INTRODUCTION

A. Purpose This chapter establishes the goals, objectives, responsibilities, and guidelines for Indian Health Service community and public health education activities in Indian Health, Tribal and Urban communities, schools, clinics, hospitals and work sites.

B. Policy The Indian Health Service strives to maintain those health education components that address health promotion, disease prevention in American Indian and Alaskan Native communities. Indian Health Service, Tribal and Urban administrators, working with their health education staff in all stages of planning and implementation of Health Promotion/ Disease Prevention activities, will ensure that this policy will apply to all Indian Health Service health education programs, and, as appropriate, to all Tribal and Urban health education programs.

C. Background Authorization for Health Education.

1921: *The Snyder Act*: The Snyder Act was the first legislation enacted by Congress providing permanent authorization for appropriations in the area of Indian health care. This Act was the primary authorizing statute for Indian health programs until passage of the Indian Health Care Improvement Act in 1976.

1934: The first Supervisor of Health Education appointed. Indian Health Service Health Education Program officially begins.

1954: *The Transfer Act*. Transferred all hospital and health facility maintenance and operation functions from the Department of the Interior to the Department of Health, Education and Welfare (now Health and Human Services). The *Transfer Act* implicitly acknowledged the obligation of the United States to provide health care to Indian people.

Congress mandated line item accountability for all Indian Health Service health education budget appropriations to indicate Congressional commitment to a comprehensive Health Education program.

(3-12.1 Continued)

D. Program Concept An Indian Health Service, Tribal and Urban health education program will combine needs assessment, sound principles of education, and periodic evaluation of American Indian/Alaska Native populations.

E. Health Education and the Practitioner Health education programs and staff develop, coordinate, and evaluate Health Education Services in an effort to overcome behavior change obstacles. They also develop and conduct specific evaluations to promote and measure behavior and education outcomes.

A major focus of Indian Health Service, Tribal and Urban Health Education programs is to provide in-service training in educational methods and techniques for other health care providers. Health education programming coordinates and reviews community epidemiology, to include: assessments, program planning, and the development of cohesive, coordinated risk reduction strategies for multi-disciplinary health care teams.

F. Mission The Indian Health Service, Tribal and Urban Health Education Programs provides assistance to American Indian/Alaska Natives in the determination and improvement of their health status incorporating cultural beliefs, practices and traditions. The program is committed to working in partnership with individuals, groups, and communities in the provision of health services. The program emphasizes wellness; health promotion and disease prevention and related behaviors associated with American Indian/Alaska Natives health problems.

G. Goals The goal of the Indian Health Service, Tribal and Urban Health Education Program is to assist American

H. Indians and Alaska Natives to adopt healthy lifestyles; to assist in the selection and use of health care resources, products, and services; to assist Indian leadership in the advocacy of health care; and to influence policy and planning on health education issues.

(3-12.1 Continued)

I. Standard Goal Settings Health Educators adhere to the following standards:
1. The Society of Public Health Education (SOPHE) Code of Ethics
2. The Health Education Resource Management System (HERMS)
3. The Certified Health Education Specialist (CHES) competencies
4. Compliance with Service Unit Standards of Quality Assessment and Improvement
5. Development of Health Education policies/plans through the utilization of the ten (10) Core Public Health Functions
6. Eight components of Comprehensive School Health
7. Monitor "Healthy People 2010" objectives.
8. Compliance with the National Health Education Standards, 1995.

Standards for Program Review using the Indian Health Service, Health Education Program Review Guidelines for Indian Health Service, Tribal, and Urban Health Education Programs.

3-12.2 Management Responsibilities

A. Headquarters Level The Health Education Program will provide:
1. Leadership: Leadership in clinical, preventive and public health programs.
2. Consultation: Consultation and inter-governmental liaison with tribes
3. Advocacy: Advocacy and voice for I/T/U systems
4. Policy: Policy, planning and priorities
5. Networking: Networking with other federal agencies, state and county governments and other organizations.
6. Resource management
7. Accountability: Accountability for health program and administrative system integrity

B. Area Office Level The Area Health Education Program will provide:
1. Leadership: Provides leadership in clinical, preventive and public health programs.

(3-12.2B Continued)

2. Consultation: Consultation and inter-governmental liaison with tribes. Provides technical assistance and consultation in health education.
3. Advocacy: Advocacy and voice for Indian Health, Tribal, and urban systems. On an annual basis, analyzes and through use of the results of the Health Education Resource Management System (HERMS), develops reports received from the Service Units and Tribal

Health programs to support advocacy for Indian Health, Tribal Health programs and Urban health education programs.

