

Internship Manual: Policy & Procedures

The University of Minnesota Duluth

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INTRODUCTION OF INTERNSHIP

The HLTH 4996 Internship is a pre-professional experience which introduces undergraduate students to the people and situations they may encounter as a beginning health education professional. Students test classroom theories and techniques and are given responsibilities that help them assess their individual strengths and weaknesses in order to ascertain the most appropriate and desirable entry-level position(s).

The internship experience permits the prospective health educator the opportunity to associate with experienced professional health education colleagues in a field situation. The resulting dialogue should enable the future health educator to study firsthand the needs and trends of the field.

The above was taken from the University of Minnesota Duluth 2001-2003 Catalog pp. 87-88.

ABOUT THIS MANUAL

This manual contains a comprehensive set of guidelines regarding policy and procedures governing the internship program at the University of Minnesota Duluth. It is designed to be used in conjunction with the internship coordinator.

TERMINOLOGY

Intern: Health education (community option) major enrolled in Hlth 4996 (Internship)

Hlth 4996 Internship: A minimum of 9 credit hour course designed to provide supervised entry-level health education practical experience in hospital, worksite, voluntary, or official agencies. Number of settings is limited to two.

Sponsoring agency: A hospital, worksite, voluntary or other official entity which offers a health education component and is willing to provide a pre-professional, supervised experience for University of Minnesota Duluth interns.

Site Supervisor: Professional who has experience in health education assigned by the sponsoring agency to provide direct supervision of the intern.

Internship Coordinator: Academic professional employed by the University of Minnesota Duluth who oversees the internship and is responsible for supervision of the intern in unison with the site supervisor.

PREREQUISITES

It is preferred that students finish all coursework prior to beginning the internship. This allows the student to pursue an internship on a full-time basis as well as seek locations outside of Duluth.

If completion of all coursework is not possible prior to enrolling in the internship, the following criteria must be met:

1. Students must be admitted into the health education program and coded as a major.

Criteria for admittance is:

- Completion of 45 credits
 - GPA of 2.50 or higher
 - Confirmation by the internship coordinator that student is coded as a major (student must provide copy of APAS)
2. Students must have completed the following courses: Hlth 3301 (Foundations of Health Education), Hlth 3303 (Principles of Program Planning), Hlth 3305 (Community Health Methods) and Hlth 4000 (Professional Issues). Permission may be granted for a student to intern while simultaneously enrolled in Hlth 4000.
 3. Students may enroll in three credits of internship (120 hours) following admission into the health education program prior to completing Hlth 3305 and Hlth 4000 while enrolled in Hlth 3301.

REQUIRED NUMBER OF INTERNSHIP CREDITS

All degree candidates for the Bachelor of Applied Science in Health Education (community option) are required to complete a minimum of nine credits of internship (Hlth 4996). One credit equals 40 hours; nine credits equal 360 hours. Hence a minimum of 360 hours need to be spent engaged in working for the internship site. Most students enroll in nine credits of internship, but occasionally some will enroll in 15 credits choosing to take their two Hlth 3XXX electives as internship credits.

EXCEPTIONS TO REQUIRED NUMBER OF INTERNSHIP CREDITS

There are exceptions to the nine credit minimum for dental hygienists, those who will student teach, and other health professionals returning to the University. For students in these circumstances, a minimum of 4 credits of internship is required.

FINDING AN INTERNSHIP SITE

There are several ways that students can locate an internship site, however, students **MUST ALWAYS** receive approval from the UMD internship coordinator prior to beginning the internship. **No credit will be given if a student fails to obtain approval and complete the letter of agreement** (Appendix B).

Information on a variety of agencies is online at www.d.umn.edu/~ltornabe under INTERNSHIPS. Additionally, the coordinator interviews the student to ensure the best possible fit between the student's career goals and the agency's mission. This is important as quality experiences are sought for students and agencies seek quality-minded students.

Students may pursue their own internship locations, however, the site desired **MUST** be approved by UMD's internship coordinator. It would serve the student well to become familiar with the section, 'SITE SUPERVISOR'S RESPONSIBILITIES TO THE INTERN AND TO THE UMD INTERNSHIP

COORDINATOR' (See pg. 5). Even if the student is certain the site would meet these qualifications, final approval must be granted by the internship coordinator.

