

**LATE**

March 27, 2013

Dear Members of the Hawaii State Legislature:

I am writing to express my strong support of HCR 161/HR 129, which proposes a working group to explore the regulation and licensure of professional health educators/ 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 and regulation are 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 (concurrent) HCR 161/ HR 129. This is the first step 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,

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**LATE**

March 26, 2013

Representative Angus L.K. McKelvey, Chair  
Hawaii State House Consumer Protection and Commerce Committee  
Hawaii State Capitol, Room 320  
Honolulu, HI

Dear Honorable Representative Angus L.K. McKelvey:

I am writing this letter as a private individual to express my support for HCR161/HR129:  
*Requesting the Director of Commerce and Consumer Affairs to Convene a Working Group to Propose Regulations and Licensing Requirements for Health Educators.*

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 (e.g., personal trainers, group exercise instructors, dieticians, 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, I urge the Hawaii State Legislature to also support HCR161/HR129 and request the Director of Commerce and Consumer Affairs to convene a working group to propose regulations and licensing requirements for health educators.

Sincerely,



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