4. Policy: Policy, planning and priorities. Develops the annual Area Health Education program plan.
5. Networking: Networking with other federal agencies, state and county governments and other organizations. Collaborates with regional and state health agencies concerning educational aspects of American Indian and Alaska Native health problems and participates in conferences, workshops and meetings with these organizations.
6. Resource management: At the request of Tribes and Service Units, conducts periodic reviews using the Health Education Program Review of Service Unit/Tribal Health Education programs throughout the Area to determine the most effective and efficient resource management of the Health Education program.
7. Accountability: Accountability for health program and administrative system integrity. Provides Area Health Education budget accountability. Submits a year-end Report of relevant Area health education program activities and outcomes to Headquarters on an annual basis.

C. SERVICE UNIT AREAS The responsibility for the administration of health education activities at the field level is vested with the Service Unit Director or Tribal Administrator. Service Unit and Tribal Health Educators are responsible for the Core Functions in the following areas:

(3-12.2 Continued)

1. Leadership: Provides leadership in clinical, preventive and public health programs in the following areas:
   A. School Health Education
   B. Community Health Education (Health Promotion/Disease Prevention)
   C. Work site Wellness
   D. Patient Education
   E. Service Unit/Tribal Health Education Program Administration
2. Consultation: Consultation and inter-governmental liaison with tribes. Provides technical assistance and consultation in health education.
3. Advocacy: Advocacy and voice for Indian Health, Tribal, and Urban systems. On a routine basis, submits reports to the IHS National Health Education Resource Management System (HERMS) Coordinator, to support advocacy for Indian Health, Tribal Health programs and Urban health education programs.
4. Policy: Policy, planning and priorities. Develops the written, annual Service Unit/Tribal Health Education program plan. As appropriate to the accreditation sought by the facility, Health Educator policies and

procedures will address and meet those aspects of the certifying agency's standards that apply to health education, health promotion and disease prevention.

5. Networking: Networking with local federal agencies, state and county governments and other organizations. Collaborates with regional and state health agencies concerning educational aspects of American Indian and Alaska Native health concerns and health problems and participates in conferences, workshops and meetings with these organizations.

6. Resource management
To determine the most effective and efficient resource management of the Service Unit/Tribal Health Education program, participates in periodic reviews using the Health Education Program Review of Service Unit/Tribal Health Education programs and participates in the

(3-12.2C Continued)

Service/Unit Tribal Quality Assurance/Evaluation activities.

7. Accountability: Accountability for health program and administrative system integrity. Provides Service Unit/Tribal Health Education budget accountability. Submits a year-end Report of relevant Service Unit/Tribal health education program activities.

3-12.3 PATIENT EDUCATION SERVICES

A. Purpose This section sets forth the Indian Health Service policy, objectives, procedures, and responsibilities governing the delivery of patient education services. Health Educators may provide and assist in the development and implementation of group and individual patient educational services for the facility and/or for the public or community health education program

B. Policy Indian Health Service and Tribal Health Educators will assist, support and maintain those aspects of accreditation for the facility as applicable to Health Education. The facility's accrediting or certifying agency standards that apply to health education, health promotion and disease prevention will be followed. Community and public health education and health promotion and disease prevention standards and requirements for patient and family education apply to Health Educators in Indian Health Service hospitals, ambulatory clinics, and, as appropriate, Tribal hospitals and ambulatory clinic facilities.

Health Educators will participate in group or individual patient and family education as directed by the facility. Unless explicitly deleted from the Position Description or Health Education Scope of Work, all Indian Health Service health education programs and, it is suggested that all Tribal health education programs, are expected to develop policies and procedures governing health education's participation in the patient education process within the facility. Those health education programs that are exclusively

community-oriented must document the exclusion of the provision of individual patient education service

(3-12.3B Continued)

requirement in the Health Education Departmental Policies and Procedures Manual.

C. Objectives

1. Health Educators will develop departmental policies relating to the specific role(s) of the Health Educator in the development and/or provision of group and individual patient and family education.

2. Health Educators shall develop organizational plans and support for the provision of group and individual patient education which should include: (but not be limited to,)
   a. Group and individual patient education policies and procedures
   b. Group and individual patient education teaching/lesson plans
   c. Group and individual patient education budget/resources
   d. Quality Assurance and Total Quality Management participation

3. Health Educators shall develop culturally relevant patient education materials and resources.

4. Policies, procedures and documentation should reflect that standards have been developed which incorporate:
   a. All group and individual Patient Education services will be document using the Indian Health Service *Patient Education Protocols and Codes* guidelines.
   b. A multi-disciplinary coordination of services/activities
   c. Documentation of how the educational needs of patients and families are determined.
   d. How the needed education is provided to patients and families.
   e. Evidence of assessment of the learning needs, readiness, capabilities of the patient/family.

3-12.4 COMPREHENSIVE SCHOOL HEALTH PROGRAM

A. Purpose: This section sets forth the IHS policy, objectives, procedures, and responsibilities governing the delivery of school health education services. Health Education programs, in consultation with the Tribe, will develop comprehensive school health education programs for children from preschool and Head Start programs through grade 12 in State public, private, and

Bureau of Indian Affair schools located on or near Indian reservations and Tribal lands.

