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**PRESENTATION OF THE  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

TO THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION & COMMERCE

TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2013

Wednesday, March 27, 2013  
4:00 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 161/HOUSE  
RESOLUTION NO. 129, REQUESTING THE DIRECTOR OF COMMERCE AND  
CONSUMER AFFAIRS TO CONVENE A WORKING GROUP TO PROPOSE  
REGULATIONS AND LICENSING REQUIREMENTS FOR HEALTH EDUCATORS.**

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Jo Ann Uchida Takeuchi, Deputy Director, Department of Commerce and Consumer Affairs ("Department"). The Department appreciates the opportunity to submit comments on H.C.R. No. 161/House Resolution No. 129, Requesting the Director of Commerce and Consumer Affairs to Convene a Working Group to Propose Regulations and Licensing Requirements for Health Educators.

The purpose of the resolution is to bring public and private agencies together to review and consider regulation of health educators.

The Department notes that this committee previously heard H.B. 1098 which would have required the Legislative Auditor to conduct a sunrise analysis of the regulation of health educators. H.B. 1098 did not receive a hearing in the Senate. The Department recommends that a sunrise analysis be performed in conformance with Chapter 26H Hawaii Revised Statutes before a working group is convened. The sunrise analysis provides critical, valuable insight into proposed regulation that cannot be replaced with a Departmental working group.

Thank you for the opportunity to provide comments on H.C.R. No. 161/HR 129.



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*Credentialing Excellence in Health Education*

## **TESTIMONY**

**Regarding: HCR161/HCR 129 – REQUESTING THE DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A WORKING GROUP TO PROPOSE REGULATIONS AND LICENSING REQUIREMENTS FOR HEALTH EDUCATORS.**

**Submitted to: HOUSE OF REPRESENTATIVES  
THE TWENTY-SEVENTH LEGISLATURE REGULAR SESSION OF 2013  
COMMITTEE ON COMMERCE AND CONSUMER PROTECTION: Rep. Angus L.K. McKelvey,  
Chair, and Rep Derek S.K. Kawakami, Vice Chair**

**Hearing Date: Wednesday, March 27, 2013 at 4:00 pm  
Hearing Place: Conference Room 325, 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 HCR 161/HCR 129 – REQUESTING THE DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS TO CONVENE A WORKING GROUP TO PROPOSE REGULATIONS AND LICENSING REQUIREMENTS FOR HEALTH EDUCATORS. My comments today come from the National Commission for Health Education Credentialing, Inc. (NCHEC) in support of Hawaii Legislation HCR 161/HCR 129 which call for a working group to propose regulations and licensing requirements of health educators.

The mission of NCHEC is to enhance the professional practice of Health Education by promoting and sustaining a credentialed body of entry-level Certified Health Education Specialist (CHES) and advanced-level 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:

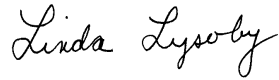
- I. Assess Needs, Assets and Capacity for Health Education
- II. Plan Health Education
- III. Implement Health Education
- IV. Conduct Evaluation and Research Related to Health Education
- V. Administer and Manage Health Education
- VI. Serve as a Health Education Resource Person
- VII. Communicate 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-level 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 Hawaii legislature to convene a working group to propose regulations and licensing requirements for 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

Definitions:

**CERTIFIED HEALTH EDUCATION SPECIALIST (CHES)**

An individual who has met required academic preparation qualifications, successfully passed a competency-based examination administered by the National Commission for Health Education Credentialing, Inc., and who satisfies the continuing education requirement to maintain the national credential.

National Commission on Health Education Credentialing, Inc.

Link: <http://www.nchec.org/>

**MASTER CERTIFIED HEALTH EDUCATION SPECIALIST (MCHES)**

An advanced-level practitioner who has met required academic qualifications, worked in the field for a minimum of five years, has successfully passed a competency-based assessment administered by the National Commission for Health Education Credentialing, Inc., and who satisfies the continuing education requirement to maintain the national credential.

National Commission on Health Education Credentialing, Inc.

Link: <http://www.nchec.org/>

**HEALTH EDUCATION**

Any combination of planned learning experiences using evidence based practices and/or sound theories that provide the opportunity to acquire knowledge, attitudes, and skills

needed to adopt and maintain healthy behaviors.

#### HEALTH EDUCATION SPECIALIST

An individual who has met, at a minimum, baccalaureate-level required health education academic preparation qualifications, who serves in a variety of settings, and is able to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to the health of individuals, groups, and communities.

#### HEALTH EDUCATOR

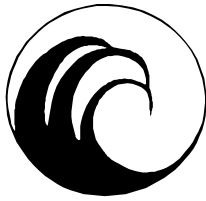
The U.S. Department of Labor Bureau of Labor Statistics (BLS) defines health educators (SOC 21-1091.00) as those who provide and manage health education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. May serve as resource to assist individuals, other health professionals, or the community, and may administer fiscal resources for health education programs.

(The public does not recognize the term health educator, however, there has been movement in the health education profession to use the term “specialist” over “educator” to delineate that “specialist” are specializing in health education practice).

