Toward a Unified System of Accreditation for Professional Preparation in Health Education: Final Report of the National Task Force on Accreditation in Health Education

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During the past 40 years, health education has taken significant steps toward improving quality assurance in professional preparation through individual certification and program approval and accreditation. Although the profession has begun to embrace individual certification, program accreditation in health education has been neither uniformly available nor universally accepted by institutions of higher education. To further strengthen professional preparation in health education, the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE) established the National Task Force on Accreditation in Health Education in 2001. The 3-year Task Force was charged with developing a detailed plan for a coordinated accreditation system for undergraduate and graduate programs in health education. This article summarizes the Task Force's findings and recommendations, which have been approved by the SOPHE and AAHE boards, and, if implemented, promise to lay the foundation for the highest quality professional preparation and practice in health education.

Keywords: *accreditation; credentialing; health education; professional preparation*

The health education profession has made significant progress in promoting quality assurance in professional preparation during the course of the past four decades. Professional preparation has been bolstered considerably by credentialing of health educators through a combination of individual certification and program approval and accreditation mechanisms.[1] Individual certification, in particular, is gaining acceptance by individual

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professionals as demonstrated by the growing number of those who have sought certification. The National Commission for Health Education Credentialing (NCHEC) reports that since 1989, more than 9,000 health education professionals have now been certified as certified health education specialists (CHES) nationwide.[2] However, program accreditation has been neither uniformly available nor universally accepted by institutions of higher education with professional preparation programs in health education.

The current system of accreditation in professional preparation for health education involves a patchwork of various program approval processes and accreditation mechanisms. These include program approval for community health education programs at the undergraduate level, which is administered by a joint committee of the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE); accreditation of graduate programs in schools of public health and community health education programs located outside schools of public health and in other academic units by the Council on Education for Public Health (CEPH); and accreditation of undergraduate programs in health education that prepare school health education professionals in schools of education and similar such academic units by the National Council for Accreditation of Teacher Education (NCATE). All program accreditation is currently voluntary. Despite the existence of these program approval and accreditation processes, there is no profession-wide coordination of accreditation and, until recently, little consensus regarding the value of accreditation. Moreover, no formal accreditation process in health education exists for the significant number of graduate programs located outside schools or programs in public health.

In an effort to further strengthen professional preparation in health education, SOPHE and AAHE established the National Task Force on Accreditation in Health Education in 2001 and charged it with developing a detailed plan for a coordinated accreditation system for undergraduate and graduate programs in health education. This article presents a summary of the work, findings, and recommendations of the Task Force, which conducted its work for 3 years.*

BACKGROUND

Professional preparation of health educators in the United States dates back to the early 1900s when nascent academic programs preparing health educators for school settings were established at Teachers College, Columbia University, and for broader public health settings at several of the schools of public health, most notably those at Columbia, Harvard, the Massachusetts Institute of Technology (MIT), and Yale.[3] Concern about the quality of professional preparation and the promotion of standards for the professional preparation of health educators first appeared in the early 1940s when the American Public Health Association (APHA) began accrediting schools of public health.[4] In 1962, the

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*The complete *Final Report of the National Task Force on Accreditation in Health Education*, along with appendixes, can be found in its entirety and downloaded as a PDF at http://www.healthedaccred.org/.

American Association for Health, Physical Education, and Recreation held a national conference on undergraduate professional preparation in Health Education and Physical Education, which not only produced guidelines for teacher education programs but also formed the Professional Preparation Panel to implement the guidelines and give attention to improving existing programs.[5]

SOPHE published in 1967 its *Statement of Functions of Community Health Educators and Minimum Requirements for their Professional Preparation, with Recommendations for Implementation*,[6] which provided guidelines to universities and community employers on the role of community health educators and their preparation. In 1969, the APHA Committee on Professional Education published the first criteria and guidelines for accrediting graduate programs in community health education and, later, began accrediting graduate programs in community health education.[7]