B. Policy: Health Educators will work in partnership with preschool and Head Start programs through grade 12, in order that these systems might develop and implement Comprehensive School Health Programs Standards which shall include:

1. Students will comprehend concepts related to health promotion and disease prevention.
2. Students will demonstrate the ability to access valid health information and health promoting products and services.
3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
4. Students will analyze the influence of culture, media, technology and other factors on health.
5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.
6. Students will demonstrate the ability to use goal setting and decision making skills, which enhance health.
7. Students will demonstrate the ability to advocate for personal, family and community health.

C. Objectives

(1) To develop Indian-specific Comprehensive School Health Programs that incorporates the following health education curricula:

a. Community Health
b. Consumer Health
c. Environmental Health
d. Family Life
e. Mental and Emotional Health
f. Injury Prevention & Safety
g. Nutrition
h. Personal Health
i. Prevention & Control of Disease

(3-12.4C Continued)

j. Substance Use and Abuse

(2) To train teachers in the 8 components of comprehensive school health:

a. School Health Education
b. School Food/Nutrition Services
c. Family/School/Community Partnerships
d. School Environment
e. Physical Education
f. School Health Services
g. Guidance and Counseling
h. Work site/Staff Wellness

(3) To integrate school-based, community-based, and other public and private health promotion efforts;

(4) To encourage healthy, drug, violence, and tobacco-free school environments;

(5) Coordinate school-based health programs with existing services and programs available in the community.

A. Purpose This section sets forth the IHS policy, objectives, procedures, and responsibilities governing the delivery of community health education and promotion services.

B. Policy The IHS will provide community health education services to enable community members to become active participants in their own health care, promote the adoption of healthy lifestyles, and help establish a
Health environment conducive to supporting healthy lifestyles.

C. Objectives:

1. ASSESS the health needs of the community on a regular basis to provide current information on
the health status and health needs of the community.

2. INVESTIGATE health problems and health hazards in the community by conducting timely investigations that identify the extent of the problem, duration, trends, location, and Tribal population at risk.

(3-12.5C Continued)

3. ANALYZE the causes of community health problems/health hazards in order to identify contributing factors that place certain Tribal members at risk.

4. ADVOCATE for community health by identifying and contacting Tribal and non-Tribal agencies for assistance in the planning, implementation, and management of public health activities.

5. Set health PRIORITIES based on the size and seriousness of the problems, resource constraints and local ability to have an impact on the problems.

6. Develop PLANS and policies to address priority health needs by establishing:
   a. goals and measurable objectives
   b. relevant activities involving community input and participation
   c. timelines for completion of activities
   d. identify resources

7. MANAGE resources and develop organizational plans that demonstrate collaboration and coordination of health and community services.

8. IMPLEMENT program that direct services to priority health needs.

2. EVALUATE programs and participate in Quality Improvement activities in accordance with professional and regulatory standards. Determine if programs are consistent with plans and policies

and provide feedback on inadequacies and changes needed to redirect programs and resources.

10. INFORM and educate the public on:
    a. public health issues of concern in the community;
    b. available public health programs and services;
    c. health education initiatives which improve individual and community health knowledge.

3-12.6 WORK SITE HEALTH EDUCATION SERVICES

A. Purpose This section sets forth IHS policy, objectives, procedures, and responsibilities governing the delivery of health education services in work site settings (i.e., IHS and tribal health care facilities, private industries, tribal and other Government offices and schools which employ American Indians/Alaska Natives).

B. Policy IHS will promote the adoption of healthy lifestyles by providing information and teaching skills on health issues to create a healthy work site environment.

C. Objectives

(1) Assess the need for health education and promotion services in work site settings.
(2) Coordinate the development, implementation, and evaluation of work site health education programs in conjunction with other health care providers, voluntary organizations, professional groups and work site staff.
(3) Provide opportunities for employees to review and learn new skills, practices and attitudes for the promotion and/or maintenance of personal health, especially in those areas which might contribute to improve job performance or satisfaction.
(4) Coordinate in-service training to work site management in the cost-benefit and effectiveness of health promotion and education provided in work site setting.
(5) Evaluate the effectiveness of work site health education and promotion programs in relation to: (1) employee participation; (2) management support and participation; (3) improved employee productivity; (4) decrease days lost; and (5) improved employee and family health.

D. Procedures Each local health education program will have written procedures for coordinating and delivery of work site health education services to include what is to be done, who is responsible for implementing the activity, time schedule, and evaluation and follow up.

(3-12.6D Continued)

E. Responsibilities

(1) Utilize group assessment tools for individual and group and needs assessments from which health education plans may be developed.

(2) Coordinate the implementation of screening activities aimed at identifying potential personal and environmental health risks.

