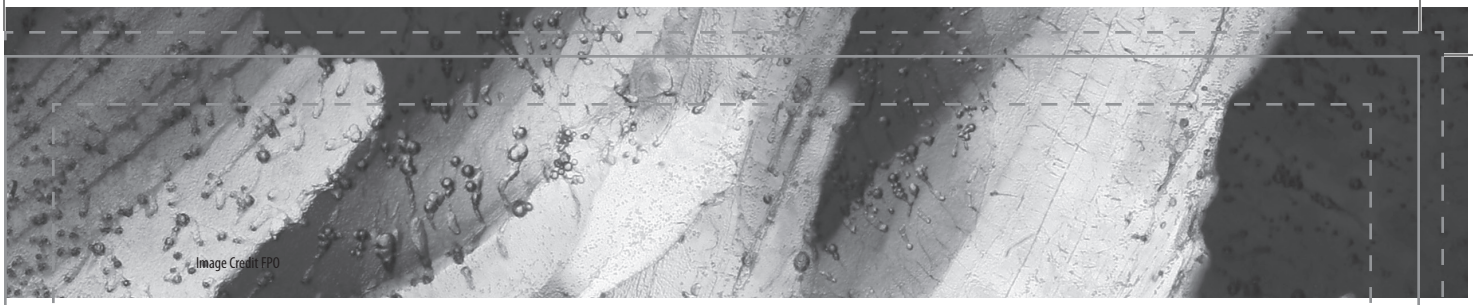

CHAPTER 2

Becoming a Health Education Professional

M. Elaine Auld, MPH, MCHES
Kathleen J. Young, PhD, MPH
Mike Perko, PhD, MCHES

Author Comments

This chapter is about becoming a health education professional. What does it mean to be a professional entering the workforce? When does it begin? Does the art and practice of professionalism ever end? This chapter provides the new and seasoned health education specialist with concepts and building blocks of professionalism. The authors are health education academics and practitioners who have (collectively) spent some 80 years honing the craft of professionalism both within their personal careers and as mentors for students and interns. We hope this chapter helps those entering the field of health education, as well as those with an established community health education career, plan and advance their lifelong journey as a health education professional.

CHES COMPETENCIES

7.6.1	Develop a personal plan for professional growth and service.
7.6.2	Describe state-of-the-art health education practice.
7.6.2	Explain the major responsibilities of the health education specialist in the practice of health education.
7.6.4	Explain the role of health education associations in advancing the profession.
7.6.5	Explain the benefits of participating in professional organizations.
7.6.6	Facilitate professional growth of self and others.
7.6.7	Explain the history of the health education profession and its current and future implications for professional practice.
7.6.8	Explain the role of credentialing in the promotion of the health education profession.
7.6.9	Engage in professional development activities.
7.6.10	Serve as a mentor to others.
7.6.11	Develop materials that contribute to the professional literature.
7.6.12	Engage in service to advance the health education profession.

Introduction

This chapter defines and introduces professionalism as a fundamental concept for the health education specialist. It also addresses important questions about professionalism such as: Does one simply become a professional on the day after walking across the stage, diploma in hand? Can professionalism be taught or is it a gradual transformation on the job? How has health education professionalism been shaped by historical events? And, how are contemporary trends such as technology, global interconnectedness, and the recognition of social determinants influencing today's views of health education professionalism? This chapter also addresses how the health education profession helps guide its members to uphold professionalism through established standards and benchmarks and strategies for enhancing professionalism throughout one's career.

Defining Professionalism

Being a professional can be defined simply as upholding the standards and conduct expected of one who has been trained in a profession. The concept of professionalism, however, is more intricate and complex. Professionalism can be defined as professional character, spirit, or methods and the standing, practice, or methods of a professional, as distinguished from an amateur.[1] In addition, a profession has three features: (1) training that was intellectual and involved knowledge, as distinguished from skill; (2) work that was pursued primarily for others and not for oneself; and (3) success that was measured by more than the amount of financial return.[2]

The emergence of professions and the beginning of professionalism in the Anglo-American and European systems of professions occurred roughly in the 16th century, when society saw value in the practice of theology, law, medicine, and university teaching.[3] Professionalism as a systematic area of inquiry has been researched in diverse fields such as architecture, engineering, computer science, law, and the medical and allied health professions. The practice of professionalism also can vary by region, ethnicity, culture, and time period, and is closely related to ethics and boundaries.[3]

The medical profession is among the most studied field in terms of defining and operationalizing professionalism, and illustrates how principles of professionalism change over time. The Hippocratic Oath to "put the patient at the focus of practice" and to "do no wrong" has guided physicians' professional conduct for some 2,500 years.

