Army Wellness Centers: Applying Best Practices for Health Education and Promotion

Todd A. Hoover, MA, ACSM-HFS, CHES at the Army Institute of Public Health

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Army Wellness Centers
According to the Journal of the American Medical Association, many non-communicable diseases can be prevented through prevention approaches to lifestyle and behavioral changes.1 Based on data from the Department of Defense Survey of Health Related Behaviors,2 29% of Active Duty (AD) Soldiers reported “a lot” of work-related stress while carrying out their military duties. The Army is implementing a new health and wellness model designed specifically to address the behaviors leading to preventable conditions. The Army Wellness Center (AWC) represents a new frontier in how health care is delivered to a diverse population. The standard AWC model provides an evidence-based approach to health promotion and disease prevention services. Specifically, the Army Wellness Center adopts a “Health Risk Assessment with Feedback” approach to encourage positive health behavior change. This method is endorsed by the U.S. Preventive Services Task Force and is consistent with the American College of Sports Medicine’s Guidelines.

AWCs provide health promotion and disease prevention interventions that are either not available or are severely limited by resource constraints in the primary care model. AWCs address lifestyle changes and augment the efforts of primary care providers to effect behavior changes to help patients build and sustain good health.

Army Wellness Center Staff
Each AWC includes the following standardized mix of personnel, scaled to match the local installation population: a director, health educators, health promotion technicians and administrative support. AWC staff members have backgrounds in health education, exercise science, physical therapy, nutrition, nursing, or other allied health fields, and receive focused training in health coaching and motivational interviewing. All health educators are cross-trained in each core program to facilitate continuity and improve access to care for AWC clients. Many of our health educators have earned credentials from nationally recognized credentialing boards, such as the National Commission for Health Education Credentialing, (NCHEC).

Army Wellness Center Programs
AWCs provide six evidence-based core programs based on changing behavior toward a healthier lifestyle. These core programs include a health assessment review focusing on physical fitness, healthy nutrition, stress management, general wellness education, and tobacco education. Health educators lead the delivery of these six core programs to all clients and maintain high proficiency in each area.

Conclusion
AWCs are expanding to 37 sites worldwide. Currently, the centers operate in five locations in Europe (e.g., Italy and Germany), 17 in the continental United States, one in Alaska, and one in Japan. In fiscal year 2015, expansion of the program will increase to four new facilities. All 37 AWCs will be implemented by the end of fiscal year 2018. The need to staff AWCs with highly qualified health educators is challenging. Therefore, AWC Program Operations has partnered with NCHEC and the American College of Sports Medicine to assist with recruitment efforts. Preference is given to applicants with CHES/MCHES and/or ACSM credentials depending on the position. Additional information about the AWC program may be found at http://phc.amedd.army.mil/topics/healthyliving/al/Pages/ArmyWellnessCenters.aspx. Current vacancies are posted through the Oak Ridge Institute of Science and Education at http://www.orau.org/maryland/.

References

inside this issue
NCHEC, the sole credentialing organization for the Health Education profession, is celebrating its 25th anniversary this year!

I have been a Certified Health Education Specialist since 1989 as a chartered CHES and now an MCHES. I had the good fortune to start my academic career at East Tennessee State University (ETSU) in Johnson City. Dr. William B. Cissell, who was very active in the establishment of NCHEC, was a faculty member in the School of Public and Allied Health at ETSU and was instrumental in my becoming a chartered CHES.

Having this credential has served me well in terms of employment and as a role model for undergraduate health education students. In my current faculty position at North Carolina Central University, I have encouraged my students to take the CHES exam during their senior year. The students view me as a credible source of information because of my MCHES credential. It is like “walking the talk.”

Over the 25 years, there have been many accomplishments for NCHEC and the health education profession. Please see the many accomplishments in 25 years on page 6-7 of this issue of NCHEC News.

