

Standards of Practice for Public Health Education in California Local Health Departments



California Conference of Local Directors of Health Education
CCLDHE



www.ccldhe.org

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Acknowledgments

The San Mateo County Health Department, Chronic Disease and Injury Prevention Unit, was instrumental in facilitating the revision of this document. CCLDHE expresses its gratitude to SMCHD, and especially to Edith Cabuslay, for their role in this effort.

The San Francisco Department of Public Health, Community Programs, contributed financial support for the design and printing of these Standards of Practice. CCLDHE appreciates the invaluable assistance provided by Ginger Smyly and her staff.

CCLDHE also acknowledges the following individuals for their contribution to the revision of these Public Health Education Standards of Practice.

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Background

Public health education/health promotion is the vehicle to affect changes in the public's knowledge, attitudes and behaviors in order to prevent disease and promote health. It is the process to bridge the gap between what the public knows about health principles and what it actually puts into practice. In addition, health education addresses the living and working conditions that influence the health of the community. It is the profession which closes the gap between what science knows about health and the actual behaviors people and communities participate in that impact their health.

The California Conference of Local Directors of Health Education (CCLDHE) was established as an affiliate of the California Conference on Local Health Officials in 1963. The mission of CCLDHE is to provide leadership and health education advocacy statewide to ensure that the Standards of Practice for Public Health Education are supported and that primary prevention and community health education remain core public health components within California local health departments.

In 1979, the California Conference of Local Directors of Health Education (CCLDHE) developed and published a set of ***Standards of Practice for Health Education in California Local Health Departments***. The 1979 Standards identified the general range of functions and responsibilities included in public health education and provided guidelines and criteria for implementing and improving health education in local health departments.

Since that time, the practice of public health education in local health departments has evolved in response to basic threats to the health of the public and to changing social economic and political environments. Over

the past three decades, the focus of health education practice has progressed from a primary focus on individual education and behavior change to one incorporating community organization, coalition development, community capacity building, empowerment, and public policies to promote health.

Issues such as AIDS/HIV infection, injury and violence prevention, environmental protection, emergency preparedness, access to care, community participation and involvement in public health, self-determination, the built environment, livable communities, and serving the changing racial/ethnic character of the population are examples of current public health challenges to which public health education is responding. Traditional health education programs in such areas as maternal and child health, communicable disease control, and tobacco use prevention are also changing with the growing theoretical basis for public health education practice.

This current revision process was initiated at the annual meeting of CCLDHE in May 2006. In addition to local Directors of Health Education, representatives of professional training programs throughout the State and the State Departments of Public Health and Health Care Services participated in revising these Standards. They were endorsed and accepted by the California Conference of Local Health Officers (CCLHO) in June of 2008.

These Standards were written with a perspective for the future of public health needs in California. They have a long-range view and provide a challenge for professional development. This document outlines the functions and roles of public health education in local health departments confronting the significant public health challenges of the 21st Century.

Purposes

Benefits of Standards:

The definition of **STANDARDS** used in the development of this document is:

A general statement of values and expectations for performance which serves to guide the level of competency the organization seeks to accomplish.

Standards of Practice are seen as having the following benefits:

- Standards will help others understand the role of health education and promotion;
- Standards should address the unique contribution and unique skills and abilities of the organization, program or profession;
- Standards should provide guidelines to assist professionals in making decisions;
- Standards will provide local, state, and national accreditation bodies with guidelines on the functions of the organization, program or profession within local health jurisdictions.

Purposes:

These Standards of Practice were developed for the following purposes:

1. To provide local health officers and other public health administrators with standards for establishing, developing and structuring public health education services in local health departments.
2. To provide public health administrators and human resources personnel with standards of recruiting and selecting individuals with appropriate levels of professional preparation, training and experience so as to ensure the provision of quality public health education services to the community.
3. To provide public health educators in local health departments with standards for developing, monitoring, maintaining and evaluating the quality of public health education services and programs for the community.
4. To provide professional colleagues and other program managers (public health nurses, physicians, public health nutritionists, environmental health specialists, etc.) with health education standards to enable them to provide public health education services as a complement to the full-range of public health programs.
5. To provide the California Departments of Public Health and Health Care Services with standards for use in developing contractual agreements with local health departments and other agencies to ensure the provision of quality public health education services in various categorical programs.
6. To provide professional preparation programs with standards for the preparation of public health education professionals for careers in local health departments, and for continuing education for public health staff.
7. To provide health departments with a career ladder for the recruitment, retention, and advancement of public health educators in local health departments.
8. To provide elected officials with standards for use in incorporating public health education into health care legislation, regulations and public policy as appropriate.
9. To provide the justification and system for ensuring the strong linkage and partnership between health education units in local health departments and outside professional and academic organizations.

Health Education in Local Health Departments

Local public health departments, on behalf of the federal, state and local governments, are mandated to protect and promote the health of the public. Prevention is the foundation of public health efforts in achieving this mandate. Public health education/health promotion is the vehicle to affect changes in the public's knowledge, attitudes and behaviors in order to prevent disease and promote health. Thus, public health education is the process to bridge the gap between what the public knows about health principles and what it actually puts into practice.

Health education is a basic service of local health departments in California, mandated under Title 17 of the California Administrative Code:

Health education programs including, but not necessarily limited to, staff education, consultation, community organization, public information, and individual and group teaching, such programs are to be planned and coordinated within the department and with schools, public and voluntary agencies, professional societies, and civic groups and individuals¹.

Every branch and every employee of a health department plays a role in educating the public. Due to the inherent challenges in the field of health behavior change, however, public health education has emerged as a distinct profession specializing in the areas of:

- Learning and behavior change theory and practice
- Program planning, implementation and evaluation
- Group process
- Marketing, public information and mass media methods
- Social change theories
- Community organization, engagement, and advocacy

- Coalition building to promote consumer participation in developing public policy
- Community empowerment to affect social, cultural and environmental changes to enhance public health
- Development of effective educational strategies for both community and clinic settings
- Community capacity building in order to provide the knowledge and skills for residents to address community health issues

Public Health Educators play a very significant role in the community in creating and enhancing a positive image of the local health department.

