

# Continuing-Education Needs of the Currently Employed Public Health Education Workforce

John P. Allegrante, PhD, Robert W. Moon, MPH, M. Elaine Auld, MPH, CHES, and Kristine M. Gebbie, DrPH, RN

Health education has been identified by the Public Health Faculty/Agency Forum<sup>1</sup> and by the Public Health Functions Steering Committee<sup>2</sup> as one of the essential public health services. Healthy People 2010 includes at least 75 objectives and subobjectives related to health education.<sup>3</sup> Moreover, the landmark fourth report of the Pew Health Professions Commission listed 21 competencies needed by all health professionals to address the changing health care environment, 7 of which are directly relevant to health education.<sup>4</sup> These and other reports<sup>5–8</sup> have thus underscored the critical role that the public health education workforce plays in improving public health.

Although some of these reports alluded to the changing context in which public health educators now practice, only one<sup>9</sup> addressed the need to strengthen graduate professional preparation in response to 21st-century needs. Little attention has been focused on how fundamental changes in public health practice are influencing the competency requirements and continuing-education needs of the currently employed public health education workforce. One report<sup>10</sup> suggested that the current public health workforce—including public health educators—is not prepared to meet the practice challenges of the new century.

This report describes the findings of a consensus panel that was convened specifically to identify the competencies and skills that the currently employed public health education workforce will need for effective practice.

## METHODS

This study was part of a larger project whose aim was to identify what currently employed public health professionals need to know to function effectively and ensure quality practice in the context of rapid social change.<sup>11,12</sup> Panels consisting of between 15

**Objectives.** This study examined the continuing-education needs of the currently employed public health education workforce.

**Methods.** A national consensus panel of leading health educators from public health agencies, academic institutions, and professional organizations was convened to examine the forces creating the context for the work of public health educators and the competencies they need to practice effectively.

**Results.** Advocacy; business management and finance; communication; community health planning and development, coalition building, and leadership; computing and technology; cultural competency; evaluation; and strategic planning were identified as areas of critical competence.

**Conclusions.** Continuing education must strengthen a broad range of critical competencies and skills if we are to ensure the further development and effectiveness of the public health education workforce. (*Am J Public Health.* 2001;91:1230–1234)

and 25 leading professionals from each of 5 core public health disciplines—administrators, health educators, nurses, physicians, and sanitarians—were convened in separate 2-day meetings to examine the key issues, training needs, and action steps for further workforce development and quality assurance in each of the public health disciplines. These key informants were broadly representative of their public health disciplines in terms of experience, levels of responsibility, and professional affiliation.

Among the questions that each of these 5 disciplines was asked to answer was “What are the skills that currently employed personnel need that they do not have?” A national panel of 25 leading public health education professionals, including 19 public health educators from the staffs of local, state, and federal health agencies, 3 faculty members representing academic professional preparation programs, 2 association directors representing key professional organizations, and the convener (a specialist in public health nursing), was convened to answer this and other questions. (A complete listing of the names and affiliations of panel members, as well as additional details of the 2-day meeting, can be found in a report<sup>13</sup> available from the Center for Health Policy, Columbia University School of Nursing.)

Panel participants were selected from persons nominated by the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPE), the Centers for Disease Control and Prevention, and the Society for Public Health Education. Participants were representative of both large and small agencies from widely dispersed geographic areas throughout the United States and were diverse in their professional preparation and expertise. Most had extensive practice and managerial experience in training and workforce development.