Regardless of how the desired internship site is found, **all students must meet with the internship coordinator prior to starting an internship.**

WHEN TO BEGIN LOOKING FOR AN INTERNSHIP

Typically students begin to look for an internship site after completing the following courses: Hlth 3301 (Foundations of Health Education), Hlth 3303 (Principles of Program Planning), and Hlth 3305 (Community Health Methods). However, students are welcome to look for potential internship opportunities anytime after they have been admitted to the health education program, providing that they understand they cannot intern until the requirements have been met.

The latest students should seek an internship site is during the midterm of the semester prior to when they plan to intern. For example, if a student plans to intern in the Spring, by midterm of the Fall they should be consulting with the internship coordinator to secure a site.

STUDENT RESPONSIBILITIES AFTER SITE SELECTION, BUT PRIOR TO BEGINNING THE INTERNSHIP

1. Students will formulate 5-7 expected measurable outcomes of the internship experience (please type).

Note: Objectives should have: Verb+ Number + Object+ Audience

Example:

- Conduct a needs assessment on nutritional habits among 6th graders.
 - Develop one classroom presentation on nutrition for 6th graders.
 - Present my nutrition presentation to four 6th grade classrooms.
 - Create at least one educational resource (e.g., brochure, bookmark) on nutrition for 6th graders.
 - Update 50% of the nutritional information on the internship agency's website.
2. Students will meet with UMD's internship coordinator to:
 - Turn in expected outcomes (keep a copy) and discuss them.
 - Complete the "Student Data Information Sheet" (see Appendix A).
 - Obtain internship materials: syllabus (see internship coordinator), letter of agreement (see Appendix B), weekly report/timesheets (see Appendix C), evaluation forms (Note: All evaluation forms are identical—see Appendix D). Students may photocopy these forms for use from this manual providing they have met with the internship coordinator.
 - Schedule an on-site visit* with student, site-supervisor, and internship coordinator to have the letter of agreement signed, evaluation procedures reviewed, and roles and responsibilities of all involved discussed.

- Obtain course permission number to register for Hlth 4996 from internship coordinator.

*If on-site is not possible, then via phone. If phone is not possible, then via email.

STUDENT RESPONSIBILITIES DURING THE INTERNSHIP

1. Become aware of the agency purposes, its services which are provided to the community, the populations who are served, etc. This should be documented and turned into the internship coordinator at the mid-term meeting.
2. Document how the expected outcomes of the internship experience were met and turn them in to the internship coordinator upon completion of the internship.
3. Email weekly reports along with weekly timesheets {organized according to the National Commission for Health Education Credentialing (NCHEC) responsibilities: See Appendix E} to the site supervisor, who will review for accuracy and in turn forward to the internship coordinator.
4. Complete midterm evaluation which is to be discussed on-site with the agency site-supervisor (who also completes the same form) and the internship coordinator.
5. Create a final project that demonstrates mastery of the NCHEC responsibilities. As an outcome assessment, this project is meant to be a "stand-alone" piece that showcases the major accomplishments of the internship experience and is to be presented to peers and professionals. Discuss the details with the internship coordinator.
6. Complete the final evaluation which is to be discussed on-site with the agency site-supervisor (who also completes the same form) and the internship coordinator at the end of the internship.
7. Email the final timesheet with all hours totaled under each area of responsibility and the grand total of all hours spent at the internship.
8. Check syllabus during semester of internship for further information.

EVALUATION CRITERIA

Students will be assessed through emails of weekly summaries and timesheets, midterm/final evaluations, and through on-site visits and/or conversations with agency supervisors. Students will also create a final project that demonstrates mastery of the NCHEC responsibilities. As an outcome assessment, this project is meant to be a "stand-alone" piece that showcases the major accomplishments of the internship experience and is to be presented to peers and professionals. Discuss details with the internship coordinator. In order for a credit to be given for the internship, all of these criteria must be met.

SITE SUPERVISOR'S RESPONSIBILITY TO THE INTERN AND TO THE UMD INTERNSHIP COORDINATOR

Prior to beginning the internship, students will have formulated 5-7 expected measurable outcomes that they desire to achieve through the internship experience. The site supervisor should use available resources to help facilitate the desired outcomes.

