



NCHEC NEWS

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WHY MCHES? WHY NOT!

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The launch of the advanced-level credential, Master Certified Health Education Specialist (MCHES) is finally here. The MCHES Experience Documentation Opportunity (EDO) is underway, and the profession continues to have much discussion around the two, distinct levels of practice – entry and advanced. The completion of the Health Educator Job Analysis (HEJA) has confirmed that practice occurs at these two levels among professionals in the field. With a PhD and the CHES credential in hand, I now have the opportunity to become MCHES to verify my advanced-level of practice. However, the questions now become, “Why would someone with a terminal research degree want to pursue MCHES?” Additionally, “Why would a non-CHES, practicing at the advanced-level, want to pursue MCHES?” The following are my thoughts as to the benefits of MCHES for an individual and the field of health education. In sharing these thoughts, I hope to begin a focused dialogue for current CHES to consider in their recruitment of non-CHES, practicing at the advanced-level, in obtaining the MCHES credential.

From an individual perspective, the MCHES can be seen as a career ladder. For example, for those with master’s degrees in the field of health education (or a related field), MCHES may help elevate your colleagues’, supervisors’, and the public’s confidence in your advanced-level practice and abilities. Additionally, the MCHES is an advanced certification, recognized by the field and universally available to those practicing at the advanced-

level. Having this certification places you in a recognizable group among your peers. Secondly, for those of us with a terminal doctoral degree, which is typically referred to as a research degree, MCHES verifies our competency to engage in not only research activities, (which is emphasized primarily in Area of Responsibility IV), but in all Areas of Responsibility ranging from conducting a needs assessment to advocating for a policy change. Having said this, I have colleagues with PhD’s who still may not necessarily “buy-in” to the idea that CHES or MCHES will elevate them professionally, to which I say, I think the discussion should turn from an individual focus to a discussion about enhancing the profession. It is my belief that a credentialed field is better recognized as competent by the public and other entities. Along with that notion, requiring entry-level and advanced-level researchers and practitioners to acquire a certification, verifying their competency in that level of practice, will better leverage our profession to pursue direct, third-party reimbursement and better recognition of success in developing, implementing and evaluating effective programs. As major strides are made to better market the profession, I believe having these credentials only strengthens the pursuit. With that being said, I urge current CHES to not only think about pursuing the MCHES credential, but to talk to your non-CHES colleagues about the benefits to the individual and the field of health education. ■

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Check out the NCHES News online: www.nchec.org/news/news.htm



Differentiating Professionally trained “Health Educators”

W. William Chen, PhD CHES,
Chair of Board of Commissioners



NCHEC is in the process of making a recommendation to the members of the Joint Committee on Health Education and Promotion Terminology for adoption of the newer term, “health education specialists” in their decennial

review of terminology in the health education/health promotion field. The health education profession has used the term “health educator” for a long time and it may be difficult to change, but this term has many problems and has not been able to live up to the new developments in the profession. So many people have used the term “health educator” for different reasons and many people call themselves “health educators” if they provide any education about health, regardless of their training and qualifications. This is a strong reason why I believe “health education specialist” should be used as a special title to differentiate it from “health educator.” “Health education specialist” is a more

appropriate term to refer to someone who has completed the education and/or training requirements currently associated with professional competencies and skills. The marketing committee of the Coalition of National Health Education Organizations (CNHEO) promotes the health education profession and advocates that the “health education specialist” is one that is a professionally prepared individual that serves in a variety of roles and is specifically trained to use appropriate education strategies and methods to facilitate the development of policies, procedures, interventions, and systems conducive to the health of individuals, groups and communities.

The NCHEC Board of Commissioners recognized the need for a more consistent use of the newer term “health education specialist” to replace the term “health educator.” Therefore, the Board approved the term as the standard in naming individuals in the health education profession at their meeting in April, 2009. This approval further reinforced the recommendations made by the Hezel report (Hezel Associates, 2007). The

report recommended that recognition of specializations and “specialist” is common use and has value and a certain cachet within several health professions and among the public’s perception of one’s skill level. Also, the term “specialist” communicates that one has attained a standard set of competencies in health education via a degree completion or national certification system. The change in terms will help to make the differentiation between the term “health educator” which is used by many people from different training and professional preparation.