Sir William Osler, often referred to as the father of modern medicine, summarized professionalism in medicine as "an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."[4] Yet, at the turn of the current century, changes in healthcare delivery, increasing public expectations, corporate involvement, and the digital revolution led to the Medical Professionalism Project. Its resulting publication, *The Charter on Medical Professionalism*, ushered in medical professionalism standards for the 21st century.[5] Focusing on new medical and healthcare challenges in virtually all cultures and societies, this project highlighted three fundamental principles, which also are relevant to health education: principle of primacy of patient welfare; principle of patient autonomy; and principle of social justice.[5]

Throughout the years, extensive research has taken place to assess the meaning of professionalism.[3] From this vast body of work, however, terms have emerged that best represent the culture of professionalism and what it means to be a professional: altruism, accountability, advocacy, duty, ethical and moral standards, excellence, honor, integrity, respect, and service, to name a few.[6]

A Historical Look at Professionalism in Health Education

Although health education professionalism has not yet been defined, an overarching concept in the field of community and public health education is the professional edict to promote and safeguard the health of all people. Many aspects of human potential such as employment, social relationships, and political participation are contingent on health, making it a public good.[7] Health equity and social justice too are underlying values of the health education profession. So creating the conditions for people to be healthy should be a goal of health education professionalism.

Mayhew Derryberry was among the health education pioneers to advance professionalism in health education. In 1941, he was named the first chief of health education in the U.S. Public Health Service and engaged behavioral and social scientists in studying public health problems. In addition, he was elected the second president of the Society for Public Health Education (SOPHE) in 1951. Derryberry valued principles of autonomy in health behavior and also recognized the influences of society on health. In terms of demonstrating professionalism, he has been cited as doing "more to develop and enhance the profession of public health education than any other single individual" and a person "with unflagging courage, vision, and leadership who made a profound difference in the history of public health."[8]

In more contemporary times, David Birch, president of SOPHE from 2016 to 2017, added his philosophy of health education professionalism. In addition to equity and respect, he cited passion, caring, and lifelong learning as characteristics of a true health education professional.[9] **TABLE 2.1** further highlights characteristics of a health education professional.

TABLE 2.1 Qualities That Bring Professionalism to Health Education

- *Be passionate for what you do.* Love what you do and believe in the importance and impact of your work if it is done with passion (it should be much more than a job).
- *Caring.* Genuinely care for the well-being of the individuals you work with—your colleagues, students, program participants, and so on.
- *Respect.* Treat others with respect—you might be older, more experienced, or more informed, but all should be equal in terms of respect.
- *Lifelong learning.* Realize that to be the "best you can be," you need to continue to learn about life and all those things that are important to your profession.
- *Honesty and transparency.* Little should be done in private (though at times there is a need for privacy).
- *Dependability.* If you make a commitment, follow through to the best of your ability. If you cannot uphold your duties, be honest and transparent about your inability to follow through.

Source: Birch, D. A. (2017). Qualities that bring professionalism to health education (personal communication, June 7, 2017).

Ethics in Health Education Professionalism

As cited earlier in this chapter, ethics and moral standards undergird the practice of every profession. The study of ethics or moral philosophy enables professionals to make personal and expert decisions based on basic principles that reflect the values and morals of a society and a chosen profession. The body of ethics typically centers on four principles:

- *Personal freedom or* ***autonomy***. One should respect people's rights. People have the right to choose and act. Sometimes, freedom is overridden to prevent harm. When this occurs, it is called ***paternalism***.
- *Avoiding harm or* ***nonmaleficence***. One should not inflict harm on others.
- *Doing good or* ***beneficence***. One should help others or, at the least, remove harm.
- **Justice**. One should treat others equally and fairly.

In addition, **professional accountability**—being accountable to oneself, clients, participants, employer, the profession, and society—has been generally considered as an essential ethical principle.

The Code of Ethics for the Health Education Profession reflects these basic principles and precepts for health education specialists' behavior; these also are reflected in the 2015 competencies and sub-competencies of the health education specialist.[10,11] The preamble to the Code of Ethics for the Health Education Profession states:

> The Code of Ethics provides a framework of shared values within which health education is practiced. The Code of Ethics is grounded in fundamental ethical principles that underlie all health care services: respect for autonomy, promotion of social justice, active promotion of good, and avoidance of harm. . . . Regardless of job title, professional affiliation, work setting, or population served, health educators abide by these guidelines when making professional decisions.[10]

TABLE 2.2 provides further insight into the Health Education Code of Ethics and how these ethical standards intersect with the competencies in the health education profession.