Consistent with the expected role played by Public Health Educators, the California Administrative Code mandates that a Public Health Educator have a Master of Public Health degree with emphasis in public or community health education. While public health workers with a wide range of other credentials will provide health education services, the Masters level Public Health Educator is the recognized specialist who provides leadership in health education and health promotion program planning and implementation.

This document delineates standards for public health education in local health departments in the following areas: (I) Administration & Management of Public Health Education in Local Health Departments; (II) Functions & Qualifications of Public Health Education Personnel; (III) Public Health Education Program Planning; (IV) Public Health Communication, Media Relations & Social Marketing; (V) Community Organization, Engagement & Advocacy; (VI) Training: Continuing Education & Staff Development; (VII) University, Professional Organizations & Local Health Department Affiliations; (VIII) Local, State & Federal Relationships.

¹ Title 17, Division 1, Chapter 3, Subchapter 1, Article 2, Section 1276 (b)

Health Education Standards

I. Administration & Management of Public Health Education

Introduction

Public health education is integral to many activities of the Health Department. Trained Public Health Educators have specialized knowledge and skills in the theories and processes of public health education. They play a central role in the establishment, planning, implementation, monitoring and evaluation of all local health department health education activities, programs and services. To facilitate this role, it is important that a Public Health Education Unit exist within the health department and that the Director of this unit be at a decision making level within the Department.

Standard A: Public Health Education Unit

An identified public health education unit, under the direction of a Director of Public Health Education, shall exist within the health department. The unit should reflect the diverse ethnic and cultural populations of the local jurisdiction.

Administration	Criteria
I.A.1	The organizational structure identifies a distinct public health education unit under the leadership of a Director of Public Health Education. In smaller health departments, the unit may be one individual designated as, and providing the services of, the Director of Public Health Education as described herein. In larger health departments, a program unit under the direction of a Director of Public Health Education exists, having administrative oversight of other public health education staff and budget. In jurisdictions that are not able to designate a qualified Director of Health Education, the health department shall identify a qualified health educator to provide consultation for its health education and health promotion activities.
I.A.2	The public health education unit has sufficient core staffing and budget consistent with the size of the health department for planning, implementation and evaluation of public health education programs mandated by state requirements or warranted by local needs.
I.A.3	The public health education unit has the structure and capacity to expand and adapt to provide appropriate health education interventions to address the critical emerging (and emergent) public health issues identified by the Surgeon General, Centers of Disease Control, State Departments of Public Health and Health Care Services, the County Public Health Officer, or the community.
I.A.4	The public health education unit plays a key role in seeking resources to address serious health issues responsive to evidence-based health education interventions. The unit takes the lead in managing and evaluating programs whose focus is client education, behavior change, community education, community empowerment, professional education and training, and/or institutional or public policy change.

I.A.5	The Public Health Education Unit has administrative access to all other health department units for consultation, technical assistance and quality monitoring for the health education services and activities within those units.
I.A.6	The Public Health Education unit has the authority to oversee the development of policies and procedures which serve to ensure that the health education components in all public health programs across disciplines meet the professional standards of practice for public health education.
I.A.7	The Public Health Education unit is held accountable for delivery of its services via appropriate measures that can include client contacts, trainings delivered, public policy adoption, and/or documented improvements in health status.
I.A.8	<p>The Public Health Education unit has positions allowing for a professional career ladder using one or more of these types of classifications:</p> <p>Master in Public or Community Health Education:</p> <ul style="list-style-type: none"> ♦ Director of Public Health Education ♦ Supervising Public Health Educator ♦ Public Health Educator, Specialist ♦ Senior Public Health Educator ♦ Public Health Educator <p>Bachelor in Health Education:</p> <ul style="list-style-type: none"> ♦ Health Education Associate ♦ Health Education Specialist ♦ Assistant Health Educator <p>Entry level:</p> <ul style="list-style-type: none"> ♦ Health Education Assistant ♦ Community Outreach Worker ♦ Health Education Trainee ♦ Community Health Worker

**Standard B:
Public Health Education Unit Leadership & Management**

A Director of Public Health Education shall be charged with the responsibility to administer, direct, manage and supervise the health department’s public health education personnel, programs, activities and budget. The Director shall be a member of the Public Health management/administrative team, involved in the department’s decision making processes around public health issues and in the development of Public Health Department policies and procedures.

Administration	Criteria
I.B.1	The organizational structure establishes the Director of Public Health Education as a member of the health department’s management/administrative group. The Director participates in management decisions concerning public health issues having a health education component.
I.B.2	The Director of Public Health Education participates in the development of Public Health Department policies and procedures that affect Public Health Education personnel and programs.

**Standard C:
Coordination of Public Health Education Services**

The Director of Public Health Education shall coordinate the development and implementation of public health education services throughout the agency to insure that such activities are conducted according to accepted health education standards of practice.

Administration	Criteria
I.C.1	The public health education programs and activities within the local health department are conducted according to protocols established in consultation with the public health education unit.
I.C.2	Public health education unit staff is involved in the development and evaluation of health education services and activities infused in all public health programs.
I.C.3	Public health education unit staff provides health education consultation, technical assistance and training to programs within the local health department.

II. Public Health Education Personnel

Introduction

Certain areas of responsibility for public health education programs and services require the specific competencies of professionally trained public health educators. Both professionally trained health educators and other staff conducting health education activities need ongoing training and education to update their skills and knowledge.

Given the diverse cultural and ethnic populations in California, those who provide health education services in the community should reflect the ethnic and cultural diversity of that local jurisdiction. Every effort should be made to hire culturally and linguistically diverse staff to best serve the diverse populations of the community.

Standard A: Qualifications for Director of Public Health Education

The Director of Public Health Education, in accordance with the provisions of the California Administrative Code, Title 17, shall have a Master in Public Health degree with specialization in Public or Community Health Education awarded by an institution accredited by the Council on Education for Public Health.² A Director of Public Health Education responsible for supervising other health education staff shall also have three or more years of full time paid experience in public health education, preferably in a local health department. The Director of Public Health Education shall have the knowledge and skills necessary to ensure that the standards for public health education are met.

