



Compensation of Certified Health Education Specialists

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ABSTRACT

Health education moved toward professionalization with the establishment, in 1988, of the National Commission for Health Education Credentialing, Inc. Today, there are approximately 8,000 active holders of the CHES credential. This article examines the compensation levels of CHES recipients in relation to their current position, employment setting and academic preparation. All current CHES-credentialed individuals listed in the directory were asked to complete an Internet-based survey about their compensation. A total of 1,377 usable surveys were completed for a response rate of 20%. The mean salary of all respondents was \$49,895. Full time supervisors had the highest mean salary of \$56,663. Annual salary was influenced by level of employment (full time, part-time), supervisory role, sex and highest degree earned. A baseline now exists for monitoring compensation of CHES professionals over time. In the future, both CHES and non-CHES individuals should be sought to determine whether certification status influences compensation.

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INTRODUCTION

Between 1978 and 1989, health education moved toward professionalization with the development of a code of ethics, a verified role analysis and a credentialing system.^{1,2} Certification is a form of individual credentialing, and is viewed as a mechanism to safeguard the quality of professional practice in health education. The individual certification system also impacts professional preparation as institutions strive to ensure that program graduates have an acceptable pass rate on the certifying examination. An additional aspect of impact is assurance for the public that Certified Health Education Specialists must keep pace with continuing education requirements.

In 1988, the mechanism for health education certification began with the establishment of the National Commission for Health Education Credentialing, Inc.

(NCHEC). NCHEC continued the movement started through the funding of The Role Delineation Project by the U.S. Department of Health, Education and Welfare in 1978.^{1,3} The Role Delineation Project and subsequent studies such as the Competency Based Framework^{1,4} and Competencies Update Project⁵ focused on the work of health educators, and provided the underlying data for both accreditation and certification in health education.

The Certified Health Education Specialist (CHES) credential is awarded to individuals who meet eligibility standards, including professional preparation, and who pass a written examination. It must be renewed annually and 75 hours of continuing education must be documented every five years to maintain certification eligibility. The first CHES credential was awarded in 1989, and today, there are approximately 8,000 active

holders of the credential.

In 2007, the Bureau of Labor Statistics (BLS) added health education as a profession to the *Occupational Outlook*.⁶ It reported that health educators held about 57,900 jobs in 2006 with a median annual

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income of \$41,330. Beyond this one source, little is known about the compensation of health educators and nothing specific about compensation of holders of the CHES credential. Whereas, some CHES holders may be in positions covered by the BLS studies, there is no information about what proportion of CHES-credentialed individuals are in the survey. Further, just because an organization assigns a position the designation of “health education” does not mean that a professionally prepared health educator actually occupies that position. Thus, national data do not permit CHES-certified individuals to compare their compensation to others. Factors such as job title, rather than qualifications, confound such comparisons. This article examines the compensation levels of CHES recipients in relation to their current position, employment setting, and academic preparation.

In 1995 and 2002, NCHEC and Coalition of National Health Education Organizations (CNHEO) sponsored forums to discuss the future of the health education profession.⁷ These forums identified focal points, one of which was “Promoting and Marketing the Profession” defined as “Promote the role and benefits of health education to policy makers, employers, professionals, the general public and students.”⁸

Moreover, CNHEO commissioned a study by Hezel Associates surveying employers of health educators. This survey revealed that among surveyed employers only 19% of employed or contracted health educators held CHES certification and that the benefits of CHES were less well understood by respondents than the benefits of health educators in general.⁹ It is unknown whether being CHES credentialed translates into higher compensation given the lack of understanding documented among employers. Examination of compensation among health educators holding CHES certification provides its own baseline as well as comparison to BLS statistics.