(3) Coordinate risk reduction and/or health promotion classes designed to encourage the adoption of healthy lifestyles.

(4) Conduct evaluation of work site programs.

(5) Work with management and employees to change as necessary the work site environment to more effectively provide opportunities for the adoption of healthy lifestyles (i.e., change in cafeteria foods to include low calorie foods).

Appendix I

NATIONAL STANDARDS AND GUIDELINES

A. The Society of Public Health Education (SOPHE) Code of Ethics.

B. The National Health Education Standards, 1995.

C. Health Education Resource Management System (HERMS).

D. The Certified Health Education Specialist Competencies.

E. The Indian Health Service Health Education Ten (10) Core Public Health Functions.

F. Health Education Program Review Guidelines for Indian Health Service, Tribal, and Urban Health Education Programs.

G. Compliance with respective Service Unit Standards of Quality Assessment and Improvement.

H. Healthy People 2010" Objectives.

Appendix II

NATIONAL STANDARDS AND GUIDELINES

Society of Public Health Educators, Code of Ethics
PREAMBLE

The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organizational, and community health. Guided by common ideals, Health Educators are responsible for upholding the integrity and ethics of the profession as they face the daily challenges of making decisions. By acknowledging the value of diversity in society and embracing a cross-cultural approach, Health Educators support the worth, dignity, potential and uniqueness of all people.

The Code of Ethics provides a framework of shared values within which Health Education is practiced. The Code of Ethics is grounded in fundamental ethical principles that underlie all health care services: respect for autonomy, promotion of social justice, active promotion of good, and avoidance of harm. The responsibility of each Health Educator is to aspire to the highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work.

Regardless of job title, professional affiliation, work setting, or population served, Health Educators abide by these guidelines when making professional decisions.

Article I: Responsibility to the Public

A Health Educator's ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, Health Educators must consider al issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

Section 1: Health Educators support the right of individuals to make informed decisions regarding health, as long as such decisions pose no threat to the health of others.

Section 2: Health Educators encourage actions and social policies that support and facilitate the best balance of benefits over harm for all affected parties.

Section 3: Health Educators accurately communicate the potential benefits and consequences of the services and programs with which they are associated.

Section 4: Health Educators accept the responsibility to act on issues that can adversely affect the health of individuals, families, and communities.

Section 5: Health Educators are truthful about their qualifications and the limitations of their expertise and provide services consistent with their competencies.

Section 6: Health Educators protect the privacy and dignity of individuals.

Section 7: Health Educators actively involved individuals, groups, and communities in the entire educational process so that all aspects of the process are clearly understood by those who maybe affected.

Section 8: Health Educators respect and acknowledge the rights of others to hold diverse values, attitudes, and opinions.

Section 9: Health Educators provide services equitably to all people.

Article II: Responsibility to the Profession

Health Educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

Section 1: Health Educators maintain, improve, and expand their professional competence through continued study and education; membership, participation, and leadership in professional organizations, and involvement in issues related to the health of the public.

Section 2: Health Education model and encourage nondiscriminatory standards of behavior in their interaction of others.

Section 3: Health Educators encourage and accept responsible critical discourse to protect and enhance the profession.

Section 4: Health Educators contribute to the development of the profession by sharing the processes and outcomes of their work.

Section 5: Health Educators are aware of possible professional conflicts of interest, exercise integrity in conflict situations, and do no manipulate or violate the rights of others.

Section 6: Health Educators give appropriate recognition to others for their professional contributions and achievements.

Article III: Responsibility to Employers

Health Educators recognize the boundaries of their professional competence and are accountable for their professional activities and action.

Section 1: Health Educators accurately represent their qualifications and the qualifications of others whom they recommend.

Section 2: Health Educators use appropriate standards, theories, and guidelines as criteria when carrying out their professional responsibilities.

Section 3: Health Educators accurately represent potential service and program outcomes to employers.

Section 4: Health Educators anticipate and disclose competing commitments, conflicts of interest, and endorsement of products.

Section 5: Health Educators openly communicate to employers, expectations of job-related assignments that conflict with their professional ethics.

Section 6: Health Educators maintain competence in their areas of professional practice.

Article IV: Responsibility in the Delivery of Health Education

Health Educators promote integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.

Section 1: Health Educators are sensitive to social and cultural diversity and are in accord with the law, when planning and implementing programs.

Section 2: Health Educators are informed of the latest advances in theory, research, and practice, and use strategies and methods that are grounded in and contribute to development of

professional standards, theories, guidelines, statistics, and experience.

Section 3: Health Educators are committed to rigorous evaluation of both program effectiveness and the methods used to achieve results.

Section 4: Health Educators empower individuals to adopt healthy lifestyles through informed choice rather than by coercion or intimidation.

Section 5: Health Educators communicate the potential outcomes or proposed services, strategies, and pending decisions to all individuals who will be affected.

