

Critical Roles and Needs of the Health Education Workforce

Call for increased funding and support of Health Education Specialists.

Adopted by the SOPHE Board of Trustees

February 12, 2025

Whereas, health education is an established profession based on a discrete body of knowledge, defined competencies, certification for individuals, a code of ethics, a federal occupational classification, and recognized accreditation processes in higher education (Bruening et al., 2018; CNHEO, 2020; Livingood & Auld, 2001; SOPHE, 2017); and

Whereas, health education draws on research and practice in the behavioral, social and other sciences to promote health and health literacy; prevent and manage infectious and chronic diseases and injuries; and address emergency preparedness in individuals, families, communities, K-12 schools, universities, health care settings, worksites, and organizations (Alber et al., 2021; Auld et al., 2020; Bensley & Brookins-Fisher, 2025; Birch et al., 2024; Kerr et al., 2023); and

Whereas, health education specialists have distinct knowledge and skills to assess, plan, implement, and evaluate programs for populations using multidimensional, multisectoral and participatory processes that promote social justice and health equity (Bensley & Brookins-Fisher, 2025; Bruening et al., 2018; Green et al., 2022; Schulz et al., 2020). Health education interventions are designed to influence behaviors, policies, systems, and environments that address the economic and political structures, social and physical environments, access to health services and other non-medical factors influencing health (Alber et al., 2020; Braverman et al., 2022; Schulz et al., 2020); and

Whereas, certified health education specialists (CHES[®]) and master certified health education specialists (MCHES[®]) have met established health education competency standards and testing set by the National Commission for Health Education Credentialing and must meet ongoing professional development requirements (NCHEC, 2024). Reimbursement of CHES[®] and MCHES[®] services is available under some health care providers (Abu et al., 2024). The Department of Labor (2024) predicts the occupation of health education specialist to grow by 7% from 2022 to 2032, faster than the average of all occupations; and

Whereas, during the COVID-19 pandemic, health education specialists played key roles in developing and delivering health communications, strengthening community and organizational partnerships, engaging communities, providing training, and other roles (Chaney et al., 2024; Hancher-Rauch et al., 2021; Kerr et al., 2023). Health education specialists reported statistically significant higher rates of awareness and confidence in addressing health inequities, racism, and community engagement than other public health disciplines in state and local health departments (Escoffery et al., 2024); and

Whereas, health education specialists reported statistically significant higher rates of mental health issues following COVID-19, including bullying and other “attacks,” and expressed needs for more administrative support compared to other governmental public health workers (Escoffery et al., 2024). Health education students also suffered emotional, mental, physical, and other challenges that affected their ability to learn and quality of life and called for the need for more university supports (LaRosa et al., 2022); and

Whereas, SOPHE has a long history of supporting the diversification of the health education workforce and for advocating for the elimination of health disparities through policy advocacy, resolutions, and training and professional development at the national level and through its chapters (Bentley et al., 2021; SOPHE, 2024; SOPHE, 2023; SOPHE, 2021a; SOPHE, 2021b; SOPHE, 2020; SOPHE, 2016). More efforts are needed to attract and retain Black, Hispanic, Tribal, LGBTQ+, persons with disabilities, and other professionals in the health education workforce to meet the needs of diverse communities; and

Whereas, attracting and retaining a diverse public health workforce, including health education specialists, will require employers to address low salaries, student debt, burnout and stress, job inflexibility, and insufficient mentoring, training, and career advancement (Escoffery et al., 2024; Resnick et al., 2024; Leider et al., 2023).

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

Internal Actions

1. Prioritize SOPHE funding and support for scholarships, mentoring and other workforce development and training opportunities for national and local SOPHE chapter members;
2. Include strategic plan measures that track SOPHE’s efforts to diversify the health education workforce such as working with historically black colleges and universities,

Hispanic serving and Tribal institutions, and community colleges that offer pathways to 4-year health education degrees;

3. Distribute a copy of this resolution with an appropriate cover letter to:
 - Professional organizations concerned with the education and practice of health education specialists such as the American Public Health Association, Association of State and Territorial Health Officials, and National Association of City and County Health Officials.
 - The Offices of the President and the Surgeon General of the United States.
 - Federal agencies such as the Centers for Disease Control and Prevention, National Institute of Occupational Health and Safety, Centers for Medicaid and Medicare Services, Department of Labor, National Institutes of Health, Veterans Administration, Health Resources and Services Administration, etc.
 - Non-profit organizations such as the American Hospital Association, American Cancer Society, American Heart Association, American Lung Association, March of Dimes, etc.
 - Regional and local employers of health education specialists, including unions and human resource professionals, as may be identified by Chapters and/or individual SOPHE members.
4. Publicize awareness of this resolution through webinars, meetings, social media, National Public Health Week, National Health Education Week, and other forums.

External Actions

1. Advocate for increased appropriations to the federal Public Health Fund (Congressional Research Service, 2024), Public Health Workforce Loan Repayment program (National Association of County and City Health Officials, 2023), and other federal and/or state/local legislation and programs that address public health loan forgiveness, mentoring, training, and wellness programs for employees;
2. Advocate to philanthropies and other non-governmental organizations for funding and initiatives that support health education workforce training and development;
3. Recommend that employers who post job announcements for health education specialists state preferences for candidates with competence demonstrated through graduation from a Council on Education for Public Health accredited school or program at the doctoral, masters, or undergraduate levels and/or credentialing as a CHES® or MCHES®;
4. Support NCHEC in advocating for increased reimbursement opportunities CHES® and MCHES® services;
5. Recommend health education employers provide time off and support for continued education, mentoring programs and pathways to obtain and maintain advanced certification, including CHES® and MCHES® exams;

6. Recommend health education employers provide resources to address the mental health of health education students and professionals, particularly before, during, and after public health emergencies; and prioritize opportunities for self-care, stress management and dimensions of work life balance.
7. Encourage health promotion researchers to conduct investigations on the contributions, cost-effectiveness, and roles of health education specialists in various occupational settings.

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