² Title 17, Division 1, Chapter 3, Subchapter 1, Article 3, Section 1304. A list of CEPH approved schools and programs is published annually. Not every accredited School of Public Health has a health education specialization. Review of the applicant's transcript is required to determine if his or her coursework meet the criteria for concentration is in health education or health promotion in order to serve in the capacity of Director of Health Education or Public Health Educator. See www.ceph.org for a list of Schools and Programs accredited by the CEPH.

Personnel	Criteria
II.A.1	Every local health department has an individual, meeting the qualifications specified above, designated as the Director of Public Health Education. In jurisdictions that are not able to designate a qualified Director of Health Education, the health department should identify a qualified health educator to provide consultation for its health education and health promotion activities.
II.A.2	The Director of Public Health Education is able to document compliance with the requirements of Title 17 of the Administrative Code.
II.A.3	<p>The Director of Public Health Education is able to demonstrate knowledge and skills through experience in the following areas:</p> <ul style="list-style-type: none"> ♦ program administration, including training and supervision of staff, contract management, budget development and fiscal management ♦ grant writing and other strategies to attain local, state, federal and private funding ♦ development of health education unit policies, protocols and procedures in accordance with agency, union and legal mandates ♦ planning, implementation and evaluation of health education programs in accordance with public health education principles, theory, and standards of practice, and relevant legislation ♦ understanding of the role and potential impact of public health policies on health outcomes ♦ development of public policy in collaboration with community stakeholders and an understanding of the dynamics of the political system ♦ cultural competence/humility, public relations, coalition building and community organization, social marketing, and media advocacy ♦ public speaking, community presentations, and provision of training to other professionals ♦ understanding of the social dimensions of the environment which influence the economic, political, legal, ethical, social, cultural, religious and demographic variables that affect public health ♦ use of current electronic technology for the provision of health education services, communication, research and evaluation, budget development, and reports

**Standard B:
Qualifications for Public Health Educator**

A Public Health Educator, in accordance with the provisions of the California Administrative Code, Title 17, shall have a Master in Public Health degree with specialization in Public or Community Health Education awarded by an institution accredited by the Council on Education for Public Health³. Local health department staff whose primary role is the delivery of health education, and whose responsibilities include the assurance of compliance with accepted standards for health education practice, shall meet these requirements. A Public Health Educator shall have the

³ Title 17, Division 1, Chapter 3, Subchapter 1, Article 3, Section 1303. See Note 2.

knowledge and skills necessary to successfully assess the need for, plan, implement and evaluate health education programs, and to train others for program implementation.

Personnel	Criteria
<p>II.B.1</p>	<p>Local health departments are able to document compliance with California Administrative Code, Title 17 for Public Health Educators hired. In jurisdictions that are not able to recruit a qualified Public Health Educator, the health department should identify a qualified health educator to provide consultation for its health education and health promotion activities.</p>
<p>II.B.2</p>	<p>Public Health Educators hired by the local health department meet the qualifications described above.</p>
<p>II.B.3</p>	<p>Based on the National Commission for Health Education Credentialing, Inc. (NCHEC), each Public Health Educator can demonstrate knowledge and skills in the following areas:</p> <ul style="list-style-type: none"> a. Assessing Individual & Community Needs for Health Education <ul style="list-style-type: none"> i. Access existing health-related data ii. Collect health-related data iii. Distinguish between behaviors that foster and hinder well-being iv. Determine factors that influence learning v. Identify factors that foster and hinder the process of health education vi. Infer needs for health education from obtained data b. Planning Health Education Strategies, Interventions & Programs <ul style="list-style-type: none"> i. Involve people and organizations in program planning ii. Incorporate data analysis and principles of community organization iii. Formulate appropriate and measurable program objectives iv. Develop a logical scope and sequence plan for health education practice v. Design strategies, interventions, and programs consistent with specified objectives vi. Select appropriate strategies to meet objectives vii. Assess factors that affect implementation c. Implementing Health Education Strategies, Interventions & Programs <ul style="list-style-type: none"> i. Initiate a plan of action ii. Demonstrate a variety of skills in delivering strategies, interventions, and programs iii. Use a variety of methods to implement strategies, interventions, and programs iv. Conduct training programs d. Conducting Evaluation & Research Related to Health Education <ul style="list-style-type: none"> i. Develop plans for evaluation and research ii. Review research and evaluation procedures iii. Design data collection instruments iv. Carry out evaluation and research plans v. Interpret results from evaluation and research vi. Infer implications from findings for future health-related activities e. Administering Health Education Strategies, Interventions & Programs <ul style="list-style-type: none"> i. Exercise organizational leadership ii. Secure fiscal resources iii. Manage human resources iv. Obtain acceptance and support for programs

	<p>f. Serving as a Health Education Resource Person</p> <ul style="list-style-type: none"> i. Use health-related information resources ii. Respond to requests for health information iii. Select resource materials for dissemination iv. Establish consultative relationships <p>g. Communicating and Advocating for Health and Health Education</p> <ul style="list-style-type: none"> i. Analyze and respond to current and future needs in health education ii. Apply a variety of communication methods and techniques iii. Promote the health education profession individually and collectively iv. Influence health policy to promote health
II.B.4	<p>Public Health Educators functioning as supervisors and/or program coordinators can demonstrate knowledge and skills in the following areas in addition to the areas listed above:</p> <ul style="list-style-type: none"> ♦ program supervision, including training and directing the activities of subordinate staff ♦ resource management
II.B.5	<p>Public Health Education position classifications (career ladder) between the Director of Public Health Education and Public Health Educator have, at a minimum, the same qualifications as the Public Health Educator position. Examples of such positions might include Supervising Public Health Educator, Public Health Educator- Specialist, and Senior Public Health Educator.</p>

Standard C: Qualifications for Other Public Health Education Personnel

Other personnel hired to provide health education services in local health departments shall have demonstrated training and/or experience establishing their competency for providing specific health education services. Health education staff shall function under the supervision of the Director of Public Health Education, or, at a minimum, shall be responsible to the Director of Public Health Education for assurance of compliance with accepted health education standards of practice.