Why are ethics important in health education? Health education specialists are in the position of helping or possibly harming others by the various methods and strategies used to influence their behaviors. Health education interventions influence people's decisions regarding their health and the health of their families, organizations, and communities. Thus, health education professionals must fulfill their responsibilities and apply their knowledge and skills ethically at all times.

As with all professions, however, it is not unusual for a conflict to exist between knowing what is ethical and behaving ethically. In health education, ethical dilemmas are a part of the job. Some controversial, intensely debated topics include school-based (K–12) sexuality education, reproductive rights, community fluoridation, genetically modified foods, and access to universal health care. When faced with decisions, some professionals may choose a less than optimal path because doing what may be considered correct could result in ridicule or termination of employment. These unpleasant consequences can overpower decision-making in favor of the ethical choice. Health educators who act unethically not only harm individuals but also damage their own professional reputation and integrity.

The critical connection between knowing what is ethical and behaving ethically is **character** or **virtue**. Character is based on personal traits such as loyalty, kindness, integrity, self-esteem, self-efficacy, and discipline. These traits provide courage and strength to "walk the talk" of ethical practice. Professional character, guided by the code of ethics and health education competencies, enable health education specialists to conduct themselves in an honorable and professional way. By so doing, professional standards are upheld as well as each person's integrity and respect.

TABLE 2.2 The Health Education Code of Ethics and 2015 CHES Competencies

Health Education Code of Ethics	Health Education Specialist Practice Analysis (HESPA) 2015 Competencies and Sub-Competencies
Article I: Responsibility to the Public A Health Educator's responsibilities are to educate, promote, maintain, and improve the health of individuals, families, groups, and communities. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, health educators must consider all issues and give priority to those that promote the health and well-being of individuals and the public while respecting both the principles of individual autonomy, human rights, and equality.	*1.15* Apply ethical principles to the assessment process. *2.1.5* Apply ethical principles to the implementation process. *2.4.8* Monitor adherence to ethical principles in the implementation of health education/promotion. *2.2.11* Apply ethical principles in selecting strategies and designing interventions. *4.1.10* Apply ethical principles to the evaluation process.
Article II: Responsibility to the Profession Health Educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.	*5.5.10* Adhere to ethical principles of the profession. *6.2.5* Apply ethical principles in consultative relationships.
Article III: Responsibility to Employers Health Educators recognize the boundaries of their professional competence and are accountable for their professional activities and actions.	*5.1.12* Apply ethical principles when managing financial resources. *5.6.14* Apply ethical principles when managing human resources.
Article IV: Responsibility in the Delivery of Health Education Health Educators deliver health education with integrity. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.	*2.1.5* Apply ethical principles to the implementation process. *2.4.8* Monitor adherence to ethical principles in the implementation of health education/promotion. *5.2.2* Apply ethical principles in managing technology resources.
Article V: Responsibility in Research and Evaluation Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.	*4.1.10* Apply ethical principles to the evaluation process. *4.2.14* Apply ethical principles to the research process.
Article VI: Responsibility in Professional Preparation Those involved in the preparation and training of Health Educators have an obligation to accord benefits to the profession and the public.	*5.5.10* Adhere to ethical principles of the profession. *6.2.5* Apply ethical principles in consultative relationships.

Health Equity in Health Education Professionalism

Pursuing health equity is a central responsibility of all health education professionals. Despite many historical landmark reports and research, pervasive health inequities still exist among many vulnerable populations. In 1966, health education luminary Dorothy Nyswander provided a roadmap for health equity in her treatise on the Open Society. She characterized the Open Society as:

> One where justice is the same for every [person]; where dissent is taken seriously as an index of something wrong or something needed; where diversity is expected; . . . where the best of health care is available to all; where poverty is a community disgrace not an individual's weakness; [and] where desires for power over [people] become satisfaction with the use of power for people.[12]

Some 20 years later, U.S. Department of Health and Human Services Secretary Margaret Heckler's *Task Force Report on Black and Minority Health* (1985) provided a wake-up call to America with regard to pervasive health disparities among racial and ethnic minorities.[13] The report recommended sweeping changes in research, policies, programs, and legislation to advance health equity at the national, state, tribal, territorial, and local levels, because African Americans, Hispanic Americans, Native Americans, Asian Americans, and Native Hawaiians/Other Pacific Islanders were shown to have shorter life expectancies and higher rates of diabetes, cancer, heart disease, stroke, substance abuse, infant mortality, and low birth weight than non-Hispanic whites. Unfortunately, a follow-up report in 2002 by the National Academies of Medicine (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*) showed little progress had been made in eliminating health disparities.[14] Racial and ethnic minorities were found to be less likely to receive even routine medical procedures and were provided a lower quality of health services than white Americans. For example, minorities were less likely than white populations to undergo lifesaving cardiac bypass surgeries or receive kidney dialysis treatment.[14]

