Tips for Working in Public Health Education

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Ms. Ricketts is a member of the National Commission for Health Education Credentialing, Inc, serving on the Division Board for Certified Health Education Specialists. The geographic jurisdiction of the Cook County Department of Public Health includes all of suburban Cook County, with the exception of the City of Chicago, and a few municipalities with their own state-certified health departments. This service region has 2.3 million residents living in 129 municipalities and unincorporated areas of suburban Cook County, about 1,000 square miles. Eight health educators serve the region in several program areas: childhood injury prevention, teen pregnancy prevention, HIV prevention, and providing technical assistance to help schools develop coordinated school health programs.

Introduction

The *IEJHE* editor, Mark Kittleson, posted a recent message on the HEDIR, to health education practitioners. In his inquiry, he sought to learn about those things practitioners had learned in academic preparation which proved to be useful in the field, and those things which were not taught, but would have been helpful to have learned while still a student. During the same month, a researcher at Brooklyn College distributed a survey to practitioners who had posted health education positions at Health Education Professional Resources, a health education web site at New York University (www.nyu.edu/education/hepr). The study seeks to provide basic information about community health education job characteristics such as salary range, job descriptions, benefits, etc. Also, a discussion began on the HEDIR recently about health curricula in schools. An interest exists to adequately prepare community health educators for work in the new century and to understand more about current community health education jobs. Given that this is the October issue of IEJHE, it is also timely to discuss the contribution which public health educators make in public school systems. This article, a 'Top Ten' type list, describes what I believe health education students need to know about working in local health departments. It responds to the recent interest in job characteristics, school health curricula, and academic preparation from the perspective of a professionally prepared public health educator who hires and supervises community health educators with graduate and undergraduate degrees.

1. **Have Work Experience Will Travel**
   The scope and design of public health education programs in my agency require a variety of skills and competencies. Jobs are created to meet program needs, with job postings stating the minimum qualifications, which include one year of work experience at both the undergraduate and graduate levels of competency. This standard is enforced because of an agency commitment to assure taxpayers that their public servants are those professionals who are best able to serve their needs. Experience has informed me that the maturity gained through work experience is as important as good academic preparation, regardless of the level of competency required to perform the job. Recently I interviewed a candidate for an entry-level position who had just completed an undergraduate degree in community health sciences. She also had two years of work experience at her university health center in a variety of capacities including committee participation, data collection, and supervising a large health fair. Her work complemented her academic preparation, giving her an opportunity to practice what she was learning, and to participate in making decisions as part of a team. These experiences informed her judgements about how the program for which she was interviewing should be conducted. With her undergraduate degree and work experience, she was prepared for the workforce.
2. **Certification is a Good Thing**
   Certification demonstrates two important characteristics about an individual: they are competent to perform the basic work of our profession, and they have an intention to continue professional development. Health educators who have passed the CHES exam have demonstrated that are competent to perform the basic work required of a health educator. This individual has also demonstrated an intention to continue professional development by reading professional articles and attending professional meetings. This health educator distinguishes him or herself from other candidates because the certification says to me, the employer, that he/she both wants the job, and is committed to our profession. The willingness to study for the exam, pay to take it, and commit to future expenses of professional development, is a highly desirable characteristic in a candidate. All other things being equal, our agency will prefer to hire the candidate with the CHES certification, who will be rewarded for their

commitment by the opportunity to practice the profession in a professional setting.

