

UNIVERSITY OF WISCONSIN – LA CROSSE

Graduate Studies

AN EXPLORATION OF THE NEED FOR HEALTH EDUCATION SPECIALISTS IN  
LOCAL HEALTH DEPARTMENTS IN WISCONSIN

A Chapter Style Graduate Project Submitted in Partial Fulfillment of the Requirements  
for the Degree of Master of Public Health in Community Health Education

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AN EXPLORATION OF THE NEED FOR HEALTH EDUCATION SPECIALISTS IN  
LOCAL HEALTH DEPARTMENTS IN WISCONSIN

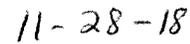
By Tessa Nutt

We recommend acceptance of this project report in partial fulfillment of the candidate's requirements for the degree of Master of Public Health in Community Health Education.

The candidate has completed the oral defense of the project.

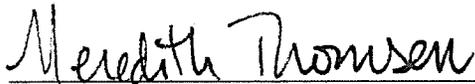


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## ABSTRACT

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The utilization of health education specialists in local health departments varies immensely across Wisconsin. Health education specialists' roles and responsibilities within the local health department setting are not clearly defined or delineated. There is much ambiguity surrounding health education specialists, especially in the eyes of employers. The purpose of this project was to explore how local health departments in Wisconsin use, or fail to use, health education specialists. The La Crosse County Health Department assisted in developing a survey about the roles and responsibilities of health education specialists in local health departments and the workforce structure of the health departments. The survey was completed by 92 respondents to include health officers and health education specialists around Wisconsin. The results revealed a need for employer education about health educators and their educational backgrounds as well as credentialing opportunities for health educators. Results from the survey can be utilized by employers to create rationales for hiring health education specialists, restructuring their workforces, and expanding their knowledge of the skill sets of health education specialists.

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## **CHAPTER I**

### **INTRODUCTION AND OVERVIEW**

#### **Introduction**

A health educator is a person with a unique skill set designed to address the health and wellness needs of a population. According to the Ohio chapter of the Society for Public Health Education (SOPHE), “Health educators use a holistic approach to changing health behaviors, implementing evidence-based interventions and adapting to changing population needs... Health Education draws from various sciences to promote health and prevent disease, disability, and premature death” (Ohio SOPHE, 2018, para. 3).

The *2011 Joint Committee on Health Education Promotion and Terminology* defines a health education specialist as “An individual who has met, at minimum, baccalaureate-level required health education academic preparation qualifications, who serves in a variety of settings, and is able to use appropriate educational strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to the health of individuals, groups, and communities” (p. 13). Health educators utilize their training and knowledge of health education competencies to accurately determine the health needs of an individual or community. Moreover, health educators are capable of working in a variety of settings to include hospitals, schools, governmental agencies, health departments, community organizations, and businesses (Ohio SOPHE, 2018).

Health educators receive training in health education, disease prevention, program planning, implementation, and evaluation, health promotion, and public health at the bachelor's, master's, and doctoral levels. Many health education and community health education programs at the university level are structured using the Seven Areas of Responsibility set forth by the National Commission for Health Education Credentialing (NCHEC). As noted by NCHEC (n.d.), "The core Responsibilities, Competencies, and Sub-competencies provide a comprehensive description of the profession, illustrating the skills necessary to perform the daily tasks of a health education specialist" (para. 2). The Seven Areas of Responsibility are:

Area I: Assess needs, resources, and capacity for health education and health promotion

Area II: Plan health education and health promotion

Area III: Implement health education and health promotion

Area IV: Conduct evaluation and research related to health education and health promotion

Area V: Administer and manage health education and health promotion

Area VI: Serve as a health education and health promotion resource person; and

Area VII: Communicate, promote, and advocate for health, health education and health promotion, and the profession.

These areas of responsibility and their corresponding competencies and sub-competencies encompass the skills and expertise of health education specialists.

Health educators represent an important segment of the public health workforce. In order to prepare a more well-rounded workforce, the Council on Education for Public Health (CEPH) accredits academic schools and programs that prepare health education and public health professionals. CEPH “assures quality in public health education and training to achieve excellence in practice, research and service, through collaboration with organizational and community partners” (CEPH, 2018, para. 1). The goals of CEPH are “to promote quality in public health education through a continuing process of self-evaluation by the schools and programs that seek accreditation; to assure the public that institutions offering instruction in public health have been evaluated and judged to meet standards essential for the conduct of such educational programs; and to encourage – through periodic review, consultation, research, publications, and other means – improvements in the quality of education for public health” (CEPH, 2018, para. 3).

In addition to being grounded in nationally validated competencies, professionals in the field of health education that graduate from CEPH-accredited schools and programs are well-trained. Additionally, health education professionals have the option to become certified as health education specialists. The Certified Health Education Specialist (CHES) designation is utilized to denote which health educators have a competency-based skill set that is common in the field today. NCHEC (2018) states that “Eligibility to take the CHES examination is based exclusively on academic qualifications” (p. 6). The requirements to sit for the exam are a bachelor’s, master’s, or doctoral degree from an accredited higher education institution, and an official transcript that shows a major in a health education field, or an official transcript that shows at least 25 hours of course work addressing the Seven Areas of Responsibility (NCHEC, 2018).

As of 2015, while there are more than 60,000 people working as Health Educators, there only are about 12,000 CHES-certified professionals working across the United States (Opp, 2015, para. 7). The National Commission for Health Education Credentialing and the Council on Education for Public Health work together to identify the necessary skills and abilities needed by those working in the health education field.

As health education still is a growing profession, many employers are unaware of how to utilize the skills and abilities of health educators. Limited data are available to describe where health educators are employed, what their job titles are, how they contribute to the public health workforce, or how they could better be utilized. As such, the purpose of this project is to explore how local health departments in Wisconsin use, or fail to use, health education specialists. More specifically, the goal of this project is to gain an understanding of the perceived roles and responsibilities of health education specialists in local health departments.

### **Significance of the Problem**

The shortage of health education workers in many settings has been noted on a national level. When Barack Obama was president of the United States of America, he played a large role in introducing The Patient Protection and Affordable Care Act, also known as the ACA. While the main area of the ACA that consumers focused on was the increase in insurance coverage, health care facilities were interested in another aspect of it. Specifically, in addition to insurance coverage, the ACA resulted in “investments to expand access to care, reform the health care delivery system, implement broad private insurance reforms, and enhance the public health infrastructure” (Fangmeier, 2012, p. 1).

The introduction of new grant funding under the Affordable Care Act allowed organizations to think about expanding their workforces. In fact, one of the new funding sources under the ACA was the Healthcare Workforce Fund. While a large percentage of workforce funding was covered under the Prevention and Public Health Fund, the Healthcare Workforce Fund increased the capacity of many organizations to hire additional staff (Fangmeier, 2012). In addition to providing new funding sources to healthcare institutions, the ACA also advocated for the increased national need for prevention through policy and programming (Fangmeier, 2012).

The ACA brought about many changes to the field of public health. Unfortunately, funding for non-clinical fields of public health is difficult to obtain and even more difficult to keep. The ACA came about a few years after the 2008 national recession and despite many efforts, funding for public health issues did not end up being as available as it could have been. State and local healthcare agencies, like health departments, are in a unique position due to the need for constant budgeting because of grants. According to Bovbjerg (2011), “Unlike the entitlement funding for clinical care, federal funds for public health programs are annually appropriated, which subjects public health funding to yearly budget battles” (p. 3). In fact, a study done by Beck et al. (2017) concluded that local health department agencies often struggle with yearly budgeting. As noted by Beck (2017), “Health departments often have to contend with public health laws or codes that dictate the type of worker who can be hired, coupled with the efforts of worker unions that seek to sustain and expand the number of workers hired in their field” (p. 1422).

In addition to funding cuts, health departments often struggle with utilizing funding in a way that is beneficial to all of their needs. According to Beck (2017), “The public health system is undergoing transition, which is pushing health departments in some jurisdictions to move further from direct clinical care to population-based services, and in others, to compete with a growing private health care sector by continuing to provide safety-net clinical services” (p. 1423). This push and pull makes it difficult to determine which type of staff to hire with the limited funds that health departments do receive for workforce development.

Lack of funding for health departments followed the recession, despite efforts put forth in the ACA. Local and state health entities still have not fully recovered. In fact, as the ACA was taking shape around 2010 and 2011, it consistently lost funds. Both the House and Senate gave less money to the Public Health Fund in the ACA. This further demonstrates that public health is not a top priority in terms of governmental funding, despite the efforts of the ACA. Under the new administration, the ACA has been repealed and the future of public health still is up in the air (Bovbjerg, 2011).

Another issue that plagues the health education workforce is that employers, including health departments, do not know exactly what a health educator is or that which they are capable. As mentioned previously, well-trained and credentialed health educators possess knowledge and a set of skills that are applicable in a variety of work environments. However, there are educational institutions that have health education degrees that do not follow the national standards and competencies. When professionals from these institutions join the workforce, employers can be misled about what they actually are capable of doing. Not everyone is trained the same nor do they possess the

same skill-based knowledge. As pointed out by Bruening in a study published recently this year:

Although many people are professionally prepared as health educators, available data are limited about where they work, how they contribute, or how they can be better deployed to serve public health needs. Despite the US Department of Labor's Standard Occupational Classification of health educators, the definition is not widely embraced throughout the government public health system. (para. 4).

Unfortunately, not enough information is known by employers or the public about health educators and their abilities in relation to the field of public health (Breuning, 2018).

Unfortunately, the information available to the public and to employers is not very clear. For example, the Bureau of Labor Statistics puts Health Educators and Community Health Workers on the same webpage. Though both types of professionals assist in helping change health behaviors, the two groups have very different educational requirements and very different job prospects (BLS, 2018). The Bureau of Labor Statistics website interchanges Health Educator and Community Health Worker responsibilities, job settings, and pay grades (BLS, 2018). This is indicative of how many employers view health educators. Job titles for health education professionals can range from program specialist to health educator to community strategist. Employers are more likely to hire a Public Health Nurse than a Health Educator; partly because they know exactly what they are getting when they hire a nurse, and also because nursing is a tried and true field that people understand (Bruening, 2018). Overall, explaining and

understanding health education can be challenging, which is why more research and data on the health education workforce need to be collected.