In addition, students are required to gain experience in the NCHEC responsibilities (see Appendix E). Since a major purpose of the internship is to introduce students to the people and situations they may encounter as a beginning health education professional, it is required that students gain experience in four out of the seven responsibilities for entry level health educators. Competencies and sub-competencies under the seven broad responsibilities help clarify their meaning. The NCHEC responsibilities are intentionally broad to fit with the generalists' nature of the health education profession. Another purpose of the internship is to enable students to ascertain the most appropriate and desirable entry-level position in the health education field which matches their own career goals and expectations. Therefore, it is recommended that students gain experience in at least four of the content specific areas (see Appendix F).

In addition to the above, site supervisor's roles are as follows:

1. Provide supervision of the intern.
2. Provide a wide experience of community health education problems and programs, as is possible within the agency's limitations.
3. Provide the opportunity for the intern to experience an over-all orientation to the agency, which will include its purposes, what services it provides, populations served, etc..
4. Notify the college immediately (within the first two weeks if possible) in the event of any emergency or problems which may threaten the successful completion of the intern's assignment.
5. Review weekly electronic timesheets submitted by the intern for accuracy and verify by forwarding these timesheets to the internship coordinator. Comments can be added regarding the intern's progress.
6. As necessary, plan with the intern coordinator and implement appropriate learning experiences aimed at the achievement of the objective of the internship program.
7. Provide an evaluation of the intern's performance midway through the internship and at the end.
8. Agree to meet with the student to discuss midway performance prior to meeting with internship coordinator.
9. Meet with internship coordinator & student to discuss midway performance. It is preferred to do this in person on-site, however, if this is not possible, phone, email or fax will suffice.

10. Agree to meet with the student to discuss final performance prior to meeting with internship coordinator.
11. Meet with internship coordinator & student to discuss final performance. It is preferred to do this in person on-site, however, if this is not possible, phone, email or fax will suffice.
12. Agree to fill out a survey about their agency's internship program, which is to be placed online or kept on file in the coordinator's office for future students to assess.

UMD INTERNSHIP COORDINATOR'S RESPONSIBILITY TO THE SITE SUPERVISOR OF THE AGENCY

1. Meet with the site supervisor and intern on-site* for an initial set-up of the intern, sign the contract, review necessary forms, review student's measurable outcomes, and to answer any questions.
2. Give an overview of the purpose of the internship, policy and procedures, etc. if the site supervisor is unfamiliar with such.
3. In unison with the student, set up an on-site* visit midway through the intern's hours and again at the end of the internship to discuss evaluations with site supervisor and student.
4. Maintain relations in such a way so that site supervisor feels comfortable consulting with coordinator should the need arise (e.g. student conflict, policy conflict, etc.)
5. Offer any necessary support to facilitate a continuation of intern hosts within the scope of the resources provided by the University of Minnesota Duluth.
6. Fulfill the role of internship coordinator as stated throughout this manual.

*If on-site is not possible, then via phone. If phone is not possible, then via email.

UMD INTERNSHIP COORDINATOR'S RESPONSIBILITY TO THE STUDENT

1. Conduct an interview with the student to determine career goals, experiences desired, etc. This is done during the initial meeting that the student sets up with the UMD coordinator prior to securing an internship.
2. Inform the student of any revisions or updates to this manual as well as ensure that students know what is expected of them during the internship.
3. Be informed of interns' progress through weekly electronic contact with site supervisor, interns' emailed timesheets/weekly reports, midterm and final evaluations, and final project.
4. Conduct an on-site* visit at midterm and at final to discuss progress with student and supervisor together.
5. Maintain relations in such a way so that student feels comfortable consulting with coordinator should the need arise (e.g. site supervisor conflict, policy conflict, etc.)
6. Evaluate final project.
7. Issue Pass/Fail grade to student upon completion of requirements stated in this manual.
8. Fulfill the role of internship coordinator as stated throughout this manual.

*If on-site is not possible, then via phone. If phone is not possible, then via email.