3. **Professional Development Costs Money**
   Health educators entering the workforce need to understand that some employers, especially public agencies, do not have public funds available and/or allocated to provide professional development for their workforce at a rate sufficient to keep up with the changing public health needs of our communities. Trainings to assure that grantees have the capacity to conduct their programs are generally provided by funding agencies, such as state and federal health departments (CDC), at no cost to the employee. Professional development to provide current information on public health issues, methodologies, etc, are generally provided by professional societies, such as state chapters of the Society for Public Health Education, (SOPHE), AAHE, APHA, the American School Health Association, Eta Sigma Gamma, and a host of others. The employee is generally expected to pay for these opportunities, and health departments may reimburse their employees for their participation if the topics are directly relevant to work being conducted. Regardless of who pays for the training, participation in it is vital to reaching one's professional potential, and contributes to ensuring a vital public health education workforce.
4. **A Contemporary Public Health Workforce Represents the Minority Populations Most Affected by the Premature Death and Disability**
   Each time I create and post a position, I hope that my applicants will have the above characteristics and represent the minority populations with whom we are committed to serving. Until our workforce has a pool of candidates who are academically-prepared African American women and men, Latino men and women, and those representing residents affected by HIV infection with the above qualifications, public health educators in my agency will not represent the communities in which we most frequently work. This is a handicap for the effectiveness of our presence in communities. This is a call to universities to actively recruit minority men and women into public health education professional preparation.
5. **Be Prepared to Participate in the Grant Development Process**
   Funding for public health education programs and jobs is a competitive process. Generally speaking, public health agencies receive money for programs because their proposals have demonstrated to a funding agency that the agency has enough intellectual and financial capacity to conduct the health education program. Because public health education needs are dynamic and community-based (which includes school-based), health educators need to be able to participate in the grant development process at any time of year, with little advance notice. Frequently, funding notices are distributed within two months of the due date, and generally require community participation at a variety of levels. In order to competitively respond public health educators need critical thinking skills, good grammatical and spelling skills, and an appreciation for the importance of program development, implementation, and evaluation. They also need to have good relationships with formal and informal community leaders, which can be engaged at any time. Well-written grant proposals, which include community representation and good evaluation components, have a greater likelihood of winning the competetive award. When grants are awarded, jobs are created.
6. **Grammar Counts**
   I have discovered that some public health educators do not have good grammatical skills, given that jobs are dependent on grant funding which is dependent on well written grant proposals. This revelation generally emerges in high-presure situations associated with deadlines, and the best instruction is to recommend the use of spell and grammar checks. However, health educators need to come to the job prepared with good grammatical skills. This is important not only on the job, but CDC professionals who review federal grant proposals are quick to note in training workshops that grants which are not well written are not reviewed.
7. **How Many Plates Can You Spin at One Time Without Dropping Them?**
   Public health education is a dynamic field. Many public health needs are emerging and agencies generally have many more public health priorities than health educators to address the needs. During a recent week, I received two grant announcements and was given an opportunity to conduct a new type of health education program. All are appropriate to meet our agency goals, yet none of these opportunities was expected, and each requires a reorganization of time and priority. Health educators need to have a flexible, "can do" orientation to the work place, know about and/or have resources for a broad range of community health issues, and have good community relationships to be able to respond to the unexpected grant announcements and programs. Need I say more about the value of participating in professional development opportunities? My health education colleagues in smaller health departments can further attest to the expectation that health educators are required to work in a broad range of issues and geographic

areas all the time with little or no administrative assistance.

8. **Are You Prepared to Diffuse the Innovation: Coordinated School Health Programs?**
As public health educators, we understand the relationship between disease and premature disability and behaviors developed early in life. Further, we believe that early intervention in schools is an appropriate, if not the best, venue for the development of positive health behaviors. The August 18,000 edition of the MMWR, Surveillance for Characteristics of Health Education Among Secondary Schools—School Health Education Profiles, 1998 (www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4908a1.htm), makes the following interpretation: *"Many middle/junior high schools and senior high schools require health education to help provide students with knowledge and skills needed for adoption of a healthy lifestyle. However, these schools might not be covering all important topic areas or skills sufficiently. The number of lead health education teachers who are academically prepared in health education and the number of school with school health advisory councils need to increase"*. Note that this was the federal public health agency making this recommendation, not the federal education agency. The quality and quantity of health education delivered in schools by teachers who are academically prepared in health education, with community/family participation, will not improve until federal, state and local school agencies have both the capacity and will to improve child health in their communities. This includes community and family participation. Public health educators need to be firmly rooted in the methods to promote coordinated school health programs, and be able to work with local education agencies and communities to improve school health education if we want to participate in positively influencing health behaviors as they are being developed. The book, *Health Is Academic*, by authors Marx, Wooley and Northrup, should be required reading in a health education curriculum. Coordinated School Health Programs are an innovation, and our challenge is to diffuse the innovation. Because less than 20 states have a model for developing school health programs through a CDC-sponsored partnership between state and local health and education agencies, the time is perfect for health education students to learn about coordinated school health programs and how to help schools adopt them. Resources to learn more about this innovation are the CDC's health promotion guidelines for schools, www.cdc.gov/nccdphp/dash; the CDC's Youth Risk Behavior Survey (YRBS), www.cdc.gov/nccdphp/dash/yrbs/index/htm; the National Association of State Boards of Education (NASBE)'s report, "Fit, Healthy, and Ready to Learn: A School Health Policy Guide", www.nasbe.org; and the new Congressional Caucus on School-based Health, www.house.gov/capps/safetycaucus.htm.