While the latter report focused on health inequities in healthcare delivery, national and international researchers also began to document the impact of the broader social environment on health and health disparities. They reported that individuals' decisions about health behaviors were influenced by historic disadvantage and inequality conferred on the basis of race, ethnicity, and socioeconomic status and the social environment in which they are born, work, and play.[15] Even in high-income countries, differences of almost 20 years in life expectancy were evident depending on the collective influences of economics, housing, health care, transportation, and education. For example, one's opportunities for a healthy lifestyle are severely limited if there is no affordable low-income housing, no transportation infrastructure that allows individuals to pursue employment outside of their neighborhood, no supermarkets in the neighborhood with fresh produce, no safe parks in which to play or exercise, or no neighborhood schools that provide a quality education.

To promote health equity, today's health education specialists are called to help change policies, systems and environments to help make the healthy choice the easy choice. They must advocate for vulnerable populations so the right to "life, liberty, the pursuit of happiness"—and health—are available to all. Each individual, regardless of age, gender, race, ethnicity, sexual orientation, gender identity, or socioeconomic status should have access to high-quality health care, free from stigma and discrimination.[16]

Steps for Building Professional Skills

If professionalism is indeed defined as professional character, spirit, or methods,[1] professionalism begins with one's involvement as a student and the ability to envision oneself as a practicing health education specialist. This might occur, for example, in the first core course in a

professional preparation program or when declaring a major. Throughout a career, however, professionalism evolves; there is never any single event or time during which an individual can no longer learn or demonstrate health education competencies. The opportunities to progress as a health education professional are endless: developing and updating a health education philosophy statement and portfolio; participating as a mentor or protégé; contributing to a national or local health education professional organization; earning and maintaining certification in health education; advocating for policy change to an elected official; contributing new knowledge to the field by presenting at a health conference or submitting a manuscript for publication; and participating in service learning or volunteering.

? DID YOU KNOW?

Everything you do reflects your professionalism. Your attire, social media pictorial and written remarks, public choice of words, advocacy for vulnerable populations, and blog all reflect on you and your image in the profession. Commit now to make these works and actions reflect the values of your chosen health education profession.

Develop a Health Education Philosophy and Portfolio

An important step in becoming a health education professional is developing a personal philosophy statement. The word philosophy roughly translates to "love of wisdom." In his 2005 SOPHE presidential address, Stephen Gambescia posed the following questions to help health education professionals develop their own philosophy (or mission, as some professionals prefer to call it) statement:[17]

- Who are we?
- What areas of the human condition do we choose to affect?
- Why do we do the things we do and the way we do them?
- What difference is it making?

Gambescia also posed three themes for consistent reflection that encourage professionalism:

- How do I know what I know?
- What should I do? How should I behave?
- How do I interact with others?

Answering these questions requires deep reflection, but is an important part of professionalism. A sample health education philosophy statement is provided in **FIGURE 2.1**. Both new and seasoned

COMMUNITY CONNECTIONS 2.1

Sureka is a recent community health education graduate of Springville University, who was hired by the Springville Department of Public Health to develop a health literacy campaign aimed at mostly rural residents of Springville County. Sureka earned excellent grades in her community health education classes, and was on point with her interview. She learned, however, that grades were just part of her professional development. In order to get experience in the field, she joined her university's chapter of Eta Sigma Gamma (ESG). As an active member, she participated in many research, service, education and advocacy activities. It was hard work! Coupled with her desire to maintain good grades, she often found that balance was difficult to find. Since she was hired, she knew that active participation in her academic career was worth every minute. In her first week on the job, Sureka was given three tasks regarding the health literacy campaign: (1) gather information about health literacy that would best show how residents benefit from the health literacy campaign, (2) attend meetings with a group of rural physicians invested in preventive care in the area, and (3) present the information to a local foundation known for funding Springville causes. Challenging, but her coursework, previous instructors, and ESG projects would help her figure out the best strategies to meet these objectives.

My Health Education Philosophy

The World Health Organization's definition of health education is defined as "any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes." In my eyes, health education is looked at as a broad topic that covers many areas of health. My definition of health is to have a positive health status in all five categories of health: spiritual, mental, emotional, physical, and social. An individual's mind, body, and soul all balance each other out and influence whether an individual will reach optimal wellness.