NCHEC is poised to move forward with continued excellence in health education credentialing due to a strong infrastructure that has been established over the past 25 years. Currently, the Board of Commissioners is developing the strategic plan for 2015-2019. This strategic plan will address engaging more minority serving institutions of higher education in order to increase diverse workforce personnel who are credentialed as health education specialists. Additionally, NCHEC is exploring opportunities to expand its reach internationally. Finally, NCHEC continues to work to be the premier health education credentialing organization with the sole purpose of strengthening the health education profession.

Promote Your Credentials

Written by: NCHEC Executive Director, Linda Lysoby, MS, CAE, MCHES

NCHEC has committed to continued marketing and promotion of the CHES and MCHES certifications. Resources have been committed to webinars, employer outreach, website development, professional presentations and even free job announcements for openings preferring a CHES/ MCHES credential.

Another valuable and effective resource in promoting the credential is you, the certified individual. An important question is what can you, as a front line Certified Health Education Specialist, do to promote the profession and the certification? One strategy is to always use your credentials. Just as a physician, a nurse or a certified public accountant use their credentials, using your CHES or MCHES credentials will help to increase the awareness of employers and the general public. The presence of the credentials may provoke a question about what they are and provide a wonderful dialogue about the profession and the unique abilities of the Certified Health Education Specialist. I ask you to think about the following ways that you could help to promote the CHES/MCHES certifications:

Do you always use your credentials when submitting an article for either a peer-reviewed or non-peer reviewed journal, or even a letter to the editor? How about for a workplace publication or newsletter?

Do you include your credentials on all program abstract submissions, PowerPoint presentation or handouts?

Do you use your credentials on business cards and perhaps even consider writing out the words Certified Health Education Specialist or Master Certified Health Education Specialist?

As an active certified individual, you are permitted to use the CHES or MCHES logo that is available for download at www.nchec.org.

NCHEC will continue to watch and promote the use of the credential. If you notice someone promoting their credential in a positive and perhaps innovative way, please consider sharing it with the NCHEC office so we can share that information with others.

Congratulations to the following people who have used their credential in their professional role.


*Marlene K. Tappe, PhD, MCHES, and Regina Galer-Unti, PhD, MCHES, authors of the article U.S. Policies for School Health Education: Opportunities for Advocacy at the Local, State, and National Levels in Health Promotion Practice, May 2013, Vol 14, No.3 328-333

*Kristi McClary King, PhD, CHES, Assistant Professor, University of Louisville, webinar Advocacy 101 presented January 15, 2014, sponsored by the Society for Public Health Education

Please proudly display the certification that you have worked so hard to achieve and maintain. It is truly a mark of distinction!
It is necessary for the Health Education profession to periodically conduct a practice analysis to re-validate and update the role of the health education specialist. A practice analysis is a requirement of the National Commission for Certifying Agencies (NCCA), the agency that accredits the exams leading to the CHES and MCHES credentials. The most recent effort to update and re-validate is referred to the Health Education Specialist Practice Analysis (HESPA). HESPA is the fourth such process in the history of the profession. The initial Role Delineation Project began in the 1970s; the second was the Competency Update Project (CUP), which was completed in 2004; and the third was the Health Educator Job Analysis (HEJA) completed in 2010. HESPA, an 18-month process, began in Spring 2013 and ended in August 2014 when the governing boards of the two partnering organizations, the National Commission for Health Education Credentialing, Inc. (NCHEC) and the Society for Public Health Education (SOPHE), approved the results of the HESPA process. Those results included a new competency-based framework that is made up of Seven Areas of Responsibility, 36 Competencies, and 258 Sub-competencies. Of the Sub-competencies, 141 were found to be Entry-level, 76 were Advanced-1, and the remaining 41 were Advanced-2. In addition, the HESPA process generated a validated list of statements describing the knowledge base needed for health education practice.

At this point in time, the implementation of the results of HESPA has begun. The NCHEC boards have begun their work to update the CHES and MCHES exams, revise the continuing education forms, and create the new NCHEC publications of the Competency-based Framework and Companion Guide. The Companion Guide is often used in part to help prepare candidates for taking one of the exams. Both of these documents are expected to be published in 2015. The first CHES exam based on the new Framework is expected in spring 2016, and the first MCHES exam will be offered in fall 2016.

