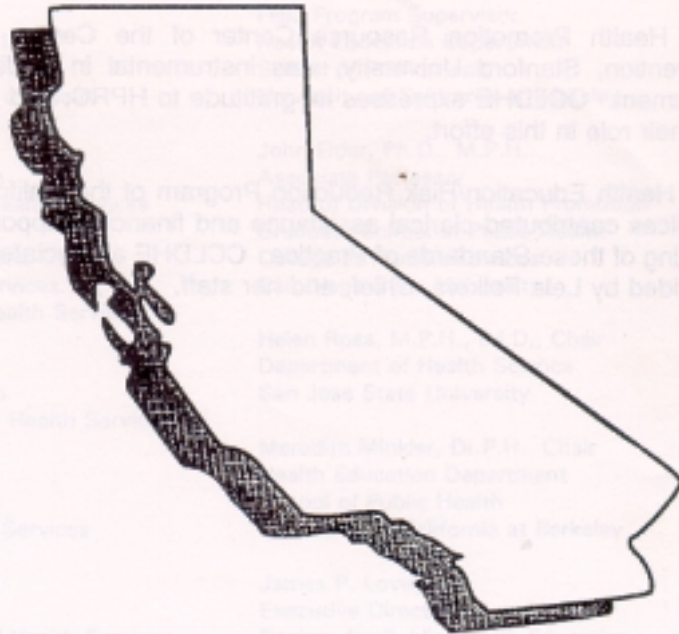


**Standards of Practice
for Public Health Education in
California Local Health Departments**



**California Conference of
Local Directors of Health Education
C.C.L.D.H.E.**

ACKNOWLEDGEMENTS

The Health Promotion Resource Center of the Center for Research in Disease Prevention, Stanford University, was instrumental in facilitating the revision of this document. CCLDHE expresses its gratitude to HPRC, and especially to Jerry Endres, for their role in this effort.

The Health Education/Risk Reduction Program of the California Department of Health Services contributed clerical assistance and financial support for the development and printing of these Standards of Practice. CCLDHE appreciates the invaluable assistance provided by Lela Folkers, Chief, and her staff.

Second Printing 1993

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BACKGROUND

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 decade, 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, and public policies to promote health.

Issues such as AIDS/HIV infection, violence prevention, environmental protection, access to care, community participation and involvement in public health, self-determination, and 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 smoking prevention are also changing with the growing theoretical basis for public health education practice.

To reflect the changing focus and expanding influence of the profession, CCLDHE felt it necessary to revise and update the 1979 Standards document. The revision process was initiated at the annual meeting of CCLDHE in 1988. In addition to local Directors of Health Education, representatives of professional training programs throughout the State and the State Department of Health Services participated in drafting these Standards. They were endorsed and accepted by the California Conference of Local Health Officers (CCLHO) in December of 1991.

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 1990s.

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.

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 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 Department of Health 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 elected officials with standards for use in incorporating public health education into health care legislation, regulations and public policy as appropriate.

HEALTH EDUCATION IN LOCAL HEALTH DEPARTMENTS

INTRODUCTION

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 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 individuals.¹

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
- 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 target specific educational strategies for both community and clinic settings.

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

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 program planning and implementation.

This document delineates standards for public health education in local health departments in the following areas: (A) Administration and Management of Public Health Education in Local Health Departments; (B) Functions and Qualifications of Public Health Education Personnel; (C) Public Health Education Program Planning; (D) Public Health Information; (E) Community Organization and Advocacy; (F) Training; (G) University, Professional Organizations and Local Health Department Affiliations; (H) Local, State, and Federal Relationships.

HEALTH EDUCATION STANDARDS



ADMINISTRATION AND MANAGEMENT OF PUBLIC HEALTH EDUCATION

INTRODUCTION

Public health education is integral to all activities of the Health Department. Trained Public Health Educators have specialized knowledge and skills in the theories and processes of public health education. They thus 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 I: 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.

Criteria:

- 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.
- 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.
- The public health education unit has sufficient staffing and budget for planning, implementation and evaluation of public health education programs mandated by state requirements or warranted by local needs.

STANDARD II: PUBLIC HEALTH EDUCATION UNIT LEADERSHIP AND 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.

Criterion:

- 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.

STANDARD III: 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.

Criteria:

- 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.
- Public health education unit staff provide health education consultation, technical assistance and training to programs within the local health department.
- Public health education programs and activities within the local health department are reviewed and evaluated by public health education unit staff.

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.

STANDARD I: 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's 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.

