



Health Education Specialist Practice Analysis III (HESPA III)



*A Cooperative Project of the National Commission for Health Education Credentialing, Inc.
and the Society for Public Health Education, Inc.*

Executive Summary

The Health Education Specialist Practice Analysis III 2025 (HESPA III 2025) study was conducted from November 2023-February 2025 to analyze changes in the essential Areas of Responsibility, Competencies and Sub-competencies at entry-and advanced-levels of practice for health education specialists. The HESPA III 2025 is a joint initiative of the [Society for Public Health Education, Inc. \(SOPHE\)](#) and the [National Commission for Health Education Credentialing, Inc. \(NCHEC\)](#). The findings of this research have significant implications for professional preparation, continuing education, and practice for the health education profession. In accordance with national certification industry standards, the practice analysis study is conducted every five-years to ensure the [Certified Health Education Specialist CHES®](#) and [Master Certified Health Education Specialist MCHES®](#) examinations are updated and reflect contemporary practice.

The 15-month, multi-phased national study was commissioned by NCHEC and SOPHE and conducted with the technical guidance of Credentialing Examination Consulting, LLC, an organization that provides practice analysis and other psychometric services for professional, high stakes certification programs.

The following research questions were addressed by HESPA III 2025:

- What are the current Areas of Responsibility, Competencies, and Sub-competencies in the practice of entry-level Health Education Specialists?
- What are the current Areas of Responsibility, Competencies, and Sub-competencies in the practice of advanced-level Health Education Specialists?
- What baseline knowledge is currently required to perform the Areas of Responsibility, Competencies, and Sub-competencies for Health Education Specialists?

The study was guided by a Steering Committee consisting of Chair Beth H. Chaney, Ph.D., MCHES®; Vice Chair Antonio Gardner, Ph.D., MCHES®; Shontelle Dixon, MPH, CHES®; Cherylee Sherry, MPH, MCHES®, prior coordinator of NCHEC's Division Board for Certification of Health Education Specialists; the chief staff officers of NCHEC, Melissa Opp, MPH, MCHES®, ICE-CCP and of SOPHE, William Datema, DrPH, MS, MCHES®; and Misozi Houston, MPH, MCHES®, CAPM®, NCHEC staff member. A broad section of certified and non-certified health education specialists volunteered to participate in the study as members of the study panel, pilot study participants, and respondents to the formal validation survey. We are very thankful to these participants for their time, energy and thoughtful contributions to the HESPA III project.

In addition to a significant planning process by the Steering Committee, the HESPA III 2025 study consisted of two major implementation phases, the first of which was the development of a model of Areas of Responsibility, Competencies, Sub-competencies. A panel of 14 individuals, diverse along variables that affect the practice of health education including work setting, experience level, education background, demographic groups, and geographic settings, were tasked with examining the 2020 Responsibilities, Competencies, and Sub-Competencies and knowledge items that eventually became the basis for three survey instruments. Specifically, the approach to developing the hierarchical model for HESPA III was for the panel to consider expectations that employers and other stakeholders in health education have for CHES®, MCHES®, and levels of qualifications beyond the two certifications. This approach differs from previous studies in that the current study assumed the panel's logical analysis would identify the differences between levels of practice with greater nuance, giving employers and other stakeholders a clearer understanding of which level of preparation would best serve their needs. The second phase was the validation study. Study participants were contacted via existing lists of the sponsoring organizations and additional

organization assistance was requested from member organizations of the Coalition of National Health Education Organization (CNHEO) and national and state affiliates of major health education associations. Three online surveys, one focusing on entry-level Competencies and Sub-competencies (CHES® survey), one focusing on advanced-level Competencies and Sub-competencies (MCHES® survey), and one focusing on knowledge areas, were available for a three-month window from September 2024 to November 2024. The recruitment efforts resulted in a total of 2,337 usable surveys for analysis.

The resulting hierarchical model consists of 243 Sub-competencies, organized into 39 Competencies within Nine Areas of Responsibility. Of the Sub-competencies, 145 (59.7%) were validated as entry-level, 81 (33.3 %) were validated as advanced-1-level, and 17 (7.0%) were validated as advanced 2-level. The knowledge base needed by health education specialists was organized into 9 conceptual topic areas, and 141 knowledge topics were validated as being used by health education specialists.

HESPA III 2025 Hierarchical Framework Summary	
Areas of Responsibility	9
Competencies	39
Entry-level Competencies	35
Advanced-level Competencies	4
Sub-competencies	243
Entry-level Sub-competencies	145
Advanced-1 Sub-competencies	81
Advanced-2 Sub-competencies	17
Verified Knowledge List	141

HESPA III 2025 Areas, Competencies, and Sub-competencies at each level

	Area of Responsibility	Competencies	Total Sub-competencies	Entry-level	Advanced 1	Advanced 2
I	Assessment	4	33	25	8	0
II	Planning	4	24	15	9	0
III	Implementation	3	18	15	3	0
IV	Evaluation	3	31	15	16	0
V	Research	5 Adv, 1 Entry	33	6	11	16
VI	Advocacy	4	22	17	5	0
VII	Communications	6	30	26	4	0
VIII	Administration and Management	4	26	6	19	1
IX	Ethics, Leadership, and Professionalism	6	26	20	6	0
Total		39 Adv, 35 Entry	243	145	81	17

The HESPA III 2025 Exam Specifications were approved by the NCHEC Board of Commissioners*, the governing board of NCHEC. The exam specifications based on HESPA III 2025 will be effective 2027. Test specifications for the CHES® and MCHES® were empirically derived based on the validation survey data. Test specifications are the recommended percentages of the CHES® and MCHES® examinations that should be comprised of questions from each Area of

Responsibility and for each Competency within the Areas of Responsibility. Information on the use of the validated knowledge also may be used in the construction of examination questions. Findings of this report should be shared widely with the health education profession and other stakeholders in efforts to promote continuous quality improvement of professional preparation, professional development, and certification of health education specialists.