The Maine Division of Employee Health & Benefits is a division under the Maine Bureau of Human Resources within the Maine Department of Administrative and Financial Services. One of our priorities is to ensure that employees, retirees and their families have access to health care providers who deliver the highest quality of care. We constantly look for new information and tools to share with employees to help promote good healthcare choices.

We have a Certified Health Education Specialist (CHES) on staff employed in the newly created position of Wellness Coordinator. By hiring an individual with the distinct title of CHES, the division has seen the benefits and wealth of health knowledge. The strong competencies of a CHES bring a solid foundation to our wellness program.

Our Wellness Coordinator is responsible for developing and implementing Wellness and Safety programing and promotion that meets strategic needs and that is effective in improving the health status of the State of Maine employees. Some examples of responsibilities of the Wellness Coordinator include:

- As part of a team, identify and evaluate health promotion and wellness offerings, included but not limited to health assessments, biometrics, preventive services, health and lifestyle improvement classes and health screening services.

- Work collaboratively with colleagues to integrate wellness, safety, and health promotion into plan design cost containment, employee outreach and related health benefit plan activities and efforts.

- Stay current with health promotion and education topics, disseminate appropriate information and prepare reports as needed using criteria identified in the wellness program plan.

- Develop enhanced concepts and general content with respect to Wellness and Safety for the Division of Employee Health and Benefits Web site.

- Facilitate and foster a culture of Wellness and Safety at the State of Maine, serving as an engaging and effective ambassador for Wellness and Safety as a strategic opportunity.

- Monitor health promotion activities and expenses with an emphasis on cost management; provide input on bi-annual budget requests that meet strategic needs in improving the health status of employees.

The Division of Employee Health and Benefits is in support of professional development for employees. We support employees working to their highest potential and value the importance of education and training. It is the expectation of our CHES to stay current on health promotion. The Division is able to provide funding for approved continuing education opportunities.
Maintain Your Certification: Search for Free or Low-Cost CECH

Submitted by Julie Luht, MPH, MCHES

NCHEC’s website now allows users to search for free and low-cost CECH.

To find free and low-cost CECH, click on “Continuing Education” and then “Continuing Education Credit Activities”.

Enter “0” (or choose another amount) in the “Program Cost” and “CECH Cost” fields.

View the listing of free CECH.
NCHEC WELCOMES NEW MCHES – SPRING 2014

The following is a list of those who earned the distinct title of Master Certified Health Education Specialist (MCHES) in the spring 2014 examination. NCHEC welcomes them to a class of more than 1500 active MCHES. Those who opted not to be published are excluded from the list.

Tolumpe E Akinbo
Marie C Boman-Davis
Christina Boothman
Matilde Cruz
Jenna L Davidson
Maria DeBorba-Silva
Carole Y Dickens
Toni Donovan
Doreen Efeti
Nereyda D Franco
Natalie C Gamble
Debra B Glaser
Steven L Haltermann
Nicole R Harris-Hollingsworth
Denise E Herrera
Anne Keilior
Mary Ellen Kramer
Raymona H Lawrence
Alissa Leavitt
Jonathan F Lindner
Teresa Lovely
Amy M Malliott
LaShonda M Malrey-Horne
Priya Massand
Mary C McElrath
Michael S Mucedola
Margarita E Ortega
Sherrie Pace
Allison D Payten
Mary Katherine M Riley
Lindsey Ripley
Roy Rivera Jr
Devon A Sakamoto
Sally P Scovel
Hattie M Scribner
Mary C McElrath
Michael S Mucedola
Margarita E Ortega
Sherrie Pace
Allison D Payten
Mary Katherine M Riley
Lindsey Ripley
Roy Rivera Jr
Devon A Sakamoto
Sally P Scovel
Hattie M Scribner
Lisa J Skill
Michelle L Spehr
Susan L Stockton
Glens W Thomas Perales
Claudia N Trevor-Wright
Aesh A Trevor-Wright
Joseph D Turner
Kimothy J Warren
Renee L Whiskey
Elaine A Wrubel
Elyn D Zimmerman

