

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 for 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

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

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

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.

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

**Entry-Level
Analysis Sheet: Areas of Responsibility**

Course Title	Area I					Area II					Area III			Area IV					Area V		Area VI				Area VII				Total Comp By Course	
	Competencies																													
	A	B	C	E	F	A	B	C	D	F	G	A	B	C	A	B	C	D	E	A	C	A	B	C	D	A	B	C		D
	Sub-competencies																													
4	4	2	2	1	4	4	1	2	2	2	4	2	5	2	2	2	4	4	3	1	5	2	3	5	1	7	1	1		
HDCF 319 Helping Rel.	0/0	1/0	1/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	1/0	0/0	4/1	0/0	0/0	0/0	0/0	0/0	1/0	0/0	0/0	0/0	0/0	0/3	0/0	2/1	0/0	0/0	15
HDCF 371 Research	1/0	0/1	1/0	1/0	1/0	1/0	0/1	0/1	0/1	0/1	0/1	0/1	0/1	1/0	1/0	1/0	1/0	1/0	1/0	0/1	0/0	0/0	0/0	0/1	0/0	0/1	0/0	0/0	0/0	36
HDCF 425 Public Policy	0/0	0/0	0/0	0/1	0/0	0/1	0/1	0/0	0/0	0/0	0/1	0/0	0/0	0/2	0/2	0/0	0/0	0/0	0/4	0/0	0/0	0/1	0/0	0/0	0/0	0/1	0/0	0/1	0/1	16
HDCF 464 Diversity	0/0	0/0	0/2	0/0	0/0	0/2	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0/2	0/0	0/0	0/0	0/0	0/0	0/2	0/0	0/0	0/0	0/1	0/0	1/0	0/2	0/0	0/0	14
HDCF 472 Prog Eval	1/2	2/1	0/2	0/0	1/0	0/3	1/1	0/0	0/0	0/0	0/2	1/2	0/0	1/3	2/0	2/0	2/0	3/1	3/1	0/0	0/0	1/1	0/0	0/0	0/1	0/1	0/5	0/0	0/0	67
HDHL 410 Stress	0/1	0/1	1/1	0/0	0/0	0/0	0/1	0/0	0/1	0/0	0/1	0/1	0/0	3/1	2/0	0/2	2/0	2/2	0/3	0/1	0/0	0/0	0/1	0/2	0/0	0/0	0/1	0/0	0/0	40
HDHL 440 Epidemiology	3/1	0/0	0/2	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	2/0	0/0	0/0	0/1	0/0	0/0	0/0	3/1	1/1	0/1	0/0	0/0	0/1	0/0	0/0	26
HDHL 445 Prog Plan	4/0	3/1	2/0	2/0	1/0	0/2	1/2	1/0	0/2	0/0	0/2	0/3	0/2	0/4	2/0	0/2	0/2	0/4	0/3	0/0	0/0	3/1	1/1	0/1	0/1	0/0	0/4	0/0	0/1	78
HDHL 451 Hlth&Healing	0/0	0/1	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/1	0/0	1/1	0/0	0/0	0/0	0/0	0/0	0/0	0/4	0/1	0/0	0/0	0/0	0/1	0/0	0/0	12
HDPE 415 Mgmt Hlth Fit	0/0	0/1	0/2	0/1	0/1	0/2	0/3	0/1	0/2	0/1	0/2	0/1	0/2	1/4	0/2	0/0	0/0	0/1	0/1	3/0	0/0	0/2	0/1	0/1	1/1	0/1	1/3	0/1	0/0	49
HDPE 425 Health Psych	0/2	1/3	2/0	0/0	0/1	0/2	1/1	0/1	0/0	1/0	1/1	2/2	1/1	4/1	2/0	0/2	2/0	3/1	2/0	0/3	0/0	0/2	0/0	0/1	0/1	0/1	0/4	0/0	1/0	76
SubTotal	15	16	17	5	5	13	13	4	6	4	11	14	8	32	17	9	9	19	18	11	0	19	7	8	8	6	25	2	3	
Proposed New Courses																														

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.