

THE HEALTH EDUCATION PROFESSION in the TWENTY-FIRST CENTURY: SETTING THE STAGE

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INTRODUCTION

Initiatives have taken place over the past 25 years to enhance the profession and the practice of health education. Examples of these activities include the creation of the Coalition of National Health Education Organizations, U.S.A., the formation of the National Task Force on the Preparation and Practice of Health Education, and the subsequent establishment of the National Commission for Health Education Credentialing, Inc. (NCHEC). Recently, NCHEC determined there was a need to examine the future of the health education profession. Discussion regarding the process for addressing the future of the profession began in the Fall of 1994. The opportunity for a meeting came to fruition in April of 1995. Time constraints were such, however, that NCHEC needed to limit the number of participants at the meeting which was held in Atlanta, GA, on June 16 and 17, 1995. NCHEC was the primary organizer for the meeting. In addition, the Coalition of National Health Education Organizations was asked to become a co-sponsor of the meeting. Recognizing that the power for progress and change in the profession can occur through organized effort, NCHEC and the Coalition planned this meeting to be the foundation for a more comprehensive meeting in the near future. As a result, participants represented NCHEC and organizations within the Coalition. In addition, Eta Sigma Gamma was invited to participate in the meeting because of its widespread contact with preservice professionals.

Although it is recognized that planning for the future is a continuous process, these proceedings represent ideas upon which to build the future of the profession and practice of health education. We hope these ideas will be discussed by the boards and members of the professional organizations represented at this meeting. It is critical that we work together and share the same goals and objectives for the profession. Even though we have separate organizations, unifica-

tion of goals and objectives and speaking with a unified voice can occur by working together. The NCHEC looks forward to working with the leadership of the profession in creating and articulating a vision for advancing the health education profession in the twenty-first century.

The success of this meeting was possible through the dedication and professional efforts of all of the participants.

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OVERVIEW

Health education has evolved from a wide assortment of roots over the past 170 years. Some of these roots can be recognized as responses by professional and voluntary organizations to the many health problems confronting a developing country. Other responses came from families and citizen groups demanding protection for the health and well-being of communities.

Each period of time illustrated different approaches to protecting and promoting the health of individuals and communities. Most of these approaches included laws, regulations, treatment, education, and personal responsibility. As living conditions improved and medical care became more available, the health of people improved. Education of the population, young and old, was viewed as essential for maintaining health and improving the quality of life.

The profession of health education is the result of the many actions which occurred from the earlier years. It is not a new profession. Some of our professional organizations were formed in the mid and late 1800s. Others formed in the 1930s and 1940s.

Some visionary leaders have been advocating for more than 30 years that the health education professional organizations work more closely together to achieve common goals and objectives. The Coalition of National Health Education Organizations, U.S.A. was formed in the 1970s and has worked actively for health education. It has provided significant guidance getting us where we are currently. Then in the late 1990s steps were taken again by some of the leaders to examine the commonalties of practice of health educators. This resulted in the formal establishment of the National Commission for Health Education Credentialing, Inc. in 1989.

Our current social and political systems, nationally and internationally, are promoting awareness of the need for cohesiveness among the many professionals and organizations in health education. The health education profession needs to move more centrally into the arena of health care, reminding the public and other health care professionals that it has professionally prepared practitioners, effective programs, and quality research. Sound health education programs are available today, yet the profession of health education does not always play a significant role in affecting the lives of a majority of the population.

This forum was an attempt to initiate ideas that would stimulate actions to further the professions. It brought together professionals representing all of the national organizations that provide a primary focus on health education. Twenty-four participants met to bring the following objectives into focus:

- Develop goals which will provide direction for the profession.
- Identify actions needed within the profession to move it into a significant role in the United States.
- Identify actions needed external to the profession to move it into a significant role in the United States.
- Develop an action plan which identifies who will do what and when.