My philosophy on health education is that health behaviors can only be influenced by the knowledge, attitudes, values, and beliefs that an individual holds. As a health educator, one must understand these things about an individual before attempting to change their health behaviors. For health educators to understand human health behaviors, they must be motivated, obtain high self-efficacy, be culturally competent, and require a set of health counseling skills. I believe these skills listed are the most important ones a health educator should possess. As a professional in health education, I live by the words: *be the change you wish to see in the world*.

FIGURE 2.1 Sample Health Education Philosophy Statement.

Reproduced from Bland, Brianna. My health education philosophy. Retrieved June 10, 2017 from www.slideshare.net/BriannaBland/health-education-philosophy

health education professionals should revisit their philosophy statements throughout their careers, as it will evolve with different experiences, professional interactions, new research, and societal events.[17, 18]

A philosophy statement should also be part of a health educator's career **portfolio**. A career portfolio is a compilation of examples of one's work in academic and nonacademic settings. In addition to a current **resume**, the portfolio should include various items that demonstrate competencies in particular subject areas and samples of work created in the health education setting. A portfolio may be in a hard copy or electronic version. The main purpose of a professional portfolio is to be able to display a selection of work that demonstrates competency in different areas of health education. **TABLE 2.3** lists common components of a professional portfolio.

? DID YOU KNOW?

Spelling and grammar errors are the most common mistakes on a resume and cover letter. As simple as this seems, these errors may tell a potential employer that you lack attention to detail. Take the time to proofread, or better yet, have someone else read your materials for clarity and any potential grammatical errors.

Participate in the Mentoring Process

One of the most satisfying and traditional ways in which young professionals begin learning about professionalism is to identify a mentor.[19] A

TABLE 2.3 Examples of a Health Educator's Portfolio Items

- Table of contents
- Letter of application or recommendation
- Resume
- Unofficial transcripts
- Philosophy statements
- Work and school example items such as a health brochure designed, 3–5-minute teaching or training video, training manuals developed, teaching lectures, research conducted (data loading and analysis), and much more
- Work performance appraisals and/or recommendations
- Photographs of work projects or "works in progress"
- Scholarships, honors, and awards
- Volunteer or elected leadership positions and professional memberships
- Types of certifications (e.g., CPR, CHES)

mentor may simultaneously serve as an advisor, coach, counselor, role model, and supporter. It is not too early during undergraduate studies, or even during a health education internship or clerkship, to identify a mentor and to seek such guidance throughout professional life. Some universities and professional associations have formal mentoring programs, which can be excellent places to start.

Whether the relationship is formal or informal, face-to-face or online, the best mentor and protégé relationships all share the same qualities: respect for each other, a shared vision to reach a common goal, trust, opportunities for reciprocal enlightenment and growth, and two-way listening and reflection.[19, 20] It should be expected that good health education mentors regularly meet with their protégés to impart wisdom, advice, and inspiration; provide constructive and timely feedback; help clarify career and research goals; provide challenges toward establishing independence; and use their established stature and experience to help the protégé develop a professional network. For the protégé, involvement with a professional mentor does not connote incompetence, but rather the conscientious commitment and aspiration for excellence in one's career. The mentor can become a lifelong friend and colleague, and model the way for the protégé to one-day mentor other young health education professionals.

Mentors have as much to gain from these relationships as their protégés.[19] The one-on-one exchange creates opportunities for senior professionals to reevaluate their progression, reflect on their philosophy of health education, and live up to the commitment of lifelong learning. It also can be personally rewarding to "pay it back" and feel pride in helping the next generation of health education professionals advance on their journey.[19,20]

In summary, mentoring is a well-established method of advancing professionalism and lifelong growth in health education. Benefits accrue to both the mentor and protégé throughout their careers and advance workforce development.

Participate in a Health Education Membership Association

Becoming a member of a health education organization introduces both the new and the seasoned professional to the values of being invested in the profession.[21,22] Although specific benefits in a membership society vary from group to group, they generally include receiving professional journals publishing the latest research, methods, best practices, and processes of health education; providing discounts for conference registration, publications, or continuing education fees; accessing distance education; receiving policy advocacy alerts and training; accessing job or internship opportunities; and networking with others who can help shape and support professional growth.[22]

Additionally, a national organization serves as an overarching representative, spokesperson, and advocate for the discipline. For example, SOPHE's leadership led to the first standard occupational definition of "health educator" by the U.S. Department of Labor in 2000[23]; Certified Health Education Specialist (CHES) credential being recognized as eligible for reimbursement as part of diabetes or asthma clinical teams; and health education being included as a core subject in the Every Student Achieves Act.