## RESULTS

Table 1 shows a comparison of competency areas and related skills for health educators. The competencies that have been identified by the National Commission for Health Education Credentialing (NCHEC) for health educators at the entry level<sup>14</sup> are shown in part A, and those for the advanced level<sup>15</sup> are shown in part B. Part C of the table shows what the panel identified as areas of competency that need to be developed or strengthened among currently employed public health educators,<sup>13</sup> and part D shows the core competencies that all public health professionals should possess for effective practice.<sup>11</sup>

**TABLE 1—Comparison of Competency Areas and Related Skills for Health Educators****Part A: Entry-Level Competencies for Health Educators<sup>14</sup>**

1. Assessing individual and community needs for health education
  - Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests
  - Distinguish between behaviors that foster and those that hinder well-being
  - Infer needs for health education on the basis of obtained data
  - Determine factors that influence learning and development (graduate level)
2. Planning effective health education programs
  - Recruit community organizations, resource people, and potential participants for support and assistance in program planning
  - Develop a logical scope and sequence plan for a health education program
  - Formulate appropriate and measurable program objectives
  - Design education program consistent with specified program objectives
  - Develop health education programs using social marketing principles (graduate level)
3. Implementing health education programs
  - Exhibit competency in carrying out planned programs
  - Infer enabling objectives as needed to implement instructional program in specified settings
  - Select methods and media best suited to implement program plans for specific learners
  - Monitor educational programs and adjust objectives and activities as necessary
4. Evaluating effectiveness of health education programs
  - Develop plans to assess achievement of program objectives
  - Carry out evaluation plans
  - Interpret results of program evaluation
  - Infer implications from findings for future program planning
5. Coordinating provision of health education services
  - Develop a plan for coordinating health education services
  - Facilitate cooperation between and among levels of program personnel
  - Formulate practical modes of collaboration among health agencies and organizations
  - Organize in-service training for teachers, volunteers, and other interested personnel
6. Acting as a resource person in health education
  - Use computerized health information retrieval system effectively
  - Establish effective consultative relationships with those requesting assistance in solving health-related problems
  - Interpret and respond to requests for health information
  - Select effective educational resource materials for dissemination
7. Communicating health and health education needs, concerns, and resources
  - Interpret concepts, purposes, and theories of health education
  - Predict the impact of societal value systems on health education programs
  - Select a variety of communication methods and techniques in providing health information
  - Foster communication between health care providers and consumers

**Part B: Graduate-Level Competencies for Health Educators<sup>15</sup>**

8. Applying appropriate research principles and methods in health education
  - Conduct thorough reviews of the literature
  - Use appropriate qualitative and quantitative research methods
  - Apply research to health education practice
9. Administering health education programs
  - Develop and manage fiscal resources
  - Develop and manage human resources
  - Exercise organizational leadership
  - Obtain acceptance and support for programs

*Continued*

As can be seen, the panel identified 8 broad areas of competency that are most needed among currently employed public health educators. They include advocacy; business management and finance; communication; community health planning and development, coalition building, and leadership; computing and technology; cultural competency; evaluation; and strategic planning. The corresponding specific skills within each area of competency are also shown. For example, the competency area of advocacy requires communication skills to work with political officials at various levels of government, ability to integrate multidisciplinary understandings, and knowledge of legal boundaries and ramifications, among others.

As shown in the table, several competencies identified as critical for currently employed public health educators are consistent with, and overlap with, the graduate-level areas of responsibility designated by NCHEC. In addition, several of the competencies for public health educators (e.g., advocacy, coalition building, communication, and strategic thinking) correspond to several of the 9 core competencies that have been proposed as a basis for continuing education for all of those in the currently employed public health workforce.

**DISCUSSION**

In the last 2 decades, significant progress has been made in identifying the areas of responsibility and the competencies of health educators for entry-level and graduate-level professional preparation. Entry-level responsibilities and competencies constitute the basis for the Certified Health Education Specialist (CHES), a certification started in 1989 and now held by over 6000 credentialed health educators. A recent survey showed that more than 90% of professional preparation programs in health education use the entry-level competencies as a basis for their curriculums.<sup>16</sup>

The Joint Committee for Graduate Standards recommended competencies that all advanced-level health educators should possess upon completion of their graduate professional preparation.<sup>17</sup> These competencies have been embraced by NCHEC, the Council