Article V: Responsibility in Research and Evaluation

Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

Section 1: Health Educators support principles and practices of research and evaluation that do no harm to individuals, groups, society, or the environment.

Section 2: Health Educators ensure that participation in research is voluntary and is based upon the informed consent of the participants.

Section 3: Health Educators respect the privacy, rights, and dignity of research participants, and honor commitments made to those participants.

Section 4: Health Educators treat all information obtained from participants as confidential unless otherwise required by law.

Section 5: Health Educators take credit, including authorship, only for work they have actually performed and give credit to the contributions of others.

Section 6: Health Educators who serve as research or evaluation consultants discuss their results only with those to whom they are providing service, unless maintaining such confidentiality would jeopardize the health or safety of others.

Section 7: Health Educators report the results of their research and evaluation objectively, accurately, and, in a timely fashion.

Article VI: Responsibility in Professional Preparation

Those involved in the preparation and training of Health Educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and public.

Section 1: Health Educators select students for professional preparation programs based upon equal opportunity for all, and the individual's academic performance, abilities, and potential contribution to the profession and the public's health.

Section 2: Health Educators strive to make the education environment and culture conducive to the health of all involved, and free from sexual harassment and all forms of discrimination.

Section 3: Health Educators involved in professional preparation and professional development engage in careful preparation, present material that is accurate, up-to-date, and timely, provide reasonable and timely feedback; state clear and reasonable expectations, and conduct fair assessments and evaluations of learners.

Section 4: Health Educators provide objective and accurate counseling to learners about career opportunities, development, and advancement, and assist learners secure professional employment.

Section 5: Health Educators provide adequate supervision and meaningful opportunities for the professional development of learners.

Appendix III

NATIONAL STANDARDS AND GUIDELINES

National Health Education Standards*

1. Students will comprehend concepts related to health promotion and disease prevention.

2. Students will demonstrate the ability to access valid health information and health-promoting products and services.

3. Students will demonstrate the ability to practice health-enhancing behavior and reduce health risks.

4. Students will analyze the influence of culture, media, technology, and other factors on health.

5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.

6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

7. Students will demonstrate the ability to advocate for personal, family, and community health.

* National Health Education Standards: "This represents the work of the Joint Committee on National Health Education Standards. Copies of National Health Education Standards: *Achieving Health Literacy* can be obtained through the American School Health Association, Association for the Advancement of Health Education or the American Cancer Society."

Appendix IV

NATIONAL STANDARDS AND GUIDELINES

Ten Core Public Health Education Functions*

1. ASSESS the health needs of the community on a regular basis to provide current information on the health status and health needs of the community.

2. INVESTIGATE health problems and health hazards in the community by conducting timely investigations that identify the extent of the problem, duration, trends, location, and Tribal population at risk.

3. ANALYZE the causes of community health problems/health hazards in order to identify contributing factors that place certain Tribal members at risk.

4. ADVOCATE for community health by identifying and contacting Tribal and non-Tribal agencies for assistance in the planning, implementation, and management of public health activities.

5. Set health PRIORITIES based on the size and seriousness of the problems, resource constraints and local ability to have an impact on the problems.

6. Develop PLANS and policies to address priority health needs by establishing:
   a. goals and measurable objectives
   b. relevant activities involving community input and participation
   c. timelines for completion of activities
   d. identify resources

7. MANAGE resources and develop organizational plans that demonstrate collaboration and coordination of health and community services.

8. IMPLEMENT program that direct services to priority health needs.

9. EVALUATE programs and participate in Quality Improvement activities in accordance with professional and regulatory standards. Determine if programs are consistent with plans and policies and provide feedback on inadequacies and changes needed to redirect programs and resources.

Appendix IV

NATIONAL STANDARDS AND GUIDELINES

Ten Core Public Health Education Functions CONTINUED*

10. INFORM and educate the public on :
    a. public health issues on concern in the community;
    b. available public health programs and services;

c. health education initiatives which improve individual and community health knowledge.

* Adapted from recognized Public Health Standards/Core Functions

Appendix V

NATIONAL STANDARDS AND GUIDELINES

The Certified Health Education Specialist Responsibilities and Competencies for Entry-Level Health Educators*

Responsibility I - Assessing Individual and Community Needs for Health Education

Competency A: Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests.

Sub-Competencies:

1. Select valid sources of information about health needs and interests.
2. Utilize computerized sources of health - related information.
3. Employ or develop appropriate data-gathering instruments.
5. Apply survey techniques to acquire health data.

Competency B: Distinguish between behaviors that foster, and those that hinder, well-being.

Sub-Competencies:

1. Investigate physical, social, emotional, and intellectual factors influencing health behaviors.
2. Identify behaviors that tend to promote or compromise health
3. Recognize the role of learning and affective experience in shaping patterns of health behavior.

Competency C: Infer needs for health education on the basis of obtained data.