Staff who provide health education services in the community should reflect the diverse ethnic and cultural populations of the communities they serve.

Personnel	Criteria
II.C.1	The organizational structure allows for public health education personnel to be supervised by the Director of Public Health Education, or to be responsible to the Director for compliance with health education standards of practice.
II.C.2	The education and/or experience requirements for positions involving delivery of health education services are determined by the Director of Public Health Education in conjunction with the personnel department and, for positions assigned to other units, the director of the appropriate unit.
II.C.3	The health education unit makes every effort to hire culturally and linguistically diverse staff to best serve the diverse populations of the community.

III. Public Health Education Program Planning

Introduction

Public health education program planning and evaluation is the process through which a local health department works in concert with the community to identify the community’s health education needs in order to develop, implement and evaluate appropriate strategies to meet those needs. The program planning process involves the participation of appropriate divisions in the health department, other community agencies, and members of the community. Collaborative planning efforts increase effectiveness of programs, enhance participation, and improve the overall chances of success by reflecting the needs of the community and its providers.

The development of a program should include the definition of the term “community” for that specific program. In some instances, a program may focus on the whole community, including all the residents and visitors to the community. In other programs, “community” may refer to a specific subset, i.e., ethnic/cultural, language, physical ability, age groups, income level, educational attainment, sexual orientation, and other social determinants of health.

Standard A: Community Needs Assessment

Local health departments together with the community shall identify public health issues and establish public health education priorities based on the ongoing assessment of the community’s needs, its assets and resources, including epidemiological data and input from appropriate community representatives.

Planning	Criteria
III.A.1	All available, reliable data on community health indicators, including surveys, research findings and epidemiological data, and community quality-of-life indicators are collected and analyzed. Community surveys may be necessary where no appropriate data exist.
III.A.2	Relevant resources such as <i>Healthy People 2010: National Health Promotion and Disease Prevention Objectives</i> ⁴ and <i>Healthy People in Healthy Communities, a Community Planning Guide Using Healthy People 2010</i> ⁵ (and subsequent reports), or any of the Healthy People 2010 companion documents that have been created by various agencies, and relevant state and local community assessment reports are used to identify and set priorities for community health education needs.
III.A.3	Perceived needs and priorities of community members are assessed in some manner such as direct questionnaires, key informant interviews, focus groups, or a community advisory group.
III.A.4	Community assessments will include an assessment of the assets and resources available in the community to address the issue.
III.A.5	As appropriate, community members should have the opportunity to participate in all aspects of research into community health issues.

⁴ Healthy People 2010: National Health Promotion and Disease Prevention Objectives. U.S. Department of Health and Human Services, Public Health Service, 2000.

⁵ Healthy People in Healthy Communities, a Community Planning Guide Using Healthy People 2010, Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services.

Standard B: Program Planning

Public health education programs shall be planned to address identified community needs.

Planning	Criteria
<p>III.B.1</p>	<p>Health education program plans are developed that reflect the priorities established through the community needs assessment. Proposed program outcomes are related to identified community needs and based on the health department’s strategic plan to serve the community.</p>
<p>III.B.2</p>	<p>Program plans utilize the Spectrum of Prevention in order to ensure that plans comprehensively address the different avenues by which programs need to reach people in order to promote health behavior change.</p> <ol style="list-style-type: none"> a. Strengthening individual knowledge and skills; b. Promoting community education; c. Educating providers; d. Fostering coalitions and networks; e. Mobilizing communities; f. Changing organizational practices; g. Influencing policy and legislation.
<p>III.B.3</p>	<p>Public health education programs are based on written plans, which include the following elements:</p> <ul style="list-style-type: none"> ♦ program goals, intended audience ♦ measurable objectives, including process, impact, and outcome objectives ♦ appropriate activities to meet program objectives, including implementation timelines and delineation of responsibilities for implementation ♦ description of resources, budgetary and other, necessary to conduct the program ♦ comprehensive evaluation plans to measure the impact of a program, make program improvements and make decisions about similar future programs
<p>III.B.4</p>	<p>The community or representatives of populations to be reached by health education programs are involved in the planning process as feasible, to insure that planned activities and materials are appropriate and acceptable.</p>
<p>III.B.5</p>	<p>Health education program plans include the development and implementation of an information/knowledge management system that will serve to collect and analyze program information in order to track progress, outcome, and learnings.</p>

Standard C: Program Implementation

Public health education programs shall be implemented to address identified community health education needs based on written program plan.

Planning	Criteria
III.C.1	Implementation of health education programs are based on activities and timelines developed in the written program plan.
III.C.2	Implementation is monitored to assess effectiveness of the program plan. If planned activities are not being conducted, or do not seem to be effective in achieving proposed results, the plan is modified as necessary.
III.C.3	Implementation includes ongoing close collaboration with community groups and leaders.

Standard D: Program Evaluation & Reporting

Public health education programs shall be evaluated to measure their effectiveness, benefits, and consequences, both intended and unintended. Formative, impact, and outcome evaluation procedures shall be included. Evaluation results shall be used for program modification and future program development.

Planning	Criteria
III.D.1	Evaluation procedures are developed prior to program implementation and included in the written program plan. Adequate resources are allocated for evaluation. As appropriate, outside evaluation expertise may be sought.
III.D.2	Formative evaluations are conducted periodically during implementation, according to the program plan, and programs are modified as needed in accordance with the formative evaluation findings.
III.D.3	Program outcome is evaluated in terms of measurable objectives stated in the program plan.
III.D.4	Program outcomes are measured, where feasible, by assessing qualitative and quantitative changes in the community.
III.D.5	Program evaluation data and conclusions are documented, kept on file with the local health department, made available to other state or local health departments, and published, if appropriate, to serve as a resource and data base for future program planning and evaluation activities.
III.D.6	A report on the program outcomes should be developed and disseminated to community members.
III.D.7	The CDC Framework for Program Evaluation in Public Health, or other systematic evaluation framework, should be utilized to guide the standards for evaluation as well as the steps to be taken to develop and conduct program evaluation.

