



*Credentialing Excellence in Health Education*

1541 Alta Drive, Suite 303  
Whitehall, PA 18052-5642  
Toll Free Phone: 888-624-3248  
Toll Free Fax: 800-813-0727  
Website: [www.nchec.org](http://www.nchec.org)

## **TESTIMONY**

**Regarding: HB1098 - RELATING TO HEALTH EDUCATION:** Requires the Auditor to conduct a sunrise analysis of the regulation of health educators. Effective July 1, 2013.

**Submitted to: HOUSE OF REPRESENTATIVES**

**THE TWENTY-SEVENTH LEGISLATURE REGULAR SESSION OF 2013**

**COMMITTEE ON HEALTH:** Rep. Della Au Belatti, Chair; Rep. Dee Morikawa, Vice Chair; Rep Rida T.R Cabanilla, Rep. Mele Carrol, Rep. Justin H. Woodson, Rep. Jo Jordan, Rep. Lauren Kealohilani Cheape

**Hearing Date: Friday, February 1, 2013, 8:30 AM**

**Hearing Place: Conference Room 329, State Capitol, 415 South Bertania St.**

**Testimony Provided by: Linda Lysoby, MS, MCHES, CAE, Executive Director, National Commission for Health Education Credentialing, Inc. (NCHEC)  
1541 Alta Drive, Suite 303, Whitehall, PA, 18052 USA.**

Dear Honorable Representatives:

Thank you for the Opportunity to provide testimony to HB1098 - RELATING TO HEALTH EDUCATION. My comments today come from the National Commission for Health Education Credentialing, Inc. (NCHEC) in support of requesting the Auditor to conduct a sunrise analysis of the regulation of health educators.

The mission of NCHEC is to enhance the professional practice of Health Education by promoting and sustaining a credentialed body of Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES). To meet this mission, NCHEC certifies health education specialists, promotes professional development and continuing education to maintain competency, and strengthens professional preparation and practice. Activities of NCHEC include developing and administering a national competency-based examination, and major initiatives to establish and re-verify the basic competencies required to effectively practice in the field of health education. NCHEC implements a system to maintain records of each certified individual's continuing education activities which enhance their competence to practice in the field of health education and to ensure compliance with standard requirements.

As the official certifying body for health education specialists, NCHEC supports the inclusion of the CHES and MCHES in requirements for licensure of health educators in Hawaii. CHES and MCHES

would be an asset to the licensed multidisciplinary team of physicians, nurses, dentists, optometrists, pharmacists and others who contribute to maintaining and improving the health of Hawaii residents. Currently, there are over 10,000 active certified individuals nationally. These individuals have met and maintained the requirements for the nationally recognized certifications. The CHES and MCHES credentials have three components: meeting required academic preparation specifically in health education, successfully passing a comprehensive written examination and satisfying continuing education requirements to maintain the national credentials (75 hours in five years). In order to obtain and maintain the CHES/MCHES credential, all three components must be met. As a credentialing organization, NCHEC is required to uniformly enforce those standards for all candidates.

The knowledge and skill sets CHES and MCHES obtain in their academic preparation programs and document via the certification processes make a critical contribution to the delivery of services regarding health education and health improvement. The strength of the health education specialist is that they are trained in public health education techniques and are able to use evidence-based strategies to promote health and help individuals to access and manage the needed care. They promote healthy lifestyles, and help patients and families recover from illness and manage their conditions. CHES and MCHES are qualified to design, implement and evaluate behavioral change intervention programs in multiple settings including clinical care and for priority populations. All of these skill sets are vital to teams in addressing health disparities and positively influencing and improving resident's quality of life.

NCHEC protects consumers of health education services through assurance that the services are provided by professionals who have met national standards in their professional preparation. Employers of CHES and MCHES have a greater assurance that their employees meet basic, nationally-recognized competencies through examination, and that these employees have a commitment to maintaining and expanding their professional skills through continuing education and professional development. The profession of health education is also served by having an established set of standards for professional preparation and a means for screening and recognizing practitioners who both meet and maintain these standards.

