CHE Competencies

Starting in the early 1990s, three national professional organizations – the Society for Public Health Education, the American Association for Health Education, and the American Alliance for Health, Physical Education, Recreation and Dance – created a joint task force charged with identifying and defining the core competencies that characterize the common cross-cutting skills and abilities of community health educators. The result of their work is the set of skills and competencies listed below that every health educator with a Master’s degree is expected to have.

Resposibility I – Assessing Individual and Community Needs for Health Education

Competency A: Obtain health related data about social and cultural environments, growth and development factors, needs, and interests.

Sub-competency:
1. Select valid sources of information about health needs and interests.
2. Utilize computerized sources of health-related information.
3. Employ or develop appropriate data-gathering instruments.
4. Apply survey techniques to acquire health data.
5. Conduct health-related needs assessment in communities.

Competency B: Distinguish between behaviors that foster and those that hinder well-being.

Sub-competency:
1. Investigate physical, social, emotional, and intellectual factors influencing health behavior.
2. Identify behaviors that tend to promote or compromise health.
3. Recognize the role of learning and affective experiences in shaping patterns of health behavior.
4. Analyze social, cultural, economic, and political factors that influence health.

Competency C: Infer needs for health education on the basis of obtained data.

Sub-competency:
1. Analyze needs assessment data.
2. Determine priority areas of need for health education.

Competency D: Determine factors that influence learning and development.

Sub-competency:
1. Assess individual learning styles.
2. Assess individual literacy.
3. Assess the learning environment.
Responsibility II – Planning Effective Health Education Programs

Competency A: Recruit community organizations, resource people, and potential participants for support assistance in program planning.

Sub-competency:
1. Communicate need for the program to those who will be involved.
2. Obtain commitments from personnel and decision makers who will be involved in the program.
3. Seek ideas and options of those who will affect or be affected by the program.
4. Incorporate feasible ideas and recommendations into the planning process.
5. Apply principles of community organization in planning programs.

Competency B: Develop a logical scope and sequence plan for a health education program.

Sub-competency:
1. Determine the range of health information requisite to a given program of instruction.
2. Organize the subject areas comprising the scope of a program in logical sequence.
3. Review philosophical and theory-based foundations in planning health education programs.
4. Analyze the process for integrating health education as part of a broader health care or education program.
5. Develop a theory-based framework for health education programs.

Competency C: Formulate appropriate and measurable program objectives.

Sub-competency:
1. Infer educational objectives facilitative of achievement of specified competencies.
2. Develop a framework of broadly-stated, operational objectives relevant to a proposed health education program.

Competency D: Design educational programs consistent with specified program objectives.

Sub-competency:
1. Match proposed learning activities with those implicit in the stated objectives.
2. Formulate a wide variety of alternative educational methods.
3. Select strategies best suited to implementation of educational objectives in a given setting.
4. Plan a sequence of learning opportunities building upon and reinforcing mastery of preceding objectives.
5. Select appropriate theory-based strategies in health program planning.
6. Plan training and instructional programs for health professionals.
Competency E: Develop health education programs using social marketing principles.

Sub-competency:
1. Identify populations for health education programs.
2. Involve participants in planning health education programs.
3. Design a marketing plan to promote health education.

Responsibility III – Implementing Health Education Programs

Competency A: Exhibit competency in carrying out planned educational programs.

Sub-competency:
1. Employ a wide range of educational methods and techniques.
2. Apply individual or group process methods as appropriate to given learning situations.
3. Utilize instructional equipment and other instructional media effectively.
4. Select methods that best facilitate practice of program objectives.
5. Assess, select, and apply technologies that will contribute to program objectives.
6. Develop, demonstrate, and model implementation strategies.
7. Deliver educational programs for health professionals.
8. Use community organization principles to guide and facilitate community development.

Competency B: Infer enabling objectives as needed to implement instructional programs in specified settings.

Sub-competency:
1. Pretest learners to ascertain present abilities and knowledge relative to proposed program objectives.
2. Develop subordinate measurable objectives as needed for instruction.

Competency C: Select methods and media best suited to implementing program plans for specific learners.

Sub-competency:
1. Analyze learner characteristics, legal aspects, feasibility, and other considerations influencing choices among other methods.
2. Evaluate the efficacy of alternative methods and techniques capable of facilitating program objectives.
3. Determine the availability of information, personnel, time, and equipment needed to implement the program for a given audience.
4. Critically analyze technologies, methods, and media for their acceptability to diverse groups.
5. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery.
Competency D: Monitor educational programs and adjust objectives and activities as necessary.