Sub-Competencies:

1. Analyze needs assessment data.
2. Determine priority areas of need for health Education.

Responsibility II - Planning Effective Health Education Programs

Competency A: Recruit community organizations, resource people, and potential participants for support and assistance in program planning.

Sub-Competencies:

1. Communicate need for the program to those who will be involved.
2. Obtain commitments from personnel and decision makers who will be involved in the program.
3. Seek ideas and opinions o those who will affect, or be affected by, the program.
4. Incorporate feasible ideas and recommendations into the planning process.

Competency B: Develop a logical scope and sequence plan for a health education program.

Sub-Competencies:

1. Determine the range of health information requisite to a given program of instruction.
2. Organize the subject areas comprising the scope of a program in logical sequence.

Competency C: Formulate appropriate and measurable program objectives.

Sub-Competencies:

1. Infer educational objectives facilitative of achievement of specified competencies.
2. Develop a framework of broadly stated, operational objectives relevant to a proposed health education program.

Competency D: Design educational programs consistent with specified program objectives.

Sub-Competencies:

1. Match proposed learning activities with those implicit in the stated objectives.
2. Formulate a wide variety of alternative educational methods.
3. Select strategies best suited to implementation of educational objectives in a given setting.
4. Plan a sequence of learning opportunities building upon, and reinforcing mastery of, preceding object

Responsibility III - Implementing Health Education Programs

Competency A: Exhibit competence in carrying out planned educational programs

Sub-Competencies:

1. Employ a wide range of educational methods and techniques.

2. Apply individual or group process methods and techniques.
3. Utilize instructional equipment and other instructional media effectively.
4. Select methods that best facilitate practice of program objectives.

Competency B: Infer enabling objectives as needed to implement instructional programs in specified settings.

Sub-Competencies:

1. Pretest learners to ascertain present abilities and knowledge relative to proposed program objectives.
2. Develop subordinate measurable objectives as needed for instruction.

Competency C: Select methods and media best suited to implement program plans for specific learners.

Sub-Competencies:

1. Analyze learner characteristics, legal aspects, feasibility, and other considerations influencing choices among methods.
2. Evaluate the efficacy of alternative methods and techniques capable of facilitating program objectives.
3. Determine the availability of information, personnel, time, and equipment needed to implement the program for a given audience.

Competency D: Monitor educational programs, adjusting objectives and activities as necessary.

Sub-Competencies:

1. Compare actual program activities with the stated objectives.
2. Assess the relevance of existing program objectives to current needs.
3. Revise program activities and objectives necessitated by changes in learner needs.
4. Appraise applicability of resources and materials relative to given educational objectives.

Responsibility IV - Evaluating Effectiveness of Health Education Programs

Competency A: Develop plans to assess achievement of program objectives.

Sub-Competencies:

1. Determine standards of performance to be

applied as criteria of effectiveness.
2. Establish a realistic scope of evaluation efforts.
3. Develop an inventory of existing valid and reliable tests and survey instruments.

3. Select appropriate methods of evaluating program effectiveness.
4.

Competency B: Carry out evaluation plans.

Sub-Competencies:

1. Facilitate administration of the tests and activities specified in the plan.
2. Utilize data-collecting methods appropriate to the objectives.

3. Analyze resulting evaluating data.

Competency C: Interpret results of program evaluation.

Sub-Competencies:

1. Apply criteria of effectiveness to obtained results of a program.
2. Translate evaluation results into terms easily understood by others.

3. Report effectiveness of educational programs in achieving proposed objectives.

Competency D: Infer implications from findings for future program planning.

Sub-Competencies:

1. Explore possible explanations for important evaluation findings.

2. Recommend strategies for implementing results
3. of evaluation.

Responsibility V - Coordinating Provision of Health Education Services

Competency A: Develop a plan for coordinating health education activities.

Sub-Competencies:

1. Determine the extent of available health education services.
2. Match health education services to proposed program activities.
3. Identify gaps and overlaps in the provision of collaborative health services.

Competency B: Facilitate cooperation and feedback among personnel related to the program.

Sub-Competencies:

1. Promote cooperation and feedback among personnel related to the program.
2. Apply various methods of conflict reduction as needed.
3. Analyze the role of health educator as liaison between program staff and outside groups and organizations.

Competency C: Formulate practical modes of collaboration among health agencies and organizations.

Sub-Competencies:

1. Stimulate development of cooperation among personnel responsible for community health education program.
2. Suggest approaches for integrating health education within existing health programs.
3. Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests.

Competency D: Organize in-service training programs for staff, teachers, volunteers, and other interested personnel.

Sub-Competencies:

1. Plan an operational, competency-oriented training program.
2. Utilize instructional resources that meet a variety of in-service training needs.
3. Demonstrate a wide range of strategies for conducting in-service training programs.

Responsibility VI - Acting As A Resource Person In Health Education

Competency A: Utilize computerized health information retrieval systems effectively.

