

## Sowing the Seeds: Results of Giving Local Health Educators Ownership in Planning a University Health Education Degree Program

By: [Mike Perko, Ph.D., CHES](#); Carl A. Stockton, Ph.D.; Darwin Dennison, Ed.D.; Melody Kyzer, Ph.D.

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**\*\*\* Note: Figures may be missing from this format of the document**

### **Abstract:**

The University of North Carolina at Wilmington, in their efforts to develop a health education degree program, invited local health educators to a university-funded advisory forum. The goal was to provide local practitioners ownership in the development of the program, and elicit real world comments to aid in curriculum design. The insights gained reinforced the notion of including all stakeholders in any planning process. The following represents the process that took place and the subsequent curricular outcomes.

### **Article:**

One of the tenets of health education/health promotion planning is involving all stakeholders in the process. In 1999, The University of North Carolina at Wilmington (UNCW) began to plan an undergraduate degree program in health education - one that would be driven by the competency areas as set forth by the National Commission for Health Education Credentialing (NCHEC), Inc. A critical part of the planning process was the invitation to local practicing health educators to provide input to the development of this program. A university grant was awarded specifically for an advisory forum to be held to give local health educators a voice in the development of a program that graduates may potentially be working for. The following highlight the objectives of the forum and resulting actions.

### **The Need**

Located in a historic port city five miles from the Atlantic Ocean, UNCW is the only major institution of higher learning serving Southeastern North Carolina. Currently, approximately 11,000 students attend UNCW, and further growth is expected with 12,500 total students enrolled in the next five years. In 1997 the UNCW Division of Academic Affairs released its university-wide five year Strategic Plan. Under the heading NEW UNDERGRADUATE INSTRUCTIONAL PROGRAMS, the College of Arts and Sciences recognized as a top priority a health education major, citing "Rapid population growth within the University's service region, an aging population, and increased public concern about a variety of health-related issues, among them diet, exercise, and access to health information, the college proposed to establish within the department of Health, and Applied Human Sciences (HAHS) the B.S. degree program in Health Education."

With the strategic plan as the catalyst, the HAHS department began to institutionalize a concentration in health education within its already existing undergraduate degree in Physical Education and Health. With this effort underway, it was decided that local practicing health educators would be included in any planning efforts. The rationale for this was clear; a caveat of health education planning is involving stakeholders in the process. Stakeholders in this case were local health educators who may be in the position to hire, supervise, mentor, or otherwise aid UNCW students and/or graduates during and upon successful completion of degree requirements. Too often universities rely solely on internal resources rather than seeking those existing in the community, with the result being a line drawn between the "university people" and the "locals." With this in mind, the UNCW planners took the first planning step by building the process around local community health professionals.

## **Inviting Local Health Educators**

Eighteen individuals practicing health education were identified in the Wilmington community. Represented areas including the New Hanover County Public Health Department, the Cape Fear Coastal Area Health Education Center (AHEC), Cape Fear Columbia Hospital and New Hanover County Regional Medical Center, the regional American Heart Association and American Cancer Society, and various school and worksites settings. Of the 18 identified, 12 attended. Additionally, two UNCW students who were interested in the proposed major were also participated.

Of the 12 advisory forum attendees, eight had four year degrees in Health Education; two had degrees in Exercise Science and two in Exercise Physiology. Two of the attendees held the Certified Health Education Specialist (CHES) credential. Job descriptions included Health Educator I & II (Public Health Dept.) Research Analyst (AHEC), Exercise Physiologist (New Hanover County Regional Medical Center), Health Promotion Specialist (local area worksite), Health Educator (AHA & ACS), Patient Educator (Cape Fear Columbia Hospital), Wellness Director (New Hanover County Regional Medical Center), and Health Education Consultants.

A UNCW faculty member briefed the group on the strategic plan of the university, a history of the HAHS Department at UNCW, current and projected courses to be taught in the proposed major, Certified Health Education Specialist (CHES) competency areas, anticipated options upon graduation with degree, and a short history of national events in health education including data on the CHES certification exam, the only recognized credentialing exam signifying competence of health education standards and one yardstick by which UNCW Health Education students can be measured post graduation, and the US Department of Labor's Standard Occupational Classification (SOC) Policy Review Committee's recent recognition of Health Education to it classification system. This recognition allows for tracking of national health education salary averages, job growth, and entry-level expectations for the job market.

With all this said, the forum focused on the following:

- The proposed UNCW program seen from practitioner's eyes,
- Benefits and barriers of proposed program, and,
- Suggestions from advisory group for potential courses.