PROCEDURES

In 2007, the Research Consortium of the American Alliance for Health, Physical

Education, Recreation, and Dance (AAHPERD) approved \$4,325 to support a survey of CHES health educators. The survey targeted all CHES health educators and employed a web-based instrument. At the time of the study there were approximately 7,000 CHES making it feasible to include the entire population. The use of a web-based survey helped to make the study feasible given available funding. The importance to document baseline compensation levels of health educators and the importance of stimulating discussion within the profession were compelling reasons to conduct this exploratory study.

Participants were solicited via four mailings (two letters and two postcards) directing individuals to a website to complete a survey. There were no extramural incentives offered for participating. Mailing addresses were obtained from NCHEC. Approval of the protocol was obtained from Western Kentucky University’s Human Subjects Review Board (HSRB). The initial contact letter was mailed on September 11, 2007 and the final post card reminder was sent on December 11, 2007. The survey was closed on January 15, 2008. A total of 6,925 addresses of CHES-credentialed individuals were obtained for the initial mailing. Because of 46 non-working addresses, the mailing list was shortened to 6,879. A total of 1,377 usable responses were completed (20.0% of eligible participants). A limited number of these responses (n=18) were completed as “hard copies” at the request of some participants. The survey items can be found in Appendix A and at <http://www.wku.edu/aahe/compensation>.

FINDINGS

Respondent characteristics are presented in Table 1. An individual was considered to be a supervisor if she or he indicated part of the job involved supervision of any other employees. The majority (82.3%) of all respondents worked full time and were female (89.2%). Married (61.3%) and single (29.7%) respondents accounted for 91% of the sample. More than 75% of the sample was white, non-Hispanic. Most respondents

worked in higher education or in government. Whereas, 12.0% reported working in a hospital or clinic, only 6.5% reported being a nurse/health educator. These nurses reported spending a median of 35% (range 0% - 100%) of their time on health education activities.

The mean annual compensation reported by respondents was \$49,895 (Table 2). The mean reported salaries of men were higher than women at every level. The mean salaries of men employed full time (\$56,489) and women employed full time (\$46,623) differed significantly. The mean salaries for men who were supervisors (\$66,102) and women who were supervisors (\$55,007) also differed significantly.

Table 3 shows salary by highest degree obtained. Mean salaries for each employment category (part-time employee, full time employee, supervisor) increased as education increased. Table 4 shows salaries by degree for those individuals in the first year of their current position. Respondents working for the federal government had the highest mean salary (Table 5). Individuals working in a hospital/clinic setting reported the lowest salary with individuals working in agencies/organizations the second lowest.

Table 6 shows reported benefits by employment level. The majority of full time employees enjoy health insurance benefits (91.9% for employees; 91.7% for supervisors). A majority of part-time employees do not have this benefit (65.8% for employees; 59.3% for supervisors).

HOW DO WE INTERPRET AND WHAT CAN WE CONCLUDE?

Typical response rates for surveys of professionals range from less than 10% to a little over 20%.¹⁰⁻¹³ The response rate among CHES health educators of 20.0%, though respectable in comparison to other groups, does not guarantee representativeness. The self-report nature of the data also prohibits verification of validity. Of note, however, is the fact that these data were collected directly from CHES professionals themselves rather than from employers. Because the BLS salary figures were based on a sample of employers,