Following introductions and a general overview of why the participants

were assembled, the question was asked: "Where do we want to be by 2010, 2020, 2030?" The participants spent about 10 minutes writing where they wanted health education to be in the future. These responses were shared and recorded. This led the participants into the first objective of developing goals which will provide direction for the profession. These goals evolved as the group moved through consideration of the other objectives and were finalized the last hour of the forum. These goals should be viewed as emerging goals. These are not necessarily THE goals, but they will provide direction for the next stage of emergence. Likewise, these proceedings are not etched in stone. They become the spark which, it is hoped, will fire up the organizations to move forward together to make a difference in the profession of health education.

The forum was flexible and participation was very active. It was understood from the beginning of the session that the participants were working with ideas and concepts and all were accepted and examined. It was assumed that although not all ideas would be refined, it was important to reflect as many as possible. Unification of the professional organizations (forming one professional organization) was discussed briefly, however, it was concluded that there are strategies and actions which can accomplish the same tasks of a single professional organization without losing the history and accomplishments of the individual organizations. Perhaps these organizations will merge in the future; however, the critical action needed now is to strengthen the profession beyond the territories of the organizations. These strategies and actions can begin to move the profession and practice of health education ahead immediately. You will find some of the strategies and actions in these proceedings.

This forum concluded that another meeting with additional participants is essential. The participants at this forum are to serve as a steering committee to initiate actions needed to bring a larger group of representative professionals

together.

These proceedings are to be distributed to the professional organizations. The officers, executive directors, and board members are encouraged to discuss the proceedings and respond collectively to NCHEC and CNHEO.

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EMERGING GOALS FOR THE HEALTH EDUCATION PROFESSION

The participants were divided into four groups in order to brainstorm ideas regarding goals for the profession of health education. The four groups then shared their responses and developed a vision statement, basic premises related to this vision statement, and a series of seven goals. The ideas for these goals emerged in various forms throughout the forum and were finalized in the last hour of the meeting. There may be other goals, but this is a beginning, a working document. The following vision statement, premises, and goals were agreed upon by all participants. The vision statement is a global view of the destiny of the profession.

Vision Statement

The health education profession promotes, supports, and enables healthy lives and communities.

Premises

- The health education profession promotes health literacy and enables and supports healthy lives and communities.
- Grounded in the values and needs of the community, health education promotes social and environmental justice.
- Many of the leading causes of morbidity and mortality are behaviorally based.
- Health literacy is an enabling factor

in promoting healthy behaviors.

Goals*

The health education profession as a partner in promoting healthy people in a healthy world:

1. Assures its services are state-of-the-art and based on theory, research, best practice standards, and ethical standards.
2. Assures its research is grounded in theory and based in practice.
3. Plays a role in the development, diffusion, implementation, and evaluation of policies that influence health.
4. Incorporates current technology and is contemporary and dynamic.
5. Utilizes appropriate pedagogy.
6. Considers social, cultural, economic, and political influences in promoting health.
7. Promotes social justice.

Please note that these are emerging goals. There may be many other goals, but this set is a beginning. They are not prioritized.

WHAT DO WE NEED TO DO TO ACHIEVE THE GOALS OF THE HEALTH EDUCATION PROFESSION?

The participants were divided into working groups to facilitate productive discussions. These discussions were guided by the following two objectives:

1. Identify actions needed within the profession to move it into a significant role within the United States.
2. Identify actions needed external to the profession to move it into a significant role in the United States.

As the discussions progressed, the groups organized their ideas into various categories. These categories were collapsed into six focal points identified by the organizers of the proceedings. The organizers cross referenced the categories with the final goals decided upon by the participants. The six focal points are:

1. Promoting the Profession

2. Research
3. Advocacy
4. Professional Preparation
5. Quality Assurance
6. Dynamic/Contemporary Practice.

Actions Needed Within the Profession (actions are not prioritized)

Promoting the Profession

Coalesce health education groups and associations.

Break down the "camps" (MS, MPH, DrPH, PhD), increasing permeability.

Establish a common code of ethics.