Summary

It is hoped that this manual has made clear the policies and procedures of the internship process as well as the responsibilities of students, agency site supervisors and the UMD internship coordinator. If any further questions arise, please do not hesitate to contact the UMD internship coordinator (information provided below):

Dr. Ladona Tornabene
Associate Professor, Health Education
University of Minnesota Duluth
1216 Ordean Ct., 110 SpHC
Duluth, MN 55812

Phone #: 218.726.7522
E-mail: ltornabe@d.umn.edu
Fax: 218.726.6243

Appendix A
Student Data Information Sheet

STUDENT DATA INFORMATION SHEET

Name: _____

Phone: _____

Current Address: _____

Permanent Address: _____

E-mail: _____

Semester of current internship (circle)

Fall ___ (yr) Spring ___ (yr) Summer ___ (yr)

Internship Site

Agency: _____ Dept.: _____

Address: _____

Supervisor: _____ Title: _____

Supervisor's

Phone: _____

Your phone: _____

How many credits of internship are being taken? _____

Total hours per week at internship: _____

List career ambition here:

ATTACH A COPY OF YOUR APAS TO THIS FORM.

Turn this form in PRIOR to beginning your internship.

Return this form to:

Dr. Ladona Tornabene
Associate Professor, Health Education
University of Minnesota Duluth
1216 Ordean Ct., 110 SpHC, Duluth, MN 55812

Phone: 218.726.7522

Fax: 218.726.6243

email: ltornabe@d.umn.edu

Appendix B
Letter of Agreement

Appendix C
Weekly Report/Timesheets

WEEKLY REPORT/TIMESHEETS

This is a combination timesheet and weekly report form, which is to be emailed weekly to the site supervisor who in turn will forward to the UMD internship coordinator (Itornabe@d.umn.edu). State briefly what was accomplished throughout the week UNDER the Area of Responsibility and applicable Competency and Sub-competency that was met. **See next page for sample.**

If tasks are performed which do not fit under an Area of Responsibility, list them under the "OTHER" category.

Please note that it is NOT necessary to meet each one each week, but by the end of the internship, time should have been spent in at least four areas of responsibilities.

Upon FINAL completion of all hours, total them under each Area of Responsibility and applicable Competency and Sub-competency (no narrative needed), then put the grand total at the bottom and email to the UMD internship coordinator. This will serve as the final timesheet and is necessary before credit can be given.

AREAS OF RESPONSIBILITY AND COMPETENCIES* (National Commission for Health Education Credentialing: NCHEC)

- I. Assess Individual and Community Needs for Health Education
- II. Plan Health Educations Strategies, Interventions, and Programs
- III. Implement Health Education Strategies, Interventions, and Programs
- IV. Conduct Evaluation and Research Related to Health Education
- V. Administer Health Education Strategies, Interventions, and Programs
- VI. Serve as a Health Education Resource Person
- VII. Communicate and Advocate for Health and Health Education

* see Appendix E for a comprehensive listing

SAMPLE TIMESHEET

Week of 6/16/08 through 6/20/08

Area 1: Assess Individual and Community Needs for Health Education

Competency B: Collect health related data:
 Sub-competency 3: Conduct health-related needs assessments.
 5 hours: Conducting a needs assessment by calling assisted living facilities to assess their current wellness and fitness programs to determine what health programming is being offered to seniors in Duluth area assisted living facilities.

Competency F: Infer needs for health education from obtained data
 Sub-competency 1: Analyze needs assessment data
 6 Hours: I Analyzed the eating and physical activity habits of Duluth area residents from 360 surveys. From the analysis I was able to determine barriers to physical activity and trends in the population.

Total Hours: 11 hours

Area 2: Plan Health Education Strategies, Interventions, and Programs

Competency A: Involve people and organizations in program planning.
 Sub-competency 4: Develop plans for promoting collaborative efforts among health agencies and Organizations with mutual interests.
 1 ½ Hours: Meeting with the YMCA to collaboratively plan 'American on the Move Week' that will promote physical activity among the workplace.

Total Hours: 1 ½ Hours

Area 3: Implement Health Education Strategies, Interventions, and Programs

Competency B: Demonstrate a variety of skills in delivering strategies, interventions, and programs
 Sub-competency 2: Apply implementation strategies
 3 hours: I coordinated and held the first community garden evening where participants learned hands on gardening techniques.

