June 25, 2015

National Quality Forum
1030 15th Street, NW
Suite 800
Washington DC 20005

Society for Public Health Education’s (SOPHE) comments on the Improving Population Health by Working with Communities Action Guide 2.0

Dear National Quality Forum:

The Society for Public Health Education (SOPHE) welcomes the opportunity to comment on the National Quality Forum Population Health Framework for Improving Population Health by Working with Communities-Action Guide 2.0. Social determinants of health are critical components of population health that have not yet been adequately addressed by our nation’s health care system. Many of these social determinants are heavily influenced by and specific to a geographic locale. This is why working within these communities to understand their unique populations and social environments is so important to improving population health.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE’s 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

The Role of Health Education Specialists in improving population health by working with communities

Health Education Specialists, also called health educators, work with individuals, families, communities and organizations to improve health. At a minimum, Health Education Specialists have a bachelor’s degree and many have advanced training and/or certification [e.g. Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES)]. They develop and implement strategies to improve the health of individuals and communities. More specifically, Health Education Specialists may be responsible for:

- Conducting qualitative and quantitative needs assessments of people and communities,
- developing programs and events to teach people about health topics or manage their conditions,
evaluating the effectiveness of programs and educational materials,
providing training programs for other health professionals and/or community health workers
administering programs and supervising staff who implement health education programs
collecting and analyzing data to learn about the populations they serve to improve programs and services
advocating for improved health resources and policies that promote health
engaging the community to identify and solve health problems.

Core competencies of Health Education Specialists make them uniquely suited to do much of the work involved in making lasting improvements to population health in communities, particularly vulnerable populations. Health Education Specialists are trained to communicate with and identify the needs of the underserved, vulnerable and/or limited English-speaking populations, including those who are disabled and suffer from one or more chronic diseases. Health Education Specialists also supervise community health workers, trusted members of the community served, who can facilitate access to priority populations, and improve the cultural competence of the education or service delivery. Given the wide range of populations with which they work and the diverse settings in which they are employed, Health Education Specialists have significant capacity to improve population health in the communities which they are deployed.

The Role of Health Education Specialists for improving population health in the Affordable Care Act

As states move forward with the ACA and health reform implementation, there are many important roles that Health Education Specialists can play related to health promotion, primary prevention, chronic disease management and primary care (see attached white paper on Health Education Specialists and ACA).

In order to form a comprehensive health care system and improve health outcomes, Health Education Specialists should be integrated into the process of treating the whole person and improving population health at the community level. Because the new reimbursement and care system is geared toward rewarding health outcomes rather than services rendered, new skill sets will be needed to work with patients as well as providers. Health Education Specialists possess competencies that promote working in interdisciplinary teams, care coordination, quality improvement for strategic planning and systems redesign, community engagement, community needs assessments and health coaching.

The following are merits for including health education services in cost-effective prevention, wellness and disease management at the community level:

- Health education improves the health status of individuals, communities, states and the nation. It enhances the quality of life for all people and reduces costly premature deaths and disability.
- By focusing on prevention, health education reduces the costs (both financial and human) spent on medical treatment. Chronic conditions, such as diabetes, heart
• disease, and cancer, consume more than 75 percent of the $2.2 trillion spent on health care in the United States each year. Spending as little as $10 per person on proven preventive interventions could save the country over $16 billion in just five years.

• Health Education Specialists offer knowledge, skills and training that complement those of health care providers, policy makers, educational experts, human resource personnel and many other professionals whose work impacts human health.

• Health Education Specialists are being used to conduct community health needs assessments.

• Addressing a single risk factor (e.g. smoking) influences outcomes across multiple diseases, from preterm birth to lung disease and cancer leading to improved population health across diverse communities in which Health Education Specialists work.

In summary, Health Education Specialists’ skills in health communications, cultural competency, community engagement, community needs assessment, health coaching, and inter-disciplinary collaboration make them natural leaders to work with NQF toward an integrated health care system that better serves communities to make lasting improvements to population health.

Thank you for consideration of our comments. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld, MPH, MCHES
Chief Executive Officer