In the 1970s, responsibility for accreditation of public health education programs began to shift away from APHA. CEPH began to accredit graduate professional education in public health, including the core discipline of public health education. Using criteria for accreditation at the graduate level, based on those originally developed by APHA and the graduate-level competencies in health education for community health education graduate programs, CEPH now accredits Master of Public Health (MPH) degree programs in schools of public health as well as graduate community health education and community health/preventive medicine programs outside of schools of public health that offer the MPH or other equivalent professional degrees. Although these mechanisms were intended to accredit graduate-level preparation, efforts to accredit undergraduate professional preparation programs did not occur until the mid-1980s, when SOPHE and AAHE formed the SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) to provide a mechanism of quality assurance review for undergraduate programs in community health education, which continues to be implemented today. At the same time, NCHEC began certifying individual health education specialists based on profession-wide competencies for entry-level health educators by the late 1980s.[8]

Starting in the 1950s, accreditation of professional preparation programs in schools of education that were designed to prepare health educators for practice as teachers in school settings was undertaken by NCATE and by virtue of institutional accreditation by regional bodies such as the Middle States Association and other such entities. A parallel mechanism of accreditation was established in 1988 when a partnership between AAHE and NCATE was established to accredit academic professional preparation programs in school health education (typically located in schools of education and schools of health, physical education, and recreation). In 1992, AAHE was asked by NCATE to conduct portfolio reviews for professional preparation programs in school health education. The entry-level competencies in health education are among the core criteria for program review under both the AAHE/NCATE and SABPAC review processes; however, the process of implementing graduate-level competencies in the review of professional preparation programs for school health education has yet to be completed.

The work of the Task Force was a natural outgrowth of these efforts, as well as the leadership in quality assurance by SOPHE and AAHE and the recommendations of recent influential reports related to the accreditation issue, a chronology of which follows.

- 1995—The Coalition of National Health Education Organizations (CNHEO) convenes an invitational meeting to identify a variety of initiatives internal and external to health education that can move the profession forward into the new millennium. The resulting publication, *The Health Education Profession in the Twenty-First Century: Setting the Stage*,[9]

identifies professional preparation as one of six priority areas and recommends that the health education profession undertake efforts to strengthen professional preparation programs through a system of standardized accreditation.

- 1997—*Health Education in the 21st Century: A White Paper*[10] is published by Johns Hopkins University as the result of a project funded by the Health Resources and Services Administration (HRSA) to explore graduate-level health education training needs for the 21st century. The panel concludes that the meaning and benefits of accreditation must be clearly articulated. A system must be created where accreditation is fair to the variety of existing programs and wields some power and influence before it will have a true impact on training programs.
- 1998—Because of the limited numbers of approved programs and other ongoing challenges facing SABPAC, AAHE, and SOPHE undertake a review of its mission, the issue of recognition of program approval, and whether SABPAC has the resources necessary to expand program review and seek recognition as an independent accrediting agency from the U.S. Department of Education (DOE).
- 1998—The Fourth Report of the Pew Health Commission, *Recreating Health Professional Practice for a New Century*,[11] outlines nine trends that will shape health care and professional practice in the years to come and competencies needed by health professionals to meet these challenges. Among the commission's first recommendations is to "change professional training to meet the demands of the new health care system." A specific action step for this recommendation is for "professional organizations to integrate the competencies into their accreditation and licensing processes, benchmarks for graduation, entry into professional practice and continuing competence."
- 1999—SABPAC conducts a Web-based survey of department chairs and program heads in health education to explore issues related to program approval and accreditation. Although the sample size (N = 33) is limited to respondents from the Health Education Directory (HEDIR) listserv, the majority of respondents indicate that faculty as well as administration support accreditation rather than approval.

Each of these initiatives and reports has pointed consistently to the critical role accreditation plays in assuring quality of professional preparation. It is in this context that SOPHE and AAHE have sought to examine ways to strengthen quality assurance through a unified accreditation mechanism.