Total Hours: 3 Hours

Area 4: Conduct Evaluation and Research Related to Health Education

Competency D: Carry out evaluation and research plans
 Sub-competencies: Use data collection methods appropriate for measuring stated objectives

4 Hours: I developed initial and final surveys that will be given to each participant to use as a method for measuring the garden's objectives. I gave the first survey to all participants at the first community garden evening. The final survey will be given at the end of the summer.

Total Hours: 4 Hours

Area 5: Administer Health Education Strategies, Interventions, and Programs

Competency C: Manage human resources

Sub-competency 1: Develop volunteer opportunities

5 Hours: I coordinated dance classes for senior citizens that will take place in the fall. I secured 10 volunteer instructors who will teach the classes.

Total Hours: 5 Hours

Area 6: Serve as a Health Education Resource Person

No experience in this area this week.

Area 7: Communicate and Advocate for Health and Health Education

Competency B: Apply a variety of communication methods and techniques

Sub-competency 6: Use oral, electronic and written techniques for communicating health education information

5 Hours: I used an electronic technique for community health education information. I first gathered and entered e-mail addresses into a newsletter software programs. I then reviewed and edited the final e-newsletter. The newsletter contains information about physical activity and exercise and is appropriate for all ages.

Total Hours: 5 Hours

Other:

1 hour: Meeting with my internship supervisor to discuss current and future projects

Total Hours: 1 Hour

Total Weekly Hours: 31 ½ hours

Total Hours Completed: 115 ½ hours

Total Hours Remaining: 244 ½ hours

Reminder: Timesheets are to be emailed to your site supervisor first. The site supervisor will then forward them to the UMD internship supervisor who is Dr. Tornabene (ltornabe@d.umn.edu) along with brief highlights of your week.

Appendix D
Midterm/Final Evaluation Form

**NOTE: Form is identical, use it for midterm, then again for final
evaluation**

Agency evaluation of student
Community Health Education
University of Minnesota Duluth

Student: _____ Agency: _____
Supervisor: _____ Date: _____

This is the ____ midterm ____ final evaluation (check one).

This evaluation was filled out by: _____

Please use the following Likert scale:

4=Exceptional

3=Above average

2=Average

1=Needs attention

0=No opportunity to observe

SC= See comment (this offers an opportunity for you to comment at the end)

Work performance

1. Ability to work with co-workers.
4 3 2 1 0 SC
2. Ability to work with other professionals in the field beyond the agency.
4 3 2 1 0 SC
3. Ability to work with the public.
4 3 2 1 0 SC
4. Leadership qualities.
4 3 2 1 0 SC
5. Shows respect for other's ideas.
4 3 2 1 0 SC
6. Respects individual differences.
4 3 2 1 0 SC
7. Receptive regarding constructive feedback.
4 3 2 1 0 SC
8. Organizational skills.
4 3 2 1 0 SC
9. Time management skills.
4 3 2 1 0 SC
10. Ability to utilize health statistics.
4 3 2 1 0 SC
11. Willingness to assume responsibility.
4 3 2 1 0 SC

12. Ability to follow through on projects or assignments.
4 3 2 1 0 SC
13. Conducts self in a professional manner.
4 3 2 1 0 SC
14. Decision making skills.
4 3 2 1 0 SC
15. Creativity.
4 3 2 1 0 SC
16. Productivity level.
4 3 2 1 0 SC
17. Enthusiasm/motivation.
4 3 2 1 0 SC
18. Accuracy.
4 3 2 1 0 SC
19. Speed or pace.
4 3 2 1 0 SC
20. Written communication skills.
4 3 2 1 0 SC
21. Choice or selection and use of educational resources.
4 3 2 1 0 SC
22. Oral communication skills.
4 3 2 1 0 SC
23. Ability to do step-wise planning.
4 3 2 1 0 SC
24. Team player.
4 3 2 1 0 SC
25. Professional appearance.
4 3 2 1 0 SC

Please use the back of this sheet for any comments regarding the above if needed.

What are the students' professional strengths and special aptitudes?

Please list any areas for improvement to further professional development.

What areas of responsibility has the student been given?