Criteria:

- Every local health department has an individual, meeting the qualifications specified above, designated as the Director of Public Health Education.
- The Director of Public Health Education is able to document compliance with the requirements of Title 17 of the Administrative Code.
- The Director of Public Health Education is able to demonstrate knowledge and skills in the following areas:
 - program administration and fiscal management
 - staff training and supervision
 - planning, implementation and evaluation of health education programs

² Title 17, Division 1, Chapter 3, Subchapter 1, Article 3, Section 1304. A list of CEPH approved programs is published annually in the *American Journal of Public Health*. 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 concentration is in health education or health promotion.

- identification of funding sources and development of grant proposals
- coalition building and community organization
- marketing and public relations
- effective oral and written communication techniques
- health education research and evaluation
- development of health education methods, strategies and materials
- 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

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

Criteria:

- Local health departments are able to document compliance with California Administrative Code, Title 17. For Public Health Educators hired.
- Public Health Educators hired by the local health department meet the qualifications described above.
- Each Public Health Educator can demonstrate knowledge and skills in the following areas:
 - public health education principles, practice and theory
 - effective written and oral communication techniques
 - community needs assessment
 - program planning, coordination and implementation
 - research and evaluation methods

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

- community organization
- outreach to multicultural groups and communities
- marketing, public relations and effective utilization of the media
- training of other professions

STANDARD III: 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.

Given the diverse cultural and ethnic populations in California, those who provide health education services in the community should reflect the multi-lingual, multicultural populations of that county. Every effort should be made to hire bilingual, bicultural staff to best serve the special populations of the community.

Criteria:

- 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.
- 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.
- 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 education position.

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 and 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 acceptance of programs, enhance participation, and improve the overall chances of their success by assuring that they reflect the needs of consumers and providers.

STANDARD I: COMMUNITY NEEDS ASSESSMENT

Local health departments together with the community shall identify public health problems and establish public health education priorities based on assessment of the community's needs, including epidemiologic data and input from appropriate community representatives.

Criteria:

- 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.
- Relevant resources such as *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*⁴ and *Healthy Communities 2000: Model Standards*⁵, are used to identify and set priorities for community health education needs.

⁴ Healthy People 2000: National Health Promotion and Disease Prevention Objectives. U.S. Department of Health and Human Services, Public Health Service, 1990. DHHS Publication Number (PHS) 91-505212.

⁵ Healthy Communities 2000: Model Standards, 3rd Edition, American Public Health Association, Washington D.C., 1991.

- Perceived needs and priorities of community members are assessed in some manner such as direct questionnaires, key informant interviews or a community advisory group.

STANDARD II: PROGRAM PLANNING

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

Criteria:

- 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.
- Public health education programs are based on written plans, which include the following elements:
 - program goals
 - measurable objectives, including process, impact, and outcome objectives
 - appropriate activities to meet program objectives, including implementation timeliness and delineation of responsibilities for implementation
 - description of resources, budgetary and other, necessary to conduct the program
 - evaluation procedures to measure program results
- 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.

STANDARD III: PROGRAM IMPLEMENTATION

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

Criteria:

- Implementation of health education programs are based on activities and timeliness developed in the written program plan.

- Implementation is monitored to assess effectiveness of 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.
- Implementation includes close collaboration with community groups and leaders, as appropriate.

STANDARD IV: PROGRAM EVALUATION AND 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.

Criteria:

- Evaluation procedures are developed prior to program implementation and included in the written program plan. Adequate resources are allocated for evaluation.
- 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.
- Program impact is evaluated in terms of measurable objectives stated in the program plan.
- Program outcomes are measured, where feasible, by assessing qualitative and quantitative changes in the community.
- 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.

PUBLIC HEALTH INFORMATION

INTRODUCTION

Appropriate health messages based on determined public health needs and program objectives must be delivered to specific populations utilizing effective communication strategies as part of a comprehensive, planned public health education program. Through effective utilization of a variety of information channels such as newspapers, pamphlets, newsletters, films, video, radio, television and other telecommunication, community members can be helped to make educated choices about their own health and the health of the community, utilization of appropriate services, and policy issues which affect the health status of the community.

STANDARD I: OUTREACH AND 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 and/or problems, program development and service delivery, and the public policy process.

Criteria:

- Public health information and messages are analyzed to identify specific audiences to whom they are addressed, and steps taken to insure that they are communicated through approaches and media that will reach those audiences.
- Effective approaches and media for public information and outreach are determined through use of focus groups, key informant interviews and other strategies that provide for input from representatives of intended audiences.
- Informational materials and educational methods are used that are appropriate in terms of age, culture, language, education and literacy levels, and preferred communication channels of the intended audience.

