

The Seven Habits of Highly Effective Health Educators

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Abstract

This article seeks to describe attributes of effective health educators by presenting the interrelationships between Stephen Covey's *Seven Habits of Highly Effective People* and the responsibilities and competencies proposed by the National Commission for Health Education Credentialing, Inc. A brief historical account of key figures and events associated with the health education credentialing process is provided. Moreover, implications for health education professional preparation programs are discussed.

and *A Framework for the Development of Competency-Based Curricula for Entry Level Health Educators* and culminated in the establishment of the National Commission for Health Education Credentialing, Inc. (NCHEC) in 1988 (Cleary, 1995). General agreement exists that professional preparation programs that frame their curricula in accordance with these designated responsibilities are more likely to graduate *competent* health educators. But will they be *effective*?

Stephen Covey, renowned expert in organizational behavior and management and author of *The Seven Habits of Highly Effective People*, spent over 25 years researching and interacting with people to develop a clear understanding of human effectiveness. In his book, Covey (1989) described fundamentals of human effectiveness—internalized principles and patterns of behavior that express one's character and produce his/her effectiveness or ineffectiveness. The purpose of this paper is not to undermine the ideals set forth by Cleary and other renowned health educators, but rather to offer a unique perspective about what it means to be an *effective* health education professional through the application of Stephen Covey's *Seven Habits of Highly Effective People*. Specifically, the authors propose to demonstrate that the responsibilities and competencies identified by NCHEC mirror Covey's *Seven Habits of Highly Effective People* (See Table 2). As such, professional preparation programs that integrate the NCHEC responsibilities and competencies within their curricula have the potential to facilitate the development of highly effective health educators.

What does it mean to be an *effective* health educator? Health educators have grappled with this question for several decades. John Allegrante, distinguished leader in the health education profession, identified "habits of mind" (i.e., knowledge, skills, competencies, etc.) that give rise to professionalism and "effective practice" (NCHEC, 1985). In the preface of *A Framework for the Development of Competency-Based Curricula for Entry Level Health Educators*, Allegrante stated, "...if health education is to evolve as a profession capable of responding to the current and future educational needs related to health in a rapidly changing, culturally pluralistic and technologically complex society, the health educator will need to possess an extraordinary range of competencies" (p. vi).

Throughout the annals of the health education profession, numerous key leaders have been instrumental in the delineation, verification, refinement, and reverification of distinct responsibilities (see Table 1), competencies, and subcompetencies of health educators irrespective of work setting. The development of a credentialing system for health educators began with Helen Cleary, Lawrence Green, Elena Slipevich, and representatives appointed by organizations comprising the Coalition of National Health Education. This planning committee laid the groundwork for the first Bethesda Conference in 1978, which led to development of the initial Role Specification for Entry-Level Health Educators

Habit #1: Be Proactive

A clear distinction exists between being proactive and being reactive as indicated by Covey (1989) via the following statement: "It's not what happens to us, but our response to what happens to us that hurts us" (p. 73). Reactive individuals are victims of their surroundings in the sense that they preoccupy themselves with situations over which they have limited control. On the contrary, proactive individuals accept situations they cannot control, while adhering to their values in response to situations they can control. As such, they are willing and eager to assume the responsibility of initiating change in the midst of adversity (Covey, 1989).

For health educators, being proactive denotes taking initiative and seizing opportunities to affect change at the individual, family, community, organizational, and governmental levels. Highly effective health educators are

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Table 1

NCHEC Responsibilities

Responsibility
I. Assessing individual and community needs for health education
II. Planning effective health education programs
III. Implementing health education programs
IV. Evaluating the effectiveness of health education programs
V. Coordinating the provision of health education services
VI. Acting as a resource person in health education
VII. Communicating health and health education needs, concerns, and resources

Note. NCHEC, 2000

motivated and receptive to change. As such, they take initiative by communicating with target populations and responding to their health needs. Health educators empower individuals and communities to make decisions based on their values and the best interests of society. Moreover, they continually seek new and improved solutions to complex issues in lieu of settling for the status quo.

