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## CHES, MCHES, and/or CPH? Selecting the Best Credential for You

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The health education profession within the broader context of public health has chosen certification to grant recognition to individuals meeting certain standards, as well as optional accreditation of academic programs. Regarding certification options for health education professionals, those who qualify may sit for the exams to achieve one of the following certifications: Certified Health Education Specialist (CHES), Master Certified Health Education Specialist (MCHES), or Certified in Public Health (CPH). Some health education and other professionals may be familiar with the concept of certification but may not be aware of the value of certification for the profession, their options for certification, or the processes of certification. This article provides information on CHES, MCHES, and CPH certifications and compares and contrasts their requirements. While many professionals may choose one credential over another, others may decide to pursue CHES/MCHES and the CPH. Credentialing continues to be an important part of advancing the health education profession and ensuring that those practicing in the field are highly qualified.

**Keywords:** health education; public health; credentialing; CHES; CPH; MCHES

The establishment of standards for the health education/public health professional may include certification, registration or licensure of

individuals, or accreditation of organizations. The health education/public health professions have chosen certification to grant recognition to individuals meeting certain standards, as well as optional accreditation of academic programs. With regard to certification options for health education professionals, those who qualify may sit for exams to achieve one of the following: Certified Health Education