Table 1. CHES Health Educator Sample Characteristics

| Category | Other | | PT Employee | | FT Employee | | PT Supervisor | | FT Supervisor | | Total | |
|-----------------------|-------|-------|-------------|-------|-------------|-------|---------------|-------|---------------|-------|-------|-------|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| Gender | | | | | | | | | | | | |
| Male | 14 | 12.7 | 2 | 2.5 | 49 | 8.6 | | 0.0 | 84 | 14.9 | 149 | 10.8 |
| Female | 96 | 87.3 | 77 | 97.5 | 518 | 91.4 | 54 | 100.0 | 481 | 85.1 | 1226 | 89.2 |
| Total | 110 | 100.0 | 79 | 100.0 | 567 | 100.0 | 54 | 100.0 | 565 | 100.0 | 1375 | 100.0 |
| Marital Status | | | | | | | | | | | | |
| Single | 29 | 26.6 | 19 | 24.1 | 208 | 36.8 | 6 | 11.1 | 145 | 25.8 | 407 | 29.7 |
| Married | 69 | 63.3 | 59 | 74.7 | 305 | 54.0 | 40 | 74.1 | 366 | 65.1 | 839 | 61.3 |
| Widowed/Divorced | 10 | 9.2 | 1 | 1.3 | 42 | 7.4 | 7 | 13.0 | 31 | 5.5 | 91 | 6.6 |
| Other | 1 | 0.9 | | 0.0 | 10 | 1.8 | 1 | 1.9 | 20 | 3.6 | 32 | 2.3 |
| Total | 109 | 100.0 | 79 | 100.0 | 565 | 100.0 | 54 | 100.0 | 562 | 100.0 | 1369 | 100.0 |
| Race | | | | | | | | | | | | |
| Person of Color | 30 | 26.8 | 13 | 16.5 | 138 | 24.3 | 11 | 20.4 | 150 | 26.5 | 342 | 24.8 |
| White, Non-Hispanic | 82 | 73.2 | 66 | 83.5 | 429 | 75.7 | 43 | 79.6 | 415 | 73.5 | 1035 | 75.2 |
| Total | 112 | 100.0 | 79 | 100.0 | 567 | 100.0 | 54 | 100.0 | 565 | 100.0 | 1377 | 100.0 |
| Education | | | | | | | | | | | | |
| Bachelors | 26 | 23.9 | 24 | 30.8 | 161 | 28.7 | 20 | 38.5 | 115 | 20.6 | 346 | 25.5 |
| Masters | 66 | 60.6 | 48 | 61.5 | 328 | 58.5 | 29 | 55.8 | 355 | 63.7 | 826 | 60.9 |
| Doctorate | 13 | 11.9 | 6 | 7.7 | 48 | 8.6 | 3 | 5.8 | 67 | 12.0 | 137 | 10.1 |
| Total | 109 | 100.0 | 78 | 100.0 | 561 | 100.0 | 52 | 100.0 | 557 | 100.0 | 1357 | 100.0 |
| Setting | | | | | | | | | | | | |
| Public Schools | | 0.0 | 2 | 2.5 | 35 | 6.2 | 4 | 7.5 | 15 | 2.7 | 56 | 4.2 |
| College/University | 29 | 34.9 | 21 | 26.6 | 99 | 17.6 | 14 | 26.4 | 158 | 28.1 | 321 | 23.9 |
| Business/Industry | 7 | 8.4 | 7 | 8.9 | 41 | 7.3 | | 0.0 | 27 | 4.8 | 82 | 6.1 |
| Hospital/Clinic | 3 | 3.6 | 18 | 22.8 | 65 | 11.5 | 12 | 22.6 | 67 | 11.9 | 165 | 12.3 |
| Federal | | 0.0 | | 0.0 | 48 | 8.5 | | 0.0 | 19 | 3.4 | 67 | 5.0 |
| State/Local | 3 | 3.6 | 13 | 16.5 | 148 | 26.2 | 10 | 18.9 | 133 | 23.6 | 307 | 22.9 |
| Agency | 9 | 10.8 | 12 | 15.2 | 78 | 13.8 | 6 | 11.3 | 86 | 15.3 | 191 | 14.2 |
| Other | 32 | 38.6 | 6 | 7.6 | 50 | 8.9 | 7 | 13.2 | 58 | 10.3 | 153 | 11.4 |
| Total | 83 | 100.0 | 79 | 100.0 | 564 | 100.0 | 53 | 100.0 | 563 | 100.0 | 1342 | 100.0 |
| Nurse | | | | | | | | | | | | |
| Yes | 11 | 10.0 | 9 | 11.5 | 30 | 5.3 | 11 | 20.4 | 28 | 5.0 | 89 | 6.5 |
| No | 99 | 90.0 | 69 | 88.5 | 536 | 94.7 | 43 | 79.6 | 536 | 95.0 | 1283 | 93.5 |
| Total | 110 | 100.0 | 78 | 100.0 | 566 | 100.0 | 54 | 100.0 | 564 | 100.0 | 1372 | 100.0 |