Improve and strengthen credentialing beyond current entry-level credentialing and provide specialization.

Strengthen the Coalition of National Health Education Organizations (CNHEO) through improved communication between Coalition delegates and association members. Work toward united commitment (time, money, staff, resources).

Clarify and distinguish health education vis-a-vis health promotion and other related professions. Identify positive and appropriate interface.

Enhance the knowledge and meaning of health education professionals (generic, role delineation, program framework, commonality across sites).

Promote credentialing of professionals (licensure, certification).

Arrange for third party payment for health education.

Require credentialing nationally to practice.

Develop a unified professional association with staff and advocacy.

Recognize health education as an academic discipline.

Establish a national job clearinghouse.

Ensure the identification of health education in the manpower job classification.

Designate health education as a profession within the Bureau of Health Professions (definitions of legitimate providers of health services).

Develop a profile of health education profession's demographics.

Describe the state of the profession (demographics, area of practice, preparation, and salary).

Nurture health educators for elected, appointed office, locally and nationally.

Research

Assure translation of research to practice and from practice to research.

Create study groups between research and practice groups.

Develop a technical assistance program modeled after the extension service.

Establish training institutes/centers: theory-research-practice.

Establish a research institute: think-tank with money.

Ensure research that will provide better articulation of theory and practice.

Demonstrate the efficacy of health education.

Promote health education professionals with skills for structuring programs and research that will demonstrate the efficacy of health education.

Advocacy

Establish national organizations to provide training to prepare advocacy speaker teams.

Verify a united voice, common messages, and advocacy for the lay person.

Include congressional districts as part of national organization membership, and e-mail addresses.

Establish a health education political action committee.

Provide health education political action advocacy kits.

Establish health education public relations services (regular press releases, information on/about health education for the nation).

Develop a system for evaluating and recognizing friends of health education in state, national elected offices and sharing this information across health education national organizations.

Develop marketing campaign to improve health education perception and need at the local and national level.

Define for the consumer the appropriate expectation for health education.

Market understanding within the profession: Who and what we are, services we provide, and outcome of services.

Seek representation among and for diverse groups in communities.

Provide opportunities within the elected leadership and on professional committees for new professionals and students.

Increase involvement in political process/enhance political action for health education.

Develop multi-organization strategy plan to include building alliances with other peripherally related professions.

Increase power, leverage, and money access to media (e.g., own cable station), board membership on multinational corporations.

Professional Preparation

Recruit and train grassroots health educators.

Strengthen mentoring of young professionals.

Strengthen professional preparation programs: undergraduate, graduate, networking, advocacy, recruit diverse students.

Identify strategy to draw students to the profession.

Standardize accreditation of programs.

Promote certification and increase number of Certified Health Education Specialists.

Provide inservice training/continuing education for health education professionals on emerging technology.

Establish mentoring programs.

Adapt curriculum to evolution of field and world.

Reinforce pride and commitment in professional preparation and encourage active involvement in professional associations.

Standardize the practice of the pro-

fession: within preservice, field (within different settings), continuing education.

Educate about technology—part of continuing education and professional preparation programs.

Include in continuing education and professional preparation programs increased understanding and ability to analyze future trends and impact on health education practice.

Strengthen health educators' knowledge of the competency framework and the commonalities of responsibilities across health education settings.

Establish a health education training institute.

Quality Assurance

Maintain a uniform code of ethics.

Actively seek accountability from consumers.

Establish peer review panels and/or technical assistance teams.

Develop a mechanism for the systematic, continuous evaluation of the profession.

Define:

(a) core components of health education programs, model standards for health education programs.

(b) core competencies for health education preparation programs and accreditation.

Arrange for liability insurance options.

Define body of knowledge/skills of health education.

Dynamic/Contemporary Practice

Use contemporary technology and methodology.

Establish a health education home page on the Internet.

Establish technology clearinghouse.

Disseminate practice strategies within, between, among professional associations, practitioners.

Encourage health education organizations to utilize emerging technology.

