National Commission for Health Education Credentialing, Inc.
Credentialing Excellence in Health Education

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July 21, 2008

Katherine K. Wallman
Chief Statistician
Office of Management and Budget
10201 New Executive Office Building
Washington, DC 20503

RE: Recommendations for the 2010 SOC – Proposed change to 21-1091

Dear Ms. Wallman:

Thank you for the opportunity to comment on the Policy Committee's Recommendations for the 2010 Standard Occupational Classification (SOC).

The National Commission for Health Education Credentialing formally opposes the proposed change in classification 21-1091 "Health Educators" by compounding the definition to include Community Health Workers.

The National Commission for Health Education Credentialing, Inc. (NCHEC) is a non-profit credentialing organization, which strives to improve the practice of health education and to serve the public and profession of health education by certifying health education specialists, promoting professional development, and strengthening professional preparation and practice. Founded in 1988, **NCHEC is the leading credentialing body for health education professions** with more than 8,000 current active Certified Health Education Specialists (CHES).

NCHEC supports the need for Community Health Workers to be acknowledged in the SOC and supports the further progress of that occupation. However, we strongly believe the roles and responsibilities of health educators and community health workers as well as the skills, education and/or training needed to perform the work at a competent level are sufficiently distinct to warrant independent classifications/categories.

The Office of Management and Budget's Standard Occupational Policy Committee first identified health educators as a distinct classification in 1998 and as a result, this distinction has been enormously valuable to employers, organizations, state governments, and other stakeholders. Prior to 2000, there was an absence of the data now collected by the federal government, states, and the private sector, despite a well established identity through 250 professional preparation programs and a professional certification process. The addition of this independent SOC classification and data for health educators has been enormously valuable in enhancing the field. It would be counterproductive to include another weakly-linked occupation such as Community Health Workers (CHWs) to 20-1091.

The Department of Labor Bureau of Labor Statistics' (BLS) Occupational Outlook Handbook 2008-09 predicted that the profession of health educators is expected to "grow by 26 percent, which is much faster than the average for all occupations. Growth will result from the rising cost of health care and the increased recognition of the need for qualified health educators." That statement was reflecting health educators as currently defined by the SOC. Adding the large number of CHWs will distort our ability to track this growth and differentiate the current supply versus demand to meet the public health workforce needs. Further, this tracking is essential to professional preparation programs that need to justify job opportunities in order to make a case for faculty lines and program support. This is critical at a time when universities and colleges are dealing with reduced resources.

Both health educators and CHWs do educate individuals and communities on health issues. However, it is important to note that 1) health educators operate at a sufficiently higher level of scope of work in educating communities; and 2) that health educators have a significantly broader role and responsibility beyond educating individuals or groups. The CHWs also have roles and responsibilities that are distinct from health educators such as social service and access to care arenas.

The Certified Health Education Specialist (CHES) credential requires meeting academic preparation requirements and then passing an examination (accredited by the National Commission for Certifying Agencies (NCCA)) based on the Seven Areas of Responsibility of health educators. This comprehensive set of Competencies and Sub-competencies were defined and then re-verified through involved processes. The most recent project, completed in 2004, is known as The Competencies Update Project (CUP). In addition, a new Health Education Job Analysis Project is currently underway to again examine these changing responsibilities and competencies of health educators. The Seven Areas of Responsibility of health educators are:

Assess individual and community needs for health education
Plan effective health education strategies, interventions, and programs
Implement health education strategies, interventions, and programs
Conduct evaluation and research related to health education
Administer health education strategies, interventions, and programs
Serve as a health education resource person
Communicate and advocate for health and health education

Attached is the detailed list of competencies and sub-competencies that comprise the major areas of responsibility listed above. They can also be found at http://www.nchec.org/forms/Revised_Areas_of_Responsibility.pdf. These knowledge and skill sets are the basis of the CHES certification, health education curricula in colleges and universities, and continuing education efforts for practicing health educators. Please review this document as it outlines the involved duties of health educators.

To maintain certification, health educators must complete 75 hours of approved continuing education courses or seminars over a 5-year period. The CHES credential is a voluntary and formal licensure and is not required in order to be a health educator. However, public and private employers at the national and state levels increasingly indicate a preference for CHES. Correspondingly, the number of candidates for the CHES examination has increased by 15% for each of the past three years. Many candidates indicate "job opportunities" as a reason for earning the credential.