Although the Joint Committee on Health Education and Promotion Terminology has not yet officially adopted the term, I think as a CHES we need to begin using the term to differentiate ourselves from others. I believe the use of this term will help to further establish health education as a profession and help to sustain the development and advancement of health education. If you are not already doing so I would like to encourage you to use the term “health education specialist” in all your communications. ■

Message from the Executive Director

Linda Lysoby, MS, CHES, CAE



As we enter into the year 2011, it is exciting to reflect back on the many accomplishments of 2010 and to anticipate the opportunities for the upcoming year.

The past few years have been ones of monumental growth in terms of the numbers of certified individuals, increased recognition by employers of the CHES credential, and the development of the Master Certified Health Education Specialist (MCHES) certification. In 2008, NCHEC joined with the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE) in the sponsorship and oversight of the Health Educator Job Analysis (HEJA) and the release of those results in 2010. In compliance with the HEJA

findings, two publications were released, *The Health Education Specialist: A Companion Guide for Professional Excellence, 6th edition* and *A Competency-Based Framework for Health Education Specialists-2010*.

The CHES exam has been re-aligned to reflect the results of the HEJA. The revised exam will be offered for the first time in April 2011. The HEJA results are also the basis for the advanced-level Sub-competencies used in the MCHES Experience Documentation Opportunity (EDO) for individuals who have been active CHES for the past 5 years. This process is open now and will conclude on April 16, 2011. The structure of the MCHES examination, which will be offered for the first time on October 15, 2011, is also based on the HEJA results. The NCHEC Board of Commissioners has made all policy decisions regarding the CHES and MCHES certifications to reflect the standards of the National Commission for Certifying Agencies.

The progress made in all of the above mentioned projects would not be possible without the dedicated service of many volunteers on the NCHEC Board of Commissioners and Division Boards as well as the many individuals who volunteered for the task of the HEJA and also the creation of the publications. Their dedication to the profession of health education is evident.

Also, I am pleased to report that NCHEC was recognized in 2010 by Eta Sigma Gamma, the National Health Education Honorary, with its highest honor, the Honor Award. This honor was presented at the Eta Sigma Gamma annual meeting in Kansas City for NCHEC’s work to improve the health education profession and its effort to keep members of the profession current.

Here’s to another year of prosperous growth in the field of health education! ■

NCHEC would like to recognize Angela D. Mickalide, PhD, CHES, for her commitment to the public health education profession. After graduating with a degree in behavioral sciences from the Johns Hopkins School of Hygiene and Public Health, Angela spent the next 25 years at the federal Office of Disease Prevention and Health Promotion (ODPHP), the National Safe Kids Campaign, and the Home Safety Council. As both a researcher and a practitioner, Angela has developed, implemented and evaluated dozens of injury prevention programs, relying heavily on the Responsibilities and Competencies required of a CHES.



through a combination of better supervision of children, behavioral modifications, use of safety devices, and enactment and enforcement of laws and regulations. CHES have important roles to play in this regard, whether convincing an adult to be a designated "water-watcher" when children are swimming, an older adult to modify the home environment to prevent

falls, a family to install and maintain carbon monoxide detectors and smoke alarms, and a legislature to require automatic residential sprinklers in all newly-constructed homes. I am proud that my 20+ years in injury prevention has culminated in co-editing a hot-off-the-press APHA book entitled, *Healthy and Safe Homes: Research, Practice and Policy*.

What advice do you have for students and new professionals?

Express appreciation to your faculty and other mentors. Earn the CHES certification and maintain your certification for the rest of your professional life. Consider running

for one of the NCHEC boards. Become actively involved in professional societies such as APHA, SOPHE, AAHE, ASHA, among others. Volunteer to serve on non-profit boards and public health committees in your community. Encourage undergraduates you know to pursue a bachelor's degree in health education and/or seek graduate education in this field. Abide by the health education code of ethics as you strive to make the world a healthier and safer place.

What has been your most recent contribution to NCHEC?

This past year, I had the pleasure of leading the chapter re-write on the topic of planning health education in *The Health Education Specialist: A Companion Guide for Professional Excellence 6th edition*. In addition, I was one of the contributing authors in the recent publication entitled *A Competency-Based Framework for Health Education Specialists – 2010*. Based on these experiences, earning the advanced credential, MCHES, is definitely a professional goal for 2011! I hope that all who are eligible for the MCHES will do the same. ■

What motivated you to earn your CHES credential?

