What is a CHES?

A Certified Health Education Specialist (CHES) is a person who has passed the C.H.E.S. national certification exam. Graduates of our program are eligible to take the exam, which focuses upon the Seven Areas of Responsibility listed below. Details about the Seven Areas of Responsibility are integrated into all of the MPH course work at CSUN. More specific information about the CHES exam is provided when students take one of two culminating experience courses, either H Sci 697 (Directed Comprehensive Studies) or H Sci 698 (Thesis/Graduate Project).

Seven Areas of Responsibility of a Health Education Specialist include:
- Assessing individual and community needs for health education.
- Planning effective health education programs.
- Implementing health education programs
- Evaluating effectiveness of health education programs
- Coordinating provision for health education services
- Acting as a resource person in health education.
- Communicating health and health education needs, concerns and resources

RESPONSIBILITY 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

**RESPONSIBILITY II**
Plan Health Education Strategies, Interventions, and Programs

**Competency A**
Involves 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

RESPONSIBILITY 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.*
RESPONSIBILITY 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.
RESPONSIBILITY 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

RESPONSIBILITY 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

RESPONSIBILITY 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 care providers' messages to consumers
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Subtotal = Possible coverage of each competency based upon the number of sub-competencies times the number of course titles (for example, given 10 courses, the greatest coverage possible of Area I, Competency A, would be 40).
Directions for Use of the Analysis Matrix

When all of the area matrices have been completed, the eighth matrix, the horizontal analysis matrix, is used as an organizing and summarizing tool. The horizontal analysis matrix is designed to facilitate organization of the combined data obtained by means of the seven area matrices. The same courses that appeared on the area matrices are listed along the vertical axis. The data recorded on the seven area matrices should be transferred by the department chair or designate.

Notice that for each area of responsibility, the competencies are indicated by letters (A, B, C, etc.) across the horizontal axis. Below each letter the total number of supportive sub-competencies is indicated in parentheses as 4, 3, 2, and so on.

In each completed area matrix, and for every course listed, enter the number of sub-competencies given a rating of 2 and the number of those given a rating of 1 in the appropriate box (see figure 2).

As an example, suppose that of four sub-competencies specified as essential to the achievement of Competency A, area of responsibility I, at the entry level, the instructor of a course has reported that two sub-competencies receive major emphasis and the other two are given at least some emphasis. The number given major emphasis (in this case 2) is entered in the top portion of the box, and the number given minor emphasis (which is also 2) is entered in the lower portion, so that it looks like a fraction (2/2). As another example, for Competency B, which has four sub-competencies, none are reported as being given major emphasis, but four are receiving some emphasis. These data would be recorded as 0 (zeros) and need not be indicated or counted as they contribute nothing to the total scores.

When all of the data have been entered for all of the courses and for all seven areas of responsibility, total and enter in the column at the right the number of sub-competencies reported as receiving major and minor emphasis with reference to each course. Next, total each column vertically. The resulting figure represents the coverage of that competency as the outcome of the entire program. In adding these columns, include both figures of the “fraction,” so that 2/2 adds 4 to the total, whereas 2/0 would add only 2 to the total.