IV. Public Health Communication, Media Relations & Social Marketing

Introduction

Depending on the intended audience, there are many different ways that health departments disseminate information to members of the community. Health education can be conducted through the use of such methods as written materials (posters, flyers, etc.), one-on-one consultation, group presentations, media (print, electronic, and broadcast), and policy implementation.

The health education skill set translates well in communicating complex health information in terms understood by the general public. Some public health educators are called upon by their departments to utilize their communication skills to perform the Public Information Officer role for their agencies.

Health education units, in collaboration with agency management, can lead the development of comprehensive agency-wide media protocols, social marketing campaigns, and communication plans to encompass a variety of public information needs. Effective mechanisms for communicating are determined by the message, the degree of urgency of the message, and the population or audience to be reached.

To perform a public health information function, health education personnel must have an understanding of the core fundamentals of media relations, social marketing, risk communication, and have expertise in communication with low-literacy populations.

Standard A: Community Information & Education

Public health educators regularly work with many organizations, coalitions, key leaders, faith-based groups, and informal outlets to provide accurate information regarding public health issues.

Information	Criteria
IV.A.1	Maintain network of contacts for public information, such as gatekeepers to special populations, key opinion leaders, etc.
IV.A.2	Have knowledge of where the information to be shared and the target population converge.
IV.A.3	Match message and method with intended audience
IV.A.4	Reach selected target groups outside of “traditional” media venues.
IV.A.5	Methods to reach community groups may include presentations, newsletters, church bulletins, word of mouth, websites, hotlines, fact sheets, etc.

Standard B: Media Relations

The goal of public health media relations is to communicate critical public health information to the public through the media. The objective may be to increase public awareness, issue a call to action, or to support individual or community behavior change.

To increase awareness of the general public and vulnerable populations about public health issues, public health educators may serve as a liaison to media representatives to coordinate and assure accurate and timely response to, and distribution of, information via available print and electronic media sources.

Information	Criteria
IV.B.1	Maintain media contact list.
IV.B.2	Develop and maintain relationships with media; develop trust.
IV.B.3	Understand human psychology and behavior change.
IV.B.4	Ability to convey complex information in easy to understand sound bites.
IV.B.5	Methods of distribution can include: <ul style="list-style-type: none"> ♦ media releases ♦ public service announcements ♦ feature stories and health columns ♦ utilizing technologies, i.e. web pages, webcasts, podcasts, blogs, listserves, etc. ♦ media events ♦ media conferences ♦ public awareness campaigns ♦ paid media spots

Standard C: Social Marketing

Planned, systematic and audience-segmented outreach and marketing efforts shall be undertaken to contact, inform, and involve individuals and groups in the community in health issues, program development, service delivery, and public policy development.

An appropriate distinct health message based on determined public health needs and objectives must be delivered to specific targeted populations utilizing effective communication strategies as part of a comprehensive planned public health education program. Through this approach, community members can be informed to make educated choices about their own health and the health of the community, utilize appropriate services, and advocate for public policies which affect the health status of the community.

When developing a social marketing campaign for community education, health educators use the 4 P's of Social Marketing: Product, Price, Place, and Promotion.

Information	Criteria
IV.C	Product – For health departments, the “product” is the item (condom, toothbrush, support of policy, etc.), service (health service), or behavior change (tobacco cessation), or support of a policy that we want the consumer to “buy.” In order to have a viable product, the consumer must be convinced that there is a problem and that the “product” is a solution to the problem.

	<p>Price – The “price” is the cost for the consumer to obtain the “product.” Examples of “cost” include money, time, a new behavior, and giving up a habit. A health education program has to offer the product at the right price. The consumer has to perceive the benefits of the product to be greater than the cost. If the “price” is perceived to be too low, the consumer may not value the product. However, if the “price” is perceived as too high, the consumer may not consider the price to be worth the cost.</p> <p>Place – “Place” refers to the method the health educator will use to deliver the product to the consumer. It is critical that the health educator consider the characteristics and habits of the consumer when developing a program plan. “Place” includes providers’ offices, school, media outlets, community centers, and neighborhoods. Health educators consider community gatekeepers, people considered credible by the focus audience, and places where consumers access services when developing a marketing plan.</p> <p>Promotion – “Promotion” refers to the different means by which the health educator’s plans to advertise the product to the consumer. Promotion can include press releases, paid media spots, etc.</p>
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Standard D: Use of Collateral Informational Materials

Appropriate printed and electronic health information materials shall be made available for distribution to inform the public of health-related issues and available services. Collateral materials are especially important when used as part of a health education program, comprehensive public information or social marketing campaign to reinforce key messages.

Information	Criteria – Collateral materials should:
IV.D.1	Have a planned use
IV.D.2	Be only developed when no other material already exists to meet a specific need or target group
IV.D.3	Relate to interested audience, potential consumers or special populations groups in terms of age, culture, language, education and literacy levels
IV.D.4	Incorporate principles of good publication design
IV.D.5	Be technically accurate
IV.D.6	Be pretested for accuracy, appropriateness and effectiveness
IV.D.7	Be actively used and distributed
IV.D.8	Be current
IV.D.9	Be evaluated for effectiveness

Standard E: Risk Communication

The credo of risk communication is: Be first; Be right; Be credible. This credo can only be met when personnel have mastered the principles of community education, basic media relations functions, and crisis communication. In a crisis, people take in information differently, and it is important for a communicator to know the natural phases of a crisis, to be able to tailor the message and potential information needed by the public and the media. Expressing empathy in the first 30 seconds of an address to the public is crucial.

The purpose of accurate risk communication is to provide information that allows individuals, stakeholders, and entire communities to make informed decisions during a crisis. Further, the communication goal is to aid the entire response team and community's efforts to efficiently and effectively reduce and prevent illness, injury, and death and return individuals and communities back to normal.