In the early 1990s I taught two courses at the George Washington University School of Public Health, one focused on case studies in health promotion and the other on theories of health education. Several of my students asked me about the benefits of earning the CHES credential, as well as strategies for successfully passing the exam. As I result, I researched the CHES credential and decided to sit for the exam myself in order to mentor my future students and to remain cutting-edge in the profession. You cannot imagine how nervous I felt sitting for the exam in April of 1993, surrounded by my own students in the examination room. Fortunately, I passed, as did all of the MPH students taking my class that semester! I have remained an active CHES ever since.

Why have you spent the past 20 years working in injury prevention?

Injuries are a leading killer and a major disabler of our population. Each year in the United States, more than 17,000 people of all races, ages, and socio-economic status die from motor vehicle crashes, pedestrian and bicycling incidents, falls, poisonings, fire/burns, choking/suffocation, and drowning, among other causes. Millions more are injured and suffer permanent disabilities. Yet injuries are eminently preventable

NCHEC Receives Honor Award



NCHEC Executive Director, Linda Lysoby accepting the Eta Sigma Gamma, Honor Award, from Dr. Mohammad R. Torabi at the 2010 American School Health Conference in Kansas City, Missouri.

Master Certified Health Education Specialist (MCHES) Examination

THE EXAM

The Master Certified Health Education Specialist (MCHES) exam is a competency-based test that measures the possession, application and integration related to the Seven Areas of Responsibility; a comprehensive set of Competencies and Sub-competencies defining the role of an advanced-level health education specialist. These Responsibilities were verified through a role derivation and job analysis process.



The MCHES exam consists of 150 questions (150 scored, 15 pilot tested) some of which are based on the following information:

MCHES Exam Seven Areas of Responsibility for Health Education

Area of Responsibility	Percentage of Exam
I. Assess Needs, Assets, and Capacity for Health Education	15%
II. Plan Health Education	15%
III. Implement Health Education	20%
IV. Conduct Evaluation and Research Related to Health Education	16%
V. Administer and Manage Health Education	16%
VI. Serve as a Health Education Resource Person	10%
VII. Communicate and Advocate for Health and Health Education	8%
TOTAL EXAM	100%

EXAM ELIGIBILITY

For CHES:

- A minimum of the past five (5) continuous years in active status as a Certified Health Education Specialist

For Non-CHES or CHES with fewer than 5 years active status + five years experience:

- A Master's degree or higher in Health Education, Public Health Education, School Health Education, Community Health Education, or Health Education
- Completion of a minimum of 25 semester hours (37 quarter hrs) of course work in the Seven Areas of Responsibility for Health Education (see address below)
- Five (5) years of documented experience as a health education specialist.

To verify experience applicants must submit:

- two verification forms from a current or past manager/supervisor, and/or a leader in a health education professional organization
- a current curriculum vitae/resume

**FIRST MCHES EXAM
OCTOBER 15, 2011**

Next Exam Dates

Tell a colleague or student that the next CHES exam dates are **April 16, 2011** and **October 15, 2011**. For more information, visit the Web site at www.nchec.org or contact the exam coordinator at 888-624-3248, ext 12.

APRIL 2011

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17	18	19	20	21	22	23	
24	25	26	27	28	29	30	

OCTOBER 2011

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16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

Conference Schedule

Mark your calendars for opportunities to earn continuing education contact hours. For more information on the conferences, visit the organizations' Web site.

Organization	Details	Dates	Location
AAHPERD – 126th National Convention and Exposition	www.aahperd.org/districts/eda/	Mar. 29-Apr. 2, 2011	San Diego, California
SOPHE 2010 Midyear & CDC Prevention Research Center	www.sophe.org	May 1-4, 2011	Albuquerque, New Mexico
American College Health Association (ACHA)	www.acha.org	May 31-June 4, 2011	Phoenix, Arizona
SOPHE 62nd Annual Meeting	www.sophe.org	October 27-29, 2011	Washington, DC
APHA 139th Annual Meeting and Exposition	www.apha.org/meetings/	Oct. 29-Nov. 2, 2011	Washington, DC



CHES LOOKING FOR A JOB???

Check out the NCHEC, HpCareer.net and the CNHEO Web sites for links to open jobs.

Employers: Do you want even more exposure to Health Education Specialists? HPCareer.net has been a career service resource for professionals and students in the health education field in finding jobs and internships.



RE M I N D E R

THE MCHES Experience Documentation Opportunity is now OPEN.

Don't Miss Out on this One Time Opportunity!