Eligibility to take the CHES examination is based exclusively on academic qualifications and requires the minimum of a Bachelor's degree. The MCHES exam eligibility requirement includes both academic and five years of work experience in health education. The CHES and MCHES examinations are competency-based tools used to measure possession, application and interpretation of knowledge in the Seven Areas of Responsibility for Health Education Specialists. The Seven Areas of Responsibility of CHES and MCHES are:

- I. Assess Needs, Assets and Capacity for Health Education
- II. Plan Health Education
- III. Implement Health Education
- IV. Conduct Evaluation and Research Related to Health Education
- V. Administer and Manage Health Education
- VI. Serve as a Health Education Resource Person
- VII. Communicate and Advocate for Health & Health Education

The Responsibilities and Competencies that are the basis for certifications administered by NCHEC have been derived from three multiphase, national research studies: 1) the Role Delineation Project--1980-1985; 2) the National Health Educator Competencies Update Project--2005; and 3) the Health Educator Job Analysis--2010.<sup>1,2,3,5</sup> The most recent job analysis study resulted in a hierarchical framework for practice with 7 Areas of Responsibility, 34 competencies and 162 entry-level and an additional 61 advanced-level Sub-competencies. The results of the job analysis framed both CHES certification, as well as the development of the new, advanced credential, MCHES.<sup>4,5</sup>

In 1987, the Institute for Credentialing Excellence (ICE) developed the National Commission for Certifying Agencies (NCCA), in order to “ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations that assess professional competence”. Certifications that become NCCA accredited have met rigorous standards set by the certification industry. These standards include: administration of the certification, recertification processes, and assessment development.<sup>7</sup> Certifying bodies that are seeking NCCA accreditation must undergo a rigorous peer-review process to demonstrate compliance with the set standards. NCHEC was successful in completing the rigorous process for the CHES credential to become NCCA accredited in 2008. With this accreditation, the entry-level CHES credential joined a number of professions with accredited certifications, including: nursing, counseling, respiratory therapy, and more. The accreditation is valid for a five year period. Currently, NCHEC is in the process of reapplying the CHES for NCCA accreditation. In addition, a new application for the MCHES credential is being submitted.

Health education specialists play an integral role in providing quality health education services. The inclusion of the nationally recognized CHES and MCHES certifications in licensure requirements will contribute to the health of the residents of Hawaii. NCHEC will assist with quality assurance and control by maintaining quality standards in the health educator profession. In summary, in the best interest of the public’s health, I am asking the House of Representatives to require the Auditor to conduct a sunrise analysis of the regulation of health educators.

Thank you for your consideration.



Linda Lysoby, MA, CAE, MCHES  
Executive Director

#### Resources:

1. National Commission for Health Education Credentialing, Society for Public Health Education & American Association for Health Education. *A competency-based framework for health education specialists - 2010*. Whitehall, PA: National Commission for Health Education Credentialing. 2010.
2. National Task Force on the Preparation & Practice of Health Educators. *A framework for the development of competency-based curricula for entry-level health educators*. New York: National Commission for Health Education credentialing, p.2. 1985, reprinted 1990.
3. Gilmore, GD, Olsen, LK, Taub, A, Connell, D. Overview of the National Health Educator Competencies Update Project, 1998-2004. *Health Educ Behav*. 2005. 32: 725-737.
4. Dennis, DL, Lysoby, L. The advanced credential for health education specialists: A seven-year project. *The Health Educ*. 2010. 42: 77-83.
5. Doyle, E. I., Caro, C. M., Lysoby, L., Auld, M. E., Smith, B. J., & Muenzen, P. M. (2012). The National Health Educator Job Analysis 2010: Process and outcomes. *Health Education & Behavior*, 39, 695-708.
6. Wilson, K.L.; Dixie L. Dennis, D.; Gambesica, S.F; Chen, W.W; Lysoby, L. (2012). Using an Experience Documentation Opportunity to Certify Advanced-Level Health Education Specialists. *Health Education & Behavior*, 39(6) 709–718.
7. National Commission for Certifying Agencies (2004). *Standards for the Accreditation of Certification Programs*. Washington, DC: Institute for Credentialing Excellence





January 31, 2013

Hawaii State Legislature  
House Committee on Health Hearing  
Date: February 1, 2013  
Time: 8:30 A.M.  
HB 1098

The Society for Public Health Education (SOPHE) is writing in support of Hawaii HB 1098. We strongly encourage the Hawaii legislature to request a sunrise review of health educators to help protect the health of the public.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members (including those in Hawaii) work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government. There are currently 19 SOPHE chapters covering more than 30 states and regions across the country.