TABLE 1—Continued

10. Advancing the profession of health education
Provide a critical analysis of current and future needs in health education
Assume responsibility for advancing the profession
Apply ethical principles as they relate to the practice of health education
<b>Part C: Continuing Education Competencies for the Currently Employed Public Health Education Workforce<sup>13</sup></b>
1. Advocacy
Communication skills to work with political officials at various levels of government
Integrating multidisciplinary understandings
Knowledge of legal boundaries and ramifications
Leadership in the legislative process
Political analysis and acuity and organizational politics
Public policy development and environmental change
Strategies to influence key decision makers
2. Business management and finance
Budgeting
Fiscal management
Grant writing
Resource development
3. Communication
Media advocacy
Media relations
Social marketing
4. Community health planning and development, coalition building, and leadership
Capacity-building skills
Community-change strategies and coalition building
Community organizing
Consultation
Ecologic approaches and multiple strategies at multiple levels
Organizing natural helpers and community-based lay extenders
Skills to support local health planning bodies, facilitation, and decision making
5. Computing and technology
Computing literacy
Distance learning
Electronic communications and access to the World Wide Web
6. Cultural competency
Adapting public health education practice to the needs of diverse populations
Developing bilingual capacity
Understanding the implications for public health of growing racial, ethnic, and linguistic diversity and the need for inclusivity
7. Evaluation
Assessing and using evidence-based data and other information in designing programs
Using quantitative and qualitative methods
Defining success and outcomes of health education practice
Developing methods that evaluate complex social factors that indicate shifts in health status
8. Strategic planning
Community health assessment
Environmental forecasting and assessing community readiness and trends
Incorporating social change and social justice into the public health system
Intersectoral skills
Systems analysis
Team-building skills
Translating theory into practice

Continued

on Education for Public Health, and the professional associations. Seven areas of professional responsibility now comprise core generic competencies that are required of entry-level certified health education specialists in any practice setting, including the community, medical care, school, workplace, and college or university settings. In addition, new competencies were recently added to the existing areas of responsibility, as well as 3 new graduate-level responsibilities (i.e., applying appropriate research principles and methods in health education, administering health education programs, and advancing the profession of health education).<sup>15</sup>

Notwithstanding these efforts to build a competency base and what is now a widely recognized framework for the professional preparation of health educators, until now there was no effort to specify the areas of competency that should guide continuing education for the currently employed public health education workforce. According to the panel, the continuing-education needs of the currently employed public health educator differ from the needs of those preparing for entry-level practice, and they have grown in response to a changing society and a changing health care system. Daunting economic, political, and social forces have converged to produce the challenges that now face the public health educator, whose initial professional preparation may have omitted critical understandings. Moreover, like those in other public health disciplines, many in public health education practice have never received formal preparation in the areas of competency that are now required to function effectively in the new public health environment. Thus, the challenges facing public health educators are not unlike those facing others in the public health workforce.

It is in this context that the panel identified several areas of competency and skills that require strengthening if the currently employed public health education workforce is to be capable of using a rapidly growing evidence base for effective practice. The competency and skill areas identified by the panel are consistent with and build on the basic entry-level skills that have been identified by NCHCEC.<sup>14</sup> In addition, these skill areas extend those newly defined and expanded areas of respon-

TABLE 1—Continued

Part D: Core Competencies for the Current Public Health Workforce<sup>11</sup>

1. Public health values and acculturation: provide a basic understanding of public health, its history, its heroes, its value, and its methods
2. Epidemiology, quality assurance, and economics: provide basic skills in evaluative science and concepts, and their application to public health
3. Informatics: provides a basic understanding of how to use technology to communicate information effectively
4. Communication: provides a basic understanding of the principles of effective communication and the importance of communication in educating, marketing, and multidisciplinary collaboration necessary in public health practice
5. Cultural competency: provides a basic understanding of the importance of cultural competency in public health practice
6. Team building and organization effectiveness: provide a basic understanding of teamwork, the principles associated with effective organization, and the value these have in public health practice
7. Strategic thinking and planning/visioning: provide a basic understanding of the tools and value of strategic thinking and visioning to the practice of public health
8. Advocacy, politics, and policy development: provide a basic understanding of how public health policy is developed and changed, including understanding who makes policy, how it is made, what it is based on, and how it is implemented
9. External coalition building and mobilization: provide the skills needed for developing and sustaining needed community relationships