STANDARD II: INFORMATION AND REFERRAL

Public health education units shall be identified as a local resource for information and referral for health-related information services in the community.

Criterion:

The following information is organized and kept up-to-date:

- A directory of community health information resources, including local, state and national clearinghouses.
- A catalog of educational materials available including literature, audiovisual materials, film/video libraries, and other promotional materials.
- A reliable and current reference file of resources for health services and community health information.
- A method to access this information by staff and the public.

STANDARD III: EDUCATIONAL MATERIALS DEVELOPMENT

Appropriate printed and audio-visual health information materials shall be made available for distribution as educational tools to inform the public of health-related issues and available services.

Criterion:

- Health information materials:
 - have a planned use
 - relate to interested audience, potential consumers or special populations groups in terms of age, culture, language, education and literacy levels
 - incorporate principles of good publication design
 - are technically accurate
 - are pretested for accuracy, appropriateness and effectiveness
 - are actively used and distributed
 - are kept current

STANDARD IV: MEDIA RELATIONS

To increase awareness of the general public and special populations about public health issues, public health educators shall maintain liaison with media representatives to coordinate and assure accurate and timely distribution of information via newspapers, television, radio, and other media sources.

Criterion:

Appropriate distribution of information is assured by:

- distribution of press releases, public service announcements, and feature stories
- media events
- press conferences
- timely response to media inquiries
- public awareness campaigns

COMMUNITY ORGANIZATION AND ADVOCACY

INTRODUCTION

Community organization 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 health needs of the community. Encouraging public participation is more than requesting input; it allows 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.

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 I: COMMUNITY PARTICIPATION/INVOLVEMENT

The public health education unit shall ensure public involvement in all aspects of health education such as program planning, development of public policy, and the delivery of health care.

Criteria:

- The public health education unit coordinates its work with appropriate units within the agency and with community groups in order to identify needs, fill gaps, eliminate duplication of services and maximize community organization efforts.
- Decision-making and advisory bodies reflect the geographic and demographic composition of the community. Interests of special populations and private, public and non-profit groups are included.
- There is documentation of good faith efforts to maintain diverse representation.

STANDARD II: COMMUNITY ORGANIZATION

The public health education unit in the local health department shall serve as the catalyst and/or convener between the health agency and community groups to encourage community organization efforts.

Criterion:

- Outcomes of community organization are:
 - independent entities working for a mutual goal
 - promotion of cooperation rather than competition among groups
 - coordination of existing resources
 - shared leadership, talent and responsibilities
 - collaboration and negotiation
 - community input into the decision-making process

STANDARD III: ADVOCACY

The public health education unit, along with other department units and the community, shall act as an advocate on behalf of special populations (e.g., economically disadvantaged, ethnic or racial minorities); public health issues, including health promotion and education; and public health legislation and policies.

Criterion:

- Public health advocates;
 - Recognize and address barriers that impede successful health education interventions
 - Promote self-help, community participation, capacity building, and health behavior change
 - Show sensitivity to the needs of diverse populations

TRAINING

INTRODUCTION

The goal of training in public health settings is to assist the agency to fulfill its mission and meet its goals through the resources of efficient, effective and skilled personnel. Outcome of training are communication, information dissemination, educational updates, and skill development of staff. 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: identification of effective and efficient strategies and training methods, training of trainers, information and resource gathering, the design of training modules, consultation on training methods, identification of and consulting with experts, coordinating training activities, evaluation design, and implementation of training.

In order to serve the growing ethnically diverse population in California, health departments must increase recruitment and retention efforts of bilingual, bicultural health educators by providing professional training opportunities.

STANDARD I: 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.

Criterion:

- An adequate assessment determines:
 - whether the problem can be solved by training
 - who needs the training
 - the specific skills, topics and/or information to be learned by the trainees
 - the amount of training needed

STANDARD II: IMPLEMENTATION OF TRAINING PROGRAMS

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

Criterion:

- Training plans include at a minimum:
 - written measurable outcomes for participants
 - descriptions of methodologies
 - use of experts appropriate to the subject of the training and the needs of the participants
 - identification of a facility that will accommodate the training program

STANDARD III: TRAINING EVALUATION

Evaluation of training activities to determine the effectiveness, benefits and merits of the program shall be part of the training plan.

