



AREAS OF RESPONSIBILITY, COMPETENCIES AND SUB-COMPETENCIES FOR HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020)

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The Eight Areas of Responsibility contain a comprehensive set of Competencies and Sub-competencies defining the role of the health education specialist. These Responsibilities were verified by the 2020 Health Education Specialist Practice Analysis II (HESPA II 2020) project and serve as the basis of the CHES® and MCHES® exam beginning 2022.

The Eight Areas of Responsibility for Health Education Specialists are:
Area I: Assessment of Needs and Capacity
Area II: Planning
Area III: Implementation
Area IV: Evaluation and Research
Area V: Advocacy
Area VI: Communication
Area VII: Leadership and Management
Area VIII: Ethics and Professionalism

Color Key:

Advanced – 1
Advanced – 2

The Sub-competencies shaded **yellow** and **blue** in the table below are advanced-level only and will not be included in the entry-level, CHES® examination. However, the advanced-level Sub-competencies will be included in the MCHES® examination.

HEALTH EDUCATION SPECIALIST PRACTICE ANALYSIS II 2020 (HESPA II 2020) Competencies and Sub-Competencies

Area I: Assessment of Needs and Capacity

1.1	Plan assessment.
1.1.1	Define the purpose and scope of the assessment.
1.1.2	Identify priority population(s).
1.1.3	Identify existing and available resources, policies, programs, practices, and interventions.
1.1.4	Examine the factors and determinants that influence the assessment process.
1.1.5	Recruit and/or engage priority population(s), partners, and stakeholders to participate throughout all steps in the assessment, planning, implementation, and evaluation processes.
1.2	Obtain primary data, secondary data, and other evidence-informed sources.
1.2.1	Identify primary data, secondary data, and evidence-informed resources.
1.2.2	Establish collaborative relationships and agreements that facilitate access to data.
1.2.3	Conduct a literature review.
1.2.4	Procure secondary data.
1.2.5	Determine the validity and reliability of the secondary data.
1.2.6	Identify data gaps.
1.2.7	Determine primary data collection needs, instruments, methods, and procedures.
1.2.8	Adhere to established procedures to collect data.
1.2.9	Develop a data analysis plan.
1.3	Analyze the data to determine the health of the priority population(s) and the factors that influence health.
1.3.1	Determine the health status of the priority population(s).
1.3.2	Determine the knowledge, attitudes, beliefs, skills, and behaviors that impact the health and health literacy of the priority population(s).
1.3.3	Identify the social, cultural, economic, political, and environmental factors that impact the health and/or learning processes of the priority population(s).
1.3.4	Assess existing and available resources, policies, programs, practices, and interventions.
1.3.5	Determine the capacity (available resources, policies, programs, practices, and interventions) to improve and/or maintain health.
1.3.6	List the needs of the priority population(s).
1.4	Synthesize assessment findings to inform the planning process.
1.4.1	Compare findings to norms, existing data, and other information.

1.4.2	Prioritize health education and promotion needs.
1.4.3	Summarize the capacity of priority population(s) to meet the needs of the priority population(s).
1.4.4	Develop recommendations based on findings.
1.4.5	Report assessment findings.
Area II: Planning	
2.1	Engage priority populations, partners, and stakeholders for participation in the planning process.
2.1.1	Convene priority populations, partners, and stakeholders.
2.1.2	Facilitate collaborative efforts among priority populations, partners, and stakeholders.
2.1.3	Establish the rationale for the intervention.
2.2	Define desired outcomes.
2.2.1	Identify desired outcomes using the needs and capacity assessment.
2.2.2	Elicit input from priority populations, partners, and stakeholders regarding desired outcomes.
2.2.3	Develop vision, mission, and goal statements for the intervention(s).
2.2.4	Develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives.
2.3	Determine health education and promotion interventions.
2.3.1	Select planning model(s) for health education and promotion.
2.3.2	Create a logic model.
2.3.3	Assess the effectiveness and alignment of existing interventions to desired outcomes.
2.3.4	Adopt, adapt, and/or develop tailored intervention(s) for priority population(s) to achieve desired outcomes.
2.3.5	Plan for acquisition of required tools and resources.
2.3.6	Conduct a pilot test of intervention(s).
2.3.7	Revise intervention(s) based on pilot feedback.
2.4	Develop plans and materials for implementation and evaluations.
2.4.1	Develop an implementation plan inclusive of logic model, work plan, responsible parties, timeline, marketing, and communication.
2.4.2	Develop materials needed for implementation.
2.4.3	Address factors that influence implementation.

