Introduction to Health Education and Program Planning
Definitions of Health Education

There are two formal definitions that have been used in the research literature that describes health education.

**WHO Definition**

The World Health Organization (WHO) describes health education as “any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes” (WHO, 2014, Health Education, para.1).

**Joint Committee Definition**

Similarly, the Joint Committee on Health Education and Promotion Terminology of 2011 defines health education as “any combination of planned learning experiences based on sound theories that provide individuals, groups and communities with the opportunity to acquire information and the skills needed to make quality health decisions” (Joint Committee on Health Education and Promotion Terminology, 2011 as cited in McKenzie, J.F. et al., 2013).
Definitions of Health Promotion

Health promotion is a term that is often confused with health education. We will look at the definition as described by the research literature according to WHO and the Report of the 2011 Joint Committee on Health Education and Promotion Terminology.

**WHO Definition**

WHO definition of health promotion, formulated in 1948, describes health promotion as “the process of enabling people to increase control over, and to improve, their health. It moves beyond the focus on individual behavior towards a wide range of social and environmental interventions” (WHO, 2014, Health Promotion, para. 1).

**Joint Committee Definition**

The Joint Committee on Health Education and Promotion Terminology defines health promotions as “any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups, and communities” (Joint Committee on Health Education and Promotion Terminology, 2011 as cited in McKenzie, J.F. et al., 2013).
Health education is a key component of effective and sustainable health promotion programs. This model illustrates how health promotion and health education are linked through a dynamic process that involves several domains including policy, regulatory, economic, social and organizational.
A health promotion program is likely to influence or be influenced by factors within multiple domains. Let’s take a look at an example of a program designed to reduce texting while driving.
Regulation: Texting while driving must be enforced by the state in order to prevent this behavior – texting while driving has already been outlawed for drivers in a number of states in the U.S.

Policy: Texting while driving polices must be passed to create sustainable changes such as preventing automobile accidents.

Social: Social norms for texting while driving must be changed; the prevalence of texting within a given social environment will also be influential for the program.

Political: Political will and political capital will determine if policies for texting while driving program can be passed.

Economic: The economic impact of texting while driving problem and the possible solutions may influence the success of the program.

Organizational: The organizational factors for texting while driving will include buy-in and partnership from key organizations, the capacity of organizations to implement and sustain the program and the ability of organizations to lead the effort.

A Note on Health Education
As we can see from this example, health education lies at the center, before implementing a program it is critical to educate communities on the negative consequences of texting and driving behavior.
The National Commission on Health Education Credentialing (NCHEC) has described the goal of health education as “to promote, maintain, and improve individual and community health. The teaching-learning process is the hallmark and social agenda that differentiates the practice of health education from other helping professions in achieving this goal” (National Commission on Health Education Credentialing, 1996 as cited in McKenzie, J.F. et al., 2013).
Health Education as a Profession

The concept of health education dates back to the 19th century. According to Livingood and Auld (2004), the profession of health education truly began to evolve in the 1970s after several decades of interest in developing quality standards for health educators (which began in the 1940s). Through the development of competencies, code of ethics, quality assurances and credentialing systems, the health education profession has become more established.

What is a health educator?

The Joint Committee defines Health Educators as: “a professionally prepared individual who serves in a variety of roles and specifically trained to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to health of individuals, groups or communities” (Joint Committee on Health Education and Promotion Terminology, 2011 as cited in McKenzie, J.F. et al., 2013).
Examples of Health Educators

Health educators, sometimes called Health Education Specialists, can work in a variety of fields and settings.

- **Schools**: Health educators may work in school-based health centers or as teachers focusing on health-related curriculum.
- **Hospitals and other health care settings**: Health educators often focus on patient education and may work closely with patients and families to implement prevention and intervention programs. Patient Navigators also fall within this category.
- **Local, statewide and national public health agencies**: Health educators develop public health campaigns and programs, materials to educate individuals and communities and play a key role in emergency preparedness.
- **Non-profits and NGOs**: Health educators help address key issues through the development of programs, educational materials and community-based health education.
- **Businesses/Employers**: Health educators develop workplace wellness programs and other work-based health education efforts.
Responsibilities for Health Education Specialists

The seven areas of responsibility below define the role of the Health Education Specialist:

- Assess Individual and Community Needs for Health Education
- Plan Health Education Strategies, Interventions, and Programs
- Implement Health Education Strategies, Interventions, and Programs
- Conduct Evaluation and Research Related to Health Education
- Administer Health Education Strategies, Interventions, and Programs
- Serve as a Health Education Resource Person
- Communicate and Advocate for Health and Health Education

Adapted from NCHEC, SOPHE, & AAHE, 2006
Formalizing the Health Education Profession

As the profession of health education becomes more structured, governing bodies such as the National Commission for Health Education Credentialing (NCHEC) and Society for Public Health Education (SOPHE) have formed to create standards for professional practice.