Habit #2: Begin with the End in Mind

Covey (1989) made reference to the value of being cognizant of one’s destination, while simultaneously gleaning a greater understanding of one’s current state of affairs. According to Covey (1989), effectiveness “does not depend solely on how much effort we expend, but on whether or not the effort we expend is in the right jungle” (p. 101). On the path to effectiveness, individuals must learn to adopt and maintain a paradigm through which they view and act on important decisions (Covey, 1989).

According to Covey (1989), mission statements represent invaluable tools for providing purpose and direction in pursuit of one’s destination. Regardless of whether or not health educators establish formal mission statements, they adhere to a set of principles that governs their professional endeavors. Highly effective health educators begin the process of planning interventions with a vision to promote healthy individuals in healthy communities and quality of life. As partial fulfillment of the planning process, effective health educators identify

behavioral barriers and facilitators in addition to developing goals and objectives commensurate with their vision. Health educators display an aura of leadership that transcends the planning process.

Habit #3: Put First Things First

As indicated by Covey (1989), managing priorities is essential for personal and collective growth. Establishing and fulfilling priorities requires individuals to “see through the lens of importance rather than urgency” (Covey, 1989, p. 179). The distinction between “important” and “urgent” manifests through the acknowledgement of people. As Covey (1989) aptly articulated, “People are more important than things” (p. 170).

Health education is a process of discovery. Throughout the planning process, health educators solicit the expertise and involvement of individuals affiliated with populations of interest to discover and implement strategies that seek to achieve program objectives. Effective health educators systematically prioritize the health needs of target populations. To facilitate prioritization, health educators listen and respond to the health needs of select populations.

Habit #4: Think Win/Win

To illustrate the habit of win/win, Covey (1989) made reference to a “frame of mind” through which an “abundance mentality” is cultivated (p. 219). In accordance with the latter principle, individuals can optimize their performance and satisfy their wants and needs by striving toward interdependence, collectively developing solutions, and enjoying shared successes.

Highly effective health educators devise and assess strategies and programs that benefit all participating parties. Covey (1989) alluded to the merit associated with initiatives that foster cooperation and shared benefits for the masses. In the health education arena, a single initiative has the potential to elicit behavior change at multiple levels, thus contributing to fulfillment of the national health objectives presented by *Healthy People 2010*.

Habit #5: Seek First to Understand, Then to be Understood

Perhaps one of the most valuable skills highly effective health educators possess is the ability to communicate with individuals from a variety of cultural and socioeconomic backgrounds. Highly effective health educators clearly articulate their thoughts and ideas in a relevant and meaningful manner. Moreover, health educators continually strive to master the art of listening. Listening is an invaluable skill that supercedes humans’ capacity for hearing, a basic physiological response (Gorden, 1998). Listening involves hearing with the intent of understanding and empathizing (Covey, 1989).

Table 2

Seven Habits of Highly Effect People and Corresponding NCHCEC Responsibilities and Competencies

Habit	Responsibility (Competency)
Be proactive	IC. Infer needs for health education on the basis of obtained data. VII B. Predict the impact of societal value systems on health education programs. VII C. Select a variety of communication methods and techniques in providing health information.
Begin with the end in mind	IB. Distinguish between behaviors that foster and those that hinder well-being. II C. Formulate appropriate and measurable program objectives.
Put first things first	IC. Infer needs for health education on the basis of obtained data. II A. Recruit community organizations, resource people, and potential participants for support and assistance in program planning. II B. Develop a logical scope and sequence plan for a health education program. II D. Design educational programs consistent with specified program objectives. III A. Exhibit competence in carrying out planned educational programs. IV B. Carry out evaluation plans.
Think win/win	II D. Design educational programs consistent with specified program objectives. IV A. Develop plans to assess achievement of program objectives.
Seek first to understand, then to be understood	V A. Develop a plan for coordinating health education services. VII B. Predict the impact of societal value systems on health education programs. VII C. Select a variety of communication methods and techniques in providing health information.
Synergize	II A. Recruit community organizations, resource people, and potential participants for support and assistance in program planning. V A. Develop a plan for coordinating health education services. V B. Facilitate cooperation between and among levels of program personnel. V C. Formulate practical modes of collaboration among health agencies and organizations. VIB. Establish effective consultative relationships with those requesting assistance in solving health-related problems. VIID. Foster communication between health care providers and consumers.
Sharpen the saw	IA. Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests. IV C. Interpret results of program evaluation. IV D. Infer implications from findings for future program planning. VI A. Utilize computerized health information retrieval systems effectively. VIC. Interpret and respond to requests for health information. VII A. Interpret concepts, purposes, and theories of health education.

