



**Marketing the Health Education  
Profession: *Knowledge, Attitudes  
and Hiring Practices of Employers***

**July 2007**

**Report**

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Responding to one of the six focal points from the “The Health Education Profession in the 21st Century Report” to *promote the profession of health education*, the following organizations gave financial support for and commissioned this market research study to understand the knowledge, attitudes, and hiring practices of employers for the professionally prepared health educator.

**American Association for Health Education**

1900 Association Dr.  
Reston, VA 20191-1598  
1-800-213-7193  
[www.aahperd.org](http://www.aahperd.org)

**American College Health Association**

P.O. Box 28937  
Baltimore, MD 21240-8937  
410-859-1500  
[www.acha.org](http://www.acha.org)

**Coalition of National Health Education Organizations**

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

**Eta Sigma Gamma**

2000 University Avenue  
Cooper Science CL325  
Muncie, Indiana 47306  
800-715-2559  
[www.etasigmagamma.org](http://www.etasigmagamma.org)

**National Commission for Health Education Credentialing**

1541 Alta Drive, Suite 303,  
Whitehall, PA 18052-5642  
(800) 813-0727  
[www.nchec.org](http://www.nchec.org)

**Society for Public Health Education**

750 First St. NE,  
Suite 910,  
Washington, DC 20002-4242  
(202) 408-9804  
[www.sophe.org](http://www.sophe.org)

The following individuals served as advisors and acted as a resource to Hezel Associates in the development and implementation of this market research study.

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**Preferred Citation:** Hezel Associates. (July 2007). *Marketing the Health Education Profession: Knowledge, Attitudes and Hiring Practices of Employers*. A study commissioned by the Coalition of National Health Education Organizations, American Association for Health Education, National Commission for Health Education Credentialing, Society for Public Health Education, American College Health Association, Eta Sigma Gamma. Information available from [www.cnheo.org](http://www.cnheo.org)

In 1995 the National Commission for Health Education Credentialing, Inc. (NCHEC) and the Coalition of National Health Education Organizations (CNHEO)\* sponsored a forum to discuss the future of the health education profession. One outcome of this forum was the delineation of six focal points that would serve as guides to national organizations as they worked to advance the profession of health education. One of the focal points was *Promoting the Profession*. In "The Health Education Profession in the Twenty-First Century Progress Report 1995-2001,"<sup>1</sup> and at a subsequent 2002 Coalition of National Health Education Organizations invitational conference (15-17 March 2002, Atlanta Georgia, USA) for creating a vision for health education in the new century, nine member health organizations delineated their actions in this important area.<sup>2</sup> In early September 2003, a Task Force made up of CNHEO member organizations was established to lead the work in marketing the profession. The Task Force determined that gaining information on the knowledge, attitudes, and behaviors of our constituents, before establishing a marketing plan, could be useful to our health education organizations wishing to promote the profession.

Responding to the need to learn more about knowledge, attitudes, and hiring practices of *employers* for the professionally prepared health educator, six organizations (American Association for Health Education, American College Health Association, Coalition of National Health Education Organizations, Eta Sigma Gamma, National Commission for Health Education Credentialing, and the Society for Public Health Education) commissioned Hezel Associates to conduct a study to assist in the development of messages to further promote the health education profession. This report presents the results of this study, which included a background review and research and a survey of employers, and results in a set of messages and recommendations those organizations serving the health education profession can use to promote the profession to employers going forward.

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\* The Coalition of National Health Education Organizations (CNHEO) has as its primary mission the mobilization of the resources of the Health Education Profession in order to expand and improve health education, regardless of the setting. For a listing of all nine member organizations and other CNHEO information, see [www.cnheo.org](http://www.cnheo.org)

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<sup>1</sup> Coalition of National Health Education Organizations and National Commission for Health Education Credentialing. *The Health Education Profession in the 21st Century: A Progress Report 1995-2001*.