Current CHES who have been active for the last **five** continuous years may submit documentation of advanced-level practice in health education to qualify for MCHES designation. The EDO process will close on April 16, 2011.

A CULTURE OF SUPPORT FOR CHES

Written by: James M. Eddy, DEd, CHES

Professor and Director of the Office of Academic Outreach at University of North Carolina-Greensboro

When professionally appropriate, I have always encouraged undergraduates and graduate students to become a Certified Health Education Specialist (CHES). To do so, I carefully highlight the benefits of being a CHES and the utility of the Responsibilities and Competencies of Health Education (R & C) that are the foundations of the CHES process. Despite my encouragement, a significant percentage of those students who I counsel opt not to go through the process to become CHES. At the same time, I notice that in other professions, a much higher percentage of students seek certification of credentialing appropriate to their academic discipline.

There are a myriad of reasons for the discrepancy, but one important factor, I believe, is that we, health education professional preparation professionals, have not universally created a "culture of support" for CHES. The purpose of this discussion is not to hypothesize why or if academic programs should develop a culture of support, but rather, how we can create a culture of support.

The work of Allen and Leutzinger (1999) helps to inform our thoughts on creating a culture change. From their work, I want to focus on three building blocks of a culture of support for CHES; norms, climate, and collegial support. Norms are the accepted and expected way of doing things. Climate is composed of three interrelated factors; a sense of community, a shared vision and a positive outlook toward CHES and the certification process. And, collegial support is the natural support system provided by faculty, staff, administrators, and other students.

Any systemic culture change takes time to realize, so we need to start now with clear and definitive actions to create a culture of support. Some activities that will help move the profession in this direction are provided below:

NORMS

- All faculty in the academic department who qualify are a CHES
- The R & C's are built into all course syllabi where appropriate
- The R & C's are listed as selling points of a program when recruiting students and in all internal and external promotional messages
- CHES are recognized at department functions and on Web sites
- The R & C's are posted in the Department office for all visitors to view
- The R & C's and CHES Certification are built into the Department's Assessment Plan
- Require students graduating from health education-related programs to sit for the CHES exam

CLIMATE

- Faculty and administrators are enthusiastic about the possibilities of the CHES and the R & C's to shape the profession
- Students and faculty weave the Health Educator R & C's into their own professional goals
- Faculty look for opportunities to integrate the R & C's into all aspects of university life
- Students and faculty provide examples of how the R & C's help us think through health

education program design, implementation and evaluation problems and issues

- The R & C's are used to help students and faculty set goals for program applications
- Faculty and students are receptive to advice on how to use the CHES certification and the R & C's to advance the profession

COLLEGIAL SUPPORT

- Faculty and students work together to support the certification process
- The Department provides study groups for CHES preparation
- Faculty provides verbal encouragement for students following through with the credentialing process
- The Department provides financial support for student to travel to sit for the CHES exam
- Colleagues and other administrators encourage other faculty, staff, and students to pursue the CHES certification

CLOSING THOUGHTS

Listed above are just some of the activities that health education faculty and departments may pursue to facilitate a culture of support for the CHES process. In the final analysis, faculty becoming CHES and publicly affirming this credential is essential to begin building a culture of support.

Allen, J. & Leutzinger, J. *The role of culture change in health promotion*, The Art of Health Promotion, 1999. Vol. 3 (1): 1-10. ■

NCHEC Presents & Exhibits at National Conferences



Melissa Rehrig, NCHEC Communication Director, conducts a round-table presentation about the MCHES certification at the ASHA conference in Kansas City, Missouri.



Beth Chaney, BOC Vice-chair, presents about the new MCHES certification at the Annual SOPHE meeting in Denver Colorado.



NCHEC Executive Director and BOC Vice-Chair present at the APHA Annual Meeting in Denver Colorado. The session was called Credentialing: Preparing Public Health Practitioners. From (l-r) Sungsoo Chun, Linda Lysoby, Theresa K. Jackson, M. Elizabeth Miller, and the moderator of the session, Karen Denard Goldman. Presenters not pictured were Beth Chaney and Susan Radius.



NCHEC Communication Director, Melissa Rehrig (center), pictured with Dr. James McKenzie and JoAnn Kleinfelder at the exhibit booth at the 138th Annual APHA meeting in Denver Colorado.



Congratulations

to the following **Board of Commissioners** and **Division Board Directors** who were elected or appointed for service beginning in 2011: Kellie Flannery, Christine Abarca, Jill Clutter, Ladan Ask, Michael Hodges, Erin Reiney, and Gwydolyn Ashcom.