Given that the proposed program in health education was to be competency-based, there was a strong sense that the program was timely and needed. Local health educators felt that there is a lack of understanding as to what a health educator does, and this is resulting in the loss of jobs to individuals trained in ancillary health professions (exercise physiology, nutritionist, fitness specialist) who can show neither a credential or licensure. It was emphasized that at the conclusion of academic study, students would be able to sit for the exam to become a Certified Health Education Specialist (CHES). Successfully passing the CHES exam signifies competence in nine areas of health education practice and adds marketability for future employment.

A number of local health educators stressed that the community tends to rely on band-aid type health programs. A lengthy discussion during the workshop focused on the medical orientation of many local "health education" programs that were actually secondary prevention programs — provided to patients following an illness to help them recover. The sense was that a number of job opportunities for trained health educators existed, but there is an overall lack of understanding about what they "do." Next, the issue of professional training for nurses and health educators and competition for the same jobs was brought to the table. These topics were immensely important to the planning process, as it provided insight into the reality of the community at large. The above eerily echo a passage from Kreuter, et al., (1998), "... we are reminded (1) that public health practice is inseparably tied to the political workings of the community it seeks to serve;

(2) that it is unreasonable to think that effective public health practice can be implemented and sustained if it is invisible to the general public and decision makers; and (3) that failure to seek the respect and counsel of citizens reflects a flaw in both the ethics and the application of public health programs."

The final activity of the forum involved action planning. The local contingent was given the task of mapping out key experiences/courses in the proposed program. These were to complement and accompany the NCHEC competency areas. They are listed here in table 1.

**Table 1. Key experiences/courses as proposed by working health educators**

Semester 1	Semester 2
<b>Personal Health course</b> <b>Introduction to Service Learning</b> <b>Foundations/Principles of Health Education course</b> <b>Community Health course</b> <b>Salary Expectations-Local/State/National</b>	<b>Methods/Teaching Techniques</b> <b>Leadership experience</b> <b>Instructional Technology course</b> <b>Introduction to Statistics</b> <b>Working in Teams</b> <b>Introduction to Theory</b> <b>Service Learning II</b> <b>Evaluation/Research Methods</b>
Semester 3	Semester 4
<b>Shadow Experience at various settings</b> <b>Professional Development in the Health Professions</b> <b>Grant Writing/Budget/Business Sense</b> <b>Anthropology</b> <b>Planning course</b> <b>Organization and Administration course</b> <b>Current Issues and Topics</b> <b>Health Law</b> <b>Internship</b>	<b>Service Learning IV Project</b>

## Outcomes

In the Fall of 2001 the University of North Carolina at Wilmington officially began offering a 62 hour concentration in Health Education as a prelude to a full stand-alone major degree program. There are 21 current health education courses, increased from 9. The vast majority of courses are a direct result of input from the locally held forum.

For example, almost all of the forum's suggested "courses" in semester's 1-3 are included in some form in coursework taught. Suggested courses from the forum to be included in semester 4 will be considered with the natural growth of the program. Over 45 students are enrolled in the concentration and approximately 50 additional students are pursuing the newly formed minor in Community Health. Current shadowing and field experiences take place with the very same local health educators who helped plan the program. The very first graduate of the program sat for and passed the CHES exam, exceeding the national average for all who took the exam in five of the nine areas. Most importantly, in poor economic times, two graduates have landed local community jobs in the field, both at locations represented at the planning forum, while others have been accepted in competitive graduate programs. The contributions made by local health educators in the planning process cannot be overstated. Their continued support, developed simply over a daylong workshop,

will reap benefits for future generations of UNCW students who will seek shadowing opportunities, internships, and employment.

**Table 2. Coursework articulating with forum suggestions**

Semester 1	Semester 2
<b>Individual Well Being</b> <b>Principles of Health Education</b> <b>Bioethics</b> <b>Introduction to Community Health</b> <b>Introduction to Nutrition</b>	<b>Anatomy and Physiology 1</b> <b>Applications in Computers in Health and Physical Education</b> <b>Health Intervention Strategies</b> <b>Research and Evaluation in Health and Physical Education</b>
Semester 3	Semester 4
<b>Anatomy and Physiology 2</b> <b>Consumer Health</b> <b>Health Communications</b> <b>Field Experiences in Health Education</b> <b>Measurement and Evaluation in Health</b> <b>Current Topics in Health</b>	<b>Organization and Administration in Health</b> <b>Advanced Topics in Health</b> <b>Concepts in Human Disease</b> <b>Nutrition and Human Performance</b> <b>Directed Independent Study</b>

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