2.4.4	Plan for evaluation and dissemination of results.
2.4.5	Plan for sustainability.
Area III: Implementation	
3.1	Coordinate the delivery of intervention(s) consistent with the implementation plan.
3.1.1	Secure implementation resources.
3.1.2	Arrange for implementation services.
3.1.3	Comply with contractual obligations.
3.1.4	Establish training protocol.
3.1.5	Train staff and volunteers to ensure fidelity.
3.2	Deliver health education and promotion interventions.
3.2.1	Create an environment conducive to learning.
3.2.2	Collect baseline data.
3.2.3	Implement a marketing plan.
3.2.4	Deliver health education and promotion as designed.
3.2.5	Employ an appropriate variety of instructional methodologies.
3.3	Monitor implementation.
3.3.1	Monitor progress in accordance with the timeline.
3.3.2	Assess progress in achieving objectives.
3.3.3	Modify interventions as needed to meet individual needs.
3.3.4	Ensure plan is implemented with fidelity.
3.3.5	Monitor use of resources.
3.3.6	Evaluate the sustainability of implementation.
Area IV: Evaluation and Research	
4.1	Design process, impact, and outcome evaluation of the intervention.
4.1.1	Align the evaluation plan with the intervention goals and objectives.
4.1.2	Comply with institutional requirements for evaluation.
4.1.3	Use a logic model and/or theory for evaluations.
4.1.4	Assess capacity to conduct evaluation.

4.1.5	Select an evaluation design model and the types of data to be collected.
4.1.6	Develop a sampling plan and procedures for data collection, management, and security.
4.1.7	Select quantitative and qualitative tools consistent with assumptions and data requirements.
4.1.8	Adopt or modify existing instruments for collecting data.
4.1.9	Develop instruments for collecting data.
4.1.10	Implement a pilot test to refine data collection instruments and procedures.
4.2	Design research studies.
4.2.1	Determine purpose, hypotheses, and questions.
4.2.2	Comply with institutional and/or IRB requirements for research.
4.2.3	Use a logic model and/or theory for research.
4.2.4	Assess capacity to conduct research.
4.2.5	Select a research design model and the types of data to be collected.
4.2.6	Develop a sampling plan and procedures for data collection, management, and security.
4.2.7	Select quantitative and qualitative tools consistent with assumptions and data requirements.
4.2.8	Adopt, adapt, and/or develop instruments for collecting data.
4.2.9	Implement a pilot test to refine and validate data collection instruments and procedures.
4.3	Manage the collection and analysis of evaluation and/or research data using appropriate technology.
4.3.1	Train data collectors.
4.3.2	Implement data collection procedures.
4.3.3	Use appropriate modalities to collect and manage data.
4.3.4	Monitor data collection procedures.
4.3.5	Prepare data for analysis.
4.3.6	Analyze data.
4.4	Interpret data.
4.4.1	Explain how findings address the questions and/or hypotheses.
4.4.2	Compare findings to other evaluations or studies.
4.4.3	Identify limitations and delimitations of findings.
4.4.4	Draw conclusions based on findings.
4.4.5	Identify implications for practice.

4.4.6	Synthesize findings.
4.4.7	Develop recommendations based on findings.
4.4.8	Evaluate feasibility of implementing recommendations.
4.5	Use findings.
4.5.1	Communicate findings by preparing reports, and presentations, and by other means.
4.5.2	Disseminate findings.
4.5.3	Identify recommendations for quality improvement.
4.5.4	Translate findings into practice and interventions.
Area V: Advocacy	
5.1	Identify a current or emerging health issue requiring policy, systems, or environmental change.
5.1.1	Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.
5.1.2	Examine evidence-informed findings related to identified health issues and desired changes.
5.1.3	Identify factors that facilitate and/or hinder advocacy efforts (e.g., amount of evidence to prove the issue, potential for partnerships, political readiness, organizational experience or risk, and feasibility of success).
5.1.4	Write specific, measurable, achievable, realistic, and time-bound (SMART) advocacy objective(s).
5.1.5	Identify existing coalition(s) or stakeholders that can be engaged in advocacy efforts.
5.2	Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.
5.2.1	Identify existing coalitions and stakeholders that favor and oppose the proposed policy, system, or environmental change and their reasons.
5.2.2	Identify factors that influence decision-makers (e.g., societal and cultural norms, financial considerations, upcoming elections, and voting record).
5.2.3	Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
5.2.4	Educate stakeholders on the health issue and the proposed policy, system, or environmental change.
5.2.5	Identify available resources and gaps (e.g., financial, personnel, information, and data).
5.2.6	Identify organizational policies and procedures and federal, state, and local laws that pertain to the advocacy efforts.
5.2.7	Develop persuasive messages and materials (e.g., briefs, resolutions, and fact sheets) to communicate the policy, system, or environmental change.