**Table 2. CHES Health Educator Annual Mean Salary by Sex and Employment Status**

| | n | Mean | SD | Minimum | Maximum |
|---------------|------|----------|----------|----------|-----------|
| Male | | | | | |
| PT Employee | 2 | \$19,000 | \$1,414 | \$18,000 | \$20,000 |
| FT Employee | 49 | \$56,489 | \$20,471 | \$16,000 | \$110,000 |
| PT Supervisor | - | - | - | - | - |
| FT Supervisor | 83 | \$66,102 | \$25,127 | \$26,000 | \$144,000 |
| Female | | | | | |
| PT Employee | 70 | \$26,752 | \$14,946 | \$1,200 | \$72,000 |
| FT Employee | 504 | \$46,623 | \$16,180 | \$7,000 | \$135,000 |
| PT Supervisor | 52 | \$35,360 | \$21,484 | \$1,500 | \$103,000 |
| FT Supervisor | 473 | \$55,007 | \$21,103 | \$12,000 | \$250,000 |
| Total | | | | | |
| PT Employee | 72 | \$26,537 | \$14,790 | \$1,200 | \$72,000 |
| FT Employee | 553 | \$47,497 | \$16,818 | \$7,000 | \$135,000 |
| PT Supervisor | 52 | \$35,360 | \$21,484 | \$1,500 | \$103,000 |
| FT Supervisor | 556 | \$56,663 | \$22,084 | \$12,000 | \$250,000 |
| Total | 1233 | \$49,895 | \$21,029 | \$1,200 | \$250,000 |

the data reported herein may be more accurate than those reported by the BLS. BLS data represent the wages employers report paying to employees they consider to be health educators. It is commonly observed that many persons employed as health educators were not professionally prepared as health educators^{14,15} and that health educators may be employed in positions not classified by their employers as such. There were clear differences between our respondents and those reported by BLS. These differences were particularly marked, with respect to persons reporting their employment venue as public schools (4.2% current sample vs. 0.85% BLS), colleges and universities (23.9% vs. 5.8%) and health care settings (12.3% vs. 35.6%).¹⁶

It is notable that this sample of CHES health educators reported a higher annual mean salary (\$49,895) than was reported by the BLS for all health educators (\$47,340)¹⁷ one cannot compare the two sets of data directly. Whether the higher annual

mean salary is attributable to the CHES credential can be determined only through further study. We used seven employment settings for health educators whereas BLS used the more specific Standard Industry Classification (SIC) codes. We would recommend that future studies use the SIC codes to enable direct comparisons to national employment setting estimates.

Although this study suggests that gender has a significant impact on salary, the relatively small number of males in this sample makes attributing effect or drawing conclusion tenuous propositions. Education level clearly had the greatest impact on annual salary. For example, the difference between employees with a baccalaureate versus a doctorate was pronounced. The doctorate increased annual mean income by approximately \$15,500. For persons pondering higher education, it appears that the degree readily pays for itself over time. A similar result can be seen when comparing the masters' degree and the baccalaureate;

the former adds approximately \$7,700 of annual income on average.

Budgetary and temporal constraints limited the extensiveness of this study. Numerous unanswered questions of importance remain regarding compensation of health educators and the value of CHES certification. Periodic monitoring should be conducted including both credentialed and on-credentialed health educators to examine the impact CHES has on compensation. Furthermore, any studies should include data on under-represented racial/ethnic groups within the profession, either through sample design or as a separate study group. There should also be a further examination of part-time employees to determine the voluntary or involuntary nature of their part-time status and its impact regarding salaries and benefits.