High Scorer on the April 2014 MCHES Exam

Lindsey Ripley, MS, MCHES

Lindsey Ripley graduated with a Master of Science in Health Behavior and Health Education from the University of Texas at Austin. Lindsey now works as a Program Design Manager for Lone Star Circle of Care (LSCC), a Federally Qualified Health Center in Central Texas. At LSCC, Lindsey is responsible for planning, implementing, and evaluating programs aimed at improving the quality of behavioral health and primary care services, patient engagement and communication. Over the past year, she has led the integration of a group of Community Health Workers into clinical care teams and has worked with a multidisciplinary team to launch a new model of care for patients living with chronic disease and behavioral health diagnoses. Lindsey enjoys the challenges and rewards of bringing the public health education perspective to healthcare teams and settings.

“Preparing for the MCHES exam allowed me to bridge my professional and academic experiences, strengthening my ability to apply evidenced-based program planning strategies into my current work. Obtaining the MCHES credential helps to validate my professional achievement and serves as a tool for communicating the depth and breadth of my skill set. The credential also signifies my commitment to professional development and continued contribution within the community of health education specialists. I would like to thank Drs. Keryn Pasch and Jessica Duncan Cance at UT Austin for their mentorship and support during my graduate work and beyond.”

ACHA Released 2nd Edition of the Guidelines for Hiring Health Promotion Professionals in Higher Education

Submitted by: Michael P. McNeil, EdD, CHES, FACHA

The Health Promotion Section of the American College Health Association (ACHA) released the second edition of the Guidelines for Hiring Health Promotion Professionals in Higher Education in May 2014. First published in 2008, the second edition serves to encourage and support institutions of higher education in hiring the most qualified staff and includes the following major changes:

• aligned language with the third edition of the Standards of Practice for Health Promotion in Higher Education
• updated in-field terms (e.g., “evidence based” now “evidence informed”)
• reorganized essential and preferred functions into sample director-level and health promotion staff-level position descriptions
• updated the level of experience required for director-level and health promotion staff-level positions for greater alignment with current practice and standards from the Council for the Advancement of Standards in Higher Education
• recognized the new MCHES level of certification

To view the complete Guidelines please visit the ACHA website or http://www.acha.org/Publications/docs/Hiring_Health_Promotion_Professionals_in_Higher_Ed_May2014.pdf.
The Beginning...

- The Coalition of National Health Education Organizations (CNHEC) was established.
- Following the Society for Public Health Education (SOPHE) President Dr. Helen Clevy's assessment of the field, SOPHE submitted a report on Guidelines for the Preparation and Practice of Professional Health Educators.

1980-1999

- 1558 Charter Certified Health Education Specialists (CHES).
- CHES exam given at 16 major sites, 844 pass and become first exam based CHES, 1999.
- Alyson Taub was the first Executive Director (volunteer).
- NCATE adopted CHES Responsibilities and Competencies for accreditation of teacher programs.
- NCHEC transitions from Task Force to elected board.
- 42 states and territories with at least one CHES.
- SOPHE/AHHE Baccalaureate Program Approval Committee (SABPAC) improves quality university instruction.
- Health Education Practice Act in Arkansas passed, California followed.
- Standard Occupational Classification designation of health educator by the Department of Labor aided in CHES hiring.
- Standards for the Preparation of Graduate-Level Health Educators.
- Competency-Based Framework for Graduate-Level Health Educators, published by AAHE, NCHEC, & SOPHE.

2000-2005

- Code of Ethics for Health Education Profession adopted.
- Linda Lysoby became the Executive Director of NCHEC.
- The National Health Educator Competencies Update Project (CUP) results released (1998-2004) by SOPHE, AAHE and NCHEC.