5.2.8	Specify strategies, a timeline, and roles and responsibilities to address the proposed policy, system, or environmental change (e.g., develop ongoing relationships with decision makers and stakeholders, use social media, register others to vote, and seek political appointment).
5.3	Engage in advocacy.
5.3.1	Use media to conduct advocacy (e.g., social media, press releases, public service announcements, and op-eds).
5.3.2	Use traditional, social, and emerging technologies and methods to mobilize support for policy, system, or environmental change.
5.3.3	Sustain coalitions and stakeholder relationships to achieve and maintain policy, system, or environmental change.
5.4	Evaluate advocacy.
5.4.1	Conduct process, impact, and outcome evaluation of advocacy efforts.
5.4.2	Use the results of the evaluation to inform next steps.
Area VI: Communications	
6.1	Determine factors that affect communication with the identified audience(s).
6.1.1	Segment the audience(s) to be addressed, as needed.
6.1.2	Identify the assets, needs, and characteristics of the audience(s) that affect communication and message design (e.g., literacy levels, language, culture, and cognitive and perceptual abilities).
6.1.3	Identify communication channels (e.g., social media and mass media) available to and used by the audience(s).
6.1.4	Identify environmental and other factors that affect communication (e.g., resources and the availability of Internet access).
6.2	Determine communication objective(s) for audience(s).
6.2.1	Describe the intended outcome of the communication (e.g., raise awareness, advocacy, behavioral change, and risk communication).
6.2.2	Write specific, measurable, achievable, realistic, and time-bound (SMART) communication objective(s).
6.2.3	Identify factors that facilitate and/or hinder the intended outcome of the communication.
6.3	Develop message(s) using communication theories and/or models.
6.3.1	Use communications theory to develop or select communication message(s).
6.3.2	Develop persuasive communications (e.g., storytelling and program rationale).
6.3.3	Tailor message(s) for the audience(s).

6.3.4	Employ media literacy skills (e.g., identifying credible sources and balancing multiple viewpoints).
6.4	Select methods and technologies used to deliver message(s).
6.4.1	Differentiate the strengths and weaknesses of various communication channels and technologies (e.g., mass media, community mobilization, counseling, peer communication, information/digital technology, and apps).
6.4.2	Select communication channels and current and emerging technologies that are most appropriate for the audience(s) and message(s).
6.4.3	Develop communication aids, materials, or tools using appropriate multimedia (e.g., infographics, presentation software, brochures, and posters).
6.4.4	Assess the suitability of new and/or existing communication aids, materials, or tools for audience(s) (e.g., the CDC Clear Communication Index and the Suitability Assessment Materials (SAM)).
6.4.5	Pilot test message(s) and communication aids, materials, or tools.
6.4.6	Revise communication aids, materials, or tools based on pilot results.
6.5	Deliver the message(s) effectively using the identified media and strategies.
6.5.1	Deliver presentation(s) tailored to the audience(s).
6.5.2	Use public speaking skills.
6.5.3	Use facilitation skills with large and/or small groups.
6.5.4	Use current and emerging communication tools and trends (e.g., social media).
6.5.5	Deliver oral and written communication that aligns with professional standards of grammar, punctuation, and style.
6.5.6	Use digital media to engage audience(s) (e.g., social media management tools and platforms).
6.6	Evaluate communication.
6.6.1	Conduct process and impact evaluations of communications.
6.6.2	Conduct outcome evaluations of communications.
6.6.3	Assess reach and dose of communication using tools (e.g., data mining software, social media analytics and website analytics).