<sup>2</sup> Coalition of National Health Education Organizations. *Coalition of National Health Education Organizations' Second Invitational Conference: Improving the Nation's Health through Health Education - A Vision for the 21st Century. Conference Proceedings, 2003.*

According to May 2005 data from the U.S. Bureau of Labor Statistics (BLS), there were 51,970 health educators employed in the U.S. with a median annual salary of \$39,730.<sup>5</sup> In addition to this research and a thorough review of currently used brochures and messages produced by CNHEO organizations, the main activity in this study was a survey of organizations about their employment and hiring of professionally prepared health educators and their perceptions of the role and value added of those professionally prepared health educators.

The survey was developed in consultation with the named representatives of the funding organizations, and included questions regarding familiarity with professionally prepared health educators and CHES certification, the hiring and employment of professionally prepared health educators in the respondents' organization, activities that can be performed by a health educator and who performs those activities in the respondents' organization, perceived benefits of health educators, and other topics. The list for the survey was generated primarily by the submission of names from CNHEO organization members and CHES from NCHEC with Hezel Associates also collected names from the websites of the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO). In total from all sources, the list for the survey included 1,781 unique individuals. Potential survey respondents were most heavily representing the community/public health workforce, with a smaller share representing work sites.

The final total of 612 survey completions represents a response rate of 34.4 percent, and was more than double the target of 300 completions set prior to survey distribution. It is important to note that these employers surveyed for this study, by virtue of their referral from members of these health education organizations, would naturally have a high level of awareness of the professionally prepared health educator, as compared with an employer who would have no foreseen need to hire a health educator.

An overriding finding of the survey of employers is that survey respondents have a high level of awareness regarding the role that health educators play and of the benefits that they bring to an organization. Eighty-two percent of respondents were aware of CHES certification and 90 percent reported that they are aware of health education degree programs, while just eight percent of respondents stated that they are uncertain about or unfamiliar with professional preparation and certification for health educators. This may be a reflection of the fact that 89 percent of respondents are in organizations that hire or contract with health educators, and therefore there is a definite bias toward those who are already aware and are already hiring, but nonetheless general awareness does not appear to be a problem.

The various value statements and benefits ascribed to health educators also yielded very favorable responses. Respondents were in relatively strong agreement with the value statements tested in the survey, and the majority indicated that they believe qualified health educators bring unique skills that will improve the success of health education initiatives. Of concern, however, is that those not hiring or contracting professionally prepared health educators do not feel as strongly that only professionally prepared health educators can perform the functions described in the survey. The open ended responses for those who do hire health educators also showed that there is a belief among some that other professionals can perform the functions of a health educator. Further, although respondents generally felt strongly that professionally prepared health educators are beneficial to their organizations and that they have unique competencies, open ended responses about other benefits ascribed to health educators revealed that many respondents may not have a deep understanding about what qualified health educators can do. Thus, although general awareness is high and professionally prepared health educators are valued in their organizations, there exists a lack of depth of understanding among employers regarding the profession.

Another key finding is that CHES certification appears not to carry as much recognition with employers as perhaps it should. Only 39 percent of respondents (and only 43% of respondents who indicated that they are aware of CHES certification) said that they look for CHES certification when they are hiring a health educator, perhaps indicating that when an applicant has it, it is a bonus, but otherwise is not a necessity. Only 19 percent of employed or contracted health educators reported by respondents hold CHES certification, and the benefits of CHES were generally less understood by respondents than were the benefits of health educators in general. Overall, the recognition of CHES certification does not appear to be fully appreciated by employers. However, awareness of CHES certification was associated with a greater understanding of the health education profession. Thus, promoting the certification could lead to a greater understanding and acceptance of the health education profession.

Last, the confidence among employers about where to find health educators and where to go to find out about qualifications for health educators is moderate, and seems as though it could be stronger. More than half (55%) said that they were "somewhat confident" about where to go to find health educators, while just one-quarter were "very confident" and 13 percent were not very confident. Further, 20 percent of respondents who do not employ or contract with a professionally prepared health educator said that it is difficult to find health educators or that a position is currently unfilled.