Crisis and emergency risk communication can work to counter some of the harmful human behaviors that are known to arise during a crisis. Well planned and well-executed crisis and emergency risk communication, fully integrated into every stage of the crisis response will impact the ability of the effected community to cope and begin to rebuild a sense of order and understanding in their lives.

Information	Criteria
IV.E.1	Psychology of a Crisis: Understanding the difference in how people communicate in regular and crisis situations; understanding the difference in how people respond to natural vs. man-made disasters.
IV.E.2	Messages and Audience: Knowing how to communicate the message to the audience in a way that they can understand and take action if needed.
IV.E.3	Crisis Communication Plan: Having a plan developed before an emergency, that all partners have agreed to, and understand (plan details how to communicate with special populations and activate neighborhood-level grassroots contacts and networks).
IV.E.4	Spokesperson: The role of the spokesperson, and how to identify the best person(s) for the job
IV.E.5	Working with the Media: Best ways to provide information to the media during a crisis
IV.E.6	Partner Communication: Besides the public, know who else must participate in communications
IV.E.7	Difference between communicating terrorist caused events and natural disasters.
IV.E.8	Understand the emotional health needs of communications staff during a crisis.
IV.E.9	Understand Public Health Law as it relates to media.

V. Community Organization, Engagement & Advocacy

Introduction

Community organization is the process by which a community is mobilized to address a specific issue. Community engagement is the process by which the combined efforts of individuals and groups provide the means to generate, mobilize, coordinate and/or redistribute resources to fulfill the unmet or emergent public health needs of the community. Community engagement is more than requesting input or action; it promotes public access to the decision making process, seeks community solutions for institutionalized change, and achieves partnerships by sharing resources and decision-making power.

Community health advocacy is a process used for social change. This process includes community organizing, coalition building, education of the community and the decision makers. Technical assistance and consultation may be used to build the capacity of community members and groups to address health issues and influence social change. Community-based participatory action and research are used to engage and empower community members to identify, address, and evaluate their health and social issues.

Mechanisms such as task forces, community forums, workshops, conferences, advisory councils, focus groups, special events, and coalitions assist in community organization, collaboration and problem solving.

Standard A: Community Organization

The public health education field is built on its ability to mobilize community members to meet a specific objective. Community organization is the process which brings people together to act on an issue of common self interest. The outcome of a community organization effort is to build a base of concerned community members who work to seek accountability of its elected leaders, local corporations and institutions; increase community representation on decision-making bodies; and/or implementation of a social reform policy. Community organization is most critical in areas where community awareness and leadership may need to be built in order to address a community issue.

Community	Criteria
V.A.1	The public health education unit gathers data on a specific issue affecting the focus community. Data including surveys, research findings and epidemiological data, and community quality-of-life indicators are collected and analyzed.
V.A.2	The public health education unit staff serve as a catalyst and/or on convener for community members and organizations to discuss information about the issue, outcomes desired by community members, options for meeting outcome objectives, strategies for action, and evaluation measures.
V.A.3	Effort will be made to ensure that all segments of the focus community are represented in community efforts.

V.A.4	The public health education staff will build and train community leadership as needed on such topics as research methodology, data analysis, policy/ legislative processes, public speaking, community advocacy, negotiations, and options for response to decisions that impact community health.
V.A.5	Ongoing technical assistance will be provided to community leaders as needed in order to achieve stated outcomes.

Standard B: Community Engagement

The public health education unit shall ensure public involvement in all aspects of health education such as community assessment, data analysis, priority setting, program planning, development of public policy, delivery of health services, and evaluation of programs. Whereas community organization is conducted when a specific issue needs to be addressed, community engagement strives to work with community members to identify and address issues in the social environment in order to improve the areas where people live and the lifestyle behaviors that impact health outcomes. The principles of participatory action and research will be utilized when working with community residents.

Community	Criteria
V.B.1	The public health education unit coordinates its work with appropriate units within the agency and with community groups in order to identify needs, prioritize use of resources, fill gaps, eliminate duplication of services, maximize community efforts, and build community capacity to address health issues.
V.B.2	The public health education unit shall serve as the catalyst and/or convener between the health agency and community groups to encourage community engagement efforts.
V.B.3	Decision-making and advisory bodies reflect the geographic and demographic composition of the community. Interests of vulnerable populations and private, public and non-profit groups are included.
V.B.4	There is documentation of efforts to maintain diverse representation of the focus community.
V.B.5	Outcomes of community engagement are: <ul style="list-style-type: none"> ♦ independent entities working for a mutual goal ♦ promotion of cooperation rather than competition among groups ♦ coordination and leveraging of existing resources ♦ development of community leadership to address health issues ♦ shared decision-making, talent and responsibilities ♦ collaboration and negotiation ♦ increased community trust ♦ increased community involvement in health efforts ♦ improved community health outcomes

Standard C: Community Advocacy

The public health education unit, along with other department units and the community, shall act as an advocate on behalf of diverse populations (e.g., economically disadvantaged, ethnic/racial communities, geographically isolated, physically disabled, etc.); public health issues, including health promotion and education; and public health legislation and policies.

Community	Criteria – <i>Public health advocates shall:</i>
V.C.1	Understand the issues that impact the health and well-being of the community they serve.
V.C.2	Recognize the assets within the community that promote healthy behaviors as well as barriers that impede healthy behaviors.
V.C.3	Identify the resources needed to be able to conduct successful community health education interventions.
V.C.4	Promote self-help/self-determination, community participation, capacity building, healthy behavior, and/or environmental/policy change that will maximize community health outcomes design.
V.C.5	Demonstrate sensitivity to the needs of diverse populations and ensure that community efforts are inclusive of all community members.
V.C.6	Build community capacity to identify, prioritize, and implement solutions to health issues.
V.C.7	Utilize an asset-based approach that utilizes the community's strengths and resources to address community health issues.
V.C.8	Bring community health priorities to appropriate decision-making bodies in order to ensure inclusion of community perspective and voice in processes that impact health.
V.C.9	Provide training and technical assistance to community members in order to build capacity to analyze, develop, advocate for, and implement public health policies that will maximize community health outcomes.