Area VII: Leadership and Management

7.1	Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).
7.1.1	Identify potential partners and stakeholders.
7.1.2	Assess the capacity of potential partners and stakeholders.
7.1.3	Involve partners and stakeholders throughout the health education and promotion process in meaningful and sustainable ways.
7.1.4	Execute formal and informal agreements with partners and stakeholders.
7.1.5	Evaluate relationships with partners and stakeholders on an ongoing basis to make appropriate modifications.
7.2	Prepare others to provide health education and promotion.
7.2.1	Develop culturally responsive content.
7.2.2	Recruit individuals needed in implementation.
7.2.3	Assess training needs.
7.2.4	Plan training, including technical assistance and support.
7.2.5	Implement training.
7.2.6	Evaluate training as appropriate throughout the process.
7.3	Manage human resources.
7.3.1	Facilitate understanding and sensitivity for various cultures, values, and traditions.
7.3.2	Facilitate positive organizational culture and climate.
7.3.3	Develop job descriptions to meet staffing needs.
7.3.4	Recruit qualified staff (including paraprofessionals) and volunteers.
7.3.5	Evaluate performance of staff and volunteers formally and informally.
7.3.6	Provide professional development and training for staff and volunteers.
7.3.7	Facilitate the engagement and retention of staff and volunteers.
7.3.8	Apply team building and conflict resolution techniques as appropriate.
7.4	Manage fiduciary and material resources.
7.4.1	Evaluate internal and external financial needs and funding sources.
7.4.2	Develop financial budgets and plans.
7.4.3	Monitor budget performance.

7.4.4	Justify value of health education and promotion using economic (e.g., cost-benefit, return-on-investment, and value-on-investment) and/or other analyses.
7.4.5	Write grants and funding proposals.
7.4.6	Conduct reviews of funding and grant proposals.
7.4.7	Monitor performance and/or compliance of funding recipients.
7.4.8	Maintain up-to-date technology infrastructure.
7.4.9	Manage current and future facilities and resources (e.g., space and equipment).
7.5	Conduct strategic planning with appropriate stakeholders.
7.5.1	Facilitate the development of strategic and/or improvement plans using systems thinking to promote the mission, vision, and goal statements for health education and promotion.
7.5.2	Gain organizational acceptance for strategic and/or improvement plans.
7.5.3	Implement the strategic plan, incorporating status updates and making refinements as appropriate.
Area VIII: Ethics and Professionalism	
8.1	Practice in accordance with established ethical principles.
8.1.1	Apply professional codes of ethics and ethical principles throughout assessment, planning, implementation, evaluation and research, communication, consulting, and advocacy processes.
8.1.2	Demonstrate ethical leadership, management, and behavior.
8.1.3	Comply with legal standards and regulatory guidelines in assessment, planning, implementation, evaluation and research, advocacy, management, communication, and reporting processes.
8.1.4	Promote health equity.
8.1.5	Use evidence-informed theories, models, and strategies.
8.1.6	Apply principles of cultural humility, inclusion, and diversity in all aspects of practice (e.g., Culturally and Linguistically Appropriate Services (CLAS) standards and culturally responsive pedagogy).
8.2	Serve as an authoritative resource on health education and promotion.
8.2.1	Evaluate personal and organizational capacity to provide consultation.
8.2.2	Provide expert consultation, assistance, and guidance to individuals, groups, and organizations.
8.2.3	Conduct peer reviews (e.g., manuscripts, abstracts, proposals, and tenure folios).
8.3	Engage in professional development to maintain and/or enhance proficiency.

8.3.1	Participate in professional associations, coalitions, and networks (e.g., serving on committees, attending conferences, and providing leadership).
8.3.2	Participate in continuing education opportunities to maintain or enhance continuing competence.
8.3.3	Develop a career advancement plan.
8.3.4	Build relationships with other professionals within and outside the profession.
8.3.5	Serve as a mentor.
8.4	Promote the health education profession to stakeholders, the public, and others.
8.4.1	Explain the major responsibilities, contributions, and value of the health education specialist.
8.4.2	Explain the role of professional organizations and the benefits of participating in them.
8.4.3	Advocate for professional development for health education specialists.
8.4.4	Educate others about the history of the profession, its current status, and its implications for professional practice.
8.4.5	Explain the role and benefits of credentialing (e.g., individual and program).
8.4.6	Develop presentations and publications that contribute to the profession.
8.4.7	Engage in service to advance the profession.
<i>Updated: 10/31/19</i>	