate expectation for health education
- Market understanding within the profession: who and what we are, services we provide, and outcome of services
- Seek representation among and for diverse groups in communities
- Provide opportunities within the elected leadership and on professional committees for new professionals and students
- Increase involvement in political process/enhance political action for health education
- Develop multi-organization strategy plan to include building alliances with other peripherally related professions
- Increase power, leverage, and money access to media (e.g., own cable station), board membership on multinational corporations

Of the 15 advocacy actions/goals that require action by the members of the profession, 12 have one or more professional organizations already working on them. Six organizations have offices in the greater Washington, DC, area, facilitating their involvement in legislative and policy-making activities. ASHA has a part-time Washington-based legislative consultant on retainer. However, none of the organizations has its own full-time staff member devoted to health education advocacy, which ham-

pers the potential for timely, sustained political influence on key issues. Several of the professional organizations limit their advocacy-related activities because they are substructures within larger organizations that establish organizational policies and set advocacy priorities. As nonprofit organizations with 501(C)(3) status, national health education organizations must comply with legal restrictions on lobbying and campaigning.

A jointly sponsored Health Education Advocacy Summit that SOPHE hosts addresses three of the internal actions/Goals:

- ◆ Verify a united voice, common messages, and advocacy for the lay person;
- ◆ Provide health education political advocacy action kits; and
- ◆ Increase involvement in political process/enhance political action for health education.

The first two annual Summits (held in 1998 and 1999) brought 10 national health education organizations together for the first time to develop a common advocacy agenda and to advocate collectively for these issues on Capitol Hill. A planning group with representatives from the various health education organizations determined Summit advocacy priorities, reviewed fact sheets, provided training during the summits, and accompanied delegates on Congressional visits. By providing training for key association leaders, the Summits also provided the catalyst for participating groups to provide subsequent training, materials, and other resources to their members. To promote advocacy efforts among their members, the organizations have conducted special sessions at annual conferences, published newsletter and journal articles, developed advocacy web pages, and sent targeted mailings. Several organizations have developed political action kits. ESG published a special monograph on advocacy in 1999.

Many of the membership organizations have legislative or advocacy committees that monitor legislation. Several have legislative action trees or a FAX/email system to alert chapters, districts, affiliates, or their members of a need to take quick action on some policy issue affecting health education. The professional associations share their alerts with each other to strengthen the response on a specific issue. Almost all

of the organizations have processes that guide the development of formal position statements or resolutions on various issues. Several organizations specify advocacy as one of their primary Goals.

Almost all of the organizations indicated current activities or support for the action/goal.

- ◆ Develop a marketing campaign to improve health education perception and need at the local and national levels.

Although no group offered to take the lead on this goal, the CNHEO has developed two print materials that could assist in addressing the goal. ASHA is developing a manual for marketing the concept of school health among one's peers within a school setting and participates in a social marketing group that is developing common language to use in marketing programs for promoting school health with various audiences.

The Advocacy Summits and other advocacy efforts will continue and could provide a mechanism for accomplishing other actions/goals:

- ◆ Establish national organizations to provide training to prepare advocacy speaker teams, and
- ◆ Develop a multi-organization strategy plan to include rebuilding alliances with other peripherally related organizations.

Internet access and email have significantly increased the ease of sharing advocacy strategies and action alerts to other health educators and national organizations, as well as communicating our needs and views to policy makers and the media.

Of the 15 actions/goals, at least one national organization is addressing all but three.

- ◆ Develop a system for evaluating and recognizing friends of health education in state, national elected offices and sharing this information across health education national organization.
- ◆ Increase, power, leverage, and money access to media (e.g., own cable station), board membership on multinational corporations.
- ◆ Include congressional districts as part of national organization membership, and Email addresses (although both software and website programs exist to identify congressional districts for individuals by zip code).

Although some groups have awards programs that have recognized political or media figures for their support for health education, there is no mechanism for more systematically sharing this information among the national organizations.

The profession looks to the CNHEO for leadership on goals that require organizing the profession and reaching out to peripherally related professions.

### *External Actions/Goals*

The 1995 meeting participants identified 14 advocacy goals external to the profession.

## **Advocacy - External Actions/Goals**

- Take steps to establish partnerships with other professions engaged in research and teaching within universities, business, organizations, health care, schools.
- Place more emphasis on primary prevention, early intervention.
- Have health educators included in recommendations for policy/ legislative development as well as in developing and reviewing relevant policies/legislation.
- Include health education in appropriate legislation.
- Establish legislative links for health education as a profession.
- Connect profession with power brokers, create teams (for education, advocacy) of health educators with legislatures, community leaders— meeting, conferences.
- Develop policy leadership.
- Encourage health educators to work toward elected and appointed policy making positions (e.g., community action, multinational boards, school boards, education and health care reform, other professional organizations, state boards).
- Seek inclusion of the health education profession in legislative language.
- Seek legislative mandates for comprehensive school health education.
- Publicize the profession as a consumer advocate.
- Address health education categorical funding (locally and nationally).
- Seek continued involvement by health educators in the creation of Healthy People and other documents.
- Initiate state plans for health education with state departments of health and education.

One or more of the national health education organizations are addressing all but one of the external advocacy actions/goals by developing systems to influence policy and achieving significant policy changes in support of health education.

The two goals that have the greatest number of organizations currently engaged or willing to be supportive are:

- ◆ Place more emphasis on primary prevention/early intervention, and
- ◆ Establish legislative links for health education as a profession.

There is also much support for goals related to including health education in legislative or policy language. In 1997-98, SOPHE took the leadership in obtaining recognition by the Department of Labor and Commerce for the distinct occupational classification of “health educator.” As a result, the federal government and states will gather data on the geographic distribution, salaries, and other essential data for the profession, using this definition:

Health Educators—Promote, maintain, and improve individual and community health by assisting individuals and communities to adopt healthy behaviors. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. May also serve as a resource to assist individuals, other professionals, or the community, and may administer fiscal resources for health education programs.