## 1. Umbrella Messages

- Advancing the front-line of the public's health: America's health education specialist.
- America's public health is at greater risk than ever before. The health education specialist is your front-line advocate for promoting health among individuals, families, and communities.

## 2. Key Messages

- A health education specialist is skilled in promoting behaviors that help individuals, families, and their communities maximize and maintain the quality of their life and health.
- A health education specialist facilitates collaboration between the individual and health service organization to address the growing demand for comprehensive public health education.
- A health education specialist is an expert in designing and delivering evidence-based, cost-effective health education programs that really work.
- A health education specialist incorporates the teaching-learning process to make a positive impact on individual and community health.
- Health education specialists are best prepared to assess health education needs and the impact of health service organizations in the community.
- Programs designed by a health education specialist effectively incorporate the teaching-learning process to change behavior and improve patient outcomes.
- A health education specialist applies teaching techniques and behavior modification strategies to help the organization advance its public health goals.
- A health education specialist evaluates the effectiveness of health education program, products and services.
- A health education specialist advocates for and implements changes in policies, procedures, rules and regulation to advance the public's health.
- A health education specialist partners with the clinical provider to plan, conduct and evaluate programs designed to improve patient outcomes.

### 3. Recommendations

1. Use the term “health education specialist” to refer to someone having completed the education and/or training requirements currently associated with professionally prepared.

Among those surveyed, there lacked a common understanding as to what is meant by the term “professionally prepared health educator.” No common definition and/or title for the role and function of health educator exists among CNHEO organizations, members, or employers.

Consistent with the drive for greater recognition of professionally prepared health educator, Hezel Associates recommends CNHEO organizations agree to define those having completed the education and/or training requirements currently associated with professionally prepared health educator as “health education specialists.”

Of those surveyed, 28 percent are currently using the health education specialist when referring to the person performing the health education function. Second, recognition of specialization is growing with the health and health education community. Doctors, nurses, and other healthcare experts specialize to gain greater recognition or stand out in their field.

CHES certification recognizes those who have attained a standard set of competencies in health education. New graduates in the field also attain a certain level of competency and specialization in health education, but often lack the associated experience.

Establishing a common definition among organizations incorporating the word “specialist” recognizes the value of the initial education component and aligns title and function with future certification opportunities. The new terminology is also consistent with what is currently used by CHES: the CHES brochure, paragraph one, states, “Health Educators are specialists in educating the public about health.”

2. Consider instituting two levels of professional certification. The first level should be an entry level designation and should attest to the fact that the individual is a professional in the field. The first level should require a minimum level of education and experience, perhaps favoring education over experience to allow for entry-level practitioners. The second level, an advanced designation, would attest to the fact that the individual is an expert in the field and should require a minimum level of education and/or experience along with a comprehensive examination. The precise designations that each of the levels should use and the requirements for education and experience should be determined by CNHEO and NCHEC.

3. Consider a CHES specialty – e.g. rural community health, public school education, disease specialties – to provide continuing professional development opportunity. Providing an opportunity for specialization would encourage CHES members to expand their knowledge, continue to seek education opportunities, and strengthen credibility with employers.
4. Create a single portal for Health Education (e.g. [www.publichealtheducator.org](http://www.publichealtheducator.org) or [www.healtheducationspecialist.org](http://www.healtheducationspecialist.org), or [www.healtheducation.org](http://www.healtheducation.org) or [www.healthspecialist.org](http://www.healthspecialist.org).
  - o Web site would include a link to all the cooperating associations, job bank for employers and employees, links to schools and education, all associations, in the news, etc.
5. Raise awareness of health education specialists' through public relations efforts. Communicate to various market segments about CHES and how employers would benefit. Introduce some type of incentive to hire a CHES.
6. Highlight successful health education campaigns launched by a health educator. Create an award for successful campaigns.
7. Finalize a marketing plan that details how the umbrella and key messages will be translated into specific strategies and actions including creating collateral, capitalizing on public relations, and leveraging a web presence.