TABLE 2.4 lists several national and global health education organizations health education specialists might consider joining. Many of these organizations have state, regional, or campus chapters that provide continuing education and networking events; advertise internships or jobs; and provide awards and scholarships. Students and new professionals often are eligible for reduced membership fees, as their involvement is considered the future lifeblood of the profession.

Beyond joining a health education organization, health education professionals will benefit from volunteering and actively participating in achieving the organization's strategic plan. Examples of volunteer opportunities include serving on committees, reviewing abstracts or manuscripts for publication, planning annual conferences, moderating online forums, and evaluating applicants for awards or scholarships.[21] Following

TABLE 2.4 Selected Health Education Membership Organizations

Organization	Mission	Website
American Public Health Association, Public Health Education & Health Promotion Section (APHA, PHE&HP)	The mission of the APHA, PHE&HP Section is: 1. To be a strong advocate for health education and health promotion for individuals, groups, and communities, and systems and support efforts to achieve health equity in all activities of the association. 2. To set, maintain, and exemplify the highest ethical principles and standards of practice on the part of all professionals and disciplines whose primary purpose is health education, disease prevention, and/or health promotion.	http://www.apha.org/apha-communities/member-sections/public-health-education-and-health-promotion
American School Health Association (ASHA)	The mission of the ASHA is to transform all schools into places where every student learns and thrives. The ASHA envisions healthy students who learn and achieve in safe and healthy environments nurtured by caring adults functioning within coordinated school and community support systems.	http://www.ashaweb.org/
Eta Sigma Gamma (ESG)	Founded in 1967, the mission of ESG is to promote the discipline by elevating the stands, ideas, competence, and ethics of professionally prepared man and women in health education.	http://etasigmagamma.org
International Union for Health Promotion & Education (IUHPE)	The IUHPE's mission is to promote global health and well-being and to contribute to the achievement of equity in health between and within countries of the world. The IUHPE fulfills its mission by building and operating an independent, global, and professional network of people and institutions to encourage free exchange of ideas, knowledge, know-how, experiences, and the development of relevant collaborative projects, both at global and regional levels.	http://www.iuhpe.org
Society for Public Health Education (SOPHE)	Founded in 1950, the mission of the SOPHE is to provide global leadership to the profession of health education and health promotion and to promote the health of society. SOPHE is the only independent professional organization devoted to health education and health promotion.	http://www.sophe.org

initial service, health education volunteers may be eligible to run for office and directly shape the future of their professional home. As an added bonus, many employers view professional service favorably in hiring decisions.

? DID YOU KNOW?

Becoming involved with your local, state, or national professional organization is a MUST: Attending events sponsored by your professional organization allows you to stay current in your field; serving on committees is a great way to use your intellectual and social capital; and networking within your organization could provide insights into potential internships, jobs, and other opportunities.

Become a Certified Health Education Specialist

Health education was the first population-based profession to articulate areas of responsibility and competencies needed for professional practice.[24] This set of knowledge and skills was published in the 1985 landmark report *Framework for the Development of Competency-Based Curricula for Entry Level Health Educators*.[25] During the last several decades, three research studies have been conducted to update the knowledge and skills needed for contemporary health education practice.[26] Although the competencies have been modified slightly over the years, the seven overarching responsibilities of a health education specialist still remain the basis for both preservice and in-service programs in health education. Health education specialists interested in working internationally may also find it helpful to review the eight domains of core competencies required to engage in effective health promotion practice: catalyzing change, leadership, assessment, planning, implementation, evaluation, advocacy, and partnerships.[27] **TABLE 2.5** lists the current responsibilities of health education specialists.

The first U.S. health education competencies also led the way for establishing a voluntary certification system in health education to ensure a high level of competence in the health education workforce. The National Commission for Health Education Credentialing, Inc. (NCHEC) was launched in 1988. CHES recognition is available through NCHEC for those health educators who wish to show they have proficiency in the *Seven Areas of Responsibility for Health Education Specialists* and pass a national examination. The CHES exam is open to new or seasoned health education professionals who possess a bachelor's, master's, or doctoral degree from an accredited institution of higher education; AND one of the following:

- An official transcript (including course titles) that clearly shows a major in health education (e.g., health education, community health education, public health education, school health education). Degree/major must explicitly be in a discipline of health education.