We can suggest two techniques to assess the impact that CHES certification has on wages. First, using the BLS approach, ask employers what they pay health educators and

**Table 3. CHES Health Educator Annual Mean Salary by Education Level and Employment Status**

| Employment | N | Mean | SD | Minimum | Maximum |
|---------------|-----|----------|----------|----------|-----------|
| Bachelors | | | | | |
| Other | 13 | \$26,208 | \$18,496 | \$3,000 | \$65,000 |
| PT Employee | 24 | \$20,494 | \$12,519 | \$2,000 | \$48,000 |
| FT Employee | 131 | \$38,002 | \$11,363 | \$12,000 | \$85,000 |
| PT Supervisor | 15 | \$24,103 | \$9,551 | \$1,500 | \$38,000 |
| FT Supervisor | 80 | \$43,529 | \$12,310 | \$12,000 | \$74,400 |
| Overall | 263 | \$36,710 | \$14,062 | \$1,500 | \$85,000 |
| Masters | | | | | |
| Other | 37 | \$39,838 | \$28,766 | \$10,000 | \$165,000 |
| PT Employee | 41 | \$28,288 | \$13,540 | \$1,200 | \$55,000 |
| FT Employee | 348 | \$48,039 | \$15,571 | \$7,000 | \$110,000 |
| PT Supervisor | 30 | \$37,006 | \$21,122 | \$9,000 | \$95,000 |
| FT Supervisor | 382 | \$56,568 | \$19,862 | \$24,000 | \$215,000 |
| Overall | 838 | \$50,204 | \$19,871 | \$1,200 | \$215,000 |
| Doctorate | | | | | |
| Other | 12 | \$61,329 | \$46,732 | \$15,000 | \$185,000 |
| PT Employee | 5 | \$33,800 | \$17,239 | \$10,000 | \$50,000 |
| FT Employee | 60 | \$62,692 | \$19,717 | \$32,000 | \$135,000 |
| PT Supervisor | 7 | \$52,429 | \$29,731 | \$10,000 | \$103,000 |
| FT Supervisor | 80 | \$70,074 | \$31,298 | \$24,000 | \$250,000 |
| Overall | 164 | \$64,874 | \$29,239 | \$10,000 | \$250,000 |
| Total | | | | | |
| Other | 62 | \$41,140 | \$32,836 | \$3,000 | \$185,000 |
| PT Employee | 70 | \$26,009 | \$13,921 | \$1,200 | \$55,000 |
| FT Employee | 539 | \$47,231 | \$19,717 | \$7,000 | \$135,000 |
| PT Supervisor | 52 | \$35,360 | \$21,484 | \$1,500 | \$103,000 |
| FT Supervisor | 542 | \$56,637 | \$22,251 | \$12,000 | \$250,000 |

also collect one additional piece of data—*Is the employed health educator CHES certified?* The BLS data, thus could be used to determine the impact of certification nationally on persons employed as health educators. The second approach is to ask employees directly about their compensation, as this study did. However, thorough performance of this technique requires the creation of a

listing of all health educators nationwide to sample, a listing that does not exist at this time. It would require significant investment of time, energy, and money to develop such a list. Moreover, because our own information indicates that health educators are employed in several areas, we would need to identify educators working in areas as diverse as public health, public and private schools,

colleges and universities, health facilities, business and industry, governmental operations, voluntary organizations, and perhaps other venues. Whereas, the first option is probably easier to accomplish in the short term; the second option may be more helpful in marketing the profession to diverse constituencies. Working with professional organizations (e.g., members of NCHEO),