DEVELOPMENT OF THE NATIONAL TASK FORCE ON ACCREDITATION IN HEALTH EDUCATION

SOPHE and AAHE have partnered in leading a number of initiatives to strengthen the health education profession through credentialing. This commitment led the sitting presidents and executive directors of SOPHE and AAHE to meet with SABPAC leadership in Washington, D.C., during the autumn of 1998, to discuss various challenges and trends in higher education that are shaping the future of quality assurance efforts by the profession. At the conclusion of that meeting, SOPHE and AAHE agreed to fund a joint meeting to fully explore the issues related to quality assurance in professional preparation.

In January 2000, SOPHE and AAHE convened a joint invitational meeting of key leaders in health education to explore issues facing the profession in quality assurance.[12] The group articulated many problems that prevent accreditation or other quality assurance mechanisms from being widely embraced by health education, such as

- Fragmentation of existing quality assurance efforts by the profession (e.g., SABPAC, NCATE), leading to confusion;

- Fear among program faculty, especially among small programs, of being unable to meet accreditation criteria and undergo the accreditation process, which is labor-intensive and costly;
- Lack of administrative support, particularly during a time of budget reductions and retrenchment in higher education;
- Lack of monetary and other incentives to be accredited;
- Lack of linkage between accreditation and CHES certification;
- Confusion about, or lack of, enforcement of CHES examination procedures and student eligibility for CHES examination;
- Lack of consensus across the profession regarding what should constitute the entry level of practice in health education and lack of a clear career path for practitioners; and
- The failure to mount a marketing campaign about the value of accreditation, particularly for employers, in assuring that health educators who graduate from accredited programs possess unique skills.

A key recommendation from the meeting was that "a comprehensive, coordinated accreditation system for undergraduate and graduate health education should be put into place, which builds on the strengths of current mechanisms." In response, SOPHE and AAHE established the National Task Force on Accreditation in Health Education later that year and charged it with developing a detailed plan for a coordinated accreditation system for undergraduate and graduate programs in health education. The Task Force was given 3 years (2001 to 2003) to accomplish the following four goals:

1. Review existing information and gather additional data where gaps exist on current mechanisms of quality assurance in professional preparation of undergraduate and graduate health education programs.
2. Develop a detailed framework for a comprehensive, coordinated quality assurance system that meets commonly accepted standards of accreditation and has profession-wide support.
3. Design and implement mechanisms to gather profession-wide input into any proposed new systems.
4. Develop a business plan and time frame for implementation of the proposed accreditation system.

Overview of Task Force Membership, Methods, and Processes

Task Force members representing a wide array of stakeholders were invited to obtain diverse input and perspectives, including large and small professional preparation programs; colleges and universities with professional preparation programs in school health, community health, and/or public health; public, private, and nonprofit institutions in higher education; current credentialing agencies in health education; representatives of government agencies with workforce development activities; and other sectors (see appendix).

The Task Force convened a total of nine meetings during the 3-year period of its work and transmitted the *Final Report* of its findings and recommendations to SOPHE and AAHE in March 2004. A chronology of Task Force meetings and the tasks that were undertaken during each of the nine meetings during the 3 years is shown in Table 1.

Table 1. Chronology of Task Force Meetings and the Tasks Undertaken

- Meeting 1, January 2001
  - Reviewed charge to Task Force
  - Discussed the need for program accreditation and implications
  - Heard testimony from key experts
  - Formed working groups to identify issues, priorities, and data gaps
- Meeting 2, April 2001
  - Refined data collection methods for surveys
  - Discussed implications and consultations with accrediting groups
  - Discussed issue of generic versus practice-setting specialization, including undergraduate and graduate
- Meeting 3, October 2001
  - Discussed initial findings from surveys
  - Decided on additional analyses
  - Discussed implications of accreditation on CHES
  - Discussed the unique nature of accreditation for school health compared to community/public health
- Meeting 4, February 2002
  - Discussed the final results from the surveys
  - Decided on some additional analyses
  - Reached a consensus on a single accreditation system for both undergraduate and graduate programs in school health, most likely with NCATE pending discussions with NCATE
  - Reached a consensus on a single accreditation system for both undergraduate and graduate programs in community/public health, most likely with CEPH pending discussions with CEPH
  - Established a committee to develop standards for undergraduate accreditation before meeting with CEPH
- Meeting 5, April 2002
  - Revisited and refined Interim Consensus Statement on Principles and Recommendations
- Meeting 6, September 2002
  - Revisited and further refined Interim Consensus Statement on Principles and Recommendations
- Meeting 7, February 2003
  - Received official notification from CEPH of interest to become the accrediting agency for graduate and undergraduate programs in public and community health education
  - Affirmed NCATE as the accrediting agency for graduate and undergraduate programs in school health education
- Meeting 8, May 2003
  - Developed a listing of frequently asked questions about accreditation
  - Developed a plan for Web-based dissemination for feedback on the preliminary report
  - Scheduled the last meeting of the Task Force for September 2003
- Meeting 9, September 2003
  - Finalized a listing of frequently asked questions about accreditation
  - Finalized a plan for Web-based dissemination for feedback on the preliminary report
  - Reached a consensus on ensuring that some members of the Task Force continue on an Implementation Committee to be approved by SOPHE and AAHE

