A Certified Health Education Specialist or (CHES©) is an individual who has “met required academic preparation guidelines, successfully passes a competency-based examination, and satisfied the continuing education requirement necessary to maintain the national credential,” set forth by the National Commission on Health Education Credentialing or NCHEC. A Master Certified Health Education Specialist or (MCHES©) is a (CHES©) who has practiced for at least 5 years OR has been a (CHES©) for less than 5 years and has a master’s degree or higher in a health education specialty and demonstrated 5 years of documented health education work experience (NCHEC, 2017).

1. NCSOPHE encourages all health educators in the field of health education to apply for their (CHES© or MCHES©) credential as both means of advocating for our important role in the field of public health and differentiating ourselves from the roles of Certified Nurse Educators (CNE’s), Licensed Clinical Social Worker’s (LCSW’s), and the often-non-definitive role of the “health coach,” who may or may not have a degree at all. Credentialing is a means to professionally define oneself in a world where trust can be difficult to earn.

2. According to the American Public Health Association (APHA): “Health education specialists and CHWs are important team members working in tandem with the clinical workforce and the community. HESs frequently have master’s or higher-level degrees that include a background in behavioral theory, education, public health, epidemiology, community organization, management, policy, and advocacy.”

   “HES’s work in the front lines, help conquer health literacy issues, use their knowledge to work with groups or individuals, foster connections between patients and health/medical communities, and plan/implement programs that help foster a community of well-being (APHA, 2015). The Department of Labor predicts a 19% increase in the demand for health education specialists between 2012-2022 to meet the demands for the communities served by HES’s.

3. Finally, NCSOPHE should advocate for (CHES© and MCHES©) to become professionals who can potentially bill for their services through private insurance, Medicaid, and Medicare, and per The Centers for Medicaid and Medicare ruling (CMS-2334-F) that became effective on January 1, 2014-with specific regard to section 440.130, which changes the language on provision of “diagnostic, screening, preventative, and rehabilitative services” to be “recommended by” (a physician or other licensed provider aligned with the statute). By expanding the (CHES© and MCHES©) scope of practice to reflect that of a Registered Nurse or Social Worker, HES’s would greatly increase their patient/client base and decrease the workload of fellow healthcare practitioners.
North Carolina Health Departments, Hospital Systems, and Private/Public Clinics would benefit greatly from the expertise and added knowledge of a health education specialist who could provide the assistance and patient advocate expertise and well as environmental and policy approaches that sometimes other healthcare professionals do not have expertise in. NCSOPHE supports the role of credentialed, knowledgeable, and community-focused health education specialists.