2006-2011

- Task Force Convention in Dallas Revisited Framework.
- A Competency-based Framework for Health Educators, 2006 published by NCHEC.
- CHES Exam Based on the Areas of Responsibility, Competencies and Sub-competencies outlined in the new Framework.
- More than 7,500 health educators were active CHES.
- NCHEC’s new logo is unveiled, which represents the three major purposes of the Commission (certify, promote professional development, and enhance preparation) and the continuing evolution of the health education profession.
- NCHEC unveiled a new slogan, Credentialing Excellence in Health Education.
- National Commission for Certifying Agencies (NCCA) accredited CHES Certification.
- NCHEC Executive Director, Linda Lysoby, was named one of 26 leading authorities in competency-based and accreditation movements in global health promotion, health education, and public health invited to attend the GaiaNet Consensus Conference in Ireland.
- National Job Analysis Project completed: NCHEC, SOPHE, AAHE, and Professional Exam Services (PES) collaborated and began the process of the new job analysis.
- NCHEC celebrated the 20th Anniversary of the CHES credential. The CHES exam is offered twice a year, at more than 100 testing locations nationally, with over 5,000 active CHES.
- NCHEC’s Board of Commissioners began the processes for the implementation of an advanced-level credential, the Master Certified Health Education Specialist (MCHES), including developing policies and writing items for the advanced-level exam.
- NCHEC’s Board of Commissioners announced the NCHEC Experience Documentaion Opportunity (EDO).
- New Jersey and Arkansas developed policies that involve requiring the CHES credential to work for the State Health Departments.
- NCHEC’s Executive Director, Linda Lysoby, was invited to speak at the International Conference for Health Promotion and Education, organized by the Korean Society for Health Education and Promotion.
- A Competency-Based Framework for Health Education Specialists 2010 based on the Health Educator Job Analysis results and revised framework was released to the field.
- The MCHES EDO opened on October 15, 2010; 812 individuals were conferred in the first cohort of MCHES on April 1, 2011.
- The revised CHES exam to reflect the HEJA results was administered. The inaugural MCHES exam was administered in October, 2011, with 64 individuals successfully passing.

2012-Present

- NCHEC has more than 9,300 active Certified Health Education Specialists (CHES).
- NCHEC created avenues to enhance communications with Credential holders:
  - NCHEC’s LinkedIn group, the official NCHEC’s CHES/MCHES group, had more than 2,500 CHES/MCHES colleagues.
- NCHEC’s Executive Director, Linda Lysoby, was elected as President-Elect to the Institute for Credentialing Excellence (ICE) Board.
- NCHEC had approximately 10,000 active CHES and MCHES.
- NCHEC’s Deputy Executive Director, Melissa Rehig, and Immediate Past Chair, Beth Chaney, were invited to present at the Korean CHESA International Symposium at Semyong University in Seoul, South Korea.
- The HB 1098 bill was introduced through Hawaii State Rep. Ryan Yamane (D), requiring Hawaii State Auditor to conduct a sureillance analysis of the regulation of CHES. HB 1098 cleared the Hawaii House Health Committee, and was referred to the Hawaii House Consumer Protection and Commerce Committee for review.
- The National Commission for Certifying Agencies (NCCA) re-accredited CHES certification and accredited MCHES exam.
- The Health Education Specialist Practice Analysis (HESP), study guided by experts from ProExam (formerly PES) and the project steering committee of SOPHE and NCHEC got underway.
The Top 11 Schools with the Most CHES Examination Candidates

Written by Gwyndolyn Ashum, MPH, MCHES

Typically, lists are the top 10, but this past year there was a tie! Therefore, NCHEC is pleased to announce the top 11 schools with the most candidates for taking the CHES examination in 2013.

Congratulations to these universities for their dedication to promoting the importance of certification in their professional preparation programs. Their commitment to a comprehensive curriculum, as well as to the credentialing process, serves to strengthen the profession of Health Education.