Representatives of the health education profession contributed to and commented on broad policy-related documents such as “Essential Public Health Services” and “Healthy People 2010,” both of which pro-

vide guidance for policy and resource allocation at the federal, tribal, regional, state, and local levels. The Health Education Advocacy Summits have promoted increased funding for health education-related programs and the overall CDC funding increased 15 percent in 1999. The Public Health Leadership Institute provides additional opportunities for health education professionals to influence policy decisions directly or through developing improved networking skills and opportunities.

Several actions/goals have only weak support and no on-going leadership:

- ◆ Develop policy leadership.
- ◆ Encourage health educators to work toward elected and appointed policy-making positions.
- ◆ Connect profession with power brokers.

No organizations expressed current activity or interest in working on the actions/goals of:

- ◆ Publicize the profession as a consumer advocate.

Perhaps this reflects national organizations’ roles as representatives of their members and not of consumers, so the organizations have limited access to consumers.

### *Future Actions*

To continue progress in advocating for health education as a profession as well as for its service goals, national health education organizations can maintain and strengthen their efforts by:

- ◆ Continuing strategies for systematic, collaborative training of health education professionals in advocacy skills;
- ◆ Continuing to prioritize advocacy issues collaboratively, developing and sharing fact sheets and advocacy alerts; and

- ◆ Continuing to work through state and national coalitions to support and promote the profession of health education as well as health education initiatives.

Strengthening advocacy efforts also requires a systematic process of preparing professionals with these skills. Policy and media advocacy are not thoroughly taught in health education professional preparation programs.

Through the work of the Advocacy Summit and the sharing of action alerts, health education organizations are building on their advocacy efforts. CNHEO is working on a system for sharing advocacy efforts and accomplishments in order to provide a more unified voice for health education. No structure exists, however, for sharing among health educators the accomplishments of public leaders outside of health education.

Long-term plans need to consider ways to prepare, encourage, and support health educators as decision-makers through appointments and elections to positions of power.

## Promoting the Profession

### *Definition*

Promoting the profession involves advocating for the employment and promotion of professionally prepared, qualified individuals to fill health education positions. Promoting the profession involves informing employers, third party payers, governmental regulatory and funding agencies, and the public at large about the skills and competencies of practicing health educators.

### *Introduction*

Health education meets the definition of a profession based on the criteria which constitutes a profession: a common body of knowledge, a research base, a code of ethics, a common set of skills, quality assurance, and standards of practice. The profession of health education includes all these elements, as evidenced by a voluntary professional credentialing process in which

areas of responsibility and key competencies are specified. Those competencies also provide a curricular framework for colleges and universities that offer degree programs in the field at the baccalaureate, masters, and doctoral levels.

The U.S. Department of Labor recognizes health education as a distinct occupational classification.

The Coalition of National Health Education Organizations (CNHEO) was formed in part to provide a unified voice and promote the profession. In 2000, the Coalition published a unified Code of Ethics for the profession.

### *Internal Actions/Goals*

Participants at the 1995 meeting identified 18 actions/goals related to promoting the profession that those in the profession could take to move health education forward in the 21<sup>st</sup> Century.

### Promoting the Profession - Internal Actions/Goals

- Take steps to establish partnerships with other professions engaged in research and teaching within universities, business, organizations, health care, schools.
- Coalesce health education groups and associations
- Break down the “camps” (MS, MPH, DrPH, PhD), increasing permeability
- Establish a common code of ethics
- Improve and strengthen credentialing beyond current entry-level credentialing and provide specialization
- Strengthen the CNHEO through improved communication between Coalition delegates and association members. Work toward united commitment (time, money, staff, resources)
- Clarify and distinguish Health Education vis-à-vis health promotion and other related professions. Identify positive and appropriate interfaces
- Enhance the knowledge and meaning of health education professionals (generic, role delineation, program framework, commonality across sites)
- Promote credentialing of professionals (licensure, certification)
- Arrange for third party payment for health education
- Require credentialing nationally to practice
- Develop a unified professional association with staff and advocacy
- Recognize health education as an academic discipline
- Establish a national job clearinghouse
- Ensure the identification of health education in the manpower job classification
- Designate health education as a profession within the Bureau of Health Professions (definition of legitimate providers of health services)
- Develop a profile of health education profession’s demographics
- Describe the state of the profession (demographics, area of practice, preparation, and salary)
- Nurture health educators for elected and appointed offices, locally and nationally

Based on the discussion, the task force omitted one action/goal the members considered redundant (“Ensure the identification of health education in the manpower classification.” Through their collective efforts, the national organizations as well as individuals within the profession have accomplished 3 of the 17 remaining internal goals/ actions. These accomplishments

show how the combined efforts of national health education organizations can move the health education profession forward.

- ◆ Designate health education as a profession within the Bureau of Health Professions.

Through the collaborative efforts of professional organizations with leadership from

SOPHE, the Department of Labor now identifies health education as an occupation classification.

◆ Establish a common code of ethics.

As of November 9, 1999, all CNHEO member organizations had approved or accepted the same unified Code of Ethics for the health education profession. Developing the code by combining two professional organization's codes of ethics into one common code took over three years.

◆ Establish a national job clearinghouse.

Although many of the actions have been accomplished through the collective efforts of professional organizations, it is recognized that individual health educators and/or universities and colleges can also provide leadership in achieving goals identified by the profession. This is one such example. Currently, there are several national job clearinghouses available on the Internet. Having a national job clearinghouse allows potential employees access to health education positions throughout the U.S. and prospective employers a place to advertise. National health education organizations also provide job banks at professional conferences and meetings and advertise positions in their newsletters and journals. These positions have the potential to be viewed by a diverse audience.

