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The Role of the Contemporary Health Educator: Revisiting the Profession

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The development, planning, and evaluation of public health education programs can be considered as one of the major challenges within the field of health education and promotion. To such a degree are these challenges that numerous books, monographs, and other published works have dedicated primarily to the practices of health education program development and evaluation. Godin et al. (1) suggested that for any developed program, any well-implemented evaluation process of any health education project should have the capability to address different questions throughout the different stages of the project implementation. Because the purpose of any evaluation plan is to be able to produce useful information about the implementation and performance of a health program, its accuracy and objectivity should be given equal, if not more explicit attention as the health program itself (2).

One of the professions frequently sought to address the challenges of developing, implementing, and evaluating new and old health programs is the health education profession (3). The health education profession seeks to answer complex questions pertaining to the development and evaluation of a public health programs (2). Historically, the role of the professional health educator has been often characterized predominantly within the context, job description, or environment by which the health educator is placed i.e. hospitals, local or international outreach, higher education, mass communication etc (4). A contemporary revisit of these characterized roles as it relates to the development and planning health education programs is warranted.

One role that has often not been associated with professional health educators is the role of leadership. With the growing demand and training of the public health workforce, health educators are called upon to assume leadership roles in various public and private sectors that are dedicated to health education and promotion services and planning of health programs. These leadership roles could vary from local to international positions in health care, uniform services, government, or academic settings (5). Though health educators have not traditionally been viewed as leaders, a closer observation in what they bring to the health workforce and to the development of health education programs warrant recognition (6).

Another role of the professional health educator in developing and planning health programs is the recognition of the profession as a member of the health care team. The collaboration among and between health care professions ensure a more complete synergistic approach to the development and implementation of health programs (7). The health educator is not necessarily an autonomous unit that operates independently from other health profession, but acts as both a conduit and a resource for aspects related to planning health education programs. This collective approach

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using various health disciplines ensures a more viable, holistic, and transdisciplinary direction in planning health education programs.

Given the growing realization of the “global village,” another progressively growing role that professional health educators have been given due attention is the concept of cultural competency. This recent focus of cultural competency in health care has produced a multitude of books and publications by which the professional health educator can no longer afford to ignore (8, 9). Professional health educators cannot manifest their true potential until they meet the demands and consistently uphold the needs of the respective cultures and diverse communities with which they are practicing.

In reflecting upon the aforementioned roles of the professional health educator, the notion of versatility comes to mind. Given the intertwining nature of health education that combine multiple focuses i.e. behavior, health, disease, culture, history, pedagogy, society, psychology etc., versatility has given health educators an opportunity to explore different inroads in various settings and realms (10). The health educator’s ability to combine different topics and to interpret them in a language by which to service various fields and disciplines and ‘push’ public health epistemology is a remarkable skill that should not be dismissed. A brief observation of various undergraduate and graduate programs in public health and health education show only too clearly, the growing necessity of academic versatility where courses in public health history, ethics, law, cultural competency, nutrition, economics etc. are continually offered and taught.

In reflecting upon these roles, it can be difficult to reach a consensus by which we can deem a health educator as a ‘qualified’ health educator. What determines qualifications? Could a clinician be deemed qualified to be referred to as a professional health educator? Does the professional health educator require formal education training strictly in public health education? Does credentialing health education serve to strengthen the profession or ‘bottleneck’ the profession to such a degree that would merit exclusion of other disciplines that are equally devoted to the development of health education programs? In light of this, one may not be able dictate the specific standards and qualifications of the health education profession without inadvertently excluding other fields and disciplines that are equally dedicated to the progression and development of the public health education profession. Perhaps ‘freeing’ the profession from rigorous standards and qualifications is expressly what the health education profession needs, particularly in the current times in which we live in order to meet the growing demands of reality.

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