Establish a resource clearinghouse.

Actions Needed External to The Profession (actions are not prioritized)

There are a wide variety of audiences which need to be targeted in order for actions external to the profession to occur. These audiences include, but are not limited to: consumers, employers, universities, legislators, business and industry, government agencies, other health professions, media, third party payers, accrediting boards, parents, school boards, and the religious community.

Promoting the Profession

Provide a description of the body of knowledge of health education.

Educate employers about the profession of health education.

Establish an understanding of marketing within the profession: promote who and what we are, the services we provide, and the outcomes of these services.

Use a focused message for public relations, marketing about field and profession.

Establish criteria of health education impact for products, social policies (used in marketing, decision making).

Enhance the profession, its accomplishments, its benefit, and the value of prevention over the cost of health care.

Connect with consumers and the media (e.g., Consumer Reports, Rodale Press, Reader's Digest, TV magazines, Consumer Research in the Public Interest, Food and Drug Administration, publishing boards).

Educate media and corporations about profession (for recognition, used in decision making).

Provide preservice and inservice training to other health professionals regarding health education.

Develop a cadre of health educators to consult with media.

Establish health education columns in the media.

Increase health educators' access to media (own cable channel, national ra-

dio show in many languages and appropriate for many cultures).

Establish recognition by key publics of trained health education spokespersons.

Identify well-known public spokespersons who speak out and support health education (national-macro, local-micro).

Establish partnerships with key leaders and power brokers at key sites (government, universities, business).

Increase dissemination of information from organizations to users (Centers for Disease Control and Prevention, National Cancer Institute, National Heart, Lung, and Blood Institute).

Describe the current state of the profession.

Become listed in health manpower directory of health professions.

Become included in surveys regarding professions.

Encourage state, local employers to hire health educators for health education jobs (e.g., Certified Health Education Specialist in job descriptions).

Initiate legislation and funding that require credentialed health educators to fill health education positions.

Encourage other professionals to look to health education for consultation, training, and professional preparation on health education practice.

Health educators receive reimbursement for services.

Create role of health education in managed care (ombudsman).

Organize coalitions in community to shape managed care.

Establish a national/state health education day/week/year.

Build coalitions and partnerships, networking-interpersonal relations.

Health education connects at current worksites (partnerships, relationships with other departments where other health educators work).

Include international development teams for health education (Centers for Disease Control and Prevention, World Health Organization, WHO, World Bank, Association for the Advancement of University Women, PSR, NCJW).

Establish linkages with other allied health programs.

Become a partner with other health care providers to make an impact regarding prevention on insurance providers.

Establish a connection within businesses, integration with Occupational Health and Safety,

Employee Assistance Programs, employee health promotion.

Promote the link between worksite programs and Employee Assistance Programs (WELCOA, insurance benefits, Washington Business Group on Health, Schools of Business and Economics).

Work with unions and labor force in general so that reasons for, and benefits of health education services are understood (create demand on behalf of the constituency).

Seek partnerships with beneficiaries of health education service.

Establish a consumer health education connection; educate consumers to recognize the need and timing for seeking health education services.

Establish a consumer focus: health education booth in malls—advice, health education messages on computer shopping networks.

Provide health education consultation for museums, theme parks, interactive displays.

Promote health educators being employed by recreation and vacation places.

Establish health education partnerships with gerontology.

Think like a competitor.

Research

Increase funding for health education research.

Seek funding of research relevant to health education and include health educators as the researchers.

Promote giving equal weight to action-oriented, inquiry research in promotion and tenure decisions in institutions of Higher Education.

Encourage institutions of Higher Education to actively support health education faculty involvement in applied re-

search at the community level.

Promote funders encouraging faculty to be involved at the community level.

Promote the acceptance of applied research in peer reviewed journals.

Disseminate research information to practitioners.

Involve health educators in health status research connection between outcomes and indicators.

Increase communication between and among researchers (data collectors) and health educators.