Note. Graduate-level health education professionals are expected to be competent in each of the 7 areas of responsibility for entry-level professionals.

sibility and competencies that have been recently described for advanced practice.<sup>15</sup> They also correspond to the role and core functions of directors of health promotion and health education that have been developed by ASTDHPPHE,<sup>18</sup> as well as the standards of practice that a number of state public health authorities have established.<sup>19–22</sup>

This study has documented the findings of an expert consensus panel that identified 8 areas of competency and skill that need to be strengthened through systematic continuing education if the currently employed public health education workforce is to meet the challenges ahead and contribute to the national effort to achieve the goals and objectives of Healthy People 2010. The conclusions of the health education panel are similar to those reported by panels of public health nurses<sup>23</sup> and public health administrators<sup>24</sup> that considered the same questions, and reinforce the need for at least some of the continuing education for all public health professionals to be interdisciplinary rather than discipline specific. Development and implementation of new continuing-education efforts that incorporate the competencies now believed to be critical to effective public health practice will require cooperation on

the part of a broad range of groups with a stake in the quality of the practicing workforce, including the professional associations, university professional preparation programs, government, and foundations. ■

## About the Authors

John P. Allegrante is with the National Center for Health Education, Teachers College, and Division of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY. At the time of the study, Robert W. Moon was with the Montana Department of Public Health and Human Services, Helena. M. Elaine Auld is with the Society for Public Health Education, Washington, DC. Kristine M. Gebbie is with the Center for Health Policy, Columbia University School of Nursing, New York, NY.

Requests for reprints should be sent to John P. Allegrante, PhD, National Center for Health Education, Teachers College, Columbia University, 525 W 120th St, New York, NY 10027 (e-mail: jpa1@columbia.edu).

This article was accepted October 6, 2000.

## Contributors

J.P. Allegrante cochaired the Public Health Education Atlanta Meeting, the national consensus panel that came up with the guidelines presented in this report, and wrote the manuscript. R.W. Moon cochaired the Public Health Education Atlanta Meeting and contributed to the writing of the manuscript. M.E. Auld contributed to the writing of the manuscript. K.M. Gebbie was the principal investigator for the project with regard to preparing currently employed public health professionals for changes in the health system, planned the Public Health Education Atlanta Meeting, and contributed to the writing of the manuscript.

## Acknowledgments

The Robert Wood Johnson Foundation supported the work on which this report is based.

We are indebted to the panel members of the Atlanta meeting for their advice, and we thank Ray Marks of Teachers College, Columbia University, for her help in preparing the manuscript.