Overall, of the original 18 goals, one was omitted leaving 17 goals. Of those 17 goals, 5 (30%) have been or are being accomplished. Of the remaining goals:

◆ eight goals have five or more professional organizations working on:

- Establish a common code of ethics.
- Strengthen the CNHEO through improved communication between Coalition delegates and association members. Work toward united commitment (time, money, staff, resources).

- Clarify and distinguish Health Education vis-à-vis health promotion and other related professions. Identify positive and appropriate interface.
- Promote credentialing of professionals.
- Designate health education as a profession within the Bureau of Health Professions (definition of legitimate providers of health services).
- Develop a profile of health education profession's demographics.
- Describe the state of the profession (demographics, area of practice, preparation, and salary).
- Nurture health educators for elected, appointed office, locally and nationally.

◆ one goal had four professional organizations working on:

- Arrange for third party payment for health education.

◆ four goals have three professional organizations working on:

- Coalesce health education groups and associations.
- Improve and strengthen credentialing beyond current entry-level credentialing and provide specialization.
- Enhance the knowledge and meaning of health education professionals- (generic, role delineation, program framework, commonality across sites).
- Recognize health education as an academic discipline.

◆ two goals have two professional organizations working on:

- Break down the "camps" (MS, MPH, DrPH, PhD), increasing permeability.
- Require credentialing nationally to practice.

- ◆ one goal had one professional organization working on:
- Establish national job clearinghouse.
- ◆ one goal had no professional organization working on:
- Develop a unified professional association with staff and advocacy.

### *External Actions/Goals*

Many of the external actions/goals require actions within the profession. Therefore, an assumption may be made that, for external actions/goals to occur, the health education profession needs to initiate action vs. waiting for those outside either profession to act.

Promoting the profession external to the profession requires working with agencies

and individuals not necessarily associated with health education. Of the 41 actions, 7 have been or are currently being addressed by one of more organizations. Two actions are not being addressed by any professional organization (promote health educators being employed by recreation for vacation places, and promote the link between unknown programs). Seven of the 41 actions identified are being addressed by various professional organizations.

- ◆ Educate employers about the profession of health education.

Taking the lead from a state health education organization, two brochures are being developed (“Why Hire a Health Educator” and “Why Become a Health Educator”) and will be shared with other professional organizations.

### **Promoting the Profession - External Actions/Goals**

- Provide a description of the body of knowledge of health education
- Educate employers about the profession of health education
- Establish an understanding of marketing within the profession: promote who and what we are, the services we provide, and the outcomes of these services
- Use a focused message for public relations, marketing about field and profession
- Establish criteria of health education impact for products, social policies (used in marketing, decision making)
- Enhance the profession, its accomplishments, its benefit, and the value of prevention over the cost of health care
- Connect with consumers and the media (e.g., Consumer Reports, Rodale Press, Reader’s Digest, TV magazines, Consumer Research in the Public Interest, Food & Drug Administration, publishing boards)
- Educate media and corporations about profession (for recognition, used in decision making)
- Provide pre-service and in-service training to other health professionals regarding health education
- Develop a cadre of health educators to consult with media
- Establish health education contacts with the media

- Increase health educators' access to media (own cable channel, nationwide radio show in many languages and appropriate for many cultures)
- Establish recognition by key publics of trained health education spokespersons
- Identify well-known public spokespersons who speak out and support health education (national-macro, local-micro)
- Establish partnerships with key leaders and power brokers at key sites (government, universities, business)
- Increase dissemination of information from organizations to users (Centers for Disease Control and Prevention, National Cancer Institute, National Health Lung and Blood Institute)
- Describe the current state of the profession
- Become listed in health manpower directory of health professions
- Become included in surveys regarding professions
- Encourage state, local employers to hire health educators for health education jobs (e.g., Certified Health Education Specialist in job descriptions)
- Initiate legislation and funding that require credentialed health educators to fill health education positions
- Encourage other professionals to look to health education for consultation, training and professional preparation on health education practice
- Receive reimbursement for health educators' services
- Create role of health education in managed care (ombudsman)
- Organize coalitions in community to shape managed care
- Establish a national/state health education day/week/year
- Build coalitions and partnerships, networking-interpersonal relations
- Create connections between health education departments and other departments within corporations and agencies
- Include international development teams for health education (Centers for Disease Control & Prevention, World Health Organization, World Bank, American Association of University Women, PSR, NCJW.)
- Establish linkages with other allied health programs
- Become a partner with other health care providers to make an impact on insurance providers regarding prevention
- Establish a connection within businesses, integration with Occupational Health and Safety
- Offer Employee Assistance Programs and employee health promotion programs
- Promote the link between worksite programs (WELCOA, insurance benefits, Washington Business Group on Health, Schools of Business and Economics)

- Work with unions and labor force in general so that reasons for and benefits of health education services are understood (create demand on behalf of the constituency)
- Seek partnerships with beneficiaries of health education service
- Establish a consumer focus: health education booth in malls-advice, health education messages on computer shopping networks
- Provide health education consultation for museums, theme parks, interactive displays
- Promote health educators being employed by recreation and vacation places
- Establish health education partnerships with gerontology
- Think like a competitor

- ◆ Establish a national/state health education day/week/year.

The third week of October has been designated as Health Education Week. Several organizations have worked with the private sector and governmental agencies to produce and provide promotional kits for health educators to use in promoting health education week. Some of the materials are available on the Internet. Public Health week is identified as the first week in April.

- ◆ Encourage state and local employers to hire health educators for health education positions.

In 1998, Arkansas passed state legislation requiring a Certified Health Education Specialist (CHES) to be hired for any state or local health education position in a public health agency. Other states are moving toward similar policies that ensure qualified health educators in school, community, health care, and work site settings.

No national health education organizations are addressing two of the actions/ goals:

- ◆ Promote health educators being employed by recreation and vacation places.
- ◆ Promote the link between worksite programs.