Thank You

to Rick Schulze, Betty Hubbard, Beverly Saxton-Mahoney, Kelly Wilson, Matthew Adeyanju, Kelly Bishop, and Judith Luebke as they completed their terms in 2010. A sincere thank you to all of you for all the hard work and dedication on the NCHEC boards. ■

The 2010 NCHEC Board of Commissioners met for a face-to-face meeting in May 2010 at the Whitehall, Pennsylvania office to finalize MCHES policies and procedures. Seated (l-r): Suzette McClellan, William Chen (chair), Deborah Fortune. Standing: James McKenzie, Alyce Stewart, Lori Elmore (secretary), Rick Schulze (treasurer), Elizabeth Chaney (vice chair), Dixie Dennis (immediate past chair), Jacquie Rainey, Stephen Gambescia, Martha Kelsey.

Division Board for Professional Development and NCHEC staff during the 2010 face-to-face meeting to discuss the continuing education requirements for MCHES. (l-r) Seated: Audrey Shively, Matthew Adeyanju, Suzette McClellan. Standing: Judith Luebke, Sandy Schaffer (staff), Julie Luht, Alyce Stewart



Division Board for Certification for Health Education Specialists at a face-to-face meeting in October 2010 to develop a new CHES and MCHES exam. (l-r) Front row: Denise Seabert, Beverly Saxton-Mahoney, Roberta Ogletree, Caile Spear, Marcia Ditmyer. Back row: Rebecca Filipowicz, David Brown, Laura Talbott, Jacquie Rainey, Sharon Thompson, Betty Hubbard, Betty Jung, James McKenzie, and Vita Greco from PES.



The Division Board for Professional Preparation and Practice with NCHEC staff at their face-to-face meeting to discuss implementation of the MCHES. (l-r) Front: Ellen Edmonds, Lori Elmore. Back: Stephen Gambescia, Mike Perko, Tanya Cole (staff), and Michael McNeil.

NCHEC Welcomes New CHES – Spring 2010

The following is an additional list of those who earned the distinct title of Certified Health Education Specialist (CHES) in the April 2010 examination. NCHEC congratulates those who took the exam within 90-days of graduation and have now submitted proof of completion. Those who opted not to be published are excluded from the list.

Comfort Agaba	Naralys Estevez	Mary Huddleston	Christian Murua	Hailey Skinner
Aamina Ahmed	Ashley Faas	Caitlin Jacobs	Faith Mwiti	LaMonica Smith
Ashley Andreano	Veronica Fitzpatrick	Emily Jacobs	Chelsea Nooney	Carol Stephenson
Anne Atkinson	Benjamin Foster	Kiwana King	Erin Obernier	Treemanisha Stewart
Nurit Bassett	Erin Freeman	Sheba King	Nma Ohiaeri	Mary Szydlowski
Shannon Beitel	Mary Garrett	Kristen Kletcke	Andria Olson	Veronica Tellez
Jamila Bello-Malabu	Jessica Gathings	Gwendolyn Knight	Blossom Paravattil	Brandi Thompson
Megan Benson	Chelsea Giuffre	Samantha Korb	Erica Pinegar	LaToya Thompson
Jamie Blackwell	Piper Grant	Joy Ladd	Lacey Plathe	Lauren Tierney
Felicia Blair	Suzanne Haddock	Pamela Lammonds	Varsha Purandare	Ashley Toomey
Mara Bravo Gonzalez	Alisha Hayden	Marie Lightowler	Kara Ratajczak	Colleen Turkot
Diana Brown	Bridget Heine	Lona Loudon	Tanya Riddle	Samantha Wallace
Chase Bunker	Joshua Hemsath	Allyn Lovett	Simone Rivas	Shannon Walters
Marina Cabral	Jonathan Henderson	Amalie Marte	Tiara Rosemond	Lauren Wenzel
Diana Cahoon	Abigail Hernandez	Kaela Martin	Naa Sackey	Jerry White
Tammy Chase-Brunelle	Sarah Higgins	Giovanni Mastracchio	Catherine Sager	Kaley Whitmer
Shelby Childs	Nina Holmes	Janeen Maxwell	Christina Sancken	Aimee Williams
Kate Clifford	David Hoover	Lisa McKenna	Olivia Schmidt	Arletha Williams-Livingston
Laura Colman	Rebecca Horne	Patrick McMahan	Rachel Sierk	Der Xiong
Avani Desai	Jennifer Howell	Melissa Miller	Deidre Singleton	Carolyn Zweigart
Heather Dodson	Joanne Hsu	Sydney Milligan	Heather Skanchy	
Jessy Ellenberger	Jennifer Huang	Sarah Montrichard		