Sub-competency:
1. Compare actual program activities with the stated objectives.
2. Assess the relevance of existing program objectives to current needs.
3. Revise program activities and objectives as necessitated by changes in learner needs.
4. Appraise applicability to resources and materials relative to given educational objectives.

Responsibility IV – Evaluating Effectiveness of Health Education Programs

Competency A: Develop plans to assess achievement of program objectives.

Sub-competency:
1. Determine standards of performance to be applied as criteria of effectiveness.
2. Establish a realistic scope of evaluation efforts.
3. Develop an inventory of existing valid and reliable tests and survey instruments.
4. Select appropriate methods for evaluating program effectiveness.
5. Identify existing sources of health related databases.
6. Evaluate existing data gathering instruments and processes.
7. Select appropriate qualitative and/or quantitative evaluation design.
8. Develop valid and reliable evaluation instruments.

Competency B: Carry out evaluation plans.

Sub-competency:
1. Facilitate administration of the tests and activities specified in the plan.
2. Utilize data collecting methods appropriate to the objectives.
3. Analyze resulting evaluation data.
4. Implement appropriate qualitative and quantitative evaluation techniques.
5. Apply evaluation technology as appropriate.

Competency C: Interpret results of program evaluation.

Sub-competency:
1. Apply criteria of effectiveness to obtained results of a program.
2. Translate evaluation results into terms easily understood by others.
3. Report effectiveness of educational programs in achieving proposed objectives.
4. Implement strategies to analyze data from evaluation assessments.
5. Compare evaluation results from other findings.
6. Make recommendations from evaluation results.
Competency D: Infer implications from findings for future program planning.

Sub-competency:
1. Explore possible explanations for important evaluation findings.
2. Recommend strategies for implementing results of evaluation.
3. Apply findings to refine and maintain programs.
4. Use evaluation findings in policy analysis and development.

Responsibility V – Coordinating Provision of Health Education Services

Competency A: Develop a plan for coordinating health education services.

Sub-competency:
1. Determine the extent of available health education services.
2. Match health education services to proposed program activities.
3. Identify gaps and overlaps in the provision of collaborative health services.

Competency B: Facilitate cooperation between and among levels of program personnel.

Sub-competency:
1. Promote cooperation and feedback among personnel related to the program.
2. Apply various methods of conflict reduction as needed.
3. Analyze the role of health educator as liaison between program staff and outside groups and organizations.

Competency C: Formulate practical modes of collaboration among health agencies and organizations.

Sub-competency:
1. Stimulate development of cooperation among personnel responsible for community health education programs.
2. Suggest approaches for integrating health education within existing health programs.
3. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests.
4. Organize and facilitate groups, coalitions, and partnerships.

Competency D: Organize in-service training programs for teachers, volunteers, and other interested personnel.

Sub-competency:
1. Plan an operational, competency-oriented training program.
2. Utilize instructional resources that meet a variety of in-service training needs.
3. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests.
4. Facilitate collaborative training efforts among health agencies and organizations.
Responsibility VI – Acting as a Resource Person in Health Education

**Competency A: Utilize computerized health information retrieval systems effectively.**

Sub-competency:
1. Match an information need with the appropriate retrieval system.
2. Access principal on-line and other database health information resources.
3. Select a data system commensurate with program needs.
4. Determine relevance of various computerized health information resources.
5. Assist in establishing and monitoring policies for use of data-gathering practices.

**Competency B: Establish effective consultative relationships with those requesting assistance in solving health-related problems.**

Sub-competency:
1. Analyze parameters of effective consultative relationships.
2. Describe special skills and abilities needed by health educators for consultation activities.
3. Formulate a plan for providing consultation to other health professionals.
4. Explain the process of marketing health education consultative services.
5. Apply networking skills to develop and maintain consultative relationships.

**Competency C: Interpret and respond to requests for health information.**

Sub-competency:
1. Analyze general processes for identifying the information needed to satisfy a request.
2. Employ a wide range of approaches in referring requesters to valid sources of health information.