VI. Training: Continuing Education & Staff Development

Introduction

The goal of training in public health settings is to assist the agency to fulfill its mission and meet its goals through the resource of efficient, effective and skilled personnel. Outcomes of training are information dissemination, educational updates, and skill development. Training can serve to ensure a more informed and knowledgeable staff with increased skills and improved ability to per-

form their public health functions. Training is also used to develop the ability of community constituents to play a more effective role in promoting health.

Training functions in a public health setting include, but are not limited to: training needs assessment, identification of effective and efficient strategies, identification of experts in a specified area of training, consultation on training strategies, the design of training modules, coordinating training activities, training of trainers, implementation of training, and evaluation design.

In order to serve the ethnically diverse population in California, health departments should develop and offer ongoing training opportunities to public health staff and partners that increase their cultural competency and assist in the advancement and retention of employees reflecting the diverse community.

The following standards are based on excerpts from the 2006 Competency-based Framework for Health Educators sponsored by the National Commission for Health Education Credentialing (NCHEC), Society for Public Health Education (SOPHE), and American Association for Health Education (AAHE).

Standard A: Assessment of Training Needs

To assure that all public health education training activity is effective, an assessment of the needs of the group requesting or requiring training shall precede all planning.

Training	Criteria – A successful training assessment will:
VI.A.1	Determine whether the issue can be addressed by training.
VI.A.2	Determine who needs the training.
VI.A.3	Determine the specific skills, topics and/or information to be covered.
VI.A.4	Determine the amount of training needed.
VI.A.5	Use appropriate instruments to gather data.
VI.A.6	Utilize a variety of survey techniques.
VI.A.7	Determine the extent of existing training modules.
VI.A.8	Determine priorities based on the analyzed data.

Standard B: Planning Training Programs

Implementing an effective training program requires adequate planning for groups of potential participants.

Training	Criteria – A training plan will:
VI.B.1	Establish goals and measurable objectives
VI.B.2	Include interventions appropriate to the trainees

VI.B.3	Incorporate learning theory to address the different ways that people learn
VI.B.4	Incorporate the results of the needs assessment
VI.B.5	Utilize input and promote involvement from relevant people
VI.B.6	Identify and assess resources and barriers to the implementation of training
VI.B.7	Include needed qualifications of instructors
VI.B.8	Include evaluation design
VI.B.9	Identify a facility that will accommodate the training program
VI.B.10	Establish a learning management system to track all trainings taken by staff

Standard C: Implementation of Training Programs

Public health education training activities shall include a written training plan to be used as a guide for training implementation.

Training	Criteria – Training implementation will:
VI.C.1	Use instructional resources that meet the needs of trainees
VI.C.2	Include a variety of learning styles
VI.C.3	Provide skills to improve health education competencies

Standard D: Training Evaluation

Evaluation of training activities will determine the effectiveness, benefits and merits of the program.

Training	Criteria – Training evaluation will include:
VI.D.1	Participant satisfaction with training methodologies, speakers, and facilities
VI.D.2	Comparison of training activities with stated training objectives
VI.D.3	Recommendations based on evaluation results
VI.D.4	Strategies for implementing recommendations
VI.D.5	Appropriate data gathering instruments (i.e., surveys, questionnaires)
VI.D.6	Communicate evaluation results using lay terms
VI.D.7	Apply evaluation findings to refine and maintain programs

VII. University, Professional Organizations & Local Health Department Affiliations

Introduction

Public health education efforts are most successful when the combined talents of those in the profession work together to promote excellence in research, training and public health education practice. Universities, professional organizations, local health departments, community-based organizations, health care facilities, and local officials should work together as partners to help accomplish health objectives such as those set forth in *Healthy People 2010*⁶ (and subsequent versions) and the Institute of Medicine Report *The Future of Public's Health in the 21st Century*⁷.

Standard A: Local Health Department & University Cooperation

Public health education personnel in local health departments and university professional preparation programs shall seek to work cooperatively to create partnerships to address public health needs in the community.

University	Criteria
VII.A.1	Public health education units in local health departments and universities with community health science, health education, or related departments/programs should work to create reciprocal opportunities for involvement in public health education projects and education.
VII.A.2	Professional linkages are established and maintained between local directors of public health education and faculty of local universities.
VII.A.3	Public health educators may serve as adjunct professors or instructors for universities.

Standard B: Public Health Education Field Research

Local health departments and university professional preparation programs shall seek to establish mechanisms of formal cooperation and support for conducting public health education field research in local health departments. Such agreements shall be set forth in writing

University	Criteria
VII.B.1	Protocols for conducting public health education field research in the community are established.
VII.B.2	Written agreements for field research are routinely implemented between universities, local health departments, and community for whom the research is being conducted.

⁶ Healthy People 2010: Understanding and Improving Health. 2nd Edition. U.S. Department of Health and Human Services, Washington, DC, November 2000.

⁷ The Future of the Public's Health in the 21st Century. Institute of Medicine, Committee on Assuring the Health of the Public in the 21st Century, Board of Health Promotion and Disease Prevention. Washington, DC, 2002.

VII.B.3	Findings from the research are articulated, shared with the community, and incorporated into public health programs so as to benefit the health of the community.
VII.B.4	Results of the research are reported at appropriate professional conferences and published in professional health education literature.
VII.B.5	Publications resulting from the research include the names of all public health and university personnel participating in the research.

Standard C: Bachelor & Graduate Student Field Training

Universities and local health departments shall jointly plan the field training experiences of public health education students who are placed in local health departments. Graduate students prepared by universities to assume a field placement role in local public health education units shall be capable of demonstrating the knowledge and skills outline in “Public Health Education Personnel” – Standard II.

University	Criteria
VII.C.1	Formal protocols are established jointly and used by universities and local health departments for field placement of students in local health departments.
VII.C.2	Internships are designed to enhance the professional experiences and growth of the student intern.
VII.C.3	Planned field training experiences are documented in writing and identify the expectations of all parties involved in the field training process.
VII.C.4	University field supervisors are familiar with the sites in which the students are placed through site visits and ongoing correspondence with the student and field placement supervisor.
VII.C.5	The field placement shall be evaluated by the student and student performance shall be evaluated by the field placement supervisor.