VIRTUAL EMPLOYEE WELLNESS PROGRAM

Written by: Robin McClave, MS, CHES

As a contractor to the Federal government, the virtual employee wellness program offers health and wellness services to large federal agencies. As is the case in the private sector, our clients want a cost-effective strategy to achieve measurable improvements in health outcomes in their employee populations. Typically, wellness programs have included health education and health promotion programs onsite. However, for organizations that are geographically dispersed, technology provides an outlet to reach a broader audience. Providing health resources and other tools through a Web-based platform is supported by research to assist employees in achieving behavior change.

For our virtual wellness programs, we provide individualized health management tools including health education, risk assessments, lifestyle coaching, and incentive programs. All of these components provide an integrated approach to well-

ness, especially lifestyle coaching. We employ lifestyle coaches who serve as advocates and partners on the path to wellness, helping employees identify for themselves the health behavior changes that will be meaningful in their lives. They work one-on-one with employees telephonically to address their motivation and vision of health, as well as obstacles and strategies to overcome these barriers.

In bringing these individuals on board, a lot of consideration is given to their educational background and experience. Being CHES certified has been and continues to be very beneficial. A CHES is a prepared professional that can serve as a health education resource person to clients. Lifestyle coaches are consistently faced with health related questions and requests for information on topics such as physical activity, stress management, and nutrition. The health information they provide must be valid and credible, and being CHES certi-

fied helps in identifying appropriate and relevant resources. Additionally, NCHEC offers professionals with various continuing education opportunities to ensure they stay engaged in the changing nature of the health education profession. These opportunities enhance knowledge while providing an arena in which to network with other health promotion professionals.

While it is considered in the hiring requisite, the CHES certification is not a requirement of lifestyle coaches yet, but we hope to move in that direction. It standardizes the knowledge and skill level of the team and ensures a benchmark of understanding the role and responsibilities of a health educator. The lifestyle coaches play a critical role in the lives of employees by assisting them on their journey toward better health – it is essential that they serve as the strongest resource possible along the way. ■

Advanced CECH Requirements: **MAINTAINING YOUR MCHES CERTIFICATION**

Written by: Audrey Shively, DBPD Director, MSHSE, CHES

It has been a very busy and exciting time planning the arrival of the advanced-level credential, MCHES. This includes the introduction of new Competencies, the ongoing Experience Documentation Opportunity (EDO) process for current CHES, and preparing for the first MCHES exam in late 2011. One more component of the advanced certification that has also been given a lot of attention by NCHEC leadership is the continuing education requirements for MCHES. The Division Board for Professional Development (DBPD) has spent the last year studying the new Competencies and developing appropriate Continuing Education Contact Hours (CECH) opportunities for MCHES to complete in order to fulfill their five-year recertification requirements. This article will provide an overview of what an individual must do to maintain the MCHES certification.

NCHEC has expanded the existing scope of both Category I and Category II CECH opportunities. Now there are four types of Categories: Category I entry, Category II entry, Category I advanced, and Category II advanced. The two entry Categories remain the same; the two new advanced Categories focus specifically on the advanced-level Sub-competencies. They are:

Category I advanced refers to CECH opportunities that relate to one or more of the Areas of Responsibility, the advanced-level Sub-competencies, and have been pre-approved by NCHEC (offered by designated providers).

Category II advanced refers to CECH opportunities that relate to one or more of the Areas of Responsibility and the advanced-level Sub-competencies but have not been preapproved by NCHEC (offered by non-designated providers).

MCHES Recertification Requirements

As stated in the updated Policies and Procedures Handbook for Renewal and Recertification, MCHES recertification requirements will be:

Like CHES, MCHES must earn a total of 75 CECH every five years to be recertified. At least 45 of these must come from Category I; the remaining 30 CECH may come from Category II. MCHES may choose to earn all 75 CECH in Category I.

