Global Leadership for Health Education & Health Promotion

March 26, 2013

TESTIMONY HAWAII STATE LEGISLATURE

HCR161/HCR129: Requesting the Director of Commerce and Consumer Affairs to Convene a Working Group to Propose Regulations and Licensing Requirements for Health Educators

Submitted to: House of Representatives, Committee on Consumer Protection and Commerce

Hearing Date: Wednesday, March 27, 2013 @ 4:00 pm

Hearing Place: Conference Room 325, State Capitol, 415 South Bertania Street

Testimony Submitted by: M. Elaine Auld, MPH, MCHES, Chief Executive Officer, Society for Public

Health Education, 10 G Street, Suite 605, Washington, DC 20002

Dear Representatives McKelvey and Kawakami:

The Society for Public Health Education (SOPHE) is writing in support of **HCR161/HCR129.** We strongly encourage the Hawaii legislature to convene a working group to propose regulations and licensing requirements for health educators as one important step to help protect the residents of Hawaii.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members (including those in Hawaii) work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government. There are currently 20 SOPHE chapters covering more than 30 states and regions across the country.

Health educators work to improve the health status of individuals, communities, states, and the nation through primary, secondary and tertiary prevention; enhance the quality of life for all people; and reduce costly premature deaths and disability. According to the U.S. Department of Labor (DOL), there were an estimated 63,410 health educators in 2010. Additionally, DOL estimates that employment of health educators will grow by 37 percent from 2010 to 2020, much faster than the average for all occupations. Thus, it is timely that Hawaii is seeking to address health educators' roles in individual and population health and to ensure the public is protected from unregulated or incompetent practice.

Hawaii State Legislature House Committee on Consumer Affairs and Commerce

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There are some 250 professional preparation programs in colleges and universities that prepare health educators at the baccalaureate, master's and doctoral levels. Health education curricula include a unique combination of instruction from the behavioral/social, epidemiological, environmental, and biomedical sciences, as well as health administration and public policy. The Certified Health Education Specialist (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 Specialists, upon which the credential is based. MCHES, the master's level certification, includes a set of advanced eligibility requirements. Health educators maintain an ongoing commitment to continuing education throughout the career span.

With the enactment of the Patient Protection and Affordable Care Act (ACA) new opportunities exist for health education professionals to broaden their impact and participate in the various new models of service delivery to achieve or further the goals of health promotion for all through education. Improvements in quality, efficiency, and consumer protections within health care organizations will occur through the establishment of Accountable Care Organizations (ACO's) through Medicare and Patient-Centered Medical Homes (PCMH) through Medicaid. In 2010 an American Journal of Preventative Medicine article compared the core competencies of a health educator and demonstrated their contribution to the core principles of a patient-centered medical home. These models provide emerging opportunities for health educators and should be understood as important settings for health education practice. In addition to the well-established multiple roles a health educator fulfills on community, family and individual levels, health educators also possess knowledge and skills that can strengthen the physician-directed team and lead to improved patient health outcomes, as follows:

- Health educators possess skills in cultural and linguistic competency, which are vital in meeting
 the needs of the many diverse Native Hawaiian and Pacific Islander populations such as
 diabetes, high blood pressure, diabetes, and asthma. Given the extremely wide variation among
 Pacific Islander individuals and groups with regard to ethnicity, culture, religion, work
 experience, education, and degree of Westernization, it is vital that Native Hawaiian and Pacific
 Islanders are assessed individually for their health beliefs and knowledge; as well as their
 culturally and historically related health beliefs and experiences.
- Health educators can assist the physician-directed team by coordinating and integrating care and using a more holistic approach to prevention and disease management.
- Health educators possess skills such as providing self-management support coaching, serving as
 a bridge to other health care and community resources, helping patient adopt and maintain
 healthy behaviors, helping families build social and physical environments that support behavior
 change, assisting patients in navigating the health care system, providing emotional support,
 and providing assistance with practice-level quality improvement.
- Health educators are trained to know the process of improving patient safety by identifying a health problem, develop a plan of action to resolve that problem and evaluate the success of the proposed intervention.

Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75 percent of the \$2.2 trillion spent on health care in the United States each year. It is estimated that spending as little as

\$10 per person on proven preventive interventions could save the country over \$16 billion in just five years. We must ensure that patients, families and consumers are not harmed or put at risk by misinformation or advice on disease prevention or treatment.

Thank you for consideration of these comments in support of HCR161/HR129. Please contact Jerrica Mathis at jmathis@sophe.org or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld, MPH, MCHES

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Chief Executive Officer