Standard D: Membership/Participation in Professional Organizations

Public health education personnel shall participate in professional organizations related to public health.

University	Criteria
VII.D.1	The public health education directors and supervisors encourage staff to participate in local, state and national public health related professional organizations, (e.g., Society for Public Health Education, American Public Health Association, Association for the Advancement of Health Education) so as to provide leadership and to stay current in the field.
VII.D.2	Public health education personnel participate in professional conferences and are encouraged to publish in professional journals.

Standard E: Continuing Education (CE) for Public Health Education Personnel

Continuing education designed to increase knowledge and skills of health education personnel shall be provided in a systematic, planned manner utilizing the resources and collaborative leadership of university professional preparation programs, professional organizations, and local health departments.

University	Criteria
VII.E.1	Local health departments, universities, and professional organizations shall collaborate with, and jointly sponsor, ongoing continuing education programs for public health education personnel.
VII.E.2	CE course content shall be relevant to the practice of health education and/or developments in the field, including new issues and problems in general public health practice ⁸ .
VII.E.3	The CE provider shall have a written course description including objectives, program content and method of evaluation for the participant.
VII.E.4	Each course description shall have, at a minimum, the following: <ul style="list-style-type: none"> ♦ learning objectives ♦ measurable outcome objectives ♦ an outline of educational activities showing how the course relates to the theory or practice of health education and/or public health
IV.E.5	Each course shall require a general evaluation of the instructor and course completed by the participants and including the following: <ul style="list-style-type: none"> ♦ the extent to which the course met the stated objectives ♦ the instructor's mastery of the subject ♦ the utilization of appropriate teaching methods by the instructor ♦ the extent to which the information provided was applicable to the participant ♦ the satisfaction with the educational setting

VIII. Local, State & Federal Relationships

Introduction

It is imperative that health educators at the local and state levels work together as partners to maximize resources and avoid duplication in their efforts to impact the health and well being of all Californians.

Standard A: Consultation & Technical Assistance

Local public health education units shall work collaboratively with the state and federal health and other agencies when developing, implementing and evaluating health education and health promotion programs.

Government	Criteria
VIII.A.1	Local public health educators articulate community needs and priorities to local, state, and federal agencies to facilitate the development of appropriate programs and policies.

⁸ Participation in Continuing Education programs sponsored by the National Commission on credentialing will satisfy the criteria.

VIII.A.2	Public health education units of local health departments participate in California Conference of Local Directors of Health Education. CCLDHE and the Health Education Council of the Department of Public Health (CDPH) and Health Care Services (CDHCS) maintain formal linkages to keep current and contribute to each group's projects, activities, issues and special event calendars.
VIII.A.3	Local public health education units request consultation and technical assistance from the health education consultants and other staff of the various programs of the CDPH and CDHCS (e.g., Health Promotion, AIDS, Family Planning, Tobacco Control, Maternal and Child Health) when planning, implementing and evaluating local health education and health promotion programs.
VIII.A.4	Local public health education units refer to documents such as <i>Healthy People 2010: National Health Promotion and Disease Prevention Objectives</i> and <i>Healthy Communities 2000: Model Standards</i> (or their successive versions) during all stages of program development, so that programs throughout the state have a common foundation.
VIII.A.5	Persons representing local public health education units serve on CDPH/CDHCS and other appropriate State departments' advisory committees, proposal review panels, and coalitions for the purposes of coordinating programs and working toward defining health problems and finding solutions.

Standard B: Training

Local public health education units shall participate in state, regional, or federal training events to build their capacity and develop new skills to plan and deliver effective and appropriate health education programs.

Government	Criteria
VIII.B.1	Local public health education staff participate in training assessments and surveys conducted by state and federal health agencies so that appropriate training programs can be developed.
VIII.B.2	Local public health education staff attend, contribute to and evaluate training programs conducted by state and federal agencies.
VIII.B.3	Local public health education staff share information about their own training programs and workshops with other health departments and the state.

Standard C: Advocacy

Local public health education units shall assist local, state and federal decision makers in developing appropriate policies and programs to meet the community's health needs, especially those of the underserved.

Government	Criteria
VIII.C.1	Local public health education units provide local, state and federal decision makers with information on the health education needs of their respective communities.

VIII.C.2	Local public health education staff assist local, state and federal decision makers in formulating appropriate policy and programs.
VIII.C.3	Local public health education staff relay the nature, importance and use of community health principles and practices to the public, decision makers, and other health professionals.

Standard D: Data Exchange

Local and state public health education staff shall develop mechanisms for the mutual exchange of data and information between the state and local health departments.

Government	Criteria
VIII.D.1	Local public health educators stay current with data and information sources available at local, state and federal levels.
VIII.D.2	Local public health education staff use information from the Behavioral Risk Factor Surveillance System (BRFSS) and other state and local data sources when establishing local health program objectives, planning programs and conducting formative program evaluation.
VIII.D.3	Local public health education staff share local demographic and statistical information for the purpose of aggregating data so that analyses done by CDHS/CDPH can be used at the local and state levels for program and policy development.

Standard E: Information Exchange & Resource Development

Local public health education staff utilize all known sources of information and resources in program planning and implementation, and contribute information to such sources, in order to assure wide dissemination of information on effective health education programs and materials.

Government	Criteria
VIII.E.1	Local public health education staff establish linkages with and utilize the resources of governmental health agencies, academic institutions, clearinghouses, voluntary health organizations, and other agencies at the local, state and federal levels.
VIII.E.2	Local public health education staff use CDPH as a clearinghouse for information on health education programs, materials and funds in California.
VIII.E.3	Local public health education staff contribute to state-and federally-supported clearinghouses, grand rounds, newsletters, and other information and resource exchanges.
VIII.E.4	Local public health education staff participate in the development and maintenance of a health informatics and learning management systems in order to ensure continued dissemination of best practices, program outcomes, and shared learnings.