A key requirement for MCHES is that they must earn 30 CECH that are directly related to the advanced-level Sub-competencies from Category I and/or II for each certification cycle. This means MCHES must seek out CECH opportunities that specifically address an advanced-level Sub-competency. For example, you may receive CECH for attending a professional meeting, but in order to receive advanced CECH you must participate in specific components of the meeting that address an advanced-level Sub-competency. Or you may author a journal article, but the topic of the article must be related to an advanced-level Sub-competency.

The Division Board for Professional Development is now working with current designated providers to offer Category I advanced approved activities that specifically address the advanced-level Sub-competencies. MCHES themselves will have to document their own involvement in Category II activities that address advanced-level Sub-competencies.

A significant difference between the two levels is that for MCHES, CECH may be claimed for work-related activities, events, or experiences that relate to advanced-level Sub-competencies. Due to the variety of tasks performed by an advanced-level health education specialists and the extensive advanced Sub-competencies identified by NCHEC, the Division Board felt it was appropriate to capture those skills and experiences in awarding advanced-level CECH.

Advanced CECH Opportunities

In addition to the current CECH opportunities available, such as professional meetings, authorship, professional presentations, and professional leadership, advanced professional practice opportunities also have been developed for MCHES only. These opportunities are based on the advanced-level Sub-competencies seen in the updated Areas of Responsibility for Health Education Specialists.

These include, but are not limited to:

- Development of a train-the-trainer curriculum for health education professionals
- Development of a health education course or curriculum
- Development of funding proposals for grants, contracts, and/or cooperative agreements
- Coordinate a community assessment process
- Service on planning groups/boards
- Act as an internship or practicum preceptor
- Conduct a root cause and/or gap analysis
- Development of evaluation/research and data analysis plans
- Development of a data collection instrument for research
- Conduct a stakeholder analysis and/or feasibility study
- Management of program budgets
- Development of a professional development plan for staff and/or volunteers
- Develop partnerships to support health education
- Test item writing
- Contribute to the development of health promotion policy

There are 61 advanced-level Sub-competencies in all that an individual can choose from to document for recertification. The complete list with descriptions and documentation requirements can be found in the April 2011 Policies and Procedures Handbook which is now available on the NCHEC Web site (www.nchec.org). This handbook also provides a complete listing of all the new Competencies and advanced-level Sub-competencies that are reflected in the advanced CECH opportunities.

As the advanced credential becomes a reality, it is appropriate to familiarize ourselves with the advanced-level recertification requirements and begin to prepare our documentation for the next recertification cycle.

If you have any questions regarding the advanced-level recertification policies feel free to contact the NCHEC Continuing Education Coordinator, Sandy Schaffer, at sschaffer@nchec.org or 888-624-3248, ext 14. ■

DBCHEs Update

Over the last six months the Division Board for Certification of Health Education Specialists (DBCHEs) has been furiously creating, writing, editing and improving items for the MCHES examination. The MCHES examination covers the updated *Competency Based Framework For Health Education Specialists – 2010* that was created based upon the Health Educator Job Analysis – 2010 (HEJA-2010). The new *Framework*, like the previous *Framework*, contains Seven Areas of Responsibility. However, the newest version includes additional Competencies and Sub-competencies; there are now 34 Competencies and 223 Sub-competencies. Of the 223 Sub-competencies, 61 are advanced. These 61 advanced-level Sub-competencies will be assessed in the MCHES examination; however, they will not be part of the CHES examination. The MCHES examination will have its inaugural administration October 15, 2011.

Starting in 2011, both the CHES and new MCHES exams will contain 165 items; 150 of the items will be used for the total score and there will be 15 pilot items on each exam. Examinees will be informed that there are pilot items on the exam; however, the candidate will

not be told which items are being piloted and which items are being scored. Item piloting will be used to determine the psychometric properties of an item before the item is actually included as a “scored item” on an examination. The Professional Examination Service (PES), which serves as NCHEC’s consultant for examination creation and administration, has recommended that NCHEC pilot new items on both the CHES and MCHES exams to ensure high statistical integrity of these certification examinations. This also allows for the removal of items that do not perform at acceptable levels for certifying examinations.

The format of the MCHES examination will be similar to that of past CHES examinations. Candidates will be given three hours to complete the 165 multiple-choice items and the examination will be given at the same times and places as the CHES examination; however, the MCHES examination will contain a number of scenario-based questions that involve advanced-level practice as defined by the HEJA-2010. The scenarios, which will range in length from two to five sentences, will provide the context for answering two to four questions. Though questions will all

relate to the same scenario, they will be independent items; that is answering one item correctly or incorrectly will have no effect on answering another question correctly or incorrectly. It should be noted that the majority of the 165 items will not be scenario-related questions.