OR

- An official transcript that reflects at least 25 semester hours or 27 quarter hours of coursework (with a grade C or better) with specific preparation addressing the *Seven Areas of Responsibility and Competency for Health Education Specialists*.[28]

TABLE 2.5 Seven Areas of Responsibility for Health Education Specialists

Area I:	Assess Needs, Resources, and Capacity for Health Education/Promotion
Area II:	Plan Health Education/Promotion
Area III:	Implement Health Education/Promotion
Area IV:	Conduct Evaluation and Research Related to Health Education/Promotion
Area V:	Administer and Manage Health Education/Promotion
Area VI:	Serve as a Health Education/Promotion Resource Person
Area VII:	Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession

COMMUNITY CONNECTIONS 2.2

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In an effort to develop her health literacy knowledge, Sureka spent much of her time at work on her computer searching for information about health literacy. She knew this research would help give her a sense of the overall picture of health literacy that would later come in handy when she interacted with her priority population. She joined a health education member organization that had a Special Interest Group devoted to health literacy, in order to interact and collaborate with other professionals who had more experience. This way, she could further assess best practices regarding health literacy and her community in Springville. She also got on the agenda for the rural physicians group because these doctors worked with her population on a consistent basis. Thank goodness for good coworkers—they provided advice when needed and took her to lunch a few times to give her breaks from her focused work.

In 2011, NCHEC introduced the Master Certified Health Education Specialist (MCHES), which is based on both academic requirements with courses in health education; at least five years of work experience as a health education specialist; and successfully passing a comprehensive examination based on the latest advanced-level competencies and sub-competencies verified in the most recent health education job analysis.[29] To maintain the designation of CHES or MCHES, an annual recertification fee must be paid and at least 75 hours of continuing education must be completed every five years, according to NCHEC guidelines. Beginning in fall 2018, computer-based testing will be available, enabling eligible individuals to select their test day and time, and get test results immediately after taking the exam.

Why be certified in health education? Health education certification demonstrates a health education specialist's unique knowledge and skills in the health education profession and distinguishes those who are certified from other job applicants. Some employers require CHES or provide preference to CHES/MCHES in hiring decisions. The certification also attests to a health education professional's commitment to continuing education and conveys a sense of pride and accomplishment in the profession.

? DID YOU KNOW?

Both the CHES and the MCHES are fully accredited by the National Commission for Certifying Agencies (NCCA). The CHES and MCHES credentials of the NCHEC, Inc. are "recognized for demonstrating compliance with the NCCA Standards for the Accreditation of Certification Programs."

Advocate Health Education

Advocacy for health, health education/promotion, and the profession is among the *Seven Areas of Responsibility* of all health education professionals. An **advocate** is someone who defends or pleads the cause of another person or group or a specific proposal. Much of the work of today's health education specialist involves advocating for changes in policies or systems that affect the health of vulnerable and priority populations. Health education specialists must use their expertise and experience to promote national, state, or local legislation, regulations, and other policy decisions to support the public's health.

Health education specialists can advocate in many ways: writing letters, sending emails, or providing testimony to elected or appointed

policymakers, including school board or local board of health officials; submitting a letter to the editor or op-ed of a local newspaper; developing a resolution or policy statement for an organization; signing up to receive action alerts on important public health issues and alerting others via social media; or organizing or marching in a peaceful demonstration to show support for an advocacy issue. Each fall, SOPHE sponsors an Annual Health Education Advocacy Summit in Washington, D.C. to provide policy advocacy education and skill building for health professionals. The event culminates in opportunities for participants to meet with their elected officials.

In addition to enhancing political and social engagement for important issues affecting the public's health, advocacy improves civic development, communication, and leadership skills, and connections with other experts from whom one can learn and grow. Creating social change for the betterment of society and humanity at large is one of the most important ways to personally and professionally grow.

COMMUNITY CONNECTIONS 2.3

Sureka worked long hours and eventually pulled together all she could on health literacy and rural populations. When it came time to present her findings to the local foundation, she was punctual, professionally dressed, and prepared. She presented to the foundation board about how health literacy impacted the specific needs of the rural residents of Springville. She stated that other programs were very successful and would most likely work in the community with the modifications made based on the rural physicians group input. When Sureka was asked if she had been out in the rural areas of Springville, she replied she had spent time with leaders in the community who ensured the campaign's objectives were feasible and culturally appropriate. After all questions had been answered, Sureka was excused. She felt confident she would receive the funding based on her preparedness throughout the process.