Health educators work to improve the health status of individuals, communities, states, and the nation through primary, secondary and tertiary prevention; enhance the quality of life for all people; and reduce costly premature deaths and disability. According to the U.S. Department of Labor (DOL), there were an estimated 63,410 health educators in 2010. Additionally, DOL estimates that employment of health educators will grow by 37 percent from 2010 to 2020, much faster than the average for all occupations. Thus, it is timely that Hawaii is seeking to address health educators' roles in individual and population health and to ensure the public is protected from unregulated or incompetent practice.

There are some 250 professional preparation programs in colleges and universities that formally train health educators at the baccalaureate, master's and doctoral levels. Health education curricula include a unique combination of instruction from the behavioral/social, epidemiological, environmental, and biomedical sciences, as well as health administration and public policy. The Certified Health Education Specialist (CHES) designation signifies that an individual has met eligibility requirements for and has successfully passed a competency-based examination demonstrating skill and knowledge of the Seven Areas of Responsibility of Health Education Specialists, upon which the credential is based. MCHES, the master's level certification, includes a set of advanced eligibility requirements. Health educators maintain an ongoing commitment to continuing education throughout the career span.

With the enactment of the Patient Protection and Affordable Care Act (ACA) new opportunities exist for health education professionals to broaden their impact and participate in the various new models of service delivery to achieve or further the goals of health promotion for all through education. Improvement in quality and efficiency within health care organizations are expected to occur through the establishment of Accountable Care Organizations (ACO's) through Medicare and Patient-Centered Medical Homes (PCMH) through Medicaid. In 2010 an *American Journal of Preventative Medicine* article compared the core competencies of a health educator and demonstrated how well they could contribute to the core principles of a patient-centered medical home. In addition to the well-established multiple roles a health educator fulfills on community, family and individual levels, health educators also possess knowledge and skills that can strengthen the physician-directed team and lead to improved patient health outcomes. Following are a few examples:

- Health educators can assist the physician-directed team by coordinating and integrating care and using a more holistic approach to prevention and disease management and promoting health literacy.
- Health educators possess skills such as providing self-management support coaching, serving as a bridge to other health care and community resources, helping patients adopt and maintain healthy behaviors, helping families build social and physical environments that support behavior change, assisting patients in navigating the health care system, providing emotional support, and providing assistance with practice-level quality improvement.
- Health educators are trained to know the process of improving patient safety by identifying a health problem, developing a plan of action to resolve the problem and evaluating the success of the proposed intervention.

Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75 percent of the \$2.2 trillion spent on health care in the United States each year. It is estimated that spending as little as \$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. We must ensure that patients, families and consumers are not harmed or put at risk by misinformation or advice on disease prevention or treatment.

Thank you for consideration of these comments in support of HB 1098. Please contact Jerrica Mathis at [jmathis@sophe.org](mailto:jmathis@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,



Kelli McCormack Brown, PhD, CHES  
President



Elaine Auld, MPH, MCHES  
Chief Executive Officer



January 30, 2013

Dear Honorable Members of the Hawaii State Legislature:

I am testifying today as a private individual to lend my support to HB 1098 Related to Health Education to conduct a sunrise analysis to license Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) in the State of Hawaii.

I hope my unique background and knowledge of the credentialing movement in the health education profession will help support the passage of HB 1098. I am a Master Certified Health Education Specialist (MCHES) and Chair of the Department of Health Sciences, Hawaii Pacific University (HPU). HPU's Department of Health Sciences is the only academic department in the State of Hawaii that prepares undergraduates to become Certified Health Education Specialists (CHES). As such, the Department plays a central role in Hawaii's public health workforce development and maintaining health education professional standards in cooperation with health and education professionals, government agencies, and non-governmental organizations.

My testimony is based on nearly twenty years of experience in the health education credentialing movement. I am a former protégé of Dr. Alyson Taub of New York University, the renowned leader in the health education credentialing movement. I am also a retired Professor of Health Education from California State University and a recognized expert in the profession.