While the eligibility criteria to take the CHES examination remains the same, the MCHES exam eligibility includes both academic and experience requirements. Both CHES and non-CHES health education specialists that meet the criteria will be eligible to take the MCHES exam. No additional documentation will be required from CHES, regardless of their academic degree, provided they have active status for five contiguous years prior to applying to take the examination. (Note: 5 year CHES with a bachelor’s degree are eligible for MCHES exam.) Those who do not have the immediate five contiguous years of CHES certification will be required to have a minimum of a master’s degree with either a specific health education major OR with 25 credits specifically related to the Health Education Areas of Responsibility. To substantiate the experience component, applicants must submit a CV/resume and two letters of recommendation. ■



NEED CHES CREDITS??

Visit the NCHEC Web site www.nchec.org to find Continuing Education Credit Activities

Go to the **CE Credit Activities Quick Link** and search for Upcoming Events and Self-Studies

NCHEC News

The name of the *CHES Bulletin* has been changed to *NCHEC NEWS* to accommodate the new advanced-level certification, MCHES. *NCHEC NEWS* will continue to be published three times a year, in the Winter, Spring, and Fall and sent to all CHES and now MCHES. *NCHEC NEWS* will continue to provide updates on the health education profession, and both the CHES and MCHES certifications. If you would like to write an article or have an idea for *NCHEC NEWS*, please contact Melissa Rehrig at mrehrig@nchec.org.

MCHES Live: The Webinar Series was a SUCCESS!

Written by Beth Chaney, PhD, CHES, and Kelly Wilson PhD, CHES

On September 17, 2010, with NCHEC's support, the University of Florida's (UF) College of Health and Human Performance (HHP) hosted *MCHES Live: The Webinar Series*. The purpose of the Webinar series was to provide individuals with the information needed to prepare for the implementation of the MCHES. Specifically, the series consisted of three Webinars for the following target audiences: university faculty and administrators, current CHES and non-CHES interested in pursuing the advanced credential, and designated providers and employers. Panelists included: Dixie Dennis PhD, CHES (Immediate Past Chair of NCHEC Board of Commissioners (BOC)); William Chen, PhD, CHES (Chair, BOC); James McKenzie, PhD, CHES (Coordinator, Division Board for Certification of Health Education Specialists); Melissa Rehrig, MPH, CHES (Communication Director, NCHEC); Alyce Stewart, MPH, CHES (Coordinator, Division Board for Professional Development), Beth Chaney, PhD, CHES (Vice-Chair, BOC, Chair, Marketing Committee); Kelly Wilson, PhD, CHES (Division Board for Professional Preparation and Practice, Marketing Committee); and Linda Lysoby, MS, CHES, CAE (Executive Director, NCHEC).

There were 1,199 people registered for the Webinars. Throughout the *MCHES Live: The Webinar Series*, 275 people participated in the university faculty/administrators Webinar. The second Webinar targeted all individuals interested in pursuing the MCHES in which 391 participated in and 290 viewed the designated providers/employers Webinar. Therefore, a total of 956 people actually logged in, and participated in the Webinar series that day.

Feedback from the event has been incredibly positive, with individuals requesting additional information on various topics (e.g., Experience Documentation Opportunity (EDO) and the MCHES examination).

The Webinar series was recorded and is archived on NCHEC's Web site (www.nchec.org). Additionally, the recordings are available to download for Cat I CECH's from the University of Florida. ■



A sub-committee of NCHEC's Marketing committee planned and implemented *MCHES Live: The Webinar Series* at the University of Florida on September 17, 2010. Pictured from left to right are Beth Chaney, Kelly Wilson, and Melissa Rehrig.

REMINDER

Experience Documentation Opportunity for MCHES is Now Open

Here are 5 Tips for Completing your Experience Documentation Opportunity Application

- 1) Only submit four activities that cover four different areas of responsibility and advanced-level Sub-competencies
- 2) Label all documentation
- 3) Don't forget your curriculum vitae or resume
- 4) Encourage recommenders to comment in the experience self-appraisal testament of practice form
- 5) Coursework is not an acceptable activity



NCHEC NEWS

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Attention CHES – Does your current employer use CHES as a requisite when hiring? If yes, please contact the NCHEC office. Email Melissa Rehrig, Communication Director at mrehrig@nchec.org.

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