If you have the opportunity to interact with students in professional preparation programs, encourage them to take the CHES exam. We hope to see your school on “the list” soon.

2013 CHES Examination
Schools with the most students qualifying to take the CHES Examination in 2013 (alpha order):

California State University – Fullerton
California State University – Long Beach
California State University – North Ridge
Emory University
Texas A & M – College Station
Truman State University
University of Florida – Gainesville
University of Georgia – Athens
University of Wisconsin – La Crosse
Utah Valley University
Virginia Polytechnic Institute and University

Thank you for contributing to the professional preparation of Certified Health Education Specialists!

Tell a colleague or student that the 2015 CHES and MCHES EXAM DATES are April 25th and October 17th, 2015

For more information, visit www.nchec.org or contact the Exam Coordinator: 888-624-3248, ext 12

University of Central Arkansas’ CHES Requirement

Written by Janice Clark, EdD, MCHES

At the University of Central Arkansas (UCA) in Conway, Arkansas, all of the faculty in the Department of Health Sciences are Certified Health Education Specialists (CHES) or MCHES (Master Certified Health Education Specialist). As a part of UCA’s assessment process, the students in the Master of Science in Health Science (an online program) are required to take the CHES exam, and the undergraduate students are encouraged to take it as well. Each year, over 40 master’s degree students take the CHES exam before graduation. (If they do not pass the CHES exam, the graduate students must then pass the department’s exit exam in order to graduate.)

The UCA Health Science students pay the CHES exam fee, and are delighted to notify the department when they pass. According to Emogene Fox, EdD, CHES, Chair of the Department of Health Sciences, “Almost all professional health positions in Arkansas state ‘CHES preferred’ on job announcements, and some list ‘CHES required’.”

The CHES requirement for graduation was formally adopted by the UCA Department of Health Sciences in the mid-1990s. “There was no dissention about the CHES exam requirement. All the faculty members were on board, and understood the need to promote the Health Education profession and the unique skills needed by Health Educators in the Seven Areas of Responsibility,” Dr. Fox stated.

The CHES exam requirement has changed the department’s curriculum over time. “The faculty became more personally aware of the CHES Competencies and Sub-competencies, so it has also promoted faculty development,” Dr. Fox noted. UCA’s Health Science syllabi list the pertinent CHES Competencies and Sub-competencies, and the HS department faculty regularly update and evaluate their courses, noting appropriate placement for these skills.

At the University of Central Arkansas, the Health Science faculty take pride in being CHES/MCHES certified. All new hires to the department must be either CHES/MCHES certified, or be CHES-eligible and pass the CHES exam within the first year of employment.

The Department of Health Sciences at the University of Central Arkansas plans to continue the CHES exam requirement for their master’s degree students. In the future, it may be required for undergraduate students, with the possibility of the department paying for part of the CHES exam fee. As a strong supporter of the CHES certification, Dr. Fox asserted, “We will do everything we can to help upgrade the program in the future. And, being CHES certified promotes the professionalism of our students.” For further information about the University of Central Arkansas’ health curriculum, please contact Dr. Emogene Fox at emogenef@uca.edu.
The following is a list of those who earned the distinct title of Certified Health Education Specialist (CHES) in the April 2014 examination. NCHEC welcomes them to a class of more than 10,500 active CHES. Those who opted not to be published are excluded from the list.

NCHEC WELCOMES NEW CHES – SPRING 2014
Grace Schroer received her MPH in Behavioral Sciences & Health Education from Emory’s Rollins School of Public Health last May and began a Presidential Management Fellowship at the National Cancer Institute in July. She is passionate about patient and community engagement and using qualitative and mixed methods approaches in research and evaluation.

When asked why she took the CHES exam, Grace said that “My thesis adviser, Dr. Cam Escoffey, and my mentor, Dr. Dawn Comeau, emphasized to me how useful the certification was as an indication of all that I had learned throughout my MPH. I’m grateful that my department prepared me so well.”