### **Rationale for the Project**

According to the Office of the Assistant Secretary for Health (OASH, 2016), “Public health is what we do together as a society to ensure the conditions in which everyone can be healthy” (p. 3). The need for public health workforce development has been a topic on the national stage for several years. In 2016, OASH, which is part of the U.S. Department of Health and Human Services, created a document called *Public Health 3.0: A Call to Action to Create a 21<sup>st</sup> Century Public Health Infrastructure*. This document outlined the challenges that the public health workforce has gone through in the last few decades, and what steps it needs to take in the next few decades. Health equity is a prominent topic throughout the document, with emphasis on education, health care access, the environment, and other determinants of health (OASH, 2016).

Public health infrastructure and state and local health department agencies are regarded as a forefront for the change *Public Health 3.0* seeks. The document also sheds light on the obstacles that state and local government agencies have encountered. Specifically,

Though there are many important sectors and institutions with a key role to play, the governmental public health infrastructure is an essential part of a strong public health system. But local public health agencies have been under extreme stress due to significant funding reductions during the Great Recession, changing population health challenges, and in certain

circumstances changes brought on by the Affordable Care Act (ACA).  
(OASH, 2016, p. 4).

The document then goes on to state that local public health agencies are a key component in communities insofar as creating and maintaining local partnerships, collaborating with non-healthcare organizations to bring the best possible resources to the community, and focusing on the specific health determinants that affect their communities (OASH, 2016).

Public Health 1.0 took place at the end of the 19<sup>th</sup> century and into the 20<sup>th</sup> century. Public Health 1.0 focused on the scientific advances of vaccines and antibiotics. By the 1980s, the public health world had lost its way among all of the scientific advancements. In an effort to focus the public health world back on the public, Public Health 2.0 focused on “fulfilling society’s interest in assuring conditions in which people can be healthy and defined the core functions of governmental public health agencies as assessment, policy development, and assurance” (DeSalvo, 2016, p. 621). Assessment, policy development, and assurance are now known as the Core Functions of Public Health. And while that was a fitting change at the time, it did little to guide leaders in public health. Public Health 3.0 is geared toward state and local health department agencies. Public Health 3.0 places special emphases on local health department infrastructure, introducing more grant funding opportunities, and creating a workforce that can adequately go about making the changes our societies need to achieve health equity. A component of the local health department structure that continues to grow is Public Health and Health Education (DeSalvo, 2016).

The University of Michigan Center of Excellence in Public Health Workforce Studies designed and implemented the *Public Health Workforce Gaps Study* in 2016. In

collaboration with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO) the researchers collected data from state health agencies (SHAs) and local health departments (LHDs) throughout the United States. Results from the study indicated that “The LHDs [local health departments] most frequently reported a need for more positions across occupations, followed by more competitive salaries. Half or more of LHD respondents indicated they needed more positions for health educators (76%)” (Beck, 2017, p. 1421).

According to The Bureau of Labor Statistics (2018), in 2017, the median pay for a Health Educator was \$45,360 per year. In contrast, in 2017, the median pay for a Public Health Nurse was \$70,000. (BLS, 2018). Public Health Nurses and Health Educators have very different educational backgrounds, and thus, perform different job duties. However, because employers know what they are going to get from a nurse, they are more likely to hire a nurse than a public health educator. The convoluted nature of job titles and job responsibilities for health educators creates confusion not only for employers, but also for potential employees. As stated in a study by Bruening (2018):

Because job descriptions often include functions of other health workers, including health communicators and community health workers, some employers might have difficulty distinguishing health educators from other professionals. Furthermore, professional identification and occupational classifications can differ substantially among health educators. Employers often use other titles to classify positions for health educators, likely underestimating the number of health educators working

under alternative job titles and complicating efforts to collect and interpret workforce data. (para. 4)

As noted by Beck (2017), “Public health workforce research is an area in which more evidence is needed to better understand how to organize, finance, and effectively deliver public health services” (p. 1418). That said, the combination of information from the literature and professional knowledge that workforces are structured differently led to the idea for a survey of local health departments. The La Crosse County Health Department (LCHD) is a local level health agency in Wisconsin. The Health Department Health Officer, Jennifer Rombalski, and Health Education division manager, Paula Silha, expressed a need for a survey of local health departments in Wisconsin to determine if and how they utilize health educators.

## **Literature Review**

### **Introduction**

A competent, well-trained public health workforce is the keystone to the delivery of quality public health services. Public Health 3.0 points to the need for a better-connected workforce and “emphasizes cross-sector collaboration and environmental, policy, and systems-level actions that directly affect the social determinants of health” (DeSalvo, 2016, para. 11).

The ability of health agencies to perform community services often is reflective of available funding. Many state and local health agencies receive the largest part of their budgets from federal grants. Due to the limited nature of most federal grants, state and

local health departments have to work on a limited budget that does not leave much flexibility with regard to meeting a community's needs. This budget issue was exacerbated by the long-lasting effects of the United States Economic Depression of 2007-2009. In fact, most local health departments have not fully recovered their pre-crisis budgets (DeSalvo, 2016). According to the National Association of County and City Health Officials (NACCHO, 2015), "While the proportion of LHDs reporting budget cuts and job losses has decreased in recent years, LHDs have not kept up with the general economic recovery and continue to face financial hardships" (p. 8).

With a seemingly consistent decrease in funding, local health departments are having to determine which areas of the health department require more staff and which type of staff they require. In January of 2015, NACCHO distributed a survey called the *Forces of Change* to 948 local health departments across the United States; they received 690 responses. In the years since the U.S. economic depression, this survey revealed that more than 51,700 jobs have been lost in the local health department sector. Unfortunately, "One-third of LHDs lost at least one position due to layoffs/attrition" (NACCHO, 2015, p. 10). In fact, local health departments that serve populations over 500,000 still are reporting job losses (NACCHO, 2015). What this means is that the public health workforces continue to weaken and, in many cases, are not capable of meeting all of the health needs of their communities.

The decrease in federal funding combined with the new *Public Health 3.0* goals could shed light on the changing public health workforce dynamic. LHDs gradually have been changing the services they offer to their communities. Traditionally, staff trained in health education or public health are more likely to deliver population-based services.

Local Health Departments (LHDs) are experiencing a shift in services which means they also are experiencing a shift in the staff required to deliver those services. According to NACCHO (2015), more than two-thirds of LHDs made changes to the way they deliver their services to their communities. LHDs were more likely to reduce clinical services than any other type of service. Additionally, local health departments were more likely to expand their population-based services (NACCHO, 2016). The following sections will explore the impact of Health Educators on the changing dynamic of the public health workforce.

### **Differences in Education and Training of Health Educators**

A concern amongst health care professionals is that there can be drastic differences in the training and education of people in the healthcare field. Doctors, physician assistants, and registered nurses undergo rigorous, consistent education in their respective fields. They each have a designated course of education and receive a certain licensure/designation to show their training and education. Health Education, however, is a growing field and not all health educators are certified. Thus, there is confusion about the proficiency of Health Educators (Bruening, 2018).

The National Commission for Health Education Credentialing (NCHEC) was founded in 1988 “to enhance the professional practice of Health Education by promoting and sustaining a credentialed body of Health Education Specialists” (NCHEC, n.d., para. 1). Additionally, the Council on Education for Public Health (CEPH) accredits academic schools and programs that prepare health education and public health professionals. CEPH “assures quality in public health education and training to achieve excellence in practice, research and service, through collaboration with organizational and community

partners” (CEPH, 2018, para. 1). Schools and programs that are accredited by CEPH incorporate nationally validated competencies into their curricula to ensure that their students are properly trained.

There often is an uncertainty about the capabilities of health educators. Bruening et al. (2018) noted that “Part of the reason might be ambiguity regarding the competencies of health educators and community health workers. The two occupations have distinct standard occupational classifications, but their descriptions are combined in the US Department of Labor Occupational Handbook” (para. 6). Health educators and community health workers have very different educational backgrounds, however, an employer who does not know much about health education, may not realize that there is a difference in anything but job title. Circumstances like this have led to issues surrounding employer confusion about health education specialists (Bruening, 2018).

As the landscape of Public Health continues to change, the skills and training of LHD staff also continue to change. Trainings can be administered to LHD staff, but training programs, much like education, can vary widely. In 2002, Ellery and associates indicated the need for unified training programs for local health departments. They strongly urged that “careful consideration must be given to identifying individuals and organizations responsible for developing and implementing training programs” (Ellery, 2002, para. 3). According to Ellery (2002), “The success of health educators in addressing the changing needs of health education and health promotion in the 21<sup>st</sup> century relies heavily on the ability to provide a unified training focus” (para. 3). Health educators need to advocate for themselves and their education, however, workplaces and employers also need to be aware of the potential for differences in education and

trainings of public health professionals. Fortunately, NACCHO's 2015 study of the public health workforce found that "With the growing recognition of the importance of core competency development, public health agencies, including LHDs, have set workforce development as a priority" (p. 59).

### **Local Health Department Need for Health Educators**

Local health department needs can vary greatly depending on the impact of the recession, community needs, and LHD improvement plans. In *Public Health 3.0: Time for an Upgrade*, DeSalvo et al. (2016) outlined the following changes that health departments have undergone:

In the past decade, there has been a widening embrace of health department accreditation as one strategy to improve public health agency performance. As of November 2015, 33 states plus the District of Columbia have a health department accredited by the Public Health Accreditation Board (PHAB), reaching 45% of the US population. The ACA also catalyzed movement away from fee-for-service to value-based payments, potentiating innovative prevention and health-promoting care models. The ACA's requirement that nonprofit hospitals must do community health needs assessments has increased collaboration between medicine and public health. (para. 9)

The designation of accredited health departments directly impacts the priorities of the health departments. LHDs that are PHAB accredited are required to perform community health needs assessments, out of which often come community health

improvement plans. These assessments and plans lay the groundwork for what is to come within the health department. That being said, the assessments and plans also play a role in determining staff that are needed to fulfill that work (DeSalvo, 2016).