Table 4. CHES Health Educator Annual Mean Salary by Degree and Employment Level—First Year in Position

| Degree | n | Mean | SD | Minimum | Maximum |
|------------|-----|----------|----------|----------|-----------|
| Employee | | | | | |
| Bachelors | 70 | \$35,674 | \$10,253 | \$7,000 | \$63,000 |
| Masters | 123 | \$43,939 | \$15,150 | \$12,000 | \$105,000 |
| Doctorate | 14 | \$57,755 | \$17,968 | \$33,500 | \$100,000 |
| Supervisor | | | | | |
| Bachelors | 24 | \$44,511 | \$13,174 | \$25,000 | \$90,000 |
| Masters | 86 | \$50,273 | \$13,740 | \$26,000 | \$103,459 |
| Doctorate | 13 | \$57,522 | \$20,467 | \$24,000 | \$85,000 |

Table 5. CHES Health Educator Annual Mean Salary by Employment Setting

| Setting | n | Mean | SD | Minimum | Maximum |
|-----------------------------|-----|----------|----------|----------|-----------|
| Full time | | | | | |
| Public Schools | 50 | \$53,593 | \$20,044 | \$12,000 | \$104,000 |
| College/University | 251 | \$54,779 | \$18,610 | \$12,000 | \$144,000 |
| Business/Industry | 67 | \$55,410 | \$32,699 | \$16,000 | \$250,000 |
| Hospital/Clinic | 128 | \$48,950 | \$16,965 | \$12,000 | \$120,000 |
| Government (Federal) | 67 | \$62,102 | \$24,509 | \$7,000 | \$130,000 |
| Government (State or Local) | 275 | \$49,239 | \$14,415 | \$22,000 | \$103,459 |
| Agency/Organization | 161 | \$47,773 | \$18,431 | \$16,320 | \$135,000 |
| Other | 105 | \$53,932 | \$25,140 | \$24,000 | \$215,000 |
| Part-time | | | | | |
| Public Schools | 5 | \$21,000 | \$12,903 | \$9,000 | \$42,000 |
| College/University | 34 | \$26,404 | \$16,874 | \$2,000 | \$70,000 |
| Business/Industry | 7 | \$26,414 | \$15,720 | \$11,440 | \$55,000 |
| Hospital/Clinic | 28 | \$35,162 | \$17,395 | \$9,600 | \$95,000 |
| Government (State or Local) | 21 | \$27,392 | \$10,775 | \$10,000 | \$51,000 |
| Agency/Organization | 17 | \$33,555 | \$19,092 | \$1,200 | \$72,000 |
| Other | 11 | \$37,409 | \$32,891 | \$1,500 | \$103,000 |
| Total | | | | | |
| Public Schools | 55 | \$50,630 | \$21,595 | \$9,000 | \$104,000 |
| College/University | 285 | \$51,394 | \$20,563 | \$2,000 | \$144,000 |
| Business/Industry | 74 | \$52,667 | \$32,558 | \$11,440 | \$250,000 |
| Hospital/Clinic | 156 | \$46,475 | \$17,796 | \$9,600 | \$120,000 |
| Government (Federal) | 67 | \$62,102 | \$24,509 | \$7,000 | \$130,000 |
| Government (State or Local) | 296 | \$47,689 | \$15,246 | \$10,000 | \$103,459 |
| Agency/Organization | 178 | \$46,415 | \$18,910 | \$1,200 | \$135,000 |
| Other | 116 | \$52,365 | \$26,254 | \$1,500 | \$215,000 |