NOTE: CHES = certified health education specialists; NCATE = National Council for Accreditation of Teacher Education; CEPH = Council on Education for Public Health; SOPHE = Society for Public Health Education; AAHE = American Association for Health Education.

Data Collection

The Task Force heard expert testimony from a number of prominent academic, association, and professional leaders; conducted and published two profession-wide, Web-based surveys of individual health education practitioners and heads of academic professional preparation programs to elicit viewpoints on the strengths and weaknesses of accreditation; conducted periodic town hall meetings and made presentations to professionals and stakeholder groups at a broad range of professional meetings and in other venues; provided annual reports to the governing boards of SOPHE and AAHE; and established a Web site for accreditation in health education to inform the profession and solicit further profession-wide public comment before finalizing its recommendations.

Key Issues

The Task Force conducted an extensive literature review and environmental scan that was designed to identify key issues and priorities. As shown in Table 2, the Task Force chose to conceptualize its work by focusing on *standards*, *level*, *philosophy*, *end points*, and *context*.

Findings From Web-Based Surveys

In an effort to collect data and feedback from health education professionals and students, as well as from heads of academic programs in health education, the Task Force conducted two Web-based surveys that assessed current viewpoints on accreditation and program approval for graduate and undergraduate programs in health education.[13] Of the 506 professionals and students who completed the online survey, most reported that they find accreditation and/or program approval to be valuable for health education professional preparation programs. Whereas nearly two out of three (64%) respondents indicated that they *would* accept a position in an unaccredited professional preparation program, almost three-fourths (72%) indicated that they would *not* accept admission into an unaccredited institution or program for their own studies. Nearly three-fourths (74%) reported that the CHES credential is somewhat or very important to the profession and supported (78%) the importance of linking CHES credentialing to accreditation.

Of the 105 academic respondents to the second Web-based survey, 35% reported that they were a department head or chairperson; 35% reported being a program director or coordinator; 22% were faculty members; 6% were deans, associate deans, or assistant deans; and 2% served in other positions. Overall, more than three-quarters of respondents (76%) indicated that they would participate in an "expanded, new, or combined" health education accreditation system. Respondents' desire to participate in this process differed significantly ($p < .05$) according to their existing accreditation/approval status. Eighty-four percent of respondents from NCATE/AAHE-accredited programs expressed a willingness to participate in a coordinated accreditation system, as did 70% with CEPH accreditation, 100% with SABPAC approval, and 75% of the currently unaccredited/unapproved programs. When asked to rate the perceived benefits of participating in a coordinated accreditation system, 69% indicated improving the reputation of the program, 52% said improving the quality of the program, 40% cited attracting quality faculty, and 36% said increasing student enrollment.