A study done at the University of Michigan Center for Excellence in Public Health Workforce Studies indicated that “LHD priorities are focused on the need for more positions, as LHDs might still be trying to regain positions lost during the recession, whereas State Health Agencies (SHA) priorities focused on the need for better salaries and more qualified candidates, an indication of recruitment and retention concerns” (Beck, 2017, p. 1422). In addition to addressing these priorities, many health departments are facing retirement of employees.

### **Summary**

The field of health education is growing and the role of health educators in the local health department setting is expanding. With this growth comes opportunities and challenges. Over the past several decades, public health has evolved to include more population-based services within communities. The need for more community services signals a change in the workforce required to deliver those services. Qualified health educators possess a unique set of skills that enables them to be a valuable, versatile resource in the local health department setting.

Understanding how health education specialists are used in the local health department setting in Wisconsin can give employers considerable knowledge about the growing health education field. The shifting landscape of public health in Wisconsin has

unique impacts on the public health workforce. Research into the utilization of health education specialists is a much-needed aspect of the shifting landscape.

## **CHAPTER II**

### **METHODS**

#### **Implementation**

##### **Creation of Survey Tool**

In 2016, the La Crosse County Health Department became nationally accredited by the Public Health Accreditation Board (PHAB). This designation denotes that a health department has identified opportunities for performance improvement, management improvement, leadership development, and improvement of relationships within its community. Being PHAB accredited shows that a health department has taken the time to investigate and improve its organizational framework and that it will continue to meet accreditation standards through their identified improvement opportunities. (PHAB, 2013)

The La Crosse County Health Department (LCHD), Health Education Division received a workforce development prevention grant from the Wisconsin Division of Public Health. The goal of the LCHD was to improve the quality of the health education division while also meeting accreditation standards. The county has four Community Health Improvement Plan objectives identified to assist in upholding its accreditation. The second objective, which details the implementation of a quality improvement plan, is where the workforce development survey idea was formed. The results of the survey are

to be used by the LCHD in the future to help create a more encompassing description of the roles and responsibilities of the health educator position within the LCHD.

The manager of the Health Education Division, Paula Silha, devised a plan to create a survey that would assess how other local level health departments utilize health educators. In early 2018, Mrs. Silha began creating the workforce development survey. In February, Tessa Nutt, the author, began a preceptorship experience with the LCHD under the direct supervision of Mrs. Silha. As part of the author's preceptorship experience, she assisted Mrs. Silha in the creation and editing of the survey. The survey contains 26 questions such as *What type of degree do your Health Educators have as a minimum requirement?* and *How many Health Educators do you employ?* Question topics included educational background, payroll, student internship opportunities, employee coalition participation, and others. The complete survey can be viewed in Appendix A.

With the help of LCHD Director/Health Officer, Jennifer Rombalski, and Christa Cupp, Public Health Educator, from the Office of Policy and Practice Alignment, Wisconsin Division of Public Health, the survey was further edited. Mrs. Silha and Ms. Cupp communicated with three local health departments in Wisconsin to determine if they would be willing to partake in piloting the survey and providing feedback. During this time, the author created a version of the survey on SurveyMonkey.com.

## **Implementation**

On March 14<sup>th</sup>, 2018 Mrs. Silha emailed the survey link to health officers in Polk, Monroe, and Eau Claire Counties. The survey was open to them from March 14<sup>th</sup> to April 6<sup>th</sup>, after which time the author analyzed the results and the feedback. Along with

guidance from Mrs. Silha, some questions were changed and appropriate answer options were added. The final survey was sent to Mrs. Rombalski for a final overview. In early May of 2018, Mrs. Rombalski sent via email the finalized survey to 87 health officers in local health departments around Wisconsin. The author did not seek approval from the UW – La Crosse Institutional Review Board, as the survey was conducted by the La Crosse County Health Department staff for their own purposes. However, a statement at the beginning of the survey indicated that participation was voluntary, participants could stop completing the survey at any time, and all reported data would be deidentified and presented in aggregate form. A note at the end of the survey gave Paula Silha's contact information if people had any questions or concerns. The full survey can be viewed in Appendix A. The survey was open until June 4<sup>th</sup>, 2018 at which time analysis of the results began.

### **Evaluation**

The aggregate results of this survey were distributed to all respondents who indicated a desire to view the results. The executive summary was sent to respondents with the option for them to receive the fully detailed report upon request. The initial purpose of the survey was to determine if and how local departments around Wisconsin utilize Health Educators. The La Crosse County Health Department intends to use the results of the survey to make adjustments to the health educator position description within their Health Education Division. Other local health departments that receive the report can choose to use the results in whatever way best suits their department.

## Data Analysis

The data were collected using SurveyMonkey.com. The data collected from the survey were analyzed using descriptive statistics, to include mode, mean, and median. The survey results can be viewed in full in Appendix B. An executive summary of the results is available to view in Appendix C. The results will be reviewed in Chapter III: FINDINGS.

## Project Timeline

Table 1. Project Timeline

February 2018	Communicate with Paula Silha about survey idea
February 2018	Begin working on survey drafts. Send out initial draft by end of month
March 2018	Receive editing feedback from Jen Rombalski and Paula Silha
March 14, 2018 – April 6, 2018	Pilot survey with Polk, Monroe, and Eau Claire Counties
April – May 2018	Analyze results and feedback. Send email to Jen Rombalski and Krista Cupp regarding final edits. Update survey tool.
May 1, 2018	Jen Rombalski sends link to survey to 87 health officers
June 4, 2018	Close survey
June 2018	Complete initial phases of project report
June – August 2018	Analyze results. Create report and send to Paula Silha
August – October 2018	Translate survey and results into project
October 2018	Complete final edits
November 9, 2018	Complete oral defense
	Schedule final meeting with Dr. Pettit

## **CHAPTER III**

### **FINDINGS**

#### **Survey Results**

Data from the Workforce Development survey were collected using SurveyMonkey.com and were analyzed using descriptive statistics including mean, median, and mode. A total of 92 people responded to the survey. One participant viewed every question, but did not respond to any of the questions and thus, was removed from the results.

Three demographic questions were asked at the beginning of the survey to determine the respondents' health department structure, which region of the state they served, and the size of the jurisdiction they served. The Wisconsin Department of Health Services divides the state into five regions – northeastern, northern, western, southern, and southeastern. More than a third of respondents ( $n = 34$ , 36.9%) were from the northeastern region, the southeastern had 21 respondents (22.8%), the southern region had 12 respondents (14%), and the western and northern regions both had 12 respondents (13.0% each). 66.3% ( $n = 61$ ) of respondents replied that their health department was a stand-alone department, while 33.6% ( $n = 31$ ) responded that their health department was part of Health and Human Services. The majority of respondents ( $n = 49$ , 53.2%) stated that they served populations that were less than 49,999, 19 (20.6%) reported serving populations of 50,000-99,999, 13 (14.1%) reported working with populations over

150,000, and 11 (13.0%) reported working with populations between 100,000 and 149,999.

For the purpose of this survey, Paula Silha and Jennifer Rombalski defined Health Educators as “staff that hold a Bachelor of Science degree in health education, public health, or health promotion” (LCHD, 2018, p. 5). Forty (43.4%) respondents said that they employ health educators, 11 (11.9%) said that they employ them, but they have different titles, 38 (41.3%) said that they do not employ health educators, and 3 (3.2%) mentioned that they do not employ health educators based on the aforementioned criteria, but they do have staff with the title of Health Educator. The respondents were then asked how many health educators their health departments employ. Thirty-nine (42.3%) respondents said they employed no health educators, 42 (45.6%) said they employed one to two health educators, 9 (9.7%) reported employing three to five health educators, and 2 (2.1%) reported that they have six or more health educators on staff.

The majority of respondents ( $n = 55$ , 59.7%) indicated that their health departments had a minimum educational requirement to work as health educators. The most common responses for type of minimum degree required were Health Education, Public Health, Health Promotion, and other related health fields (e.g. nursing, dietetics, nutrition). Respondents stated in the comment area that they also would accept undergraduate degrees in Community Health Education and Environmental Health as well as Master of Public Health degrees. When asked what position titles were given to staff that held a Bachelor of Science in a health-related field, the responses were vast. Of the provided responses, Health Educator and Community Health Educator were noted most frequently. The write-in responses overwhelmingly showed that health departments

also referred to these staff as Community Health Strategists and Community Health Coordinators. It also was noted that “nursing staff do health education/are not given a different title”.

Basic questions were asked about position description and payroll with regard to health education specialists. When asked if their department had a position description for a health educator, 57% ( $n = 53$ ) responded that yes, they do have a position description, while 43% ( $n = 39$ ) said they do not have a position description. Only 37 (40%) participants responded that they had payroll steps (i.e. levels of pay) for a Health Educator. Those that responded ‘yes’ to the question regarding payroll were then asked how many steps were in the payroll for a health educator. The most common response ( $n = 7$ , 28%) was seven steps, next were ten steps and twelve steps with 16% ( $n = 4$ ) of responses each. Many participants added comments about payroll being influenced by performance reviews and range of pay in their department, which led to the next question – *What are the steps based on?* Overwhelmingly, all respondents noted years of experience and annual performance review as the main item on which their steps are based. A few participants commented that their payroll steps also are influenced by market rate, cost of living, and job responsibilities.

In addition to minimal educational requirements, the participants were asked questions about the Certified Health Education Specialist (CHES) designation. Fifty-seven (61.9%) participants responded that they did not promote the CHES certification, 30 (32.6%) stated that their department promoted the CHES certification, and 6 (6.5%) noted that they were unaware of the CHES certification. Five (5.2%) participants said that they require staff to have the CHES certification, 67 (72.8%) mentioned that they did

not require staff to have the CHES certification, and 21 (22.8%) said that they did not require the CHES certification, but it was preferred.