Of the remaining 32 goals, many organizations either supported but were unable to work on or were willing to work collaboratively with other organizations. Examples of these goals included:

- ◆ Increase health educators' access to media.
- ◆ Connect consumers with the media.
- ◆ Provide health education consultation for museums, theme parks, and vacation places.

Although there were 2 goals on which no organizations were currently working or were willing to take the lead does not necessarily indicate the lack of importance of these goals. Maybe at this time within the individual organizations (and professions), other goals were considered of greater importance and therefore were given priority within each organization.

### *Future Actions*

Promoting the profession involves advocating for the employment and promotion of professionally prepared individuals to fill health education positions. It involves promoting health education not only within the profession but promoting to those

external to the profession including regulatory agencies, third party payers, and the general public.

Health education organizations have taken an active role in promoting health education within the profession by such actions as establishing a Code of Ethics, getting health education designated as a profession within the Bureau of Health Professions, and strengthening the CNHEO communication network. However, based upon the external actions/goals, the professional organizations have not been as active promoting the profession outside the profession. There could be several reasons for this. First, the professional organizations may have felt it most important to accomplish key goals within the profession first prior to promoting the profession externally. Second, it may be that the external actions/ goals originally developed are confusing, many overlap and are redundant and really did not provide guidance to the professional organizations. Because of this, many organizations may have had difficulty in accurately depicting their role in promoting the profession externally.

External actions/goals for promoting the profession need to be reevaluated to eliminate some, clarify others, and remove duplication. Are the actions/goals appropriately placed in the internal or external action/goals area? For example, "Provide a description of the body of knowledge of health education" is placed in the external action/goals. Should it be placed under internal actions/goals, as this is an action that the profession itself needs to do, so that those outside the profession better understand us? Or, "Describe the current state of the profession," which should be considered an internal action and, once completed, shared with external constituents to provide a better understanding of the profession?

The following ideas would be of value for the profession:

More clearly define the role of health education and how the profession fits within society and how we can better work within the health care system and society as a whole.

For the public at large, more clearly define the role of the health educator outside the traditional settings (i.e., school, health department). This will provide a perspective of health education and how health education uses a prevention model vs. a medical model.

Assist the profession to move beyond the medical model of health care to a health-focused model of health care, promoting health through education, prevention, and reduction of health problems and disparities.

## Dynamic/Contemporary Practice

### Definition

Dynamic/contemporary practice in health education uses advances in many areas of society, including but not limited to communication, technology, educational theory, community dynamics, and understanding of human genetics. Quality practice and research applies state-of-the-art theory and technology in the design, implementation, and evaluation of health education programs.

Dynamic/contemporary practice takes into account and reflects changing community demographics, technology, organizational and marketing strategies, educational processes, and environmental factors. It relies upon effective continuing professional development that is based on a planned program, sound educational principles, and current and projected workforce needs, and flexibility to adapt to changing needs.

### Introduction

Dynamic/contemporary practice in health education addresses issues tangential to the present state of the profession. It focuses on changes within communication, technology, educational theory, authentic methods, community dynamics, and human biology. To stay current and relevant, health education programs need to reflect changes in various work settings through their choice of materials, resources, technology, organizational and marketing strategies, and educational processes.

### Internal Action/Goals

In 1995, representatives of the health education professional organizations identified six internal actions/goals for moving the profession toward dynamic and contemporary practices for the 21<sup>st</sup> Century.

### Dynamic/Contemporary Practice - Internal Actions/Goals

- Establish a health education home page on the Internet
- Establish a technology clearinghouse
- Disseminate practice strategies within, between, and among professional associations and practitioners
- Encourage health education organizations to utilize emerging technology
- Use of contemporary technology and methodology
- Establish a resource clearing house

One or more of the health education organizations are addressing or willing to support work on three of these six internal actions/goals.

- ◆ Use contemporary technology and methodology.
- ◆ Encourage health education organizations to utilize emerging technology.

All the health education organizations are using new technologies such as Power Point presentations, Internet connections and websites during their annual meetings and at conferences. ASHA's summer institute includes a block devoted to the use of instructional technology. The organizations' web-sites include vital information for health professionals, about conference presentations, and for consumers often in the form of health factsheets. APHA-PHEHP created a special interest group to enhance the capacity of those working in health communications to stimulate public support for public health education. In November 1999, SOPHE digitized portions of its 50<sup>th</sup> Anniversary Annual Meeting and placed it on its website to expand continuing education opportunities for practitioners. ASHA has a listserv for its members. A private listserv, HEDIR, serves the health education profession. Most organizations are working to expand their technology.

- ◆ Disseminate practice strategies within, between, and among professional associations and practitioners.

Several organizations are currently using their journals or creating supplemental publications to meet this action/goal. The *Journal of School Health*, the *Journal of Health Education*, and the newly initiated *Health Promotion Practice* provide strategies for practitioners. APHA-SHES instituted a practitioners' forum at the 2000 annual meeting. SSDHPER and ASTDHPPE individually and jointly provide technical

assistance to interested state education and health agencies that do not receive CDC funding for an infrastructure that supports school health programs, including health education.

No health education organizations are addressing the remaining three actions/goals.

- ◆ Establish a health education home page on the Internet.

Although each organization has its own home page, no home page exists for the profession. A home page could highlight the substance of the profession.

- ◆ Establish a technology clearinghouse.
- ◆ Establish a resources clearinghouse.

The absence of health education organizations' involvement in these two actions/goals is less a lack of validation for such efforts than a reflection that they are not deemed priorities of the organizations.

### *External Actions/Goals*

Participants at the 1995 meeting identified nine actions/goals that involve people, groups, or organizations outside the profession to move the health education profession toward dynamic and contemporary practices in the 21<sup>st</sup> Century.

