

Research

Overlapping Responsibilities of Certified Health Education Specialists and Doctors of Osteopathic Medicine

Brittany Dong¹, Ronald D. Williams, Jr., PhD, CHES^{2*}, Barry P. Hunt, EdD³.

Address: ¹Graduate Student, Mississippi State University, Department of Food Science, Nutrition, and Health Promotion, Starkville, MS, USA, ²Assistant Professor, Department of Food Sciences, Nutrition, and Health Promotion, Mississippi State University, Starkville, MS, USA, ³Professor, Department of Food Science, Nutrition, and Health Promotion, Mississippi State University, Starkville, MS, USA.

E-mail: Ronald D. Williams, Jr., PhD, CHES – rwilliams@fsnhp.msstate.edu

*Corresponding author

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Abstract

As the U.S. population ages and health needs change throughout the lifespan, the skills and responsibilities of health care professionals must adapt to meet public needs. This article provides a brief history of the overlapping responsibilities of Certified Health Education Specialists and Doctors of Osteopathic Medicine, while indicating the potential for collaboration to improve community health.

Introduction

In 1979, the Surgeon General issued the inaugural Healthy People document, a report on health promotion and disease prevention that set national objectives to improve the current health status of Americans; each decade, a newly revised and updated version is released and available to the public.¹ To promote long and healthy lives for all Americans, Healthy People seeks to “encourage collaborations across communities and sectors, empower individuals toward making informed health decisions; and measure the impact of prevention activities”.¹ Additionally, the 1998 Pew Health Professions Commissions report highlighted the need for the realignment of academic training to reflect the

changing health care needs of the population.² As the health needs of the U.S. population change, there is an immense need for collaboration between multiple health care, health promotion, and prevention disciplines.

Multiple studies have explored the relationship of chiropractic medicine and health promotion³⁻¹²; yet, there is also much synergy between health promotion and the similarly holistic health care approach of osteopathy. This article highlights the overarching principles of Certified Health Education Specialists (CHES) and Doctors of Osteopathic Medicine (DO) in an effort to promote both curricular and practical collaboration between these two fields.

History of Osteopathic Medicine

At one time, medicine was thought to be “highly speculative and largely empirical” with organic decomposition, climate, heredity, and mechanical injuries speculated to be the key factors contributable to disease; fast removal of symptoms was thought necessary for rapid recovery.¹³ In America during the 1850s and 1860s, harsh therapies, such as bloodletting, and various medicinal cures, such as quinine for malaria and colchicine for gout, were utilized by physicians to combat disease.¹³ Often these physicians lacked formal training but did partake in apprenticeships, a popular system of the time which provided income and cheap labor for teachers and allowed students to prepare for medical college.¹³ Applicable knowledge and practical experience were gained through apprenticeships, but medical colleges lacked quality as they often existed solely to provide profit to stockholders with equipment, facilities, and instructors being ‘relatively modest’.¹³

Alternative medical systems were born in the nineteenth century—in 1864, after experiencing a painful personal loss due to meningitis, Andrew Taylor Still began to question regular, orthodox medical practices. As founder of the field of osteopathic medicine, Still based the principles of osteopathy on his belief that diseases were caused by vertebral displacements and that spinal manipulations could alleviate symptoms afflicting the entire body.¹³ In the medical field, DOs are distinguishable from their medical doctor (MD) counterparts through their “whole person” approach to health care and the promotion of attitude and lifestyle change to fight illness and prevent disease.¹⁴ In 2004, Osteopathic Medicine was reported to be “the fastest growing segment” of medical practitioners, physicians and surgeons in the United States; in fact, the total population of DOs increased from 19,000 to almost 50,000—a 2.5x increase during a two-decade span from 1982 to 2003—with DOs seeing a reported 60 million patients each year.¹³

History of Health Education and Promotion

Over a century after alternative medical practices were established, the field of health education was born, aiming to educate people about the impact of behaviors on overall health.¹⁵ In 2005, Green and Kreuter defined health education as “any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups, or

communities”.¹⁶ In a broader context, health education is one aspect of health promotion. Aiming to advocate, enable, and mediate, health promotion works to build public policy, create supportive environments, strengthen community actions, develop personal skills, and reorient health services.¹⁷ Health educators are professionals trained and qualified to plan health promotion programs; these health professionals serve a variety of roles and utilize educational strategies and methods to develop policies, procedures, interventions, and systems to improve health with job opportunities in schools, community health agencies, worksites, and health care settings.¹⁵ Over time, the role of the Health Educator has evolved, and now, Health Educators may choose to gain certification and designation as a Certified Health Education Specialist or Master Certified Health Education Specialist.^{15,18} Certification of health educators has grown to include approximately 14,000 individuals within a 17 year span, despite examinations being limited to twice a year.¹⁵

Common Responsibilities of a Certified Health Education Specialist (CHES) and Doctor of Osteopathic Medicine (DO)