Another section of the survey addressed department supervision through the following questions: a) *Who supervises your Health Educators?*, b) *Are other health department staff supervised by the Health Educators in your department?*, and c) *Does your department group all Health Educators in a health education section or health education division?* Thirty-two respondents (34.7%) stated that the Health Director supervised their Health Educators, 11 (12%) stated that the Health Department Manager supervised them, 8 (8.6%) reported supervision by Public Health Nurses, and 6 (6.5%) were supervised by other Health Educators. Respondents who did not select responses from the provided list left comments regarding who supervises their health educators. These comments included Health Officer, Community Health Director, Health Commissioner, Chronic Disease Prevention Program Director, Public Health Supervisor, and Community Engagement Unit Supervisor. Only 5 (5.4%) of participants reported that other health department staff are supervised by a health educator. With regard to the question of sections or divisions, 35 (38.0%) said that their health department does not have sections or divisions, and 12 (13.0%) said that they group all Health Educators in a health education section or division.

A section of the survey asked respondents to report the types of department teams and community coalitions in which their health departments' health educators participated. The first question in this section asked which other professionals the health educators worked with on teams or work groups. Participants were asked to select all the professionals with whom their health educators worked. Fifty-one (55.4%) said Public

Health Nurses, 39 (42.3%) said Environmental Health Staff, 28 (30.4%) said Dietitians, and 19 (20.6%) said marketing and or public relations staff. In addition to the aforementioned professionals, respondents commented on other professionals with whom their health educators worked, including Women, Infant, and Children (WIC) staff, Aging and Disability Resource Center (ADRC) staff, Health and Human Services staff, law enforcement officials and Criminal Justice Department staff, and Registered Dental Hygienists. The main department teams that health educators reportedly worked on were those involving Community Health Needs Assessments, Community Health Improvement Plan development and implementation, Health Equity, and Public Health Emergency Preparedness. Furthermore, health educators most commonly worked on Drug Free Community Coalitions, Tobacco Coalitions, Public Health Emergency Preparedness programs, Community Health Improvement Plan external priority teams, and Mental Health workgroups.

Participants were also asked about the types of marketing and promotion in which their health educators participated. The most commonly used marketing and promotion methods were Facebook, their County website, and flyers, handouts, and brochures. Additional responses mentioned Twitter, radio and television promotion, newsletters, community events calendars, and press releases. The next question was about grants, specifically asking *Are the Health Educators in your department involved in searching for available grant opportunities, grant writing, and/or grants management for your department?* Forty-Three (46.7%) of participants responded 'yes', their health educators take part in the grant process, and 49 (53.2%) said that someone else does the grant work or they do not utilize grants. Those that responded 'yes' stated that their health educators

searched and applied for grants, wrote proposals, reviewed literature, and managed and implemented the grants, or that their health educators were part of a team that helps write grants for health department programs. Those that responded ‘no’ either stated that they did not utilize grants or that the Public Health Nurses and or Public Health Department Health Officers dealt with grants.

The next section pertained to student internship experiences within the health departments. Respondents were asked *Does your health department offer internship experiences to students majoring in health education, public health, or health promotion?* to which 55 (59.7%) responded that they do offer internship experiences. Participants then were asked an open-ended question about how often their health department hosts students. The responses varied drastically with some health departments hosting students year-round and other departments hosting students only occasionally or when a student approached them. Several respondents noted that they mainly host nursing students. Additionally, participants were asked which colleges or universities their interns came from, and again the responses were vast. Fifteen respondents (16.3%) noted their interns came from the University of Wisconsin – La Crosse, 10 (10.8%) stated that they had interns that were from the University of Wisconsin – Green Bay, 9 (9.7%) noted that they had hosted interns from the University of Wisconsin – Madison, and 8 (8.6%) stated they had hosted interns from the University of Wisconsin – Oshkosh. Other institutions that their interns came from include University of Wisconsin – Stevens Point, University of Wisconsin – Superior, University of Wisconsin – Milwaukee, Mount Mary, Alverno, Concordia, Madison Area Technical College, Cardinal Stritch or other online programs, Carroll University, Medical College of Wisconsin, Viterbo University, St. Cloud State

University, University of Wisconsin – Platteville, University of Wisconsin – Eau Claire, University of Wisconsin – Stout, Ripon College, Bellin, Yale, Syracuse, University of Minnesota, Edgewood, Winona State University, and Wisconsin technical college.

Another source of interns was the Area Health Education Centers (AHEC) internship program. Participants were asked who is responsible for supervising the student interns. Responses included health education staff, the health department director, the intern coordinator, nutrition staff, environmental health staff, public health nurses/nursing staff, and health officers.

### **Survey Participants' Comments**

At the end of the survey, participants were asked two open-ended questions to include: “What have you found beneficial about having Health Educators on staff in your department?” and “Please add any additional information/insights about Health Educators in the local health department setting.” These open-ended questions prompted responses from the majority of participants. Some responses touted the benefits of health educators. For example, one participant stated, “They help to engage community. Often times, they wear many different ‘work hats’ and have the skill set to work in various programs and areas within the Local Health Department setting.” Another participant stated, “There are so many health department programs that are well-suited to be administered by educators. They have experience and techniques for engaging residents of all ages in the topics we're discussing. More and more of our efforts are related to community education than clinics, but they are beneficial to all Health Department staff.” Additionally, the difference between health educators and public health nurses was noted multiple times. One participant commented that “Our department would like to have more health educators at

our disposal. Nurses are primarily clinically-minded and are not fully prepared to do community or population-based education”. Another participant shared that health educators have a “different skill set and job responsibilities compared to public health nurses.” While yet another participant noted, “I think this cadre is so important in local public health and increasingly will take on duties of the Public Health nurse, so they can focus on nursing tasks.”

While many of the comments about health educators were positive, ambiguity regarding the role of health educators also was noted. In fact, one participant mentioned that: “Those serving in Health Educator roles are not always formally trained in health education. [This] proves to be a challenge (lack of connection to foundational public health/health education competencies) and a benefit (great to have different perspectives)” and that “Various academic preparations cause variation in the skills and ability of staff.” Another participant supported the notion that educational background is important, stating that “Formal training in public health allows for greater understanding of public health and direction of Public Health 3.0.” Additionally, restricted budgets were noted as a reason why health educators were not being hired. According to one participant:

We only have Public Health Nursing positions listed as health department professional employees, other than the Women Infant and Child and Registered Dietitian. We only have 1.5 positions, and I need clinical nursing services from both. If I was ever in the position to add staff, I would certainly like a Health Educator, but that is unlikely to happen.

Another participant stated that “I think Health Educators are an asset for any Health Department, but budgetary cuts seem to affect them more than other positions. When my co-worker retired, she was never replaced with another Health Educator. I believe a new Public Health Nursing position was created. I am the only Health Educator in our facility.” Overall, the qualitative responses provided insight into how local health departments would utilize and/or do utilize health educators.

### **Summary of Results**

Overall, the response rate was better than expected. Everyone who received the survey responded. One issue that was encountered was that one participant did not respond to any questions. Additionally, some participants did not respond to selected questions. It is possible that the participants did not feel the questions pertained to them. A complete list of responses to the open-ended questions can be viewed in Appendix B.

The results show that health educators are utilized in a variety of capacities across local health departments in Wisconsin. The combination of quantitative and qualitative data provided a full picture of the different roles of health educators. It also can be noted that a large percentage of local health departments do not employ health educators. While some of the comments showed that budgets are the main reason why health educators are not being hired, it also was noted that there is a perception that public health nurses can complete the same work as health educators. After viewing the results, it can be seen that health educators are utilized in a variety of roles and for an array of responsibilities.

## **CHAPTER IV**

### **DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS**

#### **Discussion**

Health Education Specialists work in a variety of professional roles throughout the community. The purpose of this project was to explore how local health departments in Wisconsin utilize Health Education Specialists. Understanding the plethora of hats that a health education specialist can wear can allow employers to properly assess how their health department could incorporate a health educator.

Several of the survey participants touted the abilities of their health educators, stating that they find health educators to be beneficial in a variety of ways. In fact, one participant commented on “Their ability to coordinate, lead, and build; meeting facilitation skills, planning and evaluation skills; relationship building; and knowledge of technology.” Another participant mentioned that “There are so many health department programs that are well-suited to be administered by health educators. They have experience and techniques for engaging residents of all ages in the topics we're discussing. More and more of our efforts are related to community education than clinics, but health educators are beneficial to all Health Department staff.”

From a professional standpoint, the roles and responsibilities of health education specialists is a topic that needs to be explored more thoroughly from state to state.

Stellefson et al. (2011) noted that “misunderstandings regarding the role of a ‘health educator’ are common to those outside the field of health education and promotion, and possibly even among individuals within the field... Consequently, with so many possible functions and varying job titles for those practicing health education, it can be difficult to clearly, concisely state what a health educator is or does for a living” (p. 379). The results of this survey confirmed this statement, showing a vast array of worksite responsibilities and educational backgrounds of health educators, and revealed ideas for how to develop the health education specialist workforce. Additionally, it has been noted in research that “there exists a lack of depth of understanding among employers regarding the profession” (Hezel, 2007, p. 5). As the field of health education continues to grow, so must our understanding of roles and responsibilities of health education specialists. One participant’s comment resonated with this sentiment:

They bring a skill set not taught in the other fields, communicating and teaching. Most of the other fields are taught only technical communication and the health educators have the ability to make our technical work relatable and applicable to the public as a whole. Plus, they usually have really creative ways of presenting information.

Through this experience, the author became aware of how important health educators can be in the local health department setting in Wisconsin. She found that, unlike some states like New Jersey, most Wisconsin local health departments do not require people working as Health Educators to have the CHES designation. The author noted that there were several survey participants who mentioned a lack of consistency in the training of health educators. It should also be noted that the survey did not ask if

employers assisted with the preparation and or costs of the CHES examination. If this survey is utilized in the future, a question should be added regarding employers partially or fully covering the examination cost for employees seeking certification.