Advocacy

Take steps to establish partnerships with other professions engaged in research and teaching within universities, business, organizations, health care, schools.

Place more emphasis on primary prevention, early intervention.

Have health educators included in recommendations for policy/legislative development as well as in developing and reviewing relevant policies/legislation.

Include health education in appropriate legislation.

Establish legislative links for health education as a profession.

Connect profession with power brokers, create teams (for education, advocacy) of health educators with legislatures, community leaders—meeting, conferences.

Develop policy leadership.

Encourage health educators to work toward elected and appointed policy-making positions (e.g., community action, multinational boards, school boards, education and health care reform, other professional organizations, state boards).

Seek inclusion of the health education profession in legislative language.

Seek legislative mandates for comprehensive school health education.

Publicize the profession as a consumer advocate.

Address health education categorical funding (locally and nationally).

Seek continued involvement by health

educators in the creation of Healthy People and other documents.

Initiate state plans for health education with state departments of health and education.

Professional Preparation

Initiate cooperative agreements among accrediting bodies, employers, and Health Education programs in program policy and development.

Define the body of knowledge of health education:

integrate body of knowledge/skills into accreditation process.

establish consistencies across university programs.

Provide professional preparation in networking and advocacy.

Standardize professional preparation through accreditation of programs:

education about the benefits of accreditation.

standardization of the curriculum.

Provide specialization beyond the entry-level:

Differences between levels.

Skills with specialization.

Look at other professions which have been successful (which may mean we reassess the definition of entry-level).

Seek health education requirements for all preservice teacher education students.

Infuse the defined body of knowledge and information about the profession of health education in all health courses, public/allied health, and teacher education courses.

Quality Assurance

Standardize professional practice.

Require credentialing nationally to practice and have it specified in:

job descriptions (Certified Health Education Specialist preferred).

knowledge, abilities, skills required.

recruitment and retention.

requirements and guidelines for jobs.

Include health education competencies in standardized assessments.

Develop and adopt model standards for health education programs.

Include health education in monitoring teams/actions related to standards.

Participate in review boards.

Involve consumers in establishing quality assurance in health education programs.

Provide adequate resources.

Publicize the code of ethics.

Dynamic/Contemporary Practice

Develop and/or adapt technology to disseminate health information; health discovery.

Establish a nonprofit foundation for health education technology and marketing.

Link consultants to companies developing products.

Link services and programs to health education classes.

Foster community vision that health promotion is their concern/issue.

Encourage participation of health educators in community-wide health promotion education planning implementation, and evaluation.

Recruit health educators for community health promotion/education projects/initiatives.

Recruit minorities/diverse students into profession.

Establish Employees-Employee Assistance Programs and worksite health promotion.

HOW WILL WE IMPLEMENT THESE ACTIONS?

The working group of participants also examined how to implement the actions they felt were needed within and external to the profession to move us into the twenty-first century and beyond. An attempt was made to identify who would initiate the action and when these actions would be accomplished; however, this was not achievable in the time we had. The implementation ideas were classified by the organizers of the proceedings under three headings:

• Enlarging the Scope of Influence of the Profession

• Professional Development

• Dynamic/Contemporary Practice

The participants identified a series of activities within each of the three headings. In addition, they provided a tentative time frame for implementing these activities. The following codes establish a time frame for these activities: ongoing (ON), short term (ST), and long-term (LT).

Enlarging the Scope of Influence Of the Profession—WHEN

Define body of knowledge of Health Education and Health Promotion—ST

Establish a Health Education Political Action Committee—LT

• Identify the process—ST

• Identify the necessary steps (money, people, resources, recognition, power)—ST

Implement the listing of Health Educators in the Manpower Act—ST

• Identify strategies—ST

• Take necessary steps—ST

Establish a Health Education Extension Service—LT

• Identify strategies—ST

• Pilot a model—LT

Establish a watchdog function at local, state, and national levels—ON

Evaluate politicians—ON

• Respond to proposed policies and legislation—ST

• Issue state-of-the-art reports, documents—ST

• Participate on advisory boards—ST

• Advocate for representatives of diverse groups across everything we do—ST

Seek appointment and election of health educators for varied settings—ON

• Identify strategies—ON

• Organize—ON

• Identify significant leadership—ON

• Build support, recognition, and money—ON

Seek money for Health Education—ON

• Work toward third party reimbursement—LT

• Core budget-advocacy, inquiry — NOW

Establish working relationships with other health care providers, businesses, health organizations, and insurance industries—ON