HESPA III 2025 Exam Specifications for the CHES® and MCHES® examinations – effective 2027

Areas of Responsibility	CHES® % of exam	MCHES® % of exam
I. Assessment	15%	12%
II. Planning	15%	10%
III. Implementation	12%	10%
IV. Evaluation	15%	12%
V. Research	3%	10%
VI. Advocacy	12%	10%
VII. Communication	13%	12%
VIII. Administration and Management	5%	14%
IX. Ethics, Leadership, and Professionalism	10%	10%
Total	100%	100%

**Exam specifications were approved by the NCHEC Board of Commissioners*

The Executive Summary of the study includes 15 recommendations to the Health Education profession, employers and other stakeholders regarding the use of the HESPA III 2025 model. The Executive Summary can be accessed on the NCHEC Website at www.nchech.org. Findings from the HESPA III 2025 will be published in *A Competency Based Framework for Health Education Specialists 2025*, which will be available in 2026.

Health Education Specialist Practice Analysis III 2025 (HESPA III 2025) ***Recommendations for Advancing the Profession***

The Society for Public Health Education, Inc. (SOPHE) and the National Commission for Health Education Credentialing, Inc. (NCHEC) commissioned the Health Education Specialist Practice Analysis III (HESPA III 2025) to verify and update the health education competencies on behalf of the health education profession. As the copyright holders of the health education competencies, the boards make the following recommendations regarding the use of the HESPA III 2025 hierarchical model for all Health Education Specialists and for further advancing the health education profession.

1. Health education specialists should align their professional practice with the foundational principles and core assumptions outlined in the [HESPA III Preamble](#) when applying the HESPA III framework.
2. Baccalaureate degree programs with a health education and promotion emphasis should prepare graduates to perform all entry-level Competencies and Sub-competencies within the [Nine Areas of Responsibility](#). Additionally, curricula should incorporate the [verified knowledge items](#).
3. Master's programs with a health education and promotion emphasis should prepare graduates to perform all entry-level and advanced 1-level Competencies and Sub-competencies within the [Nine Areas](#)

[of Responsibility](#). Additionally, curricula should incorporate the [verified knowledge items](#).

4. Doctoral programs with a health education and promotion emphasis should prepare graduates to perform all entry-level, advanced 1-level and advanced 2-level Competencies and Sub-competencies within the [Nine Areas of Responsibility](#). Additionally, curricula should incorporate the [verified knowledge items](#).
5. NCHEC should use all entry-level Competencies and Sub-competencies within the Nine Areas of Responsibility as the basis for the Certified Health Education Specialist (CHES®) examination (except for Area 9, Competency 6: Promote the health education profession). Additionally, verified knowledge items should be utilized in the development of exam questions.
6. NCHEC should use all entry- and advanced 1-level and advanced 2-level Competencies and Sub-competencies within the Nine Areas of Responsibility as the basis for the advanced-level Master Certified Health Education Specialist (MCHES®) examination (except for Area 9, Competency 6: Promote the health education profession). Additionally, verified knowledge items should be utilized in the development of exam questions.
7. All entry- and advanced-level Competencies and Sub-competencies within the Nine Areas of Responsibility and the verified knowledge items should serve as the basis for professional development and continuing education for the health education and promotion profession.
8. Accrediting agencies and approval bodies should recognize the Nine Areas of Responsibility, Competencies, and Sub-competencies as the basis for quality assurance of health education professional preparation programs and all workforce settings.
9. The HESPA III 2025 hierarchical model should be used as the basis for communicating about the Responsibilities and Competencies of all health education specialists to public and private employers, national/state/local government agencies, health insurers, health professionals, and other stakeholders.
10. Public and private employers should hire Certified Health Education Specialists and utilize the HESPA III 2025 Responsibilities and Competencies in developing job descriptions and evaluating the performance of their health education and promotion workforce.
11. Providers of continuing education and professional development in health education should ensure their offerings align with the latest HESPA III 2025 Responsibilities and Competencies.
12. Public and private employers should provide support for professional development and continuing education offerings aligned with the latest HESPA III 2025 Responsibilities and Competencies as a means of promoting continuing competency of their health education and promotion workforce.
13. Health education specialists at all levels of education and experience should abide by ethical principles and practices in alignment with the HESPA III 2025 hierarchical model ([Code of Ethics for the Health Education Profession](#)).
14. As the profession moves forward, all those practicing health education and promotion should obtain and maintain certification as a health education specialist.

15. The profession should advocate for expanded research on the impact of health education specialists' work, utilizing the practice framework within the field.