The results revealed that a large portion of local health departments (55.3%) employed at least 1 health educator. Many survey participants also noted that they would like to have health educators on staff because they have a skill set that is different from that of public health nurses. According to one participant, “Our department would like to have more health educators at our disposal. Nurses are primarily clinically-minded and are not fully prepared to do community or population-based education.” This comment shows that employers are noticing the advantages of having trained health educators on staff and that they can bring more to the workforce than employers might realize.

Being part of this experience has led the author to believe that there is much to be done to clarify the roles and responsibilities of health educators as well as the vast amount of settings in which health education specialists are capable of working. One participant’s comment was particularly relevant to the sentiments of the author – “We do not currently have a health educator on staff but if we were able to hire more professional staff, I would definitely consider a Health Educator. So much of our work involves health education, promotion, coalition building, and community health improvement. Health Educators are ideally suited to this work.” Health education specialists have a different skill-set than other types of professionals working in local health department settings, but together they can help create healthier, better educated communities.

## **Limitations**

Overall, there is room for improvement when administering a survey such as this. First, the author would recommend that an expert panel review the instrument for validity. In the comments section at the end of the survey, one participant mentioned that they did not fill out much of the survey because they did not have health educators on staff and felt that the survey did not pertain to them. This leads to the suggestion that there must be a “Not applicable” answer option for all questions. One thing that went well was the distribution of the survey. With the assistance of Christa Cupp, Paula Silha and Jennifer Rombalski were able to successfully administer the survey to the majority of local health departments in Wisconsin. Additionally, the timeline worked well for both the investigators and the participants.

## **Conclusions**

The Bureau of Labor Statistics states that projected employment for health educators is expected to increase by 14% over the next eight years (BLS, 2018). As the field of health education continues to grow, so must our understanding of the capacity of health education specialists. This survey was a starting point for the La Crosse County Health Department in an effort to further develop its workforce. There are several conclusions to share with other professionals in the health education field.

First, in order for local health departments to have the capacity to hire health educators, funding and budgetary constraints must be addressed. Many of the survey participants stated that their budget seemed to be the main reason why they did not hire more health educators. One participant reiterated this reality by saying, “I think Health

Educators are an asset for any Health Department, but budgetary cuts seem to affect them more than other positions. When my co-worker retired, she was never replaced with another Health Educator. I believe a new PHN position was created. I am the only Health Educator in our facility.” Health educators are a resource that can be woven into any community on a variety of levels and in an assortment of workplaces; they just need to be given the chance.

Second, there is much potential for this research to reach more people and result in gathering more in-depth information. Specifically, the survey used for this project could be expanded upon to further delve into the role delineation of health educators within local health department settings in Wisconsin. Additionally, the survey could be repeated in a variety of other settings (e.g. hospitals, universities, etc.). The findings of this survey revealed a need to explain the wealth of knowledge and skill-sets that health education specialists offer. Research has shown that “Building a consensus description of the uniqueness of a health educator could help coalesce and distinguish health education from among the variety of existing health professions” (Stellefson, 2011, p. 380).

The results also showed that over half of the local health departments surveyed offer internship opportunities to college students in health education fields. This is a good step forward in exposing those pursuing their degree in a health-related field to what the practice of health education looks like in different settings. For example, health education interns typically are exposed to many different types of coalitions, workgroups, and teams that focus on a variety of public health issues.

On a personal level, the author was surprised to find that many local health departments did not require the CHES designation. The author attended the University of

Wisconsin – La Crosse undergraduate program in Community Health Education, a CEPH-accredited program, that prepares students for the CHES exam. The faculty of the program stated the potential benefits of attaining CHES certification and, thus, the author was surprised to discover that only about 12,000 out of more than 60,000 practicing health educators in the U.S. are CHES certified (Opp, 2015). The CHES certification can help employers determine which health educators have met national competencies identified by NCHEC. It shows employers the type of skill-set a health educator has. As Stollefson et al. (2011) stated, “In a public health world of specialties, CHES gives the health education professional unique merit” (p. 384).

As previously stated, the author was able to complete a preceptorship experience with the La Crosse County Health Department in the spring of 2018. The La Crosse County Health Department employs nine health education specialists. The author had an opportunity to experience the vast array of roles that health educators can have within a health department. She saw that health departments can incorporate health educators into almost any team or workgroup in the department and that those groups flourish.

### **Recommendations**

The results of this survey were distributed to participants who noted a desire to receive the collated, aggregated data. A detailed report was given to Paula Silha and the La Crosse County Health Department. It is the belief of the author that research into the utilization of health educators is applicable to more than just local health departments. This survey could be considered a beginning attempt to understand more about the status of health educators in local health departments in Wisconsin. The responses from this survey revealed an array of understanding about health educators and their abilities.

Professionals in the field of public health and health education can learn from the results of this survey. For example, they could learn about how other health education specialists are being utilized for community work and coalitions, which could give them ideas of how to expand their work. Additionally, professionals could learn about the CHES designation or about universities that have a large number of students looking for internships in the health education field.

The author recommends that employers in the local health department setting be given a packet of informational materials about health education specialists. For instance, it could be beneficial for professionals to create a marketing campaign to local health departments attempting to portray the skill-set of a health education specialist. Stellefson et al. (2011) noted that while employers may not be able to change the funding their health departments receive, they would be more knowledgeable about what health educators can add to their workforce.

Another recommendation is that more research be conducted comparing the educational and certification requirements of health education specialists in local health departments throughout the United States. Different states have different requirements for what classifies as a health educator. Many states require a bachelor's degree in a health field as well as the CHES certification. However, as stated previously, there are no strict requirements for health educators to work in local health departments in Wisconsin (NACCHO, 2015).

Lastly, the author recommends advocacy regarding the health education profession. The general public as well as employers should be educated about the work

that health educators can perform. Advocating should also be aimed toward state legislators to improve their understanding and support of health education efforts. This research showed that, while the field of health education continues to expand, there still is much work to be done in educating the public and employers about the skill-sets and capabilities of health education specialists

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APPENDIX A

La Crosse County Health Department – Workforce Development Survey

\*\* FINAL DRAFT \*\*

The La Crosse County Health Department is conducting this survey to gather data and experiences from local health departments in Wisconsin regarding their use of Health Educators. The data will be adapted in efforts to ensure the best possible framework for utilizing the skills of a Health Educator within a local public health department. Completion of this survey is voluntary and confidential, however when taking the survey you will be asked if you are interested in receiving a summary of survey results. If you are interested in receiving collated and de-identified survey results please include your contact information so that a summary of results can be shared. La Crosse County Health Department may share the collated and de-identified individual and grouped responses with the La Crosse County Administration and Board as well as staff and leadership within the Health Department and Regional Office. Thank you for your time and interest in completing this survey.

1. Is your Department a stand-alone department or is it part of a Health and Human Services agency?
  - a. Stand-alone department
  - b. Part of Health and Human Services
  - c. Other
2. What region of the Wisconsin Division of Public Health is your Department affiliated with?
  - a. Western
  - b. Southern
  - c. Northeastern
  - d. Southeastern
  - e. Northern
3. What size is the population of the jurisdiction your department serves?
  - a. Less than 50,000
  - b. 50,000 – 100,000
  - c. 100,000-150,000
  - d. 150,000 +
4. For the purpose of this survey we define health educator as staff that has a Bachelor of Science degree in health education, public health, or health promotion. Does your Department employ health educators?
  - a. Yes
  - b. Yes, but they have a different title
  - c. No
  - d. No, but we have staff that have the title of health educator
5. How many health education staff do you employ?
  - a. 0

- b. 1-2
- c. 3-5
- d. 6-9
- e. 10+

6. Does your Department require a degree for staff to work as a health educator?
  - a. Yes
  - b. No
7. What type of degree does your health education staff have as a minimum requirement?
  - a. Health Education degree
  - b. Public Health degree
  - c. Health Promotion degree
  - d. Nursing degree
  - e. Human Services degree
  - f. Education degree
  - g. Related health field
  - h. Other (with comment field)
8. What position titles are given to staff that have a Bachelor of Science degree in health education, public health, or health promotion?
  - a. Health Educator
  - b. Community Health Educator
  - c. Community Health Specialist
  - d. Public Health Specialist
  - e. Community Health Worker
  - f. Other (with comment field)
9. Does your department have a position description for a Health Educator?
  - a. Yes
  - b. No
10. If yes, how many steps are in the payroll progression?
  - a. Comment box
11. If yes, what are the payroll steps based upon? (select all that apply)
  - a. Program degree
  - b. Years of experience/annual performance review
  - c. Certification level
  - d. Master's degree
  - e. Other (please specify)
12. Does your Department promote certification of health education staff as CHES (Certified Health Education Specialist)?
  - a. Yes

- b. No
- c. I am unaware of the CHES certification

13. Are staff required to have CHES certification to work as a Health Educator within your Department?
  - a. Yes
  - b. No
  - c. No, however CHES certification is preferred
14. Who supervises your Health Educators?
  - a. Health Educator
  - b. Public Health Nurse Supervisor/Manager
  - c. WIC Supervisor/Manager
  - d. Nutrition Manager
  - e. Health Director
  - f. Health department manager
  - g. Other (please list)
15. Are other health department staff supervised by the Health Educator within your department?
  - a. Yes, please describe (comment box)
  - b. No
16. Does your Department group all health education staff in a health education section or health education division?
  - a. Yes
  - b. No
  - c. No, our health department does not have sections or divisions
17. Do the Health Educators in your department work with other professions as part of department teams? (check all that apply)
  - a. Public health nurses
  - b. Dietitians
  - c. Environmental health
  - d. Marketing/public relations staff
  - e. Other (comment box)
  - f. No they do not
18. Do the Health Educators lead/co-lead any department teams? (check all that apply)
  - a. Community Health Needs Assessment
  - b. Community Health Improvement Plan development
  - c. Community Health Improvement Plan implementation
  - d. Health Impact Assessment

- e. Workforce Development
- f. Quality Improvement
- g. Grant Writing team
- h. Public Policy team
- i. Accreditation Team
- j. Marketing/department promotion team
- k. No they do not lead department teams
- l. Other (comment box)