The results of these two surveys suggest that both practicing professionals and heads of academic professional preparation programs attach high importance to accreditation

Table 2. Key Issue and Priorities for Developing a Unified System of Accreditation in Health Education

- Standards
  - Competency-based or mission-based outcome (autonomy in program development)
  - Identify system that is inclusive for generic health education
  - Address (accommodate) different program sizes
  - Accreditation standards: minimal or excellence?
  - Service learning and international considerations
- Levels
  - Determine starting point, that is, baccalaureate or graduate
  - How will decision about the starting point influence pipeline of students or workforce?
  - Relationship to credentialing of public health practice
  - Practices settings? One? All?
  - Types of programs that are eligible? (different titles)
- Philosophy
  - How broad or narrow should the accreditation system be?
  - Develop consensus on type of model appropriate for health education (four models): clarify competitive versus collaborative model
  - Is program approval still a viable quality assurance mechanism?
  - Should certification be built into accreditation?
- End points
  - Making sure that technology and distance learning are considered
  - How will process affect teaching and faculty?
  - Roles of practitioners and employers in system
- Context
  - Mechanism for support to programs that do not meet accreditation standards
  - Clear understanding of what exists
  - How and in what ways will this effort involve the profession? What will be the impact on currently accredited programs?
  - Obtain relevant data/input from employers, students, general public, health community, university administrators
  - Determine if the accreditation system should meet the U.S. Department of Education's requirements
  - Roles and significance of state departments of education
  - Clear picture from existing accrediting bodies and how flexible they will be
  - Money? How much? Process for future?
  - Transition plan for currently accredited programs so they do not lose in transition
  - Systems changes that will support accreditation
  - Related systems changes to support practitioners (particularly at the state level)

for academic health education programs. Moreover, both groups of respondents expressed a strong desire to participate in a coordinated, flexible accreditation system. In addition, the majority of participants on both surveys indicated that the coordinated accreditation system should build on existing accreditation efforts rather than start new initiatives. More important, respondents reported that any new accreditation system should be linked to the process of obtaining professional certification.

Solicitation of Public Comments

Throughout its 3-year history, the Task Force made more than 15 presentations at professional meetings and in various forums to solicit input into their deliberations. First and

foremost, it maintained regular communication with CNHEO, which comprises eight other health education organizations in addition to SOPHE and AAHE. The Task Force also maintained communications with, and invited input from, the governing boards of APHA, American School Health Association (ASHA), Association of Schools of Public Health (ASPH), Association of State and Territorial Health Officials (ASTHO), Council on Accredited MPH Programs in Community Health Education (CAMP), CEPH, Directors of Health Promotion and Education (DHPE, formerly ASTDHPPHE), National Association of County and City Health Officials (NACCHO), NCATE, NCHEC (including the National Health Educator Competencies Update Project [CUP] Steering Committee), and the Society of State Directors of Health, Physical Education, and Recreation; federal government entities, including the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA); and key private foundations, including the Pew Charitable Trusts, Robert Wood Johnson Foundation, and the W. K. Kellogg Foundation. The Task Force also sought to communicate its work and recommendations to other potentially interested bodies, including the Council on Linkages Between Academia and Public Health Practice; various higher education groups; SOPHE chapters and faculty caucus; historically Black colleges and universities (HBCUs); and recent Institute of Medicine (IOM) committees that have addressed issues in health promotion and public health workforce development.

The Task Force also designed and implemented a Web site for accreditation that it now hosts at http://www.healthedaccred.org. The site was launched in September 2003 and at inception contained an overview of the National Task Force on Accreditation in Health Education, a letter from the cochairs, a glossary, information about the benefits of accreditation as the preferred mechanism for quality assurance, frequently asked questions, presentations and publications, the *Task Force Interim Consensus Statement of Principles and Recommendations*, and a call for public comment on the *Interim Consensus Statement* that extended from October to December 2003. A listing of the public comments that were received at the Web site through December 31, 2003, are available at the Web site. Overall, comments to the presentations and those posted on the Web site have been positive and supportive; however, concerns have been raised about the ability of a small program to afford accreditation or meet certain program standards.

PRINCIPLES AND RECOMMENDATIONS

The work of the Task Force resulted in the development of several key principles and seven recommendations.

Principles

1. Health education is a single profession, with common roles and responsibilities.
2. Professional preparation in health education provides the health education specialist with knowledge and skills that form a foundation of common and setting-specific competencies.
3. Accreditation is the primary quality assurance mechanism in higher education.
4. The health education profession is responsible for assuring quality in professional preparation and practice.