#### References:

Joint Committee on Health Education and Promotion Terminology. (2012). Report of the 2011 joint committee on health education and promotion terminology. *American Journal of Health Education*, 43(2).

U.S. Bureau of Labor Statistics. Division of Occupational Employment Statistics (2012). <http://www.bls.gov/oes/current/oes211091.htm>



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*Coalition of National Health Education Organizations*

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March 22, 2013

Hawaii State Legislature  
Senate Committee of Health  
Senate Committee on Education  
Senate Committee on Commerce and Consumer Protection

**Re: SCR 183 - REQUESTING THE DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS  
CONVENE A LICENSING DIRECTOR OF COMMERCE AND WORKING GROUP TO PROPOSE  
CONSUMER AFFAIRS TO REGULATIONS AND REQUIREMENTS FOR HEALTH EDUCATORS**

The Coalition of National Health Education Organizations (CNHEO) is writing in support of Hawaii Legislation SCR 183 which calls for a working group to propose regulations and licensing requirements of community and public health educators. The CNHEO, originally formed in 1972, is a federation of eight national organizations (American Association of Health Education, American Public Health Association's Public Health Education and Health Promotion and School Health Education and Services Sections, American School Health Association, Directors of Health Promotion and Education, Eta Sigma Gamma – National Health Education Honorary, Society of Public Health Education) representing over 20,000 professional health educators who practice in a variety of work settings. The CNHEO works to facilitate national level communication, collaboration and coordination among the member organizations; provide a forum for the identification and discussion of health education issues; formulate recommendations and take appropriate action on issues affecting member interests; serve as a communication and advisory resource for agencies, organizations and persons in the public and private sectors on health education issues; and, serve as a focus for the exploration and resolution of issues pertinent to professional health educators.

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 year's productive life lost 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% from 2010 to 2020, which is much faster than the average growth rate 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.

Professional preparation programs in colleges and universities throughout the U.S. train health educators at the baccalaureate, master's and doctoral levels to design, implement and evaluate health education programs and initiatives in the school, community, worksite and health care settings. 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 (<http://www.nchec.org/credentialing/responsibilities/>), 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.

The role of health educators in efforts to reform healthcare practice is clear and obvious. With the enactment of the Patient Protection and Affordable Care Act (ACA) 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. Additionally, we must ensure that patients, families and consumers are not harmed or put at risk by misinformation or advice on disease prevention or treatment.

The CNHEO enthusiastically supports efforts by the Hawaii House and Senate to clarify and understand the roles of health educators in helping mitigate and prevent the effects of morbidity and mortality. Thank you for consideration of these comments in support of HB 1098 & SCR 183. Please contact Mark A. Temple, PhD, FASHA at [marktemple@ilstu.edu](mailto:marktemple@ilstu.edu) or 309-438-2324 with any questions.





March 25, 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 testifying as a private individual to lend my support to *HCR 161 /HR 129 Requesting The Director Of Commerce And Consumer Affairs To Convene A Working Group To Propose Regulations And Licensing Requirements For Health Educators*. Among the organizations listed in the working group is Hawaii Pacific University.

I hope my unique background and knowledge of the credentialing movement in the health education profession will help support the passage of HCR 161/HR 129. 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.

### **Background**

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.



### **Substandard Care**

Substandard care is a main issue when considering regulation. 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. Even in Hawaii, these practices go unchecked with health promotion programming in childhood obesity, diabetes, substance abuse, unintentional injuries, domestic violence, and so on. Substandard care has had less of an impact in hospitals and medical centers with the use of registered nurses (RN) conducting patient education and staff development, although nurses do not always have professional preparation in clinical health education curriculum development and pedagogy. Nurses professionally prepared in nursing education at the master's and doctoral levels have credentials for program planning and evaluation of patient education and staff development programs.

Another large area of practice that is of concern is school health. Who teaches our keiki about health in public schools? Shouldn't health education start in childhood? There are no Comprehensive School Health Coordinators in any of the public schools, even though this is a national standard that should be followed by all states. There is no professional preparation of teacher credentialing students in health education. The State of California, for example, requires elementary school teacher credentialing students to take one course in health. This course provides them with scientifically based health information. In Hawaii, there are no requirements for teachers to have the same level of training.

### **The Unregulated Profession and Harm**

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.

At Hawaii Pacific University, health education and health promotion graduates will be fully trained to participate in disaster preparedness in the Hawaii Department of Health Medical Reserve Corps. Along with this training, graduates will have all of the clinical skills necessary for secondary level health screening of community residents. The term *screening* includes hands-on biometric measurements, vision and hearing screening, and the drawing of blood for diabetes and high cholesterol. Primary, secondary, and tertiary levels of care are all within the domain of health education professional practice. Can there be harm in an unregulated profession at the



secondary and tertiary level of care? Yes. These types of screenings are also done by regulated professions in Hawaii. Why would health education be any different?

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 Hawaii State House of Representatives to pass HCR 161 / HR 129.

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

Yours truly,

A handwritten signature in black ink that reads 'Mark Tomita'. The signature is written in a cursive, slightly slanted style.

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