Credentialing of health education specialists first began in 1989 with the establishment of the National Commission for Health Education Credentialing, Inc. (NCHEC), the international certification organization that awards the entry-level credential, Certified Health Education Specialist (CHES), and most recently, the advanced-level credential, the Master Certified Health Education Specialist (MCHES). The primary reason for voluntary credentialing was to assure employers and the public that health education specialists met the minimal level of competencies and professional ethics necessary to perform their duties with the highest quality of care, thus protecting the public's health, safety, and welfare. At the time, as it is still today, there were many quacks who offered substandard health education and health promotion services, having had no professional preparation in health science or education.

Quackery has continued to proliferate in the USA with the advent of "wellness" and "lifestyle" services that make extraordinary promises to improve the health and wellbeing of individuals without hard scientific research to support their claims. Such quackery, fortunately, has had less of an impact on children in public schools because of the licensure of school teachers, and the accreditation of professional preparation programs in education. Also, such substandard care has had a lower impact in patient education settings in hospitals and medical centers with the use of registered nurses (RN), although nurses do not have the professional preparation in clinical health education curriculum development and pedagogy.





The Certified Health Education Specialist (CHES) credential is recognized by the US Department of Labor. The occupational classification is Health Educator. According to the US Bureau of Labor Statistics (2012), the entry-level education for health educators is a bachelor's degree. There are over 63,000 health educator jobs in the USA, with employment from 2010-2020 expected to grow by 37%, the highest average growth of all occupations. This growth is anticipated to be driven by the need to reduce healthcare costs by providing people with correct and situation-appropriate health information, and teaching them how to make healthy decisions and to engage in sustainable healthy behaviors, thereby avoiding costly medical care. Rapid occupational growth requires proactive government regulation to assure the standard of care in Hawaii is maintained by professionally trained, competent, ethical professionals with a license to practice.

The State of Hawaii has the historic opportunity to become the first State of the Union to license CHES/MCHES. CHES/MCHES will play a vital role in the reduction of healthcare costs within Hawaii's universal healthcare system while maintaining the standard of care set by the profession. Without licensure, health education and health promotion quackery will continue unchecked in the State of Hawaii. Voluntary CHES/MCHES certifications have "no teeth" without licensure, and I urge the State of Hawaii to require the Auditor to conduct a sunrise analysis for licensure of CHES/MCHES.

It has been an honor to present my testimony. I hope this information is compelling enough to warrant your support of HB 1098.

Yours truly,

A handwritten signature in black ink that reads 'Mark Tomita'.

Mark Tomita, PhD, RN, MCHES  
Chair, Department of Health Sciences

January 30, 2013

Dear Hawaii State Legislature:

I am writing this letter to express my support as a private individual for HB1098, which requires the auditor to complete a sunrise analysis of the regulation of health educators in order to not only protect but also effectively promote the health, safety, and welfare of the public.

As described by the author of this Act, health educators embody a rapidly growing sector of the public health workforce and are employed in a wide variety of settings (e.g., schools, hospitals, community organizations, health clinics, in public as well as private facilities). Across the three levels of disease prevention, health educators provide services for all members of the public throughout all demographic profiles including vulnerable populations such as children, the elderly, pregnant women, disabled or diseased individuals, and minority groups.

Similar to other health professions (for example, personal trainers, group exercise instructors, dietitians, nurses, and therapists), health educators are positioned with the ability to directly impact the physical and psychological well-being of individuals, groups, and populations. In other words, health educators have the means to effectively shift and change the public's knowledge, attitudes, beliefs, skills, lifestyle choices, and health behaviors—all of which have serious implications for the public's morbidity, mortality, and related healthcare costs.

However, unlike the aforementioned health professionals, health educators and their rendered services, to date, are neither governed nor regulated to ensure that they are delivering quality, ethical, and standardized services that meet the profession's current and continually evolving best practices. Thus, it is of public health significance that health educators are mandated to demonstrate minimum competency requirements in health ethics and practices before they are allowed to practice and provide health services to the public. Considering its serious and critical implications for public safety and welfare, it is imperative that the legislature support HB1098 and require the auditor to conduct a sunrise analysis of the regulation of health educators.