What major accomplishments has the student achieved?

Thank you very much. Please discuss this with the student and mail to:

Dr. Ladona Tornabene
Associate Professor, Health Education
University of Minnesota Duluth
1216 Ordean Ct., 110 SpHC
Duluth, MN 55812

Phone: 218.726.7522
Fax: 218.726.6243
email: ltornabe@d.umn.edu

Appendix E
National Commission for Health Education Credentialing
(NCHEC) Responsibilities

RESPONSIBILITY I

ASSESS INDIVIDUAL AND COMMUNITY NEEDS FOR HEALTH EDUCATION

Competency A

Access existing health-related data

Sub-competencies:

1. Identify diverse health-related databases
2. Use computerized sources of health-related information
3. Determine the compatibility of data from different data sources
4. Select valid sources of information about health needs and interests

Competency B

Collect health-related data

Sub-competencies:

1. Use appropriate data-gathering instruments
2. Apply survey techniques to acquire health data
3. Conduct health-related needs assessments
4. Implement appropriate measures to assess capacity for improving health status

Competency C

Distinguish between behaviors that foster and hinder well-being

Sub-competencies:

1. Identify diverse factors that influence health behaviors
2. Identify behaviors that tend to promote or compromise health

Competency D

Determine factors that influence learning

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency E

Identify factors that foster or hinder the process of health education

Sub-competencies:

1. Determine the extent of available health education services
2. Identify gaps and overlaps in the provision of collaborative health services

Competency F

Infer needs for health education from obtained data

Sub-competencies:

1. Analyze needs assessment data

RESPONSIBILITY II

PLAN HEALTH EDUCATION STRATEGIES, INTERVENTIONS, AND PROGRAMS

Competency A

Involve people and organizations in program planning

Sub-competencies:

1. Identify populations for health education programs
2. Elicit input from those who will affect or be affected by the program
3. Obtain commitments from individuals who will be involved
4. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests

Competency B

Incorporate data analysis and principles of community organization

Sub-competencies:

1. Use research results when planning programs
2. Apply principles of community organization when planning programs
3. Suggest approaches for integrating health education within existing health programs
4. Communicate need for the program to those who will be involved

Competency C

Formulate appropriate and measurable program objectives

Sub-competencies:

1. Design developmentally appropriate interventions

Competency D

Develop a logical scope and sequence plan for health education practice

Sub-competencies:

1. Determine the range of health information necessary for a given program of instruction
2. Select references relevant to health education issues or programs

Competency E

Design strategies, interventions, and programs consistent with specified objectives

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency F

Select appropriate strategies to meet objectives

Sub-competencies:

1. Analyze technologies, methods and media for their acceptability to diverse groups
2. Match health education services to proposed program activities

Competency G

Assess factors that affect implementation

Sub-competencies:

1. Determine the availability of information and resources needed to implement health education programs for a given audience
2. Identify barriers to the implementation of health education programs

**RESPONSIBILITY III
IMPLEMENT HEALTH EDUCATION STRATEGIES, INTERVENTIONS,
AND PROGRAMS**

Competency A

Initiate a plan of action

Sub-competencies:

1. Use community organization principles to facilitate change conducive to health
2. Pretest learners to determine baseline data relative to proposed program objectives
3. Deliver educational technology effectively
4. Facilitate groups

Competency B

Demonstrate a variety of skills in delivering strategies, interventions, and programs

Sub-competencies:

1. Use instructional technology effectively
2. Apply implementation strategies

Competency C

Use a variety of methods to implement strategies, interventions, and programs

Sub-competencies:

1. Use the Code of Ethics in professional practice
2. Apply theoretical and conceptual models from health education and related disciplines to improve program delivery
3. Demonstrate skills needed to develop capacity for improving health status
4. Incorporate demographically and culturally sensitive techniques when promoting programs
5. Implement intervention strategies to facilitate health-related change

Competency D

Conduct training programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

RESPONSIBILITY IV CONDUCT EVALUATION AND RESEARCH RELATED TO HEALTH EDUCATION

Competency A

Develop plans for evaluation and research

Sub-competencies:

1. Synthesize information presented in the literature
2. Evaluate research designs, methods and findings presented in the literature