• Participate on advisory boards—ON

• Become part of coalitions—ST

• Seek employment in policy influencing agencies—ST

• Educate about the profession—ON

Seek broadcasting and publishing in the lay press and broadcast media—ST

• Become recognized as a sources and interpreter of health—ST

• Establish accurate and credible image of the health education professional and profession—ST

Create a market image—ST

Develop a marketing campaign—ST

Define health education/health education outcomes to consumers—ON

Professional Development—WHEN

Establish a uniform code of ethics—ST

Coalescence of health education groups and associations—ST

Establish a unified professional association with central staff and function—LT

Establish health education as an academic discipline with unique status and function—ON

Standardize professional preparation through accreditation—LT

Require national credentialing to practice—LT

Provide specialization beyond entry-level through professional preparation and credentialing—LT

Standardize the practice of the profession through inservice in different settings and channels and continuing professional education—LT

Reinforce commitment to, and involvement with, the profession—ON

Educate about technology within professional preparation and continuing edu-

cation—ON

Seek accountability—ST

Establish effective recruitment to the profession—ON

Adapt curricula to the evolution of the field and the world—ON

Increase knowledge among health educators concerning professional practice framework—ST

Establish technical assistance panels and peer review teams—ON

Develop a demographic profile of the profession—NOW

Develop advocacy materials and tool kits—ON

Develop materials for contemporary methodology—ON

Dynamic/Contemporary Practice—WHEN

Analyze trends to understand their impact on health education—ON

Establish a technology clearing-house—LT

Establish an internet website—ST
Promote certification and increase number of Certified Health Education Specialists—ON

Establish training institutes in practice—ON

Establish a national job clearing-house—ON

Strengthen mentoring programs for young professionals—ON

Develop a technical assistance model—ST

Develop dissemination strategies—ON

Develop technology materials—ON

WHERE DO WE GO FROM HERE?

This forum was a beginning. Some ideas were discussed more thoroughly than others. The ideas captured in the proceedings need to be examined more carefully. Perhaps more ideas need to be added and some deleted. It becomes a working document for the *profession* of health education. The *profession* can be enhanced and the goals in this document,

and others decided upon later, can be achieved if the organizations represented at this forum will work collectively for the profession in addition to achieving the goals of their own organization.

The following are suggestions for health educators and health education organizations regarding this future planning initiative:

- Initiate a conference call for the professional organizations. This would include representatives for each of the organizations at the forum.

- Convene a larger meeting for the profession at a later date.

- Place the "profession" on the agenda of the board meetings of each organization. Discuss how the organizations can work together more effectively and collectively to accomplish the goals of the profession. Joint committees have been an excellent step in this direction. Are there other methods and techniques?

- The conference participants have volunteered to help plan for the future development of the health profession in the twenty-first century. It would appear that the next steps need to be assumed by the professional organizations in health education.

PARTICIPANTS: A UNIFIED VOICE

The following participants represented national professional organizations that provide a primary focus on health education. These are the National Commission for Health Education Credentialing, Inc.; Coalition of National Health Education Organizations; Eta Sigma Gamma; American College Health Association; Health Education Section; American Public Health Association; Public Health Education and Health Promotion Section and the School Health Education and Services Section; American School Health Association; American Association for Health Education; Association of State and Territorial Directors of Health Promotion and Public Health Education; Society for Public Health Education, Inc.; and Society of

State Directors of Health, Physical Education and Recreation.

This is the beginning of the unified voice for the health education profession.

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