Sincerely,

Christian T. Gloria, PhD(c), CHES  
Assistant Professor of Health Sciences  
College of Nursing and Health Sciences  
Hawaii Pacific University  
Phone: (808) 236-5852  
E-mail: [cgloria@hpu.edu](mailto:cgloria@hpu.edu)



January 31, 2013

Dear Members of the Hawaii State Legislature:

I am writing to express my strong support of HB 1098, which proposes a sunrise analysis to license Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES) in the State of Hawaii.

I am a Certified Health Education Specialist (CHES) and have worked in healthcare, higher education, insurance, and community settings. I volunteer with local not-for-profit organizations and with the Medical Reserve Corps (through the Department of Health). I am in the process of seeking a second graduate degree to expand my knowledge, abilities, and value in promoting the health of our community. I work hard to continuously expand my skills and, in my experience, this is a common attribute of professional health educators.

I love being a health educator and have had the opportunity to work in an array of settings. However, it is not always clear to those outside my field what a "health educator" is, what such a person may know, or what role they may play in helping an individual, family, or community. This is, to me, the incredible value of the Certified Health Education Specialist credential. This certification represents tremendous academic preparation and demonstration of vast knowledge in our field of expertise (through a rigorous examination and on-going continuing education units). The next step in furthering the high standards, ethics, accountability, and training in health education is state licensure- already an expectation in so many fields related to ours.

It is not merely the public that is sometimes confused by the title "health educator". Many professionals working in healthcare, recreation, schools, military, and other arenas are not clear about who the trained "health educators" may be. There are knowledgeable lay individuals who have spent tremendous amounts of time studying health topics who call themselves "health educators". There are also unscrupulous people out there trying to make money off of health-related vulnerabilities. They prey on one's desire to "try anything" when not feeling well or the natural desire for a quick or simple fix for our health woes. Health (good or poor) is not simple, nor is the restoration of good health once it is gone. What differentiates these individuals from a person who has an undergraduate or graduate degree in health education and calls herself a "health educator"? To a large degree it is the voluntary CHES credential.

I do not mean to discount the role that a lay person may play in promoting good health, or supporting, encouraging, and motivating others to lead more healthful lives. Research shows the value of being socially connected in physical health. Yet these functions are different than those provided by CHES or MCHES, who are trained in such things as program planning, implementation, and evaluation. We are taught to work with cultural sensitivity, high ethical standards, and to work equally well with individuals and groups across all ages, sexual orientations, and settings. And as for those out there who promote questionable or downright harmful products, potions, programs, and gear in the name of health education ("wellness") for their own financial gain, I certainly do not want them associated with my long-term profession! This is why licensure is so important in helping individuals, organizations, and communities differentiate roles.

Certified Health Education Specialists have a standardized (minimum) skill set and knowledge base. As important, CHES professionals are very aware of the limitations of their scope of practice. Others who may be equally eager but have less training and academic preparation can overstep appropriate

boundaries quite easily. Professional health educators know their limits and take professional ethics seriously. Teachers, nurses, and general contractors have licensure for a reason. Their licenses represent study, practice, credibility and professionalism. Please support HB 1098 in formalizing and recognizing a profession that is projected to grow significantly and is eager to be a part of the complex effort to promote good health and reduce health risk for all the people of Hawaii.

Most sincerely,

Jessica Taylor Spurrier, MS CHES  
Kaneohe, HI  
[taylorjc@hawaii.edu](mailto:taylorjc@hawaii.edu)

Lila Johnson, RN, MPH, CHES  
520 Lunalilo Home Road #5405  
Honolulu, Hawaii 96825  
Tel: (808) 373-9323  
[lila@hawaii.com](mailto:lila@hawaii.com)

January 30, 2013

Testimony in support of HB1098: Relating to Health Education

Honorable Chair Belatti  
Honorable Vice Chair Morikawa  
Honorable Members of the House Committee on Health

I am submitting testimony in support of the intent of HB1098 which would require the Auditor to conduct a sunrise analysis of the regulation of health educators, effective 1 July, 2013.

Certified Health Education Specialists must demonstrate their knowledge and competency by examination and ongoing continuing education. They are trained and qualified to assess, plan, and coordinate health education programs to improve health and quality of life and outcomes.

The licensure of public health educators, who have met academic requirements as well as credentialing in minimum competency standards, would help ensure the quality assurance in the health education workforce in Hawaii.

Please support and move forward HB1098

Thank you for the opportunity to testify.

Sincerely yours,

*Lila Johnson*