### Dynamic/Contemporary Practice - External Actions/Goals

- Develop and/or adapt technology to disseminate health information, health discovery
- Establish a nonprofit foundation for health education technology and marketing
- Link consultants to companies developing products
- Link services and programs to health education classes
- Foster community vision that health promotion is their concern/ issue
- Encourage participation of health educators in community-wide health promotion education planning, implementation, and evaluation
- Recruit health educators for community health promotion/ education projects/ initiatives
- Recruit minorities/diverse students into the profession
- Establish Employees/employer assistance programs and work site health promotion

Because these goals relate to actions necessary external to the profession, the intended audience in some cases is not the health education professional but the lay public.

Four external actions/goals have three or more health education organizations already working or willing to collaborate on them.

- ◆ Develop and/or adapt technology to disseminate health information, health discovery.

Some organizations use portions of their web sites to disseminate health information and/or health discovery to the general public and other professionals who are not part of their organization.

- ◆ Foster community vision that health education/promotion is their concern/ issue.
- ◆ Encourage participation of health educators in community-wide health education/promotion planning, implementation, and evaluation.

Although interest has been expressed, no professional organizations are currently working on the aforementioned actions. This will require development and implementation of a strategy for marketing the profession. The intent of this strategy should be creating and communicating a vision of the possibilities health education/promotion provides (i.e., prevention and mitigation of illness, enhanced quality of life).

- ◆ Recruit minorities/diverse students into the profession.

For the past four years, AAHE has actively recruited minorities by developing a Minority Involvement Committee that became a Multicultural Involvement Committee. Activities include programming at its annual convention focused on minority issues and working with Historically Black Colleges and Universities as well as Hispanic Serving Institutions as part of its cooperative agreement with CDC. APHA-SHES recruits minority students to enter the profession through its members who

work in public schools encouraging their students to enter the profession. SOPHE's Open Society Commission is addressing outreach and leadership development opportunities for minorities in the profession.

No professional organizations are addressing four of the external actions/goals that support dynamic and contemporary practices. Perhaps the scope of these goals is outside the purview of professional organization.

- ◆ Recruit health educators for community health education/promotion projects and initiatives.
- ◆ Establish a nonprofit foundation for health education/promotion technology and marketing.

The Comprehensive Health Education Foundation (C.H.E.F.) provides an example of such a foundation. However, no health education membership organization has plans to establish such a foundation.

- ◆ Link consultants to companies developing products.

Many individual health educators already serve as consultants to and in some cases own or operate companies that develop health education-related products. Membership organizations, however, are cautious about linking members to commercial ventures for fear of appearing to provide a financial advantage to some members over others.

- ◆ Establish employee assistance and work site health promotion programs.

ASHA promotes employee wellness programs in schools, especially through the work of their Director of Professional Development. The efficacy of work site health promotion should be marketed to company wellness programs, personnel directors, and unions. SOPHE's worksite

health special interest group serves as an ongoing forum to address worksite wellness issues. SOPHE also cosponsored a meeting with the National Institute for Occupational Health and Safety (NIOSH) in 1999 to address worksite safety and training.

### *Future Actions*

The national health education organizations are using new technologies and providing models, encouragement, and training for professionals interested in staying current. They often follow, rather than set, trends.

Actions national organizations could take to help professionals stay dynamic and contemporary in their practice include:

- Create a program similar to the American Psychological Association's Behavioral and Social Science Volunteer Program (BSSVP) that provides consultants to community planning groups using funding from CDC.
- Increase linkages to minority organizations to attract increasingly diverse people to the health education profession.
- Use systems of communication and information exchange that take advantage of electronic advancements (web-based reporting systems, registrations, activity tracking, information retrieval).
- Establish a home page for the profession of health education which would include a listing of the CNHEO organizations, the Code of Ethics, definitions within the profession, and programs that have SABPAC approval. Within the listing individual users could reach home pages of the organizations.



## CONCLUSIONS AND RECOMMENDATIONS

The 1995 meeting cosponsored by the National Commission for Health Education Credentialing and the Coalition of National Health Education Organizations initiated the work on actions and goals which would more firmly establish the profession of Health Education. Much work remains to be done, on many levels, and, to a certain extent, by everyone in the health education profession as well as by external partners. Working on this report has created a process over the past five years for collaboration and communication among the national health education organizations. It is expected that this spirit of cooperation will continue and flourish.

### What remains to be done?

Several important action steps have been achieved, including acceptance of a Code of Ethics for the profession and the inclusion of the term “health educator” into the Department of Labor’s standard occupational classification system. Progress continues for many of the other suggested actions.

The CNHEO plans to convene a meeting in the near future to discuss the actions that have not been addressed by the health education organizations, and why CNHEO is also expected to provide leadership in tracking the progress of these action steps. Some actions are unclear, others redundant, and others irrelevant at this time. Some actions are more important than others and need to be prioritized. This process also needs a proposed timeline and recognition of external partnerships. Health education leaders need to articulate and disseminate the best practices of health education. We need to evaluate the achievement of these goals and to identify other important areas of the profession beyond these six focal points.

The following focal points are defined and contain salient recommendations for future action.

### *Professional Preparation*

Professional preparation is the academic coursework and associated fieldwork required of students to receive a degree in health education. Colleges and universities offer professional preparation for health educators at the baccalaureate, masters, and doctoral levels. Health education professional preparation programs have a responsibility to provide quality education to their students, thus benefiting both the profession and the public. Such quality education derives from and develops in students key responsibilities and competencies defined by the profession at both the entry and advanced levels. Many programs also offer specific courses for those preparing to work in various settings (e.g. community/ public health, schools, medical care, or the workplace). Formal accreditation mechanisms help ensure the quality of professional preparation programs.