In addition to the current CHES certification, NCHEC is now exploring an advanced-level of certification due to job analysis results and profession-wide recommendations which are recognizing an even more advance level of practice in health education. NCHEC anticipates releasing the parameters of that advanced certification within the next 9 months and allowing for a period of public comment. This advanced level of practice is anticipated to be even more distinct from the Community Health Worker roles and responsibilities.

Commensurate with differences in job duties and training, there are also significant differences in salary between the two professions. According to preliminary data from the American Association of Health Education (AAHE), Certified Health Education Specialists (CHES) earn a median salary of approximately $50,000 ($24 per hour).

This figure is higher than the earnings quoted in the BLS Outlook Handbook 2008-09 of median annual earnings of health educators at $41,330 ($19.87/hr).

In contrast, according to a report by the Health Resources & Services Administration, 64 percent of CHW positions paid new hires an hourly wage below $13; only 3.4 percent of them paid at or near the minimum wage (under $7 per hour) and 21 percent paid $15 per hour or more. The report states that "Volunteer CHWs were employed either by grassroots organizations, usually faith-based, or in outreach and health education efforts designed by university researchers and local health care providers, or in programs with ambitious goals but limited budgets trying to maximize program impact from limited resources."

In summary, NCHEC strongly opposes the proposed change in classification 21-1091 by compounding the definition to include Community Health Workers. Instead, NCHEC supports the need for CHWs to be acknowledged in the SOC as a distinct classification or within other classifications. Health educators operate at a sufficiently higher level of scope of work in educating communities and have significantly broader roles and responsibilities beyond educating individuals or groups to obtain the goal of improved population health outcomes. In addition, significant differences in training and compensation between health educators and CHWs help to underscore that these two occupations should be tracked in separate SOCs.

Thank you very much for your consideration. Please do not hesitate to contact us if you need clarification or additional information.

Sincerely,

Linda Lysoby

Linda Lysoby, MS, CHES
Executive Director

Mal Goldsmith

Mal Goldsmith, PhD, CHES
Chair, Board of Commissioners

Enclosure:/ Areas_of_Responsibility

National Commission for Health Education Credentialing, Inc.

The Seven Areas of Responsibility are a comprehensive set of Competencies and Sub-competencies defining the role of an entry-level health educator. These Responsibilities were verified through the Competencies Update Project (CUP), conducted from 1998 to 2004, and serve as the basis of the Certified Health Education Specialist (CHES) exam.

Area I: Assess Individual and Community Needs for Health Education

Competency A: Access existing health-related data

Sub-competencies:

1. Identify diverse health-related databases
2. Use computerized sources of health-related information
3. Determine the compatibility of data from different data sources
4. Select valid sources of information about health needs and interests

Competency B: Collect health-related data

Sub-competencies:

1. Use appropriate data-gathering instruments
2. Apply survey techniques to acquire health data
3. Conduct health-related needs assessments
4. Implement appropriate measures to assess capacity for improving health status

Competency C: Distinguish between behaviors that foster and hinder well-being

Sub-competencies:

1. Identify diverse factors that influence health behaviors
2. Identify behaviors that tend to promote or comprise health

Competency D: Determine factors that influence learning

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency E: Identify factors that foster or hinder the process of health education

Sub-competencies:

1. Determine the extent of available health education services
2. Identify gaps and overlaps in the provision of collaborative health services

Competency F: Infer needs for health education from obtained data

Sub-competencies:

1. Analyze needs assessment data

Area II: Plan Health Education Strategies, Interventions, and Programs

Competency A: Involve people and organizations in program planning

Sub-competencies:

1. Identify populations for health education programs
2. Elicit input from those who will affect or be affected by the program
3. Obtain commitments from individuals who will be involved
4. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests

Competency B: Incorporate data analysis and principles of community organization

Sub-competencies:

1. Use research results when planning programs
2. Apply principles of community organization when planning programs
3. Suggest approaches for integrating health education within existing health programs
4. Communicate need for the program to those who will be involved

Competency C: Formulate appropriate and measurable program objectives

Sub-competencies:

1. Design developmentally appropriate interventions

Competency D: Develop a logical scope and sequence plan for health education practice

Sub-competencies:

1. Determine the range of health information necessary for a given program of instruction
2. Select references relevant to health education issues or programs

Competency E: Design strategies, interventions, and programs consistent with specified objectives

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency F: Select appropriate strategies to meet objectives

Sub-competencies:

1. Analyze technologies, methods and media for their acceptability to diverse groups
2. Match health education services to proposed program activities

Competency G: Assess factors that affect implementation

Sub-competencies:

1. Determine the availability of information and resources needed to implement health education programs for a given audience
2. Identify barriers to the implementation of health education programs

Area III: Implement Health Education Strategies, Interventions, and Programs

Competency A: Initiate a plan of action

Sub-competencies:

1. Use community organization principles to facilitate change conducive to health
2. Pretest learners to determine baseline data relative to proposed program objectives
3. Deliver educational technology effectively
4. Facilitate groups

Competency B: Demonstrate a variety of skills in delivering strategies, interventions, and programs

Sub-competencies:

1. Use instructional technology effectively
2. Apply implementation strategies

Competency C: Use a variety of methods to implement strategies, interventions, and programs

Sub-competencies:

1. Use the Code of Ethics in professional practice
2. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery
3. Demonstrate skills needed to develop capacity for improving health status
4. Incorporate demographically and culturally sensitive techniques when promoting programs
5. Implement intervention strategies to facilitate health-related change

Competency D: Conduct training programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Area IV: Conduct Evaluation and Research Related to Health Education

Competency A: Develop plans for evaluation and research

Sub-competencies:

1. Synthesize information presented in the literature
2. Evaluate research designs, methods and findings presented in the literature

Competency B: Review research and evaluation procedures

Sub-competencies:

1. Evaluate data-gathering instruments and processes
2. Develop methods to evaluate factors that influence shifts in health status

Competency C: Design data collection instruments

Sub-competencies:

1. Develop valid and reliable evaluation instruments
2. Develop appropriate data-gathering instruments

Competency D: Carry out evaluation and research plans

Sub-competencies:

1. Use appropriate research methods and designs in health education practice
2. Use data collection methods appropriate for measuring stated objectives
3. Implement appropriate qualitative and quantitative evaluation techniques
4. Implement methods to evaluate factors that influence shifts in health status

Competency E: Interpret results from evaluation and research

Sub-competencies:

1. Analyze evaluation data
2. Analyze research data
3. Compare evaluation results to other findings
4. Report effectiveness of programs in achieving proposed objectives

Competency F: Infer implications from findings for future health-related activities

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Area V: Administer Health Education Strategies, Interventions, and Programs

Competency A: Exercise organizational leadership

Sub-competencies:

1. Conduct strategic planning
2. Analyze the organization's culture in relationship to program goals
3. Promote cooperation and feedback among personnel related to the program

Competency B: Secure fiscal resources

This competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency C: Manage human resources

Sub-competencies:

1. Develop volunteer opportunities

Competency D: Obtain acceptance and support for programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Area VI: Serve as a Health Education Resource Person

Competency A: Use health-related information resources

Sub-competencies:

1. Match information needs with the appropriate retrieval systems
2. Select a data system commensurate with program needs
3. Determine the relevance of various computerized health information resources
4. Access health information resources
5. Employ electronic technology for retrieving references

Competency B: Respond to requests for health information

Sub-competencies:

1. Identify information sources needed to satisfy a request
2. Refer requesters to valid sources of health information

Competency C: Select resource materials for dissemination

Sub-competencies:

1. Evaluate applicability of resource materials for given audience
2. Apply various processes to acquire resource materials
3. Assemble educational material of value to the health of individuals and community groups

Competency D: Establish consultative relationships

Sub-Competencies:

1. Analyze parameters of effective consultative relationships
2. Analyze the role of the health educator as a liaison between program staff and outside groups and organizations
3. Act as a liaison among consumer groups, individuals and health care providers
4. Apply networking skills to develop and maintain consultative relationships
5. Facilitate collaborative training efforts among health agencies and organizations

Area VII: Communicate and Advocate for Health and Health Education

Competency A: Analyze and respond to current and future needs in health education

Sub-competencies:

1. Analyze factors (e.g., social, cultural, demographic, political) that influence decision-makers

Competency B: Apply a variety of communication methods and techniques

Sub-competencies:

1. Assess the appropriateness of language in health education messages
2. Compare different methods of distributing educational materials
3. Respond to public input regarding health education information
4. Use culturally sensitive communication methods and techniques
5. Use appropriate techniques for communicating health education information
6. Use oral, electronic and written techniques for communicating health education information
7. Demonstrate proficiency in communicating health information and health education needs

Competency C: Promote the health education profession individually and collectively

Sub-competencies:

1. Develop a personal plan for professional development

Competency D: Influence health policy to promote health

Sub-competencies:

1. Identify the significance and implications of health are providers' messages to consumers