9. **School Health Education Does Not Equal Sexual Health Education**
Sexual health is only one part of a comprehensive health education program: the controversial part and some students can't wait to teach this in classrooms once they are on the job. The ambition of an undergraduate student who recently completed an internship under my direction was to teach reproductive health in public school classrooms. If she was an independent consultant, I could connect her with dozens of teachers who would love to meet their requirement for HIV prevention education by inviting her into their classrooms to make presentations about reproductive health. The health educator would be very busy and make a lot of money. Unfortunately for health departments, we have made a fine reputation conducting presentations (not evaluated, sequential programs) about the very subject for which school health education has become known and fragmented: sexual health education. This has become our niche, to the extent that some health teachers rely on the public health department to teach what they are not prepared to teach. This service has not led to health teachers being more prepared to teach about sexual health, nor has it led to public health educators being more prepared to promote the health of the whole child. It has certainly not led to a reduction in STD rates among those youth most likely to be infected by HIV: low-income African American and gay youth. When sexual health programs are conducted by public health educators in public schools, these educators best fulfill their public health mission of disease prevention. Given the relationship of chlamydia and gonorrhea to HIV infection, especially among those youth most likely to be infected, public health educators would be remiss not to address barrier methods of disease transmission. Because the focus of health education at the secondary level has been sexual helath education, health and education agencies have been unable to advance child health by adopting coordinated school health programs, a system to address the health of the whole child and others in the school community. Public health educators need to be prepared to provide technical assistance to schools to create school health councils and conduct asset maps of health education in the school and community. These activities identify gaps in health services

available to children and families, and provide an opportunity for schools to adopt comprehensive curriculums. When public health agencies and education agencies can get together to do what each does best for the benefit of the child, we will be moving in a healthier direction.

10. How Are Your Advocacy Skills? or The Enemy is Real

A message was recently posted to the Comprehensive Health Education Network describing the circumstances of the departure of two health educators working in HIV prevention from the Massachusetts Department of Education (MDOE). "In March, a small anti-gay organization illegally tape-recorded a voluntary, confidential sexuality education workshop for youth which the health educators conducted as a breakout session at the annual conference of the Boston chapter of GLSEN (Gay Lesbian Straight Education Network). During the workshop, which took place on a Saturday at Tufts University, (they) responded to young people's anonymous questions about sexuality with factual information. The workshop represented a rare opportunity for gay and lesbian young people to receive accurate, unbiased information about their own sexuality which is usually not available to them. The anti-gay organization subsequently distributed a heavily edited, biased tape of the workshop which misrepresented the purpose of the workshop and attached the teaching of honest information about gay and lesbian sexuality to youth who choose to access this information. As a result of the controversy which this tape created, (they) left the MDOE in May". Do health educators receive training in their academic preparation to justify the implementation of sexual health programs? What data sources will be used to justify the health need for programs? Public health educators must understand the opposition to all aspects of sexual health education and be ready to defend their curriculum selection and community needs on any day of the week.

11. What Are Your Sources of Information?

One of the traditional tools of public health is the use of surveillance systems to identify health issues, so that they can be properly addressed. Every other year, the Youth Risk Behavior Survey is administered by state education agencies in schools throughout their state. The survey is the nation's basic tool for understanding and tracking behavior risks prevalent among our youth, and is a wonderful tool for any professional concerned about the health of children in their state. It does require a trained professional to travel to a representative sample of schools throughout the state, acting as a proxy, to administer the survey. It also requires a school administrator to release students from class for a 2-3 hour period. This is a commitment on the part of school administrators, which should be commended and promoted. Public health education students need to know about this important tool and be able to interpret its findings when in the field.