Individuals who take and pass the certified health education specialist (CHES) examination after they complete their degree work demonstrate their competence in meeting the responsibilities and competencies expected of entry-level health educators. The National Commission on Health Education Credentialing (NCHEC) has responsibility for developing and administering these examinations. The Commission and its network of continuing education providers also approve continuing education offerings for credit toward periodic recertification.

- ◆ Assure awareness by professional preparation programs of the new standards for professional preparation being developed by NCATE and of the Competencies Update Project.

- ◆ Encourage all health education professional organizations to have mentoring programs for students.
- ◆ Carefully consider the possibility of standardizing accreditation of professional preparation programs in health education.
- ◆ Expect professional preparation programs to effectively prepare their students to sit for the CHES examination.
- ◆ Continue and strengthen efforts to attract individuals of diverse ethnicity to the profession of health education.
- ◆ Expect health education organizations to partner with diverse organizations in order to develop policies that will enhance the health of the public.

### Quality Assurance

Quality assurance in health education refers to professional accountability in conforming to established standards and criteria in health education. A dynamic health education profession requires periodic review and revision of standards, consistent with new findings in research, theory and practice. Examples of quality assurance in health education include certification of individuals, the accreditation and/or approval of professional preparation programs in health education, and the application of health education ethical standards.

- ◆ Strengthen quality improvement mechanisms for health education.
- ◆ Articulate standards for professional performance in areas external to the profession.
- ◆ Establish standards related to outcomes.
- ◆ Consider requiring credentialing nationally to practice, specify CHES in job descriptions.

- ◆ Include health education competencies in standardized assessments.
- ◆ Develop and adopt model standards for health education programs.
- ◆ Publicize the Code of Ethics.

### Research

Health education research is both applied and basic. It draws from theoretical constructs found in educational, social, behavioral, and life sciences. Health education theory and research derives from and uses rigorous social science methods. The knowledge derived from this research forms the basis of the practice of health education. Health educators apply these constructs to improve individual and population based health. The practice of health education, in turn, influences health education theory and research.

- ◆ Improve communication of research findings internally and externally and create health education programs and interventions based on sound theory and demonstrated methods and strategies.
- ◆ Urge and support health educators to become more adept at documenting success through evidence-based research that demonstrates efficacy and effectiveness.
- ◆ Increase research in order to strengthen the efficacy of the profession.
- ◆ Increase availability of monies for research.
- ◆ Expect health educators to work more closely with Prevention Research Centers (public and private) to disseminate cutting-edge community-based health education research.
- ◆ Encourage national organizations and their constituents to incorporate research and scholarly activity in all their professional activity, when appropriate.

## Advocacy

Health educators, professional associations, professional preparation programs, and public and private health education organizations play a major role in the development, diffusion, and evaluation of policies that influence health. The World Health Organization defines advocacy for health as “a combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems for a particular health goal or program.” The goal of advocacy efforts is to arouse public concern and mobilize resources and forces in support of an issue, policy or constituency.

- ◆ Continue and expand strategies for systematic, collaborative advocacy training of health education professionals.
- ◆ Continue to identify priority advocacy issues collaboratively, developing and sharing fact sheets and advocacy alerts.
- ◆ Work through other state and national coalitions to support and promote the profession of health education as well as health education initiatives.
- ◆ Expect professional preparation programs to integrate teaching advocacy issues and skills into their curricula.
- ◆ Develop a system for sharing and building on existing advocacy efforts and progress in order to clarify and strengthen the unified voice of health education, and to recognize the efforts of others on issues of importance to health education.
- ◆ Develop long-term plans to continue to influence decision makers, and to prepare, encourage, and support health educators to position themselves through appointments and elections as the actual decision makers.

## Promoting the Profession

Promoting the profession involves advocating for the employment and promotion of professionally prepared, qualified individuals to fill health education positions. It also involves informing employers, third party payers, governmental regulatory and funding agencies, and the public at large about the skills and competencies of practicing health educators.

- ◆ Promoting the profession involves advocating for the employment and promotion of professionally prepared individuals to fill health education positions. It involves promoting health education not only within the profession but promoting to those external to the profession including regulatory agencies, third party payers, and the general public.
- ◆ External actions/goals for promoting the profession need to be reevaluated to eliminate some, clarify others, and remove duplication.
- ◆ More clearly define the role of health education and how the profession fits within society and health care.
- ◆ For the public at large, more clearly define the role of the health educator outside the traditional settings (i.e., school, health department).
- ◆ Assist the profession to move beyond the medical model of health care to a health-focused model of health care.

### *Dynamic/Contemporary Practice*

Dynamic/contemporary practice in health education uses advances in many areas of society, including but not limited to communication, technology, educational theory, community dynamics, and understanding of human genetics. Quality practice and research applies state-of-the-art theory and technology in the design, implementation, and evaluation of health education programs.

Dynamic/contemporary practice takes into account and reflects changing community demographics, technology, organizational and marketing strategies, educational processes, and environmental factors. It relies upon effective continuing professional development that is based on a planned program, sound educational principles, and current and projected workforce needs, and flexibility to adapt to changing needs.

- ◆ Create a program similar to the American Psychological Association's Behavioral and Social Science Volunteer Program (BSSVP) that provides consultants to community planning groups.
- ◆ Increase linkages to minority organizations, such as the NAACP, to attract increasingly diverse people to the health education profession.
- ◆ Use systems of communication and information exchange that take advantage of electronic advancements (web-based reporting systems, registrations, activity tracking, information retrieval).
- ◆ Establish a more permanent website for the profession of health education that would include a listing of the CNHEO organizations and links to the websites of other health education organizations.

### **The Future Involvement**

Health educators have an important role in advancing the profession. National health education organizations and associations will continue to address the action steps listed in this report on an ongoing basis. As a member of these organizations, participate and support these efforts in strategic planning; in developing papers, publications and conference presentations; and in activity at the state and local level. Communication is vital among colleagues and allied professions.