**Table 6. CHES Health Educator Benefits by Employment Status**

| | Other | | PT Employee | | FT Employee | | PT Supervisor | | FT Supervisor | |
|------------------|-------|-------|-------------|-------|-------------|-------|---------------|-------|---------------|-------|
| | n | % | n | % | n | % | n | % | n | % |
| Health Insurance | 27 | 24.1 | 27 | 34.2 | 521 | 91.9 | 22 | 40.7 | 518 | 91.7 |
| Dental | 21 | 18.8 | 25 | 31.6 | 460 | 81.1 | 25 | 46.3 | 463 | 81.9 |
| Vision | 17 | 15.2 | 16 | 20.3 | 394 | 69.5 | 15 | 27.8 | 355 | 62.8 |
| Life | 13 | 11.6 | 25 | 31.6 | 447 | 78.8 | 21 | 38.9 | 466 | 82.5 |
| Disability | 9 | 8.0 | 16 | 20.3 | 372 | 65.6 | 17 | 31.5 | 370 | 65.5 |
| Development | 32 | 28.6 | 32 | 40.5 | 418 | 73.7 | 30 | 55.6 | 415 | 73.5 |
| Workman's Comp | 20 | 17.9 | 35 | 44.3 | 469 | 82.7 | 28 | 51.9 | 490 | 86.7 |
| Vehicle | 4 | 3.6 | 0 | 0.0 | 37 | 6.5 | 3 | 5.6 | 53 | 9.4 |
| Pension | 13 | 11.6 | 28 | 35.4 | 378 | 66.7 | 27 | 50.0 | 422 | 74.7 |
| Total | 112 | 100.0 | 79 | 100.0 | 567 | 100.0 | 54 | 100.0 | 565 | 100.0 |

it may be possible to generate an inclusive list of health educators who can be sampled, regardless of certification status. Further, as the Hezel Associates report recommends, this step could be an interim one between two levels of professional certification.

Any future monitoring study that attempts to address these goals must be funded at a substantially higher level than was this exploratory initiative. There is a dearth of information about health educator salaries. BLS figures do not differentiate between CHES and non-CHES health educators and the qualifications of jobholders with the title of health educator. Given the current pressures on the workforce, perhaps there should be increased attention to expanding different avenues to obtain advanced degrees for working health educators. That initiative accompanied by monitoring the impact of certification could further advance the professionalization of the field.

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REFERENCES

1. The National Commission for Health Education Credentialing Inc. the Society for Public Health Education and the American Association for Health Education. A Competency-Based Framework for Health Educators - 2006. Allentown, PA: NCHCEC; 2006.
2. Livingood WC, Auld ME. The credentialing of a population-based health profession: lessons learned from health education certification. *J Public Health Manag Pract.* 2001;7:38-45.
3. U.S. Department of Health and Human Services. Initial Role Delineation for Health Education: Final Report. DHHS Pub. No. 80-40. Washington, D.C.: Health Resources and Services Administration; 1980.
4. National Commission for Health Education Credentialing I. A Competency-Based Framework for Professional Development of Certified Health Education Specialists. Allentown, PA: NCHCEC; 1996.
5. Gilmore G, Olsen L, Taub A, Connell D. Overview of the national health educator competencies update project, 1998-2004. *Health Educ Behav.* 2005;32(6):725-737.
6. Bureau of Labor Statistics. Occupational Outlook Handbook, 2006-07. Washington, D.C.: Government Printing Office; 2007.
7. Coalition of National Health Education Organizations and National Commission for Health Education Credentialing. The Health Education

Profession in the 21st Century: A Progress Report 1995-2001. Allentown, PA: NCHCEC; 1995.

8. Coalition of National Health Education Organizations. Second Invitational Conference: Improving the Nation's Health Through Health Education. A Vision for the 21st Century. Coalition of National Health Education Organizations; 2003.

9. Hezel Associates. *Marketing the Health Profession: Knowledge, Attitudes and Hiring Practices of Employers.* Syracuse, NY: Hezel Associates; 2007.

10. Asch D. Response rates to mail surveys published in medical journals. *J Clin Epidemiol.* 1997;50(4):1129-1136.

11. Braithwaite D, Emery J, de Lusignana S, Sutton S. Using the Internet to conduct surveys of health professionals: a valid alternative? *Fam Pract.* 2007;20(3):545-551.