Note. Covey, 1989; Butler, 2001

Covey (1989) described the principle of “diagnosing before prescribing” as a foundation for understanding and addressing individuals’ needs and concerns. Highly effective health educators acknowledge the unique characteristics of

communities prior to coordinating interventions. Through needs assessments and community profiles, health educators establish frameworks for mobilizing communities toward shared health initiatives.

Habit #6: Synergize

According to Covey (1989), synergy “catalyzes, unifies, and unleashes the greatest powers within people” (p. 262). In other words, synergy is based on the underlying assumption that collaboration between two or more individuals generates effectiveness. At the heart of synergy lies individuals’ capacities and willingness to value differences. The differences that make individuals unique enrich the synergistic process and allow learning and creativity to flourish (Covey, 1989).

The word, “synergize” is synonymous with the word, “collaborate.” Highly effective health educators collaborate to build healthy communities. Specifically, health educators share ideas, strategies, and concerns with other health educators and related professionals in communities, schools, universities, worksites, and clinical settings (American Association for Health Education, 2001). A prime example of health educators’ willingness to collaborate with others involves coordinated school health programs. Coordinated school health programs are designed to benefit students, faculty, staff, and communities. Collaboration as opposed to competition is critical for the advancement of the profession.

Habit #7: Sharpen the Saw

According to Covey (1989), “Renewal is the principle—and the process—that empowers us to move on an upward spiral of growth and change, of continuous improvement” (p. 304). Sharpening the saw represents the mechanism through which all of the other habits connect. The process of renewal to which Covey (1989) alluded implies a continual effort to maintain balance and harmony among one’s physical, spiritual, mental, and social/emotional well-being and development.

Health educators employ the dimensions of health as ongoing frameworks for establishing successful and comprehensive interventions in school, university, worksite, clinical, and community settings. As part of the process of renewal and discovery, highly effective health educators continually revise existing strategies to identify problems and minimize the gap between practical and ideal solutions. To fulfill the ongoing demands of the profession, health educators dedicate themselves to keeping abreast of contemporary health issues and theories, contributing research, espousing multi-cultural awareness, embracing and applying technology, etc.

The Competencies Update Project (CUP) represents the profession’s most recent attempt to formalize desired competencies of health educators with varying levels of professional preparation and experience (NCHEC, n.d.). Although the suggested responsibilities, competencies, and sub-competencies of health educators are subject to change within the near future, there are certain characteristics of professionals in the field that indefinitely will reign supreme. Highly effective health educators are innovative, personable, hard-working, and resourceful. If they do not know the answer

to a question, they know how to locate valid and reliable sources of information in response to the inquiry. Above all, highly effective health educators are passionate, caring, and committed to contributing to the betterment of society.

Health education is a promising field that continues to prosper and develop. As healthcare costs continue to escalate, the role of health education in the prevention of disease increasingly will become evident. Current and future health educators must learn to appreciate the contributions of key leaders who worked diligently to establish credibility for the profession.

In examining the connection between Covey’s *Seven Habits of Highly Effective People* and the NCHEC responsibilities and competencies, the message is clear: Institutions of higher learning that format their curricula to incorporate the NCHEC responsibilities and competencies are destined to prepare highly effective health educators. According to Allegrante (NCHEC, 1985), “No curriculum framework can ensure the ‘meta’ qualities of professional excellence such as dedication, intuitive judgment, motivation, perseverance, caring, or ethical and moral integrity” (p. xi). As such, in addition to maintaining competence related to the seven areas of responsibility, health educators should strive to demonstrate integrity and accountability by adhering to the principles of Covey’s *Seven Habits of Highly Effective People*.

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