19. Do the Health Educators lead/co-lead any community coalitions for your department?
  - a. Healthy Living Coalition
  - b. Drug Free Communities Coalition
  - c. Bicycle Pedestrian Safety Coalition
  - d. Safe Kids Coalition
  - e. Community Health Improvement Plan external priority teams
  - f. Mental Health workgroup
  - g. Nutrition workgroup
  - h. No they do not lead community coalitions
  - i. Other (comment box)
20. What type of marketing and promotion do your Health Educators participate in?
  - a. Twitter
  - b. Facebook
  - c. County website
  - d. Fliers/handouts
  - e. Radio commercials
  - f. TV commercials/Public Service Announcements
  - g. No staff participation with Department marketing/promotion
  - h. Other. \_\_\_\_\_
21. Are the Health Educators in your Department involved in searching for available grant opportunities, grant writing, and/or grants management for your Department?
  - a. Yes
  - b. No
22. If yes, please describe what roles Health Educators serve related to grants.
23. If no, please describe which department does grant work.
24. Does your Health Department offer internship experiences to students majoring in health education, public health or health promotion?
  - a. Yes

- b. No
  - c. No, we do not have health education staff
25. Describe how often your department hosts students.
- a. Comment box
26. Describe which colleges/universities your interns come from.
- a. Comment box
27. Who supervises the students during their internship experiences?
- a. Health education staff
  - b. Health department director
  - c. Intern coordinator
  - d. Nutrition staff
  - e. Environmental health staff
  - f. We do not have internships
  - g. Other (Please specify)
28. What have you found beneficial about having Health Educators on staff in your department?
29. Please add any additional information/insights about Health Educators in the local health department setting.

Please leave your contact information if you are interested in receiving a summary of the collated and de-identified survey results.

Thank you for your time and consideration while completing this survey.

APPENDIX B

Results from the La Crosse County Health Department – Workforce Development  
Survey – Fully Detailed

## **La Crosse County Health Department**

### **Workforce Development Survey: Health Educators**

As part of the Preventive Health and Health Services block grant from the Wisconsin Division of Public Health, the La Crosse County Health Department (LCHD) conducted this survey to gather data and experiences from local health departments in Wisconsin regarding their use of Health Educators. The health education division of LCHD received this workforce development prevention grant with the goal of improving the quality of the health department by meeting accreditation standards. By implementing quality improvement processes, the La Crosse County Health Department upholds the standards of the Public Health Accreditation Board.

The purpose of the survey is to delve into if and how local health departments around Wisconsin utilize health educators. The goal of the survey is to use the results in the future to create a more encompassing description of the roles and responsibilities of the health educator in the La Crosse County Health Department. The data will be adapted in efforts to ensure the best possible framework for utilizing the skills of a Health Educator within a local public health department.

Note: Throughout the survey, a group of respondents did not feel that many of the questions pertained to them. Thus, there is consistently a group of 28-35 respondents per question that did not respond. We take the lack of response to indicate that they do not have Health Education staff and thus the questions are not relevant to their health department. This inference was made after careful consideration of numerous comments.

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## Demographics of Survey Participants

### Number of Respondents

92 (1 respondent did not answer any questions and was removed from the results)

### Type of Health Department

Stand-alone: 61

Part of Health and Human Services: 31

### Region

Western region: 12 respondents

Southern region: 13 respondents

Southeastern region: 21 respondents

Northern region: 12 respondents

Northeastern region: 34 respondents

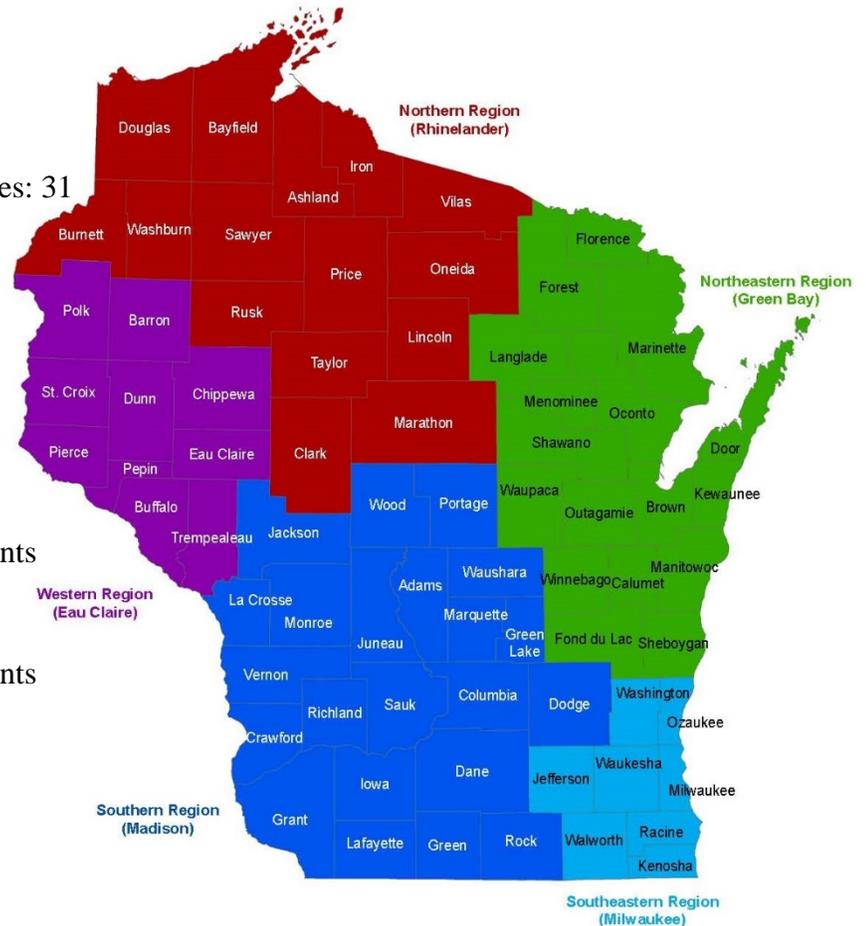
### Jurisdiction population size

Less than 49,999: 49 respondents

50,000 – 99,999: 19 respondents

100,000 – 149,999: 11 respondents

150,000+: 13 respondents



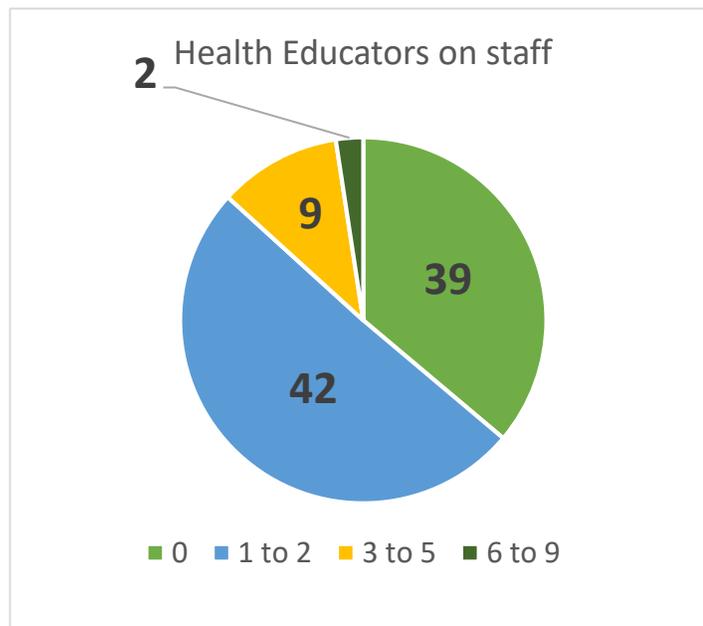
<https://www.dhs.wisconsin.gov/dqa/bnhrc-regionalmap.htm>

## Health Educator Figures

**For the purpose of this survey, we define Health Educators as staff that hold a Bachelor of Science degree in health education, public health, or health promotion. Does your department employ Health Educators?**

- 40 respondents said Yes, they do employ Health Educators
- 11 respondents replied Yes, but they have a different title
- 30 respondents replied No
- 3 respondents replied No, but we have staff that have the title of Health Educator
- 8 respondents did not respond to the question

**How many Health Educators do you employ?**



## **Health Educator Specifics**

### **Requirements**

#### **What type of degree do your Health Educators have as a minimum requirement?**

Most (55) local health departments required a degree to work as a Health Educator.

Health Education	45
Public Health	33
Health Promotion	27
Nursing	12
Human Services	3
Education	10
Related Health Field	26
No degree	2

Respondents were able to specify what they meant by other related health field. The most common responses were: Community Health Education, Environmental Health, Communication and Health, and Master's degree in Public Health.

#### **What position titles are given to staff that have a Bachelor of Science degree in Health Education, Health Promotion, or Public Health? (Select all that apply)**

Health Educator	25
Community Health Educator	19
Community Health Specialist	5
Community Wellness Specialist	0
Public Health Specialist	12
Community Health Worker	0

Respondents were given the opportunity to add in additional titles for their staff. The most common write-in responses were: Community Health Strategist, Preparedness Coordinator, Health Services Coordinator, Community Health Coordinator, and "Nursing staff does health education/are not given a different title."

**Position Description and Payroll**

**Does your department have a position description for a Health Educator?**

Yes	53
No	24

**Does your department have payroll steps for Health Educators?**

Yes	37
No	37

**If yes, how many steps are in the payroll progression?**

4 steps	1
5 steps	2
6 steps	7
8 steps	1
10 steps	4
11 steps	3
12 steps	4
13+ steps	3

Many respondents added in comments regarding bonuses/performance range pay.

**If yes, what are the steps based upon? (Select all that apply)**

Program degree	5
Years of experience/annual performance review	35
Certification level	5
Master's degree	6

Many respondents added comments regarding market rate, cost of living, whether the person is in a supervisory role or not, and job duty performance.

