The Role of Health Education Specialists in Disease Prevention and Health Promotion

Health education specialists are recognized as a distinct occupational category by the Department of Labor. Their formal training includes evidence-based approaches to promoting individual, family, organizational, and community health. Many health educators receive designation as a Certified Health Education Specialists (CHES®) or Master Certified Health Education Specialists (MCHES®).³

Health Education Specialists in Prevention

Health education specialists (HES), also known as health educators, teach people about behaviors that promote wellness. They develop and implement strategies to improve the health of individuals and communities. Their day-to-day responsibilities include collecting and analyzing data to determine programmatic needs and planning, implementing, monitoring, and evaluating interventions designed to encourage healthy lifestyles, policies, and environments. At a minimum, HES have bachelor’s degrees and many have advanced training and certifications.²

Seven Areas of Responsibility

HES have competencies in the following areas:¹

- Area I: Assess Needs, Resources and Capacity for Health Education/Promotion
- Area II: Plan Health Education/Promotion
- Area III: Implement Health Education/Promotion
- Area IV: Conduct Evaluation and Research Related to Health Education/Promotion
- Area V: Administer and Manage Health Education/Promotion
- Area VI: Serve as a Health Education/Promotion Resource Person
- Area VII: Communicate, Promote, and Advocate for Health, Health Education/Promotion, and the Profession

Settings for Health Education Specialists

HES work in a variety of occupational settings:²

- Health care facilities and clinics
- Pre-K-12 schools and universities
- Federal, state and local health departments
- Nonprofit and community organizations
- Businesses and corporations

Health Education Helps Reduce Health Care Costs

- Health education improves the health status of individuals, communities, states, and ultimately the nation; enhances the quality of life for all Americans; and reduces chronic disease and disability that contribute to spiraling health care costs.²
- For example: A diabetes intervention program using HES had an ROI ranging from 478 percent to 764 percent for each dollar spent, depending on the income level of the patient (based on recouping lost days at work).³
- Twelve months of asthma case management by an educator reduced average hospital expenses by $1,625 and total hospital charges by $55,265. Highly significant reductions also were observed in the number of emergency department visits, number of hospitalizations, and length of hospital stay.³
- A primary care practice found that HES who perform Medicare annual wellness visits and physician co-visits were cost effective under the practice’s fee-for-service payment system, while improving documentation and patient care.⁴

Given that a health education program addressing a single risk factor (e.g., smoking) has the potential to influence outcomes across multiple diseases (e.g., from preterm birth to lung disease and cancer), the case for HES employment multiplies. Similarly, HES’ efforts in policy and systems change related to costly conditions, such as childhood obesity, alters the prevalence of many costly chronic diseases (e.g., diabetes, heart disease, cancer, diabetes, arthritis) that may be encountered decades later.⁴

HES offer knowledge, skills and training that complement those of clinical health care providers, community health workers, policymakers, and community advocates and many other professionals whose work impacts human health.⁴