**About NCHEC**

NCHEC was established in 1988 to develop guidelines to prepare professional health specialists in various settings. According to the NCHEC, there are more than 250 undergraduate and graduate programs to prepare health educators. For more information at NCHEC, visit [http://www.nchec.org/](http://www.nchec.org/)

**About SOPHE**

SOPHE was founded in 1950 to provide global leadership to the profession of health education. Over 4,000 members, including both health education professionals and students. To date, over 12,000 professionals have received the designation of Certified Health Education Specialist (CHES). For more information about SOPHE, visit [https://www.sophe.org/](https://www.sophe.org/)
Certification in Health Education

Although certification is not necessary to practice health education, obtaining a Certified Health Education Specialist (CHES) or Master Certified Health Education Specialist (MCHES) demonstrates additional standards of accomplishment and can aid in the hiring process.

Who can take this exam?

Any individual with a bachelor's, master's or doctoral degree from an accredited institution of higher education can take either the CHES or MCHES exam. Note that the MCHES requires a final written component.

What are the requirements?

In addition to having a degree from an accredited institution, the individual must also have ONE of the following:

- An official transcript (including course titles) that clearly shows a major in health education, e.g., Health Education, Community Health Education, Public Health Education, School Health Education, etc. Degree/major must explicitly be in a discipline of "Health Education."
  - OR
- An official transcript that reflects at least 25 semester hours or 37 quarter hours of course work (with a grade "C" or better) with specific preparation addressing the Seven Areas of Responsibility and Competency for Health Educators
This video provides an overview of the National Commission for Health Education Credentialing (NCHEC), and its two certifications, CHES and MCHES.
The role of health educators often parallels that of community health workers (CHWs). The job market for health educators and CHWs is expected to grow significantly in the near future due to an increased focus on prevention through health care reform.

*Click each tab to learn more.*

**CHWs**

Community Health Workers (CHWs) are the frontline public health personnel. They may work in a broad range of areas including health education and facilitate access to care, improve individual and community health outcomes.

**PNs**

CHWs may also function as Patient Navigators (PNs). PNs educate patients and help them navigate the health care system. Health education may be woven into the functions of CHWs, PNs and a range of other public health professions.
Health education and program planning are closely linked. Effective program planning is an organized, multi-step process that often uses a validated methodology. This is also the case when developing effective health education programs. The starting points may vary, but revolve around the same concept: understand what you want to do and who you want to serve.

For example, if you are developing a program to improve maternal health among women in a particular community, it is important to:

1. Understand the baseline needs;
2. Identify the factors associated with maternal health among the group that you want to serve and;
3. Assess how to best engage this group in the program planning process.
Logic models can facilitate the planning process by providing a road map to understand how resources and activities will lead to key goals and objectives. Logic models can be presented in different styles and level of detail, however they all depict the relationship and connections between various components in a graphical fashion. This figure illustrates the key components of a logic model: inputs (resources), outputs (activities), and outcomes (intended results) for a community health outreach program.

<table>
<thead>
<tr>
<th>Program: Health Information Outreach Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Improve community members' abilities to find, evaluate, and use health information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we invest</td>
<td>What we do</td>
<td>Who we reach</td>
</tr>
<tr>
<td>Staff</td>
<td>Conduct workshops and meetings</td>
<td>Participants</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Train</td>
<td>Clients</td>
</tr>
<tr>
<td>Time</td>
<td>Deliver services</td>
<td>Agencies and community-based organizations (CBOs)</td>
</tr>
<tr>
<td>Money</td>
<td>Develop products, curricula, resources</td>
<td>Decision-makers</td>
</tr>
<tr>
<td>Research findings</td>
<td>Facilitate access to information</td>
<td>Customers</td>
</tr>
<tr>
<td>Materials</td>
<td>Work with media</td>
<td>Clinical professionals</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td>Members of CBOs</td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

View Web Resource
Common Steps in Program Planning

While many different program planning models exist, the core components are similar across many of these programs. The figure lists the most common steps that should be taken in the program planning process. Note that the priority population is referred to the group for whom the program is intended to serve.

Understanding the community and engaging the priority population

Assessing the needs of the priority population

Setting goals and objectives

Developing an intervention that considers the contextual factors

Implementing the intervention

Evaluating the intervention (formative & summative)

(Adapted from McKenzie et al, 2013)
Like health education, the practice of program planning can occur in many different venues as outlined in this figure. In order to have a successful program, planners need to engage not only the stakeholders and the decision makers but also members of the priority population in the planning progress.