### **Certified Health Education Specialist (CHES)**

“The CHES designation signifies that an individual has met eligibility requirements for, and has successfully passed a competency-based examination demonstrating skill and knowledge of the Seven Areas of Responsibility of Health Education Specialist, upon which the credential is based (NCHEC, 2018).” This certification comes from the National Commission for Health Education Credentialing or NCHEC.

#### **Does your department promote certification of Health Educators as CHES (Certified Health Education Specialist)?**

Yes	30
No	34
I am unaware of the CHES certification	6

#### **Are staff required to have CHES certification to work as a Health Educator within your department?**

Yes	5
No	39
No, however, CHES certification is preferred	21

## **Department Supervision**

### **Who supervises your Health Educators?**

Health Educator	6
Public Health Nurse	8
Health Director	32
WIC	0
Nutrition Manager	0
Health Department Manager	11
We do not have Health Education staff	9

Respondents were given the opportunity to comment about additional leaders that may act as supervisors to Health Educators to include: Health Commissioners, Health Officers, Deputy Directors, Community Health Directors, Chronic Disease Prevention Program Directors, Public Health Supervisors, and Community Engagement Unit Supervisors.

### **Are other health department staff supervised by the Health Educators in your department?**

Yes	5
No	55

### **Does your department group all Health Educators in a health education section or health education division?**

Yes	12
No	17
No, our health department does not have sections or divisions	35

**Teams and Workgroups**

**Do the Health Educators in your department work with other professions as part of health department teams/workgroups? (Check all that apply)**

Public Health Nurses	51
Dietitians	28
Environmental Health	39
Marketing/public relations staff	19
No, they do not	4

Respondents were able to leave comments regarding additional staff with which their Health Educators work. The responses include: ADRC (Aging and Disability Resource Center), Women, Infants, and Children (WIC), Registered Dental Hygienists, Public Health Preparedness Coordinators, Clerical Support, Law Enforcement Staff, Criminal Justice Department Staff, and Health and Human Services Staff.

**Do the Health Educators lead/co-lead any departmental teams? (Check all that apply)**

Community Health Needs Assessment	35
Community Health Improvement Plan development	35
Community Health Improvement Plan implementation	35
Health Impact Assessment	4
Workforce development	8
Quality Improvement/Performance Management	20
Grant Writing Team	16
Accreditation Team	18
Marketing/Department Promotion Team	19
No, they do not lead departmental teams	8

Respondents were given the opportunity to specify other departmental teams that their Health Educators lead/co-lead. Responses include: Health Equity Teams, Public Health Emergency Preparedness teams, Hoarding Task Force, and Community Grant Coalitions.

**Do the Health Educators lead/co-lead any community coalitions for your department? (Check all that apply)**

Healthy Living Coalition	15
Drug Free Community Coalition	24
Bicycle / Pedestrian Safety Coalition	9
Safe Kids Coalition	8
Community Health Improvement Plan External Priority Teams	28
Mental Health Workgroup	24
Nutrition Workgroup	20
No, they do not lead any community coalitions	9

Respondents were given the opportunity to specify other community coalitions that their Health Educators lead/co-lead. Responses included: Tobacco, Public Health Emergency Preparedness, Oral Health, Heroin Task Force, Drug and Alcohol Coalition, Substance Abuse Coalition, and Healthy Growth and Development Coalition.

**What type of marketing and promotion do your Health Educators participate in?**

Twitter	19
Facebook	51
County website	43
Fliers/handouts/brochures	47
Radio commercials	17
Television	11
No staff participation	1

Respondents were given the opportunity to specify additional forms of marketing and promotion in which their Health Educators participate. Responses include: newsletters, city websites, city publications, press releases, movie ads, community events calendars.

**Are the Health Educators in your department involved in searching for available grant opportunities, grant writing, and/or grants management for your department?**

Yes	43
No	15

**If yes, please describe what roles Health Educators serve related to grant work.**

**Responses included:**

- Search out and apply for grants
- All staff continually search for relevant grants
- Writing proposals, reviewing, managing, and implementing
- Data gathering and literature review
- Part of a team that helps writes grants for any health department program
- One staff health educator is the grant manager – she writes and manages all grants
- We have an aide that assists us in writing grants
- Very limited time spent on grant searches/do not actively search out grants

**If no, please describe which department does grant-related work.**

- None
- Public Health Department Health Officer
- Public Health Nurses
- Other health department staff

## **Student Internship Experiences**

**Does your health department offer internship experiences to students majoring in health education, public health, or health promotion?**

Yes	55
No	12
No, we do not have health education staff	5

**Describe how often your department hosts students.**

- All the time!
- On a first come, first serve basis; we host almost any health-related field of study student
- Every semester
- Once or twice per year
- About 150-200 students per year, with ~50 being health education or wellness promotion
- Students are hosted by environmental health 1 to 2 times a year
- Depends on projects and need
- All year long
- Infrequently
- We mainly host nursing students

**Describe which colleges/universities your interns come from.**

- Multiple UW system and tech school programs as well as some out of state universities
  - UW- La Crosse (15)
  - UW-Stevens Point (2)
  - UW-Superior (1)
  - UW-Milwaukee (6)
  - UW-Madison (9)
  - Mount Mary (2)
  - Alverno (3)
  - Concordia (3)
  - UW-Oshkosh (8)

- Madison Area Technical College (1)
- Cardinal Stritch or other online programs (3)
- Carroll (5)
- Medical College of Wisconsin (6)
- UW-Green Bay (10)
- Viterbo University (5)
- St. Cloud University (1)
- UW-Platteville (1)
- AHEC (Area Health Education Centers) (10)
- UW-Eau Claire (5)
- UW-Stout (1)
- Ripon (1)
- Bellin (2)
- Yale, Syracuse (1)
- University of Minnesota (2)
- Edgewood (2)
- Winona State University (2)
- WI technical colleges (5)

**Who supervises the students during their internship experiences?**

Respondents were given the opportunity to specify additional staff that may supervise interns. Responses include: Public Health Nurses/Nursing Staff (12), Health Officers (3), management and teams.

Health Education Staff	29
Health Department Director	35
Intern Coordinator	1
Nutrition Staff	7
Environmental Health Staff	14
We do not have internships	8

## Benefits of Health Educators and Additional Comments

What have you found beneficial about having Health Educators on staff in your department? (Responses are taken verbatim)

- Their ability to **coordinate, lead, and build**; meeting facilitation skills, planning and evaluation skills; relationship building; knowledge of technology
- **Versatility** with the positions to promote non-mandated public health issues; involvement in all aspects of public health (e.g. suicide prevention, opioid crisis, safe walking/biking, environmental, tobacco, well women, emergency preparedness, mental health, alcohol/drug)
- Wider set of **community and education-based skills** (as opposed to nurses)
- Formal training in public health allows for greater understanding of public health and direction of public health 3.0
- Versatility, educational background, **social justice framework**
- I believe that Health Educators have better teaching and speaking skills. They are able to **take technical information and make it understandable to the general public** which many disciplines are unable to do
- Thinking about public health issues in terms of **strategizing a long-term plan** and coordinating partners within the department and community to align and share resources
- I am the first health educator to be employed by my county, and the agency has already seen benefits. I have been able to use my skills to create program promotions with a theory-base that have created a larger response, and similarly create posts for social media to help keep the public informed. I have taken our CHA and CHIP and created action items and coalitions based on the needs in our community, that are seeing real change in improving health needs and health disparities
- Ability to provide health promotion to the community and **increase community engagement**, community health planning, work with public and private sector and build community relations
- Expertise in **community engagement, evaluation, data collection, collective impact, focus on population health & prevention, innovation**
- They can dig into the community and be the **collaborators** for all partnerships
- They help to engage community. Often times **they wear many different “work hats”** and have the skill set to work in various programs and areas within the LHD setting

- I think we bridge many different areas of public health and have such a range of skills to offer within our community
- **Research perspectives and abilities**; evaluation strengths; program operation ability (assessment, planning, implementation and evaluation); quality improvement skills; systems thinking and support across systems
- So much! There are so many health department programs that are well suited to be administered by educators. They have **experience and techniques for engaging residents** of all ages in the topics we're discussing. More and more of our efforts are related to community education than clinics, but they are beneficial to all HD staff
- The versatility and the **marketing and promotional skills** are important
- Fill a void that needed to be filled
- Population focused approach
- **Can work with many population health issues** such as coalitions, public information, STD follow-up, social media
- They are great at what they do. Easily engage with the community and effectively communicate messages
- Perhaps different skill set and job responsibilities compared to public health nurses
- **Instrumental in advancing community, systems and policy work.** Would be glad to have a conversation as to the added value for our department and county
- They bring a skill set not taught in the other fields, communicating and teaching. Most of the other fields are taught only technical communication and the health educators have the ability to make our technical work relatable and applicable to the public as a whole. Plus, they usually have really creative ways of presenting information
- **Wide variety of expertise** and adaptable to various funding sources/grants. Great at community building and connecting to resources
- **Community engagement** by far. **Grants.** Expanding staff understanding about what impacts health and capacity necessary to sustain population level changes
- **Allows flexibility in running programs**; Public health educator facilitating meetings, driving coalition work, fostering relationships with other departments or organizations; Has diversified out involvement within the community
- The impact of their degree is very systems orientated and they are very interested in working with coalitions

- **Community outreach**, creating materials appropriate for target audience
- They bring interpretation of data to the department. Also assist with success measures for performance management
- They have the training and ability to manage **CHA** from the assessment to writing the final document. Our PH Specialist also leads **CHIP** workgroups made up of residents and community partners. She also assists with the department strategic planning process, grant programs, community presentations, and social media
- **Understands coalition work and sustainability**, enjoys updating PHP plans and, guides us in our preparation for accreditation
- There are a wealth of projects and programs they can help out with if familiar with public health. I also have mine working on **preparedness and adolescent health** teaching in the school system. They are very versatile, more so than many nurses who although well-trained are looking at health care more than promotion initially
- **I wish we had a Health Educator on staff**
- Another professional discipline
- Their **knowledge of community health, coalitions, not working at the individual level**, generally have a more systems thinking approach
- Can **implement a variety of learning strategies** based on target audience
- Our health educator has been invaluable and has been able to explore more activities as staff availability allows
- It's helpful to have someone who can translate some of the technical jargon in EH and nursing to concepts the public can understand
- We do not currently have a health educator on staff, but if we were able to hire more professional staff, I would **definitely consider a Health Educator**. So much of our work involves health education, promotion, and coalition building and community health improvement - Health Educators are ideally suited to this work
- They have been great with the CHIP and CHA processes. They can do **staff education** on a variety of topics and are very helpful with accreditation activities
- Lower salary than nurses. Good at coalition work
- They are skilled in **developing and facilitating coalitions**, which is a skill we have found that public health nurses don't necessarily have. Great skills in developing marketing materials. Variety of interests/experiences.