Recommendations

1. That accreditation be the quality assurance mechanism for health education professional preparation institutions and should replace existing approval processes in an orderly transition.

2. That there be a unified accreditation system, comprising two parallel, coordinated accreditation mechanisms for community and school health education preparation institutions, which are responsive to the needs of the health education profession. These mechanisms must ensure that common and specific competencies in health education are addressed at the undergraduate and graduate levels.

   a. That the NCATE is the preferred accrediting entity to provide a single coordinated accreditation mechanism for school health education programs at the undergraduate and graduate levels. If a dual teacher certification program is in place, health education is to be reviewed as a separate program.
   b. That the CEPH is the preferred accrediting entity to provide a single coordinated accreditation mechanism for community/public health education programs at the undergraduate and graduate levels.

3. That a coordinated accreditation system should build on the best practices of existing community and school health accreditation mechanisms.

4. That graduate professional preparation programs must ensure that students perform all health education competencies and that their performance reflects graduate-level proficiency.

5. That new designations should be created to distinguish the practice level of health educators at the undergraduate and graduate levels, parallel with other professional disciplines such as nursing and social work. The Task Force recommends that these designations be

   a. *Health education specialist (HES)* for undergraduate-level practitioners from an accredited program.
   b. *Master health education specialist (MHES)* for the graduate-level practitioners from an accredited program.

6. That the NCHEC is the appropriate entity to oversee the process of individual certification at both the undergraduate and graduate levels. The Task Force further recommends that

   a. Persons who successfully complete the certification processes should be designated as a CHES (undergraduate level) or master's-level certified health education specialist (MCHES; both master's and doctorate graduate level). Only students from accredited programs/schools should be eligible for CHES and MCHES certification; however, those individuals who hold the CHES certification prior to the implementation of this process would remain certified.
   b. Appropriate deeming of those undergraduate-level practitioners holding CHES should be considered, with students currently from nonaccredited undergraduate programs/schools permitted to sit for CHES for a reasonable, multi-year period of time. After such time, only students from accredited undergraduate programs/

schools should be eligible to sit for CHES. A multi-year window of time should allow the new accreditation system to be fully functioning, while offering a transition period for programs/schools to prepare and qualify for accreditation.

c. Appropriate deeming of those master's- or doctorate-level practitioners holding CHES should be considered, with a window of time of up to 24 months to earn MCHES designation.

7. That the results of the work of the Task Force be articulated to the American Public Health Association, Association of Schools of Public Health, Association of Teachers of Preventive Medicine, Coalition of National Health Education Organizations, National Commission for Health Education Credentialing, and other relevant groups.

IMPLEMENTATION PLAN

The next phase in the effort to build a unified accreditation system will require an implementation plan that is expected to unfold during the course of a 5- to 10-year period. The implementation plan will involve several steps: further expanding profession-wide consensus beyond SOPHE and AAHE, developing and implementing a communication and dissemination plan, and organizing an implementation committee to lead a transition to the implementation of the proposed system of accreditation throughout a multi-year period.

Building Profession-Wide Consensus

Building profession-wide consensus for the proposed recommendations will require the collaboration of several key partners—particularly CEPH, CNHEO, NCATE, and NCHEC, as well as CAMP. In addition, implementation of the Task Force recommendations will require a commitment of resources on the part of these and other partners.

The governing board of CEPH has indicated that it is "willing to explore the addition of undergraduate community health education programs to our established areas of accreditation responsibility, recognizing that there are many details that would need to be considered and negotiated before coming to a final agreement" (P. L. Barton, personal communication, February 18, 2003). Any expansion of CEPH's current scope of accreditation activities to undertake review of undergraduate community health education programs, however, would require that such activity be, at a minimum, revenue neutral for CEPH. Moreover, CEPH is committed to criteria that emphasize a "public health knowledge base," which would need to be maintained in the context of any expansion of its activities.[*]

The Task Force views CEPH's response as a positive indication of the potential role it would play in the implementation of the proposed accreditation system. The Task Force also believes that although CEPH is not currently engaged in undergraduate program accreditation, the converging forces in public health employment and in higher education may exert increasing pressure on CEPH and schools of public health and other academic