Share Health Education Research and Practice

Still another important facet of professionalism that is specified in the *Seven Areas of Responsibility of Health Education Specialists* is contributing to the knowledge base of the field. Health education professionals can share the qualitative and quantitative results of health education interventions and evaluations with peers at national, state, or local conferences or in professional journals. Following a scientific approach to asking questions, carefully gathering and examining the evidence, and presenting the findings is vital to expanding the theoretical and evidence base of the health education profession. Most professional organizations that sponsor an annual meeting begin the conference planning process by issuing a call for abstracts. Formats can vary in terms of being accepted to present a poster, oral presentation, workshop, roundtable, or other type of sharing knowledge session. Meeting presentations also are excellent opportunities for students and young professionals to share their research or theses/dissertation papers.

Conference presentations or theses/dissertations also can serve as the basis for scientific publications. In addition to many professional health education journals, numerous specialty journals exist in fields such as HIV/AIDS, mental health, obesity, nutrition education, and adolescent health, to name a few. Journal specifications vary, including some that require author

fees, so it is important to carefully consult the guidelines before beginning authorship. Serving as a journal peer reviewer is another opportunity to learn how to prepare and communicate health education findings.

Volunteer and Participate in Service Learning

In addition to volunteering in professional organizations, local community groups provide top-notch opportunities for new and seasoned health educators. By volunteering time and skills, the notion of professionalism is reinforced; that is, being a professional is not only about looking the part, but also about actually doing the job. All professionals have a social responsibility to the community in which they live.

Local organizations that welcome and rely on volunteers include, for example, the American Heart Association, American Cancer Society, and American Red Cross as well as many other nonprofit organizations, neighborhood councils, schools, and religious organizations. Ways to get involved can include organizing or participating in fundraising walks such as the American Foundation for Suicide Prevention's Out of the Darkness walks; organizing health fairs; serving in soup kitchens; assisting at domestic shelters; and participating in environmental cleanup campaigns. Such volunteerism is not driven by financial rewards but from one's own sense of purpose and motivation, and the desire to make a difference in the community and the lives of fellow citizens.

A central tenet of the health education profession involving service learning is emphasis on co-participatory collaboration. **Service learning** can be thought as a collaborative partnership between an institution and the community it serves.[30] The primary goal of service learning is to provide community member(s) with services that (in turn) create hands-on learning experiences for the volunteer.[29] Elements of service learning practice that aid health education specialists in professional development include problem-solving skills, teamwork, and research and training proficiencies.[30, 31] Service learning activities also provide students and volunteers with opportunities to participate in many of the health education competencies in community settings, including community needs assessment, program planning development, and community health advocacy.[30]

Service learning has a broader effect, in that while the health education specialist develops a sense of professional identity, service learning involvement also provides all participating parties (i.e., student, supervising faculty, and community member) with a chance to independently reshape the direction of their professional practice.[30] Therefore, these elements of professional development become central to each member involved in the learning experience.[30, 31]

COMMUNITY CONNECTIONS 2.4

In looking back at her work behavior, Sureka could see her efforts had paid off, much like they did when she was a student. She showed up to her job on time, worked hard, dressed the part, and was pleasant. These were all very important attributes of being a professional, but she also learned that professionalism is much greater than looking the part; it is about following through using the competencies of the health education profession.

Conclusion

One of the most significant benefits of taking an active role in one's professional growth is the opportunity to establish oneself as a community health education professional. Although professionalism is on a constant participatory continuum, it can be a positive endeavor with the assistance of other professionals who are committed to the excellence of the health education profession. Regardless of one's level of experience as a community health educator, there are many diverse professional building blocks for growth in professionalism, whether beginning the process (as a newcomer) or in continuing to refine one's practice as a seasoned careerist in the field of community and public health education.

Key Terms

Advocate A person, or entity, who publicly supports or recommends a particular cause or policy.
Autonomy Independence or freedom, as of the will or one's actions.
Beneficence The doing of good; active goodness or kindness; charity.
Character The mental and moral qualities distinctive to an individual.
Justice The quality of being just; righteousness, equitableness, or moral rightness.
Nonmaleficence The ethical principle of doing no harm.
Mentor A wise and trusted counselor or teacher.
Paternalism The attitude or policy of a government or other authority that manages the affairs of a country, company, community, and so on, in the manner of a father, for example, by usurping individual responsibility and the liberty of choice.
Portfolio A compilation of various pieces of one's best work in both academic and nonacademic settings.
Professional accountability Being accountable to oneself, clients, participants, employer, the profession, and society.
Resume Formal presentation of an individual's education, skills, and work experience.
Service learning A teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.
Virtue Conformity of one's life and conduct to moral and ethical principles.

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Additional Resources

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