**Please add any additional information/insights about Health Educators in the local health department setting.**

- **Our department would like to have more health educators at our disposal.** Nurses are primarily clinically-minded and are not fully prepared to do community or population-based education
- Call me if you want to know more! Also, just wanted to note many of my answers were for all staff we consider "health educators" whether or not they have a degree in public health, health promotion or health sciences as several of our "health educators" have a degree, but not many have those specific degrees (wasn't sure how broad 'health sciences' was)
- **Those serving in Health Educator roles are not always formally trained in health education,** proves to be a challenge and a benefit - great to have different perspectives, lack of connection to foundational public health/health education competencies
- They should be in every department leading coalition work, CHA/CHIP, etc.
- **I think Health Educators are an asset for any Health Department, but budgetary cuts seem to affect them more than other positions.** When my co-worker retired, she was never replaced with another Health Educator. I believe a new PHN position was created. I am the only Health Educator in our facility
- **I believe all health educators should be working in conjunction with another health educator.** It can be challenging being the only health educator for the whole county because I cannot accomplish all that my coworkers and community members would like me to simply based on time
- I do wish we were given more leadership roles within our division – very few offered in the community unless Master prepared
- **Invaluable - critical thinking - systems thinking - evaluation - ability to cross train knowledge of public health systems - budgeting - management - leadership** (with advanced degree or years of service)
- **Various academic preparations cause variation in the skills and ability of staff.**
- **I would love to have health educators.** I have worked with them when at a county health dept. and found them to be very valuable
- Individuals prepared as in health education/promotion, **public health who carry CHES certification have a unique skill set necessary to population health goals**

- **Health Educators are an essential role at the local health department** in order to provide community outreach and connections to promote programs and increase awareness
- Been interesting dynamic with public health nurses. **Have really helped move public health from direct service to population level health.** Great to have as part of a multidisciplinary team and "Health Education" doesn't describe well what these staff do; it really undersells them
- Our community health educator helps to alleviate some of the responsibilities from our nursing staff so that our nurses can expand other programs/services while we can still partner with coalitions and organizations. This is a really beneficial position (we only have one public health educator) to have, and this role has been also used as a sort of "grant writer" as well as fill-in for our environmental health program when we need the additional help in the summer months. **Versatile position**
- We wish we could add additional staff in order to hire a health educator
- We currently do not have a health educator working in our department. We have kept the job description on file that was used in the past. The position was contracted through Workplace Development in Grant County and paid for with Biot/PHEP funds. **I am definitely interested in hiring a health educator again. I would welcome feedback from others who have either had Health Educator Interns or have Health Educators employed in their Health Department. Thank you!**
- They have been able to support **capacity building** of other staff in the skill areas she has.
- We only have PHN positions listed as health dept. professional employees, other than the WIC RD. We only have 1.5 positions, and I need clinical nursing services from both. If I was ever in the position to add staff, I would certainly like a Health Educator, but that is unlikely to happen
- Maintains and updates our website and Facebook pages. Makes my workload so much easier!
- Our LHO does have a degree in public health; however, does not serve specifically in the role as health educator
- Health Educators offer a broad base of knowledge that works well with other public health professionals
- **I believe, over the years, Community Health Specialists have become an essential part of operating a health department and integrating our work at the population level**

- There are a lot of things in the health department that can be considered the responsibility of the health educator to the extent of "one person cannot do it all," so team work is vital
- We have a "Health Specialist" position that was open to health educators. We hired a person with a sociology degree for this position
- We have only had health educators for about 3 years, so the position is growing
- **Adding health educators to our workforce was one of the best things we have done!!**
- Pierce County is thinking of hiring a HE this year. I think this cadre is so important in local public health and increasingly will take on duties of the PH nurse, so they can focus on nursing tasks
- I apologize for leaving several of the questions blank, but we do not have any Health Educators in our Health Department and therefore, the questions were not applicable. I am interested in investigating the role of Health Educators more in the future

Trends throughout this report show that Health Educators tend to be underutilized in the local health department setting in Wisconsin. While many organizations highly value their Health Education staff, others are unsure how their skill sets differ from Public Health Nurses. Additionally, funding has severely impacted health departments' ability to investigate hiring Health Educators. Further education is needed for local health departments to properly represent the capacities of Health Educators and how they can benefit organizations.

## APPENDIX C

### Results from the La Crosse County Health Department – Workforce Development Survey – Executive Summary



# Workforce Development Survey

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**La Crosse County  
Health Department**

The purpose of this survey is to determine if and how local health departments around Wisconsin utilize Health Educators.



## Workforce Development: Health Educators

### Health Educators in the local health department setting

#### Purpose

As part of the Preventive Health and Health Services block grant from the Wisconsin Division of Public Health, the La Crosse County Health Department (LCHD) conducted this survey to gather data and experiences from local health departments in Wisconsin regarding their use of Health Educators.

#### Highlights

- The most common degrees of Health educators included Health Education, Community Health Education, Environmental Health, Public Health, Health Promotion, and other health related fields.
- Position titles included Health Educator, Community Health Educator, Public Health Specialist, Community Health Strategist, and Community Health Coordinator.
- 1/3 health departments promote and prefer Health Educators with the CHES (Certified Health Education Specialist) designation.
- Health Educators work most closely with Public Health Nurses, Dietitians, and Environmental Health staff
- Health Educators lead/co-lead CHIP and CHA department teams
- Health Educators lead/co-lead community coalitions including: Drug Free Communities, Mental Health, Tobacco, and Public Health Emergency Preparedness
- 46% of Health Educators are involved in the grant process
- 60% of local health departments offer student internship experiences to students at a variety of Wisconsin universities

#### Quick Statistics

\*\*\*

- Number of responses: 92
- Average community size: less than 100,000
- 55% of health departments employ a Health Educator
- Average number of Health Educators employed: 1 - 2
- Most common degrees held by Health Educators: Health Education, Public Health, Other health related field
- CHES certification is preferred
- "Health Educators are an essential role at the local health department"

"Adding health educators to our workforce was one of the best things we have done!!"

### What have you found beneficial about having Health Educators on staff in your department?

- Their ability to coordinate, lead, and build; meeting facilitation skills, planning and evaluation skills; relationship building; knowledge of technology
- Wider set of community and education-based skills (as opposed to nurses)
- Versatility with the positions to promote non-mandated public health issues; involvement in all aspects of public health (e.g. suicide prevention, opioid crisis, safe walking/biking, environmental, tobacco, well women, emergency preparedness, mental health, alcohol/drug)
- Thinking about public health issues in terms of strategizing a long-term plan and coordinating partners within the department and community to align and share resources
- Research perspectives and abilities; evaluation strengths; program operation ability (assessment, planning, implementation and evaluation); quality improvement skills; systems thinking and support across systems
- Instrumental in advancing community, systems and policy work
- Community engagement by far. Grants. Expanding staff understanding about what impacts health and capacity necessary to sustain population level changes.
- Understands coalition work and sustainability, enjoys updating PHP plans, guides us in our preparation for accreditation.
- Our health educator has been invaluable and has been able to explore more activities as staff availability allows.
- They are skilled in developing and facilitating coalitions, which is a skill we have found that public health nurses don't necessarily have. Great skills in developing marketing materials. Variety of interests/experiences.
- Invaluable - critical thinking - systems thinking - evaluation - ability to cross train knowledge of public health systems - budgeting - management - leadership

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*For questions, comments, or if you would like a full copy of the report  
Please contact Paula Silha at  
psilha@lacrossecounty.org*

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## APPENDIX D

### Potential Educational Materials for Employers

## HEALTH EDUCATION SPECIALIST

# What is a Health Education Specialist?

A professional who conducts assessments, plans, delivers, and evaluates health programming

Health Education Specialists work to improve the health of all people in a community

They are capable of applying their knowledge and skills in a variety of settings. Their capabilities complement the work of those around them.

## Health Education Specialists can...

- **Assess** the health needs of people and communities.
- **Develop programs, materials and events** to teach people about health topics or manage health conditions.
- **Evaluate** the effectiveness of programs and educational materials.
  - **Help people** find health services or information.
- Provide **training** programs for other health professionals or community health workers.
  - **Advocate** for improved health resources, policies, procedures and services that promote health.
- **Collect and analyze data** to learn about a particular community to improve programs and services.
- **Supervise staff** who implement health education programs.

©PHC, modified from <https://www.cpha.org/careers/health-education-profession/>

## Common Career Titles

- Health Education Specialist
- Public Health Specialist
- Community Strategist
- Health Program Manager
- Community Health Coordinator
- Community Health Specialist
- Preparedness Coordinator

## Common Work Settings

- Hospitals
- Universities
- Government Agencies
- Health Departments
- Non-Profit Organizations
- Businesses
- Schools
- Communities



# What is CHES?

Certified Health Education Specialist



"The CHES designation signifies that an individual who has met required academic preparation qualifications, has successfully passed a competency-based examination and who satisfies the continuing education requirement to maintain the national credential"

For more information: <https://www.nchec.org/>



## National certification benefits practitioners and the public by:



- Establishing a national standard of practice for all health education specialists
- Attesting to the individual health education specialists knowledge and skills
- Assisting employers in identifying qualified health education practitioners
- Developing a sense of pride and accomplishment among certified health education specialists
- Promoting continued professional development for health education specialists

For more information:

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