*On June 30, 2004, CEPH announced proposed revisions to its accreditation criteria that would allow undergraduate degrees in public health and specific public health disciplines (e.g., health education) to be included in the accreditation reviews sought by schools and programs. A public comment period on the proposed revisions was conducted through November 30, 2004.

units that prepare public heath professionals and health education specialists to reconsider the role of undergraduate education. Similarly, NCHEC has raised a series of questions about the impact of the proposed accreditation system for individual certification that will require study early in the implementation phase (L. Lysoby, personal communication, July 24, 2003, and December 17, 2003).

Finally, like CEPH and NCHEC, NCATE has been represented on the Task Force and has studied and endorsed the recommendations of the Task Force. Although not currently engaged in the accreditation of graduate programs in school health education, NCATE has expressed a commitment to undertake the responsibility of such accreditation and will explore, in collaboration with AAHE, the development and implementation of a graduate-level accreditation process in school health education. While the Task Force acknowledges that there are other accrediting entities that might become involved in accrediting teacher preparation programs for school health education, such as the Teacher Education Accreditation Council (TEAC), the Task Force believes that NCATE remains the most viable mechanism for accreditation of programs of professional preparation in school health education at this time.

Developing a Communication and Dissemination Plan

The Task Force has viewed communications to the broadest possible range of stakeholders as essential to the adoption and eventual implementation of the Task Force recommendations. In addition to maintaining regular communication with the public and private organizations it has consulted during the past 3 years, a communication and dissemination plan must be developed that will support the implementation phase. The objectives of this plan should be to increase awareness and understanding of the importance of accreditation for professional preparation programs in health education; to solicit and incorporate feedback on the principles, recommendations, and implementation process; and to disseminate the recommendations and *Final Report* of the Task Force to leaders of academic programs in health education, to at-large health education professionals, and other interested stakeholder groups. The Web site established will continue to be promoted and updated periodically with the latest news and developments related to this initiative.

Organizing an Implementation Committee

A subcommittee of the Task Force was appointed to examine the challenges associated with implementing Task Force recommendations. This group recommended that AAHE and SOPHE establish an Implementation Committee that is charged with developing a plan of action, including a feasible business plan, and an appropriate, profession-wide coordinating body to oversee the implementation. This committee would comprise key stakeholders in the process, principal among which should be CEPH, NCATE, and NCHEC.

The work of the Implementation Committee* would begin immediately and should include convening a national professional and stakeholder meeting to ratify the recom-

*The SOPHE and AAHE Boards approved an Implementation Committee in spring 2004 and designated Kathleen M. Roe (SOPHE Designee) and David A. Birch (AAHE Designee) as cochairs. The Implementation Committee convened its first meeting by conference call in September 2004 and will meet face-to-face in February 2005 in Reston, Virginia.

mendations of the Task Force and identify any additional elements necessary to create a unified accreditation system in health education. Such a meeting would also permit stakeholders to collectively finalize the details of operationalizing such a system across all academic programs—regardless of setting—concerned with the professional preparation of all health education specialists. The national professional and stakeholder meeting should be convened, if possible, no later than by the end of the 2004 to 2005 academic year. The Task Force recommends that the meeting be linked to a final report of CUP and its implications for accreditation activities.

The Implementation Committee would also have the responsibility for addressing a number of critical issues such as designing an orderly transition from the current SABPAC approval process to the new accreditation system and a plan for phasing out SABPAC; ensuring the articulation of health education standards within the CEPH and NCATE accreditation systems on an ongoing basis; determining how to assign priority for accreditation to those programs that are currently approved or in the process of seeking approval by SABPAC; and providing input to NCHEC on developing individual certification policies and procedures that support the new quality assurance systems.