## References

1. Sorenson AA, Bialek RG. *The Public Health Faculty/Agency Forum. Linking Graduate Education and Practice—Final Report*. Gainesville: University Press of Florida; 1993.
2. Public Health Functions Steering Committee. *Public Health in America: Vision, Mission, and Essential Services*. Washington, DC: US Dept of Health and Human Services; 1998.
3. *Healthy People 2010*. Washington, DC: US Dept of Health and Human Services; 2000.
4. O'Neil EH, Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century*. San Francisco, Calif: Pew Health Professions Commission; December 1998.
5. Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academy Press; 1988.
6. *The Health Education Profession in the Twenty-First Century: Setting the Stage. Conference Proceedings, June 16–17, 1995, Atlanta, Ga*. Allentown, Pa: National Commission for Health Education Credentialing; 1995.
7. Gielen AC, McDonald EM, Auld ME. *Health Education in the 21st Century: A White Paper*. Rockville, Md: US Dept of Health and Human Services, Health Resources Administration; 1997.
8. Merrill RB, Chen DW, Auld ME, et al. The future health education workforce. *J Health Educ*. 1998; 29(suppl):S59–S64.
9. Auld ME, Gielen AC, McDonald EM. Strengthening graduate professional preparation in health education for the 21st century. *Health Educ Behav*. 1998;25: 413–417.
10. *The Public Health Workforce: An Agenda for the 21st Century*. Washington, DC: US Dept of Health and Human Services; 1997.
11. Gebbie KM, Hwang I. *Preparing Currently Employed Public Health Professionals for Changes in the Health System*. New York, NY: Columbia University School of Nursing; 1998.
12. Gebbie KM. The public health workforce: key to public health infrastructure. *Am J Public Health*. 1999; 89:660–661.
13. Allegrante JP, Moon R, Auld ME, Gebbie KM. *Preparing Currently Employed Public Health Educators for Changes in the Health System*. New York, NY: Columbia University School of Nursing; 1998.
14. *A Competency Framework for Professional Development of Certified Health Education Specialists*. New York, NY: National Commission for Health Education Credentialing; 1996.
15. *A Competency-Based Framework for Graduate-Level Health Educators*. Allentown, Pa: National Commission for Health Education Credentialing; 1999.
16. Schwartz L, O'Rourke TW, Eddy JM, Auld E, Smith B. Use and impact of the competencies for entry-

level health educators on professional preparation programs. *J Health Educ.* 1999;30:209–214.

17. *Standards for the Preparation of Graduate-Level Health Educators.* Washington, DC: Society for Public Health Education and American Association for Health Education; 1997.

18. *Roles and Functions of Health Promotion and Health Education Units in State Health Departments.* Washington, DC: Association of State and Territorial Directors of Health Promotion and Public Health Education; 1995.

19. *Standards of Practice for Public Health Education in California Local Health Departments.* Sacramento: California Dept of Health; 1991.

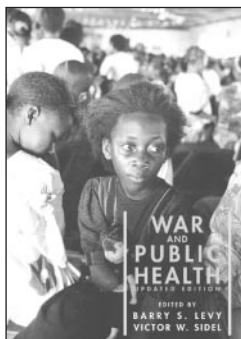
20. *Colorado Department of Health and Environment Health Education Standards: Guidelines for Practice in Colorado.* Denver: Standards Task Force, Colorado Dept of Health and Environment; 1994.

21. *Health Education Standards of Practice.* Raleigh: Office of Health Education and Communication, North Carolina Dept of Environmental Health and Natural Resources; 1993.

22. *Quality in Health Education: Texas Department of Health Standards of Practice for Health Promotion and a Long Range Action Plan.* Austin: Texas Dept of Health; 1996.

23. Gebbie KM, Hwang I. Preparing currently employed public health nurses for changes in the health system. *Am J Public Health.* 2000;90:716–721.

24. Boedigheimer SF, Gebbie KM. Currently employed public health administrators: are they prepared? *J Public Health Manage Pract.* 2001;7:30–36.



ISBN 0-87553-023-0  
2000 ■ 417 pages ■ softcover  
\$17.00 APHA Members  
\$23.50 Nonmembers  
*plus shipping and handling*

## War and Public Health

by Barry S. Levy and Victor W. Sidel

### Updated edition with all-new epilogue

In this softcover edition, contributors demonstrate the devastating effects of war. They discuss nuclear weapons, biological and chemical weapons, conventional arms and services, the United Nations, and the enormous costs involved in depriving warring nations from focusing on the health and welfare of their citizens.

This book should be on the reading list of not only health professionals but of all those who are interested in international studies, diplomacy or the military.



#### American Public Health Association

##### Publication Sales

**Web:** [www.apha.org](http://www.apha.org)

**E-mail:** [APHA@TASCO1.com](mailto:APHA@TASCO1.com)

**Tel:** (301) 893-1894

**FAX:** (301) 843-0159

WR01J7