Competency B

Review research and evaluation procedures

Sub-competencies:

1. Evaluate data-gathering instruments and processes
2. Develop methods to evaluate factors that influence shifts in health status

Competency C

Design data collection instruments

Sub-competencies:

1. Develop valid and reliable evaluation instruments
2. Develop appropriate data-gathering instruments

Competency D

Carry out evaluation and research plans

Sub-competencies:

1. Use appropriate research methods and designs in health education practice
2. Use data collection methods appropriate for measuring stated objectives
3. Implement appropriate qualitative and quantitative evaluation techniques
4. Implement methods to evaluate factors that influence shifts in health status

Competency E

Interpret results from evaluation and research

Sub-competencies:

1. Analyze evaluation data
2. Analyze research data
3. Compare evaluation results to other findings
4. Report effectiveness of programs in achieving proposed objectives

Competency F

Infer implications from findings for future health-related activities

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

RESPONSIBILITY V

ADMINISTER HEALTH EDUCATION STRATEGIES, INTERVENTIONS, AND PROGRAMS

Competency A

Exercise organizational leadership

Sub-competencies:

1. Conduct strategic planning
2. Analyze the organization's culture in relationship to program goals
3. Promote cooperation and feedback among personnel related to the program

Competency B

Secure fiscal resources

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

Competency C

Manage human resources

Sub-competencies:

1. Develop volunteer opportunities

Competency D

Obtain acceptance and support for programs

This Competency is not addressed in the study guide, because the Sub-competencies are related to an advanced level of practice.

RESPONSIBILITY VI

SERVE AS A HEALTH EDUCATION RESOURCE PERSON

Competency A

Use health-related information resources

Sub-competencies:

1. Match information needs with the appropriate retrieval systems
2. Select a data system commensurate with program needs
3. Determine the relevance of various computerized health information resources
4. Access health information resources
5. Employ electronic technology for retrieving references

Competency B

Respond to requests for health information

Sub-competencies:

1. Identify information sources needed to satisfy a request
2. Refer requesters to valid sources of health information

Competency C

Select resource materials for dissemination

Sub-competencies:

1. Evaluate applicability of resource materials for given audience
2. Apply various processes to acquire resource materials
3. Assemble educational material of value to the health of individuals and community groups

Competency D

Establish Consultative Relationships

Sub-competencies:

1. Analyze parameters of effective consultative relationships
2. Analyze the role of the health educator as a liaison between program staff and outside groups and organizations
3. Act as a liaison among consumer groups, individuals and health care providers
4. Apply networking skills to develop and maintain consultative relationships
5. Facilitate collaborative training efforts among health agencies and organizations

**RESPONSIBILITY VII
COMMUNICATE AND ADVOCATE FOR HEALTH AND HEALTH
EDUCATION**

Competency A

Analyze and respond to current and future needs in health education

Sub-competencies:

1. Analyze factors (e.g., social, cultural, demographic, political) that influence decision-makers

Competency B

Apply a variety of communication methods and techniques

Sub-competencies:

1. Assess the appropriateness of language in health education messages
2. Compare different methods of distributing educational materials
3. Respond to public input regarding health education information
4. Use culturally sensitive communication methods and techniques
5. Use appropriate techniques for communicating health education information
6. Use oral, electronic and written techniques for communicating health education information
7. Demonstrate proficiency in communicating health information and health education needs

Competency C

Promote the health education profession individually and collectively

Sub-competencies:

1. Develop a personal plan for professional development

Competency D

Influence health policy to promote health

Sub-competencies:

1. Identify the significance and implications of health care providers' messages to consumers

Appendix F
Health Education Content Areas

Health Education Content Areas

To enable students to ascertain the most appropriate and desirable entry-level position in the health education field which matches their own career goals and expectations, it is recommended that they gain experience in at least four of the following content specific areas.

1. Alcohol & Drug Prevention
2. Community Health
3. Consumer Health
4. Environmental Health
5. Mental and Emotional Health
6. Nutrition and Dietary Health
7. Personal Health
8. Physical Activity Promotion
9. Sexuality and Family Living
10. Tobacco Use Prevention
11. Unintentional and Intentional Injury Prevention