Sub-Competencies:

1. Match information need with the appropriate retrieval system.
2. Access principal on-line and other database health information resources.

Competency B: Establish effective consultative relationships.

Sub-Competencies:

1. Analyze parameters of effective consultative relationships.
2. Describe special skills and abilities needed by health educators for consultative activities.
3. Formulate a plan for providing consultation to other health professionals.

4. Explain the process of marketing health education consultative services.

Competency C: Interpret and respond to requests for health information.

Sub-Competencies:

1. Analyze general processes for identifying the information needed to satisfy a request.
2. Employ a wide range of approaches in referring requesters to valid sources of health information.

Competency D: Select effective educational resource materials for dissemination.

Sub-Competencies:

1. Assemble educational material of value to the health of individuals and community groups.
2. Evaluate the worth and applicability of resource materials for given audiences.
3. Apply various processes in the acquisition of resource materials.
4. Compare different methods for distributing educational materials.

Responsibility VII - Communicating Health And Health Education Needs, Concerns, and Resources

Competency A: Interpret concepts, purposes, and theories of health education.

Sub-Competencies:

1. Evaluate the state of the art of health education.
2. Analyze the foundations of the discipline of health education.
3. Describe major responsibilities of the health educator in the practice of health education.

Competency B: Predict the impact of societal values systems on health education programs.

Sub-Competencies:

1. Investigate social forces causing opposing viewpoints regarding health education needs and concerns.
2. Employ a wide range of strategies for dealing with controversial health issues.

Competency C: Select a variety of communication methods and techniques in providing health information.

Sub-Competencies:

Utilize a wide range of techniques for communicating health and health education information.
Demonstrate a proficiency in communicating health information and health education needs.

Competency D: Foster communication between health care providers and consumers.

Sub-Competencies:

1. Interpret the significance and implications of health provider's messages to consumers.
2. Act as liaison between consumer groups and individuals and health care provider organizations.

* Source: *A Framework for the Development of Competency-based Curricula for Entry Level Health Educators, 1985.*

Appendix VI

NATIONAL STANDARDS AND GUIDELINES

Health Education Program Review
Program Disciplinary Goals and Professional Performance

NOTE: These Reviews are applicable to traditional IHS Organizational Health Education Programs and are recommended Applications for Tribal and Urban Program Reviews conducted by Tribal and Urban Administrators.

1. The Health Education Program Review process should review the four aspects of the Program goals and Professional Performance. These four aspects in order of priorities are:

   - Health Education Program Effectiveness [Outcome] [HERMS Series 300-400]
   - Attainment of Health Education Disciplinary Goals and Objectives [Disciplinary Purpose/Organization Focus]
   - Comparison and adherence to "Operational Standards" of acceptable practice within the Health Education discipline [Program Design] [HERMS Series 100-200]
   - Health Education Program Support [Resource-Technical]

2. The Health Education Review Process should include a Concurrent "Year End" Review (or "Close-out") and an examination of the Annual up-coming "New Year" Program Plan.

3. "Quarterly Reviews" should be conducted only to facilitate:
   - A review of stated Benchmark Indicators or the Progression

towards those benchmarks, and/or;

- Identified deficiencies [This includes both Program and Program Support Issues.]

4. Reporting: In addition to written monthly/quarterly or Annual Reports, the Health Education Resource Management System (HERMS) Reporting system should employed. HERMS should be used as an Evaluation Format which includes a proposed delineation of the HERMS Task Matrix [Series 100-600] Reporting categories where applicable. This delineation is presented as a means of correlation between written Programming and Performance/Resource Use Indicators as outlines in the HERMS User Manual:

1. Date-Task Matrix-Program
2. Number of Population Served-Age
3. Category-Task Hours
4. Travel Hours
5. Location Codes
6. Community Codes

Program Effectiveness
(Year-End and/or Quarterly Reports)
[HERMS Series 300-400]

A. Health/Wellness/Illness/Health Promotion Programs [Program Effectiveness]

Standards of Review

- Thorough assessment of the health status [indicators] of a given population; and/or,
- Thorough assessment has been made of specific issue(s) or problem(s).
- An investigation of the problem is presented describing the approach being used to address the issue or problem.
- A stated “Outcome” is evident based on the assessment; and,
- An analysis has been applied to the Outcome so that such progress towards the stated outcome is identified in increments within a specified time frame. [Monthly, quarterly, etc.]
- There is documentation and/or evidence of completion of the Goal or Objectives, or demonstrated progress made by accomplishing benchmarks as specified in a time frame.
- There is documentation and/or evidence of the completion of the goals and objectives or demonstrated progress made in accomplishing the goals and objectives within a specified Time Line.
- Evaluation Methodology is evident comparing known objective indicators or agreed-upon Subjective Indicators.