Criterion:

- Documentation of trainee knowledge and skills shows:
 - participant knowledge increased or skills gained
 - participant satisfaction with training methodologies, speakers, and facilities
 - changes in client or community behavior
 - improvements in the delivery of health services
 - the extent of carry-over from training sessions to the work place

UNIVERSITY, PROFESSIONAL ORGANIZATIONS AND 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, and local health departments should work together as partners to help accomplish health objectives such as those set forth in *Healthy People 2000*⁶ and the Institute of Medicine Report *The Future of Public Health*⁷.

STANDARD I: LOCAL HEALTH DEPARTMENT AND 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.

Criteria:

- Public health education units in local health departments and local universities on an ongoing basis work to create reciprocal opportunities for involvement in public health education projects.
- Professional linkages are established and maintained between local directors of public health education and faculty of local universities.
- Local directors of public health education seek to be appointed and participate as adjunct professors for public health education in local universities.

⁶Healthy People 2000: National Health Promotion and Disease Prevention Objectives. U.S. Department of Health and Human Services, Public Health Service, 1990. DHHS Publication Number (PHS) 91-505212.

⁷The Future of Public Health, Committee for the Study of the Future of Public Health, Division of Health Care Services, The Institute of Medicine (U.S.). National Academy Press, Washington D.C. 1988.

STANDARD II: 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.

Criteria:

- Protocols for conducting public health education field research in the community are established.
- Written agreements for field research are routinely implemented between universities, local health departments, and community for whom the research is being conducted.
- 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.
- Results of the research are reported at appropriate professional conferences and published in professional health education literature.
- Publications resulting from the research include the names of all public health and university personnel participating in the research.

STANDARD III: 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.

Criteria:

- Formal protocols are established jointly and used by universities and local health departments for field placement of students in local health departments.
- Internships are designed to enhance the professional experiences and growth of the graduate student intern.
- Planned field training experiences are documented in writing and identify the expectations of all parties involved in the field training process.

- 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.

STANDARD IV: MEMBERSHIP/PARTICIPATION IN PROFESSIONAL ORGANIZATIONS

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

Criteria:

- Public health education unit managers 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.
- Public health education personnel participate in professional conferences and are encouraged to publish in professional journals.

STANDARD V: 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.

Criteria:

- Local health departments, universities, and professional organizations shall collaborate with, and jointly sponsor, ongoing continuing education programs for public health education personnel.
- 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 practice⁸.

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

- The CE provider shall have a written course description including objectives, program content and method of evaluation for the participant.
- Each course description shall have, at a minimum, the following:
 - measurable outcome objectives
 - an outline of program activities showing how the course relates to the theory or practice of health education and/or public health
- Each course shall require a general evaluation of the instructor and course completed by the participants and including the following:
 - 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

LOCAL, STATE AND FEDERAL RELATIONSHIPS

INTRODUCTION

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

STANDARD I: CONSULTATION AND TECHNICAL ASSISTANCE

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

Criteria:

- Local public health educators articulate community needs and priorities to local, state, and federal agencies to facilitate the development of appropriate programs and policies.
- Local public health units are represented as members of the California Conference of Local Directors Of Health Education. CCLDHE and the Health Education Council of the Department of Health Services maintain formal linkages to keep current and contribute to each group's projects, activities, issues and special events calendars.
- Local public health education units request consultation and technical assistance from the health education consultants and other staff of the various programs of the Department of Health Services (DHS) (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.
- Local public health education units refer to documents such as *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* and *Healthy Communities 2000: Model Standards* during all stages of program development, so that programs throughout the state have a common foundation.
- Persons representing local public health education serve on DHS and other appropriate State departments' advisory committees, proposal review panels, and other coalitions for the purposes of coordinating programs and working toward defining health problems and finding solutions.

STANDARD II: 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.

Criteria:

- 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.
- Local public health education staff attend, contribute to and evaluate training programs conducted by state and federal health agencies.
- Local public health education staff share information about their own training programs and workshops with other health departments and the state.

STANDARD III: 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.

Criteria:

- Local public health education staff provide local, state and federal decision makers with information on the health education needs of their respective communities.
- Local public health education staff assist local, state and federal decision makers in formulating appropriate policy and programs.
- 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 IV: 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.

Criteria:

- Local public health educators stay current with data and information sources available at local, state and federal levels.
- 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.
- Local public health education staff share demographic and statistical information for the purpose of aggregating data so that analyses done by DHS can be used at the local and state levels for program and policy development.

STANDARD V: INFORMATION EXCHANGE AND 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 side dissemination of information on effective health education programs and materials.

Criteria:

- 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.
- Local public health education staff use DHS as a clearinghouse for information on health education programs, materials and funds in California.
- Local public health education staff contribute to state-and federally-supported clearinghouses, grand rounds, newsletters, and other information and resource exchanges.