

RESPONSIBILITIES & COMPETENCIES FOR HEALTH EDUCATORS

Established by the [National Commission for Health Education Credentialing, Inc. \(NCHEC\)](#)

RESPONSIBILITY 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-Competencies:

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.

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

Sub-Competencies:

1. Investigate physical, social, emotional and intellectual factors influencing health behaviors.
2. Identify behaviors that tend to promote or compromise health.
3. Recognize the role of learning and affective experience in shaping patterns of health behavior.

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

Sub-Competencies:

1. Analyze needs assessment data.
2. Determine priority areas of need for health education.

RESPONSIBILITY II – PLANNING EFFECTIVE HEALTH EDUCATION PROGRAMS

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

Sub-Competencies:

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 opinions of those who will affect, or be affected by the program.
4. Incorporate feasible ideas and recommendations into the planning process.

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

Sub-Competencies:

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.

Competency C: Formulate appropriate and measurable program objectives.

Sub-Competencies:

1. Infer educational objectives that facilitate achievement of specified competencies.
2. Develop a framework of broadly stated, operational objectives relevant to proposed health education program.

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

Sub-Competencies:

1. Match proposed learning activities with those implicit in the stated objectives.
2. Formulate a wide variety of the 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.

RESPONSIBILITY III - IMPLEMENTING HEALTH EDUCATION PROGRAMS

Competency A: Exhibit competence in carrying out planned educational programs

Sub-Competencies:

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
4. Select methods that best facilitate the practice of program objectives.

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

Sub-Competencies:

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 implement program plans for specific learners.

Sub-Competencies:

1. Analyze learner characteristics, legal aspects, feasibility and other considerations

influencing choices among 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.

Competency D: Monitor educational programs, adjusting objectives and activities as necessary.

Sub-Competencies:

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 of resources and materials relative to given educational objectives.

RESPONSIBILITY IV - EVALUATING EFFECTIVENESS OF HEALTH EDUCATION PROGRAMS

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

Sub-Competencies:

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 instruments.
4. Select appropriate methods for evaluating program effectiveness.

Competency B: Carry out evaluation plans.

Sub-Competencies:

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.

Competency C: Interpret results of program evaluation.

Sub-Competencies:

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.

Competency D: Infer implication from findings for future program planning.

Sub-Competencies:

1. Explore possible explanations for important evaluation findings.
2. Recommend strategies for implementing results of evaluation.

RESPONSIBILITY V - COORDINATING PROVISION OF HEALTH EDUCATION SERVICES

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

Sub-Competencies:

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-Competencies:

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-Competencies:

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.

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

Sub-Competencies:

1. Plan an operational, competency-oriented training program.
2. Utilize instructional resources that meet a variety of in-service training needs.
3. Demonstrate a wide range of strategies for conducting in-service training programs.

RESPONSIBILITY VI - ACTING AS A RESOURCE PERSON IN HEALTH EDUCATION

Competency A: Utilize computerized health information retrieval system effectively.

Sub-Competencies:

1. Match an information need with the appropriate retrieval system.
2. Access principal on-line and other database health information resources.

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

Sub-Competencies:

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.

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

Sub-Competencies:

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

Competency D: Select effective educational resources materials for dissemination.

Sub-Competencies:

1. Assemble educational material of value to the health of individuals and community groups.
2. Evaluate the worth and applicability of resources materials for given audiences.
3. Apply various processes in the acquisition of resource materials.
4. Compare different methods for distributing educational materials.

RESPONSIBILITY VII - COMMUNICATING HEALTH AND HEALTH EDUCATION NEEDS, CONCERNS, AND RESOURCES.

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

Sub-Competencies:

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.

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

Sub-Competencies:

1. Investigate social forces causing opposing viewpoints regarding health education needs and concerns.
2. Employ a wide range of strategies for dealing with controversial health issues.

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

Sub-Competencies:

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.

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

Sub-Competencies:

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.