In the past, emphasis has been placed on secondary and tertiary levels of intervention in the medical field; today, it is more apparent that there is a great need for primary intervention which is the focus of many health education efforts. Simply stated, there is “a greater need for good health information that can be easily understood by the average person”—this is a clear area where the responsibilities of CHES and DO overlap.¹⁵

The Seven Areas of Responsibility, outlined by the National Commission for Health Education Credentialing¹⁹, define the role of a certified health educator:

- I. Assess Individual and Community Needs for Health Education
- II. Plan Health Education 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

These seven areas are accompanied by several competencies and numerous sub-competencies. Although each area shows correlation between the practices of CHES and DOs, in particular, Areas V, VI, and VII are most similar. DOs partner with patients to achieve wellness through health education, injury prevention, and disease prevention; with a holistic approach, DOs seek to look at the whole person in efforts to partner with patients to achieve wellness through health education, injury prevention, and disease prevention.²⁰ Moreover, DOs choose to train as primary physicians, frequently serving in rural and underserved areas—those areas where Health Promotion programs are often implemented.²⁰ As a call-to-action for the future of the profession, the 2005 report by the American Association of Colleges of Osteopathic Medicine and the American Osteopathic Association identified the delivery of health promotion in patient care as a core competency of the DO profession.²¹

In 2001, the Institute of Medicine produced a brief, *Crossing the Quality Chasm: A New Health System for the 21st Century*,” which included a roadmap of the health care system and offered suggestions to improve existing weaknesses within the system.²² Listed below are abridged sections of the document:

- *Aims for Improvement* suggest that health care should be “safe, effective, patient-centered, timely, efficient, (and) equitable.”
- *Rules for Redesign* of the health care system should consider the following:
 1. Care is based on continuous healing relationships.
 2. Care is customized according to patient needs and values.
 3. The patient is the source of control.
 4. Knowledge is shared and information flows freely.
 5. Decision making is evidence-based.
 6. Safety is a system property.
 7. Transparency is necessary.
 8. Needs are anticipated.
 9. Waste is continuously decreased.
 10. Cooperation among clinicians is a priority.
- Suggestions to redesign by *Changing the Environment* include:
 1. Applying evidence to health care delivery.
 2. Using information technology.
 3. Aligning payment policies with quality improvement.
 4. Preparing the workforce.

In review of each of these sections, the commonalities between CHES and DO fields is noticeable—(1) both professions share similar *Aims*; (2) a DO may elect to implement health education/promotion programs or practices which often share several of the rules; and (3) both professions choose to assess, improve, and *change the environment*. The areas of suggestion imply that methods be empowering and customized per individual, ongoing and collaborative, based on evidence and knowledge, and resultant in a conducive environment for healthful living—all of which are additional facets indicating the interrelationship between CHES and DO. **Table 1** highlights the potential areas in which DOs may practice many of the skills and competencies of CHES.

Table 1. Overlapping Responsibilities of CHES and DO

CHES Responsibility	Role of the DO in health education and promotion
I. Assess Individual and Community Needs for Health Education	Assessing each patient with a holistic approach allows DOs to consider factors which are beyond the individual <i>and</i> influential. DOs can also serve a vital role in community-level assessment for health education and promotion needs.
II. Plan Health Education Strategies, Interventions, and Programs	DOs support health promotion for healthy lifestyles; therefore, in combination with a holistic approach, they are able to utilize knowledge gained about individual and community behavioral influences to assist health educators in designing effective strategies, interventions, and programs.
III. Implement Health Education Strategies, Interventions, and Programs	DOs encourage health promotion by utilizing these health education strategies, interventions, and programs which are tailored to meet the needs of the individual and population. DOs can also provide service in training local health care professionals and community members in the delivery of health education programs.
IV. Conduct Evaluation and Research Related to Health Education	DOs, like all health care professionals, have a responsibility to the profession and public to seek improvements in health science and research. DOs can actively participate in both research of local health needs, as well as assist health educators in the evaluation of current health promotion programs and strategies.
V. Administer Health Education Strategies, Interventions, and Programs	Health care professionals are often seen as local public health leaders; therefore, DOs can play a vital role in the administration of community health promotion strategies. DOs can be particularly involved in facilitating partnerships in support of health education and promotion, as well as providing leadership to obtain community acceptance of health initiatives.
VI. Serve as a Health Education Resource Person	Often times, DOs practice in rural or medically underserved areas; therefore, they are often among the few health care providers in the community or geographical area. For this reason, DOs have a responsibility to serve as a resource for not only personal health of patients, but also as a resource and asset for community and public health development.

VII. Communicate and Advocate for Health and Health Education	<p>As a health practitioner, DOs promote healthy living of both individuals and communities. Rather than solely focus on secondary or tertiary prevention, DOs should seek to promote primary prevention among patients, as well as serve as community advocates for public health measures to improve and protect community health.</p>
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