**Competency D: Select effective educational resource materials for dissemination.**

Sub-competency:
1. Assemble educational material of value to the health of individuals and community groups.
2. Evaluate the worth and applicability of resource materials for given audiences.
3. Apply various processes in the acquisition of resource materials.
5. Apply communication theory and principles in the development of health education materials.
Responsibility VII – Communicating Health and Health Education Needs, Concerns, and Resources

Competency A: Interpret concepts, purposes, and theories of health education.

Sub-competency:
1. Evaluate the state of the art of health education.
2. Analyze the foundations of the discipline of health education.
3. Describe major responsibilities of the health educator in the practice of health education.
4. Articulate the historical and philosophical bases of health education.

Competency B: Predict the impact of societal value systems on health education programs.

Sub-competency:
1. Investigate the social forces causing opposing viewpoints regarding health education needs and concerns.
2. Employ a wide range of strategies for dealing with controversial health issues.
3. Analyze social, cultural, demographic and political factors that influence decision-makers.
4. Predict the future health education needs based upon societal changes.
5. Respond to challenges to health education programs.

Competency C: Select a variety of communication methods and techniques in providing health information.

Sub-competency:
1. Utilize a wide range of techniques for communicating health and health education information.
2. Demonstrate proficiency in communicating health information and health education needs.
3. Demonstrate both proficiency and accuracy in oral and written presentations.
4. Use culturally sensitive communication methods and techniques.

Competency D: Foster communication between health care providers and consumers.

Sub-competency:
1. Interpret the significance and implications of health care providers’ messages to consumers.
2. Act as liaison between consumer groups and individuals and health care provider organizations.
Responsibility VIII – Apply Appropriate Research Principles and Methods in Health Education

Competency A: Conduct thorough reviews of literature.

Sub-competency:
1. Employ electronic technology for retrieving references.
2. Analyze references to identify those pertinent to selected health education issues or programs.
3. Select and critique sources of health information.
4. Evaluate the research design, methodology and findings from the literature.
5. Synthesize key information from the literature.

Competency B: Use appropriate qualitative and quantitative research methods.

Sub-competency:
1. Assess the merits and limitations of qualitative and quantitative research methods.
2. Apply qualitative and/or quantitative research methods in research designs.

Competency C: Apply research to health education practice.

Sub-competency:
1. Use appropriate research methods and designs in assessing needs.
2. Use information derived from research for program planning.
3. Select implementation strategies based upon research results.
4. Employ research design, methods, and analysis in program evaluation.
5. Describe how research results inform health policy development.
6. Use research results to inform health policy development.
7. Use protocol for dissemination of research findings.

Responsibility IX – Administering Health Education Programs

Competency A: Develop and manage fiscal resources.

Sub-competency:
1. Prepare proposals to obtain fiscal resources through grants, contracts, and other internal and external sources.
2. Develop and manage realistic budgets to support program requirements.
Competency B: Develop and manage human resources.

Sub-competency:
1. Assess and communicate qualifications of personnel needed for programs.
2. Recruit, employ, and evaluate staff members.
3. Provide staff development.
4. Demonstrate leadership in managing human resources.
5. Apply human resource policies consistent with relevant laws and regulations.

Competency C: Exercise organizational leadership.
1. Analyze the organization’s culture in relationship to program goals.
2. Assess the political climate of the organization, community, state and nation regarding conditions that advance or inhibit the goals of the program.
3. Conduct long-range and strategic planning.
4. Develop strategies to reinforce or change organizational culture to achieve program goals.
5. Develop strategies to influence public policy.

Competency D: Obtain acceptance and support for programs.

Sub-competency:
1. Apply social marketing principals and techniques to achieve program goals.
2. Employ concepts and theories of public relations and communications to obtain program support.
3. Incorporate demographically and culturally sensitive techniques to promote programs.
4. Use needs assessment information to advocate for health education programs.

Responsibility X – Advancing the Profession of Health Education

Competency A: Provide a critical analysis of current and future needs in health education.

Sub-competency:
1. Relate health education issues to larger social issues.
2. Articulate health education’s role in policy formation at various organizational and community levels.

Competency B: Assume responsibility for advancing the profession.

Sub-competency:
1. Analyze the role of health education associations in advancing the profession.
2. Participate in professional organizations.
3. Develop a personal plan for professional growth.
Competency C: Apply ethical principles as they relate to the practice of health education.

Sub-competency:
1. Analyze the interrelationships among ethics, values, and behavior.
2. Relate the importance of a code of ethics to professional practice.
3. Subscribe to a professionally recognized health education code of ethics.