A.1 Applied Initiatives or Program Directives [Program Effectiveness]
Standards of Review

- A stated Goal or Objective is evident directing the Health Education Program to carry out a given task or outcome on behalf of National, State, Area, and/or Tribal goals and objectives.
- A stated Outcome Condition or Task is evident and;
- An applied breakdown has been applied to the Outcome such that progress towards the stated Outcome is identified in increments within a specified time frame.

- If Initiatives or Directives are specific to a Community Health Issue(s), they should be accounted for using the Ten Core Public Health Functions criteria as applicable.

A.2 Health Education Program Assistance or Coordination Activities. [Program Effectiveness (HERMS 303)
Standards of Review

1. A stated Goal or specific objective is evident assigning or identifying the Health Education Program as responsible for the coordination of a Specific Effort or assigned to assist in a multi-disciplinary or multi-tasked approach to a specific organization effort.
2. There is demonstration of task completion or on-going plan/activity program.

A.3 Health Education “Maintenance” Programming [Program Effectiveness]
Program evaluation will review health education programming that has moved from initiation to “maintenance” of on-going activities.
Standards of Review

1. There is a “Master Plan” Annual Plan delineating stated goal(s) to which an “on-going” activity is related.
2. There is a “continuing” rationale in place that demonstrates why the activity will remain as part of the program plan.
3. There is evidence of on-going goal(s) or objective(s) accomplishment or benefit to the population or group to which the activity is aimed.

2. Incorporation of Health Education Goals and Objectives [Tribal Organization Goals and Objectives if Applicable]
Standards of Review

There is a demonstration within the Stated Goals or Objectives of the Programs' understanding of and incorporation of one or more of the following;

1. The assistance of individual/community to adopt a healthy lifestyle.
2. Assistance in the Selection of health care resources
3. Assist in Advocacy/influence of policy or its use, and provide assistance in the Planning in relation to addressing health and social issues.

3. Adherence to Operational Standards [Program Design]

Core Public Health Program Design
[HERMS Series 100-200]
Standards of Review

The basis for the Health Education Review Process should include a Concurrent "Year End" Review (or "Close-out") and an examination of the Annual up-coming "New Year" Program Plan to ensure that the Program demonstrates use of, adherence to, the use of the ten Core Public Health Functions by inserting each specific Outcome or Goals into the "Core Public Health Procedure":

Ten Core Public Health Functions:

1. Assessment
   Assess/Review/Survey of the Service Unit/community for health needs, health status.
2. Investigation
   Investigate health problems, health hazards of the Service Unit/community to identify contributing factors, duration, location, and Tribal population at-risk.
3. Analysis
   Analyzing causes of community health problems/health hazards through a structured analysis of the health problem (population at-risk, age range, etc.)
4. Advocacy
   Advocate for community health by meeting with the community, identifying and contacting Tribal and non-Tribal agencies for assistance in the planning, implementation, and management of public health activities.
5. Prioritize
   Set health priorities based upon assessment, investigation, analysis and advocacy.
6. Planning
   Develop plans and policies to address priority health needs by establishing:
   1. Measurable goals and objectives
      - Develop outcome/process objectives
      - Evaluation criteria
   2. Methodology/Activities
   3. Time Lines
   4. Resources
7. Management

Manage resources, staff and develop organizational plans that demonstrate collaboration and coordination.

8. Implementation
Provision of direct services to meet the priority health needs.

9. Evaluation
Evaluate programs and participation in Quality Improvement activities in accordance with professional and regulatory standards on a quarterly/annual basis.

10. Information
Inform and educate the public/community/Tribal Council/hospital/clinic staff of public health issues of concern in the community and:
   1. available public health programs and services
   2. health education initiatives which improve individual and community health knowledge

D. Health Education Program Support/Resource/Technical Core Functions of IHS Programs [Optional for Tribal Operations]

Demonstrate incorporation of the seven Core Functions of IHS Operational programs. There is a specific Agenda or Reporting of the Health Education specific functions and participation in each of the Core "Functions".

1. Leadership in clinical, preventive and public health programs;
2. Consultation and inter-governmental liaison with Tribes;
3. Advocacy and voice for IHS/Tribal/Urban programs;
4. Policy, planning and priorities;
5. Networking with other federal, State, county and Tribal agencies;
6. Resource management;
7. Accountability for health programs and administrative system integrity.

D.1 Program Support/Resources/Administration
Standards of Review

1. An Annual Expenditure Plan is presented.
2. An Annual Equipment Inventory is presented.
3. Transportation is documented as Adequate/Inadequate (GSA/Tribal/Other) for routine operations.
4. Position Descriptions and Annual Evaluations are appropriate, updated.
5. A Health Education Policy and Procedure Manual is available specific to Health Education function (Program).
6. Personnel Management and Evaluation
7. Continuing Education (Plan) is documented and evidence of Completion or progress.
8. Statistical Reporting (HERMS) is presented.