However, many suggested actions are beyond the scope of a national health education organization. It may require action by individual practitioners, preparation programs in academic settings, or legislation at the state or national level. Look at what can be addressed in your own roles. Be a catalyst for suggesting actions by asking questions, building partnerships and sharing ideas and information based on these focal points. Find opportunities to take responsibility and leadership.

### **What's next?**

- ◆ Reading and discussing this report will help make these ideas become real. Talk about what's possible in the workplace, and with your alma mater, your organization, and your state. Identify who and what else is needed to make these suggested actions happen.
- ◆ Be receptive to changes in the profession. Be alert to and plan for legislative initiatives, and how they affect the health of the public and the strength of the profession.
- ◆ Write articles about what is being done to achieve these action goals.

- ◆ Impediments remain for integrating these concepts into curricula, accreditation standards, legislation, and workplace policies. Health educators are challenged to think more broadly than their immediate job, more deeply than individual needs.
- ◆ Expect results from our leaders, our colleagues and ourselves. There's important work for all to do—and no one will do it for us. We have a responsibility to those who came before us, to the profession of health education, and to the public. The potential for health education to become part of the foundation for health care is a vision whose time has come.



## AFTERWORD

Welcome to the future of Health Education! This document helps us to see the possibilities we face in the 21<sup>st</sup> century. It helps us put into perspective the responsibility we have as organizations and individuals to see the vision of the profession of Health Education and to make choices for its future.

The six focal points have provided us with direction:

- Promoting the Profession
- Research
- Advocacy
- Professional Preparation
- Quality Assurance
- Dynamic/Contemporary Practice

We have initiated actions within the organizations in these focal points and, as a result, there has been a coalescing of activities. Actions have resulted that illustrate we are moving to strengthen the profession. It is an ongoing process and will take time before we will be recognized and accepted by the public as one of the professions essential to health and well being. It can and will happen if each of us within our sphere of professional functioning continues to see the vision of what can be. Perhaps by the year 2020 we will see:

- Health education as the base of health care in the U.S.
- CHES certification required for all practicing health educators.
- Insurance companies reducing fees when customers provide evidence of health literacy.
- Health educators in practice with physicians.
- Health educators as members of the team in hospitals, clinics, business, and industry.

- Health education required as one of the basic subjects for preschool through grade 12.
- Health education required as one of the general education courses in all colleges and universities.
- Health education accepted as an available program for employees in business and industry.
- Health educators represented in an advisory and problem-solving capacity within community structures and legislative bodies.
- Health education accepted as an essential program in religious institutions.
- Health education accepted as an available program in retirement communities and assisted living centers.
- Health educators viewing the practice of the profession holistically:
  - ▶ nurturing clients from existing health problems toward health;
  - ▶ educating for the prevention of ever changing problems in health toward a status of living healthfully; and
  - ▶ educating toward establishing quality in living.
- Annually summarizing and reporting research in health education in all practice areas as well as basic research.
- A website established for the profession of health education containing:
  - ▶ outcomes of health education for the public,
  - ▶ definition of a health educator,
  - ▶ connection to websites of all of the organizations belonging to the Coalition of National Health Education Organizations,

- ▶ location of all professional preparation institutions for health educators,
- ▶ code of ethics of the health education profession,
- ▶ benefits of health literacy,
- ▶ connection to a web site for health education in each state and territory in the USA, and
- ▶ advocacy alerts and organizational resolutions/policy statements.

The task before the profession is to use this document as a “work in progress,” to refine it and build direction for the profession and its practitioners. It becomes a continuing process: hourly, daily, weekly, monthly, and annually. It becomes the mantle that each student, practitioner, professional program, and professional organization has a choice of shouldering with the awareness that by making a positive choice the future for health education can move from restorative and preventative closer to a future strong in manifesting quality in life and living.

See the vision—dream the dream!

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## EXECUTIVE SUMMARY

Progress Report 1995-2000

In 1995, representatives of 10 national health education organizations\* met to consider actions needed to address current and emerging challenges to the health education profession. Since that time, the representatives have used conference calls and email to identify the actions each organization is taking and would be willing to take to move the profession forward in ways suggested at the 1995 forum. This progress report summarizes activities of the 10 organizations from 1995 through 1999. It does not include activities of individual health educators or of groups of health educators working at the local, regional, or state levels.

The original report proposed 163 actions in six domains: professional preparation, quality assurance, research, dynamic/contemporary practice, advocacy, and promoting the profession. Each domain distinguished actions that health educators (or their organizations) could take from those that people or institutions outside the profession would need to accomplish.

Based on the organizational assessment, the representatives concluded that the nine national organizations are addressing or have accomplished the majority of the proposed actions in some manner. In a few instances, only one organization is working on a specific action; more commonly, several groups are addressing a particular action, either independently or collaboratively.

The national organizations collectively have made particular progress on both the internal and external actions related to professional preparation and advocacy. Noteworthy accomplishments include increased education of practitioners and faculty about emerging technology, more health educators seeking CHES credentialing, use of profession-wide competencies for accreditation of professional preparation programs, some employers requiring a CHES credential for employment as a health educator, and recognition of "health educator" as a distinct occupation by the U.S. Department of Labor. A significant outgrowth of the 21<sup>st</sup> Century initiative is an annual Health Education Advocacy Summit cosponsored by most of the participating organizations. The Summit uses briefing papers developed in advance to ensure that the organizations speak with a common voice and includes advocacy training followed by meetings with federal legislators or their aides to advocate for health education programs, policies, and funding.

