



Credentialing Excellence in Health Education

1541 Alta Drive, Suite 303
Whitehall, PA 18052-5642
Toll Free Phone: 888-624-3248
Toll Free Fax: 800-813-0727
Website: www.nchech.org

Health Educators Comment About the Upcoming MCHES Credential Dixie Dennis, PhD, CHES

Overwhelmingly, health educators who responded to the National Commission for Health Education Credentialing, Inc.'s (NCHEC's) call for comments regarding the upcoming Master Certified Health Education Specialist (MCHES) advanced credential were favorable (67%). Moreover, both of the two health education organizations who responded to this call, the American Association for Health Education (AAHE) and the Society for Public Health Education (SOPHE), affirmed that the time is right for implementation of an advanced credential. The NCHEC Board of Commissioners (BOC) agrees. NCHEC BOC past president, Dr. Mathew Adeyanju, said in April 2008 that "we [NCHEC] must provide an advanced credential opportunity" because, as determined through the Competencies Update Project (CUP), health educators practice at that level. And, according to Helen Cleary in her memoirs in 1995 about credentialing, NCHEC (original the Task Force) is the appropriate body to develop a credentialing system for health educators at an advanced level.

In a 2007 survey conducted by Hezel Associates, about 40% of employers, mostly from the community/public health workforce, indicated that they look for the CHES distinction when hiring a health educator. Although some health educators may believe that percentage should be higher, NCHEC believes it is of considerable positive significance, considering that for many years after the first CHES exam in 1990 the percent was zero. With implementation of an advanced credential, NCHEC believes that, with time, percentages of employers seeking entry-level health educators will increase and those seeking advanced-level health educators will begin. Both of which should advance the profession, in general, and give credibility to health educators specifically.

The timeline for implementation of the MCHES exam is April 2011 or October 2011. Implementation and an accompanying study guide depends, in part, on the current progress of the Health Education Job Analysis Task Force. The MCHES exam will be based on this scientific approach to verifying the existing health education advanced roles and responsibilities. NCHEC believes that, like the CHES exam, the MCHES is on track for accreditation by the National Commission for Certifying Agencies (NCCA), which attests to NCHEC's efforts to maintain the quality and integrity of the CHES examination program on behalf of the health education profession—an achievement obtained by no other health education certification body.

Both CHES and non-CHES who have five years of current consecutive years of health education experience may sit for the MCHES exam. An option, referred to as MCHES Experience Documentation Opportunity, will exist for a six-month period for CHES who have at least five current and consecutive years of health education experience to become MCHES without taking the exam. The chosen criteria for this Experience Documentation was taken from the first such opportunity (October 1, 1988 to April 30, 1989) before the first CHES exam, which was awarded based on professional preparation, demonstrated health education experience, and references from colleagues (Patterson, 1992).

At the next face-to-face spring 2009 meeting the NCHEC BOC will make final decisions regarding the MCHES specifics and the MCHES Experience Documentation Opportunity. After that meeting, the criteria of both will be made known via health education professional conference presentations as well as through health education journal articles and the NCHEC Web site. The main substance of the MCHES deliberations and final decisions will be the recommendations of health educators who responded to the MCHES call for comments. One request to have a portfolio examination rather than an examination for MCHES applicants have been determined not to be feasible. Professional Examination Service (PES) personnel reported that portfolios are atypical for an advanced certification process as well as cost prohibitive to individuals. Also, issues around inter-rater reliability are typically insurmountable. The most often reported comments were those about the possible difficulty is getting two letters of recommendation from a current or past supervisor/manager to attest to the applicant's advanced level of practice as a health educator.

In addition to re-thinking the recommendation letter issue, as well as engaging in already-planned discussions about marketing and a study guide, the BOC will address the following health educators' questions at the next face-to-face meeting:

- Will MCHES who are current CHES be given another certification number?
- How will the advanced credential affect Designated Providers for CHES and/or MCHES?
- If an individual earns MCHES but does not earn the requisite 30 hours of advanced-level CECH will his/her status revert back to CHES?
- Isn't documentation for at least four of the seven Areas of Responsibility too cumbersome and extensive?

After decisions about these issues are made, the BOC, with PES involvement, will begin preparations for the MCHES exam, including the need for increased membership of the Division Board for Certified Health Education Specialists (DBCHES) (who, with PES, construct the exam) and timelines for item writing, exam construction, and pass point meetings all of which are required DBCHES meetings before implementation of the exam. As mentioned earlier, also finalized at the BOC face-to-face meeting will be decisions regarding the MCHES Experience Documentation Opportunity.