12. VanGeest JB, Johnson TP, Welch VL. Methodologies for improving response rates in surveys of physicians: a systematic review. *Eval Health Prof.* 2007;30(4):303-321.

13. Smith T, Cooper R, Brown L, Hemmings R, Greaves J. Profile of the rural allied health workforce in northern New South Wales and comparison with previous studies. *Aust J Rural Health.* 2008;16(3):156-163.

14. Glascoff MA, Johnson HH, Glascoff WJ, Lovelace K, Bibeau DL. A profile of public health educators in North Carolina's local health



2007 AAHE Compensation Survey

Informed Consent

I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

Signature of Participant

Date

Employment Information

1) What is your employment status?

- | | | | |
|--|--------------------------|------------|--------------------------|
| Full time (35+ hours per week) | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Part-time (34 or fewer hours per week) | <input type="checkbox"/> | Retired | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> | Student | <input type="checkbox"/> |

2) How long, in years, have you been with your organization? _____ years

3) What is your employment setting?

- | | | | |
|--------------------|--------------------------|-----------------------------|--------------------------|
| Public Schools | <input type="checkbox"/> | Government (Federal) | <input type="checkbox"/> |
| College/University | <input type="checkbox"/> | Government (State or Local) | <input type="checkbox"/> |
| Business/Industry | <input type="checkbox"/> | Agency/Organization | <input type="checkbox"/> |
| Hospital/Clinic | <input type="checkbox"/> | Other | <input type="checkbox"/> |
- Specify: _____

4) What is the size of your organization? _____ (Total number of employees at your organization.)

5) What is your job title? _____

6) What percentage of your typical work week is spent doing health education? _____%

7) Do your job duties involve supervising other health educators?

- Yes No

8) Do you supervise people who are not health educators?

- Yes No

9) How long, in years, have you been in this position? _____ years

10) What was your annual salary as of December 31, 2006, excluding bonuses and fringe benefits? \$ _____

11) Please indicate which of the following job benefits you receive:

| | Yes | No | Partial | | Yes | No | Partial |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Professional Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Workman's Compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Company Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pension Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Disability Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |



2007 AAHE Compensation Survey (continued)

12) Do you receive any benefits not listed in the table above?

Empty rectangular box for response to question 12.

13) How many weeks per year do you get vacation? _____ weeks

14) How many official hours per week do you work? _____ hours

15) How many actual hours per week do you work? _____ hours

Demographic Information

16) What is your gender?

Male Female

17) What is your age in years? _____ years

18) With what race and ethnicity do you most closely identify?

American Indian Native Hawaiian or Other Pacific Islander
Alaska Native Hispanic or Latino
Asian White, Not Hispanic or Latino
Black or African American Other _____

19) What is your marital status?

Single Married Widowed/Divorced Other _____

20) What is the highest degree you have obtained?

Bachelors Masters Doctorate Post-Doctorate Other _____

21) What is the highest degree you have obtained in Health Education?

Bachelors Masters Doctorate Post-Doctorate Other _____

22) Are you a nurse?

Yes No

23) How many years have you been employed as a health educator? _____ years

departments. *J Public Health Manag Pract.* 2005;11(6):528-536.

15. Lindley LL, Wilson RW, Dunn DD. Assessment of the training needs of Kentucky public health educators. *Health Prom Pract.* 2005;6:97-104.

16. Bureau of Labor Statistics. National Employment Matrix, employment by industry, occupation, and percent distribution, 2006 and projected 2016: Health Educators, May 2007. Available from: ftp://ftp.bls.gov/pub/special-requests/ep/ind-occ.matrix/occ_pdf/occ_21-1091.pdf.

pdf. Accessed September 18, 2008.

17. Bureau of Labor Statistics. Occupational Employment and Wages, May 2007. Health Educators, May 2007. Available from: <http://www.bls.gov/oes/current/oes211091.htm>. Accessed September 18, 2008.