The national organizations have also made substantial progress on internal actions related to quality assurance, research, and dynamic/contemporary practice. Especially noteworthy is the adoption of a single code of ethics for the health education profession, which is an action that crosscuts several of these domains. The organizations have accomplished less on external actions related to quality assurance, research, and dynamic/contemporary practice. More remains to be done in promoting the profession (internal and external actions) and

\*American Association for Health Education; American College Health Association; American Public Health Association (Public Health Education & Health Promotion Section and School Health Education & Services Section); American School Health Association; Association of State and Territorial Directors of Health Promotion and Public Health Education; Coalition of National Health Education Organizations; Eta Sigma Gamma; National Commission for Health Education Credentialing, Inc.; Society for Public Health Education, Inc.; and Society of State Directors of Health, Physical Education and Recreation.

dynamic/ contemporary practice (internal actions), although some efforts have been initiated since 1995.

The 21<sup>st</sup> Century initiative of organizational sharing has strengthened the collaboration of the national organizations through the Coalition of National Health Education Organizations (CNHEO). Through the process, representatives identified and implemented new avenues for collective action or sharing resources. In addition, many of the participating national organizations have adopted strategic plans that reflect one or more of the six domains identified at the 1995 forum.

The work of moving the profession forward in a more systematic, coordinated fashion is far from complete. CNHEO can provide leadership for continued collaboration by periodically convening representatives of the national organizations to update progress in accomplishing the suggested actions; identifying actions no organization is addressing and suggesting ways to move forward on those actions; and identifying emerging challenges that require new actions. In addition, it is hoped that health educators individually and collectively at the local, state, and regional levels will use this report to identify ways they can contribute to advancing the profession. All health educators have a role to play in ensuring quality programs and improving recognition, resources, and support for the profession so that, ultimately, health education can contribute its full potential of improving the health of the public.

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The Health Education Profession in the Twenty-First Century: Setting the Stage, *Journal of Health Education, 27*(6), 357-364, 1996.

## Internet Resources

### **American Educational Research Association**

1230 17<sup>th</sup> Street, NW  
Washington, DC 20036  
Phone: 202/223-9485  
Fax: 202/775-1824  
[www.aera.net](http://www.aera.net)

### **Bureau of Health Professions**

[www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

### **Coalition of National Health Education Organizations**

<http://www.hsc.usf.edu/~kmbrown/CNHEO.htm>

### **Comprehensive Health Education Foundation**

22419 Pacific Highway S  
Seattle, WA 98198  
Phone: 800/323-2433  
Fax: 206/824-3072  
[www.chef.org](http://www.chef.org)

### **Council on Education for Public Health**

800 Eye Street NW, Suite 202  
Washington, DC 20001-3710  
Phone: 202/789-1050  
Fax: 202/789-1895  
[www.ceph.org](http://www.ceph.org)

### **Essential Public Health Services**

[www.phf.org/essential.htm](http://www.phf.org/essential.htm)

### **Health Education Brochures**

[www.med.usf.edu/~kmbrown/CNHEO.htm](http://www.med.usf.edu/~kmbrown/CNHEO.htm)

### **Health Resources and Services Administration**

[www.hrsa.gov](http://www.hrsa.gov)

### **Healthy People 2010**

[www.health.gov/healthypeople](http://www.health.gov/healthypeople)

### **Hispanic Serving Institutions**

[www.ed.gov/offices/OIIA/Hispanic/hsi](http://www.ed.gov/offices/OIIA/Hispanic/hsi)

### **Historically Black Colleges and Universities**

[www.nafeo.org](http://www.nafeo.org)

### **National Association for the Advancement of Colored People**

4805 Mt. Hope Drive  
Baltimore, MD 21215  
Phone (hotline): 410/521-4939  
[www.naacp.org](http://www.naacp.org)

**National Association for Equal  
Opportunity in Higher Education**

HBCU

8701 Georgia Avenue, Suite 200

Silver Springs, MD 20910

Phone: 650-2440

Fax: 310/495-3306

[www.nafeo.org](http://www.nafeo.org)

**National Center for Injury Prevention  
and Control**

Mailstop K65

4770 Buford Highway NE

Atlanta, GA 30341-3724

Phone: 770/488-1506

Fax: 770/488-1667

[www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)

**National Commission for Health  
Education Credentialing**

Phone: 888/NCHEC4

**National Council on Accreditation  
of Teacher Education**

2010 Massachusetts Avenue NW

Washington, DC 20036-1023

Phone: 202/466-7496

Fax: 202/296-6620

[www.ncate.org](http://www.ncate.org)

**The Robert Wood Johnson Foundation**

College Road East & Route 1,

P.O. Box 2316

Princeton, NJ 08540-2316

[www.rwjf.org](http://www.rwjf.org)

**Tribal Serving Institutions (TSI)**

[www.aihec.org](http://www.aihec.org)

**UCLA School Mental Health Project/  
Center for Mental Health in Schools**

ENEWS

[listserv@listserv.ucla.edu](mailto:listserv@listserv.ucla.edu)

# Emerging Goals for the Health Education Profession\*

## *Vision Statement*

The health education profession promotes, supports, and enables healthy lives and communities.

## *Premises*

- The health education profession promotes health literacy and enables and supports healthy lives and communities.
- Grounded in the values and needs of the community, health education promotes social and environmental justice.
- Many of the leading causes of morbidity and mortality are behaviorally based.
- Health literacy is an enabling factor in promoting healthy behaviors.

## *Goals\*\**

The health education profession as a partner in promoting healthy people in a healthy world:

1. Assures its services are state-of-the-art and based on theory, research, best practice standards, and ethical standards.
2. Assures its research is grounded in theory and based in practice.
3. Plays a role in the development, diffusion implementation, and evaluation of policies that influence health.
4. Incorporates current technology and is contemporary and dynamic.
5. Utilizes appropriate pedagogy.
6. Considers social, cultural, economic, and political influences in promoting health.
7. Promotes social justice.

\*The Health Education Profession in the Twenty-first Century: Setting the Stage, *Journal of Health Education*, 27(6), 3, 1996.

\*\*Please note that these are emerging goals. There may be many other goals, but this set is a beginning. They are not prioritized.