CONCLUSION

Most institutions of higher education that have adopted accreditation of academic disciplines and professional programs have done so because accreditation allows them to demonstrate institutional commitment to achieving and maintaining the highest academic quality. From an institutional perspective, accreditation promises a number of potential benefits. Accreditation frequently establishes institutional eligibility for federal funds to support trainees and the competitive ability of program faculty to seek external funding for research and training grants. Accreditation also provides an external evaluation that publicly attests to the quality of the program. Quality of the academic program, in turn, positions programs within their respective colleges and universities to be more competitive for resources and attracting and recruiting well-qualified students and faculty.

From the perspective of the individual graduating from an accredited program, it is generally accepted that accreditation enables programs to establish eligibility for graduates to qualify for competitive employment opportunities and selected doctoral fellowships. Accreditation also enhances graduates' ability to apply for, and be accepted into, doctoral training programs and is likely to be necessary to establish eligibility for students to qualify for federal aid such as public health traineeships and other support. As a consequence, graduation from an accredited program enhances the geographic mobility of graduates and the quality of the institution of higher learning or agency at which graduates seek their first postpreparation professional employment. This is because accreditation, particularly when coupled with a form of individual credentialing, such as certification, licensure, or registration, establishes clear expectations about the skills and competencies that the employer should expect of graduates of accredited professional preparation programs.

The work and findings of the Task Force suggest that accreditation would also benefit the profession of health education in several specific ways: better aligning health education with the practices of other health professions, establishing programmatic relevance, building bridges and networks with similar professional preparation programs, and potentially helping to address and resolve the concern about fragmentation in the profes-

sion that has been expressed by many practitioners. In short, a unified and coordinated accreditation system would enable health education to establish an equal footing with other academic units in the health sciences, thus conveying a certain status and societal recognition that unaccredited professional preparation programs cannot.

The existing health education accreditation mechanisms encourage quality assurance among those who participate, but they lack coordination, are underused, and are undervalued by some within and outside of the profession. Moreover, both the available anecdotal evidence and responses to Task Force surveys and public comments at meetings and via e-mail suggest that many professionals have questions about the application of existing accreditation approaches to all types of professional preparation programs in health education. Professional preparation in health education must provide the health education specialist with knowledge and skills that form a foundation of common and setting-specific competencies. However, the Task Force believes it is becoming increasingly clear that accreditation must become the primary mechanism by which quality assurance at the professional preparation program level is assessed and achieved. At the same time, the Task Force understands that the challenge before the profession is to create an accreditation system that will not only provide assurance of quality but also accommodate a diverse range of college and university professional preparation programs, each with its own unique history, perspective, and signature emphasis.

The principles and recommendations that have been set forth by the Task Force, if implemented, promise to lay the foundation for the highest quality professional preparation and practice in health education at both the undergraduate and graduate levels. The Task Force thus urges the profession to begin the process of implementing its recommendations as soon as possible. Moreover, although SOPHE and AAHE have provided the leadership and together have committed substantial resources during the past 3 years to sponsor and support the Task Force in an effort to ensure quality in professional preparation—and will continue to do so—many organizations that comprise the community of interested parties in health education must now join as full partners if implementation of these recommendations is to become reality. SOPHE and AAHE alone cannot continue to shoulder the financial burden of implementing the recommendations of the Task Force. The national effort that will be required to launch a unified and coordinated accreditation process will require the collective political will and the commitment of substantial new resources by a number of organizational entities, including other members of CNHEO and the key accreditation bodies. In addition, this effort will also require the active involvement and support of government and interested philanthropic organizations whose interests include ensuring a vibrant, high-quality health education workforce.

APPENDIX
The National Task Force on Accreditation in Health Education[a]

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Ex officio: M. Elaine Auld, MPH, CHES, Society for Public Health Education; Pat Evans, MPH, Council on Education for Public Health; Becky J. Smith, PhD, CHES, American Association for Health Education; Carolyn Teich, PhD, American Association of Community Colleges; Boyce Williams, PhD, National Council for Accreditation of Teacher Education.

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a. Affiliations are for purposes of identification only. The views expressed by the Task Force do not necessarily represent the views of the academic institutions, professional associations, accrediting bodies, or government agencies with which members of the Task Force are affiliated or were affiliated at the time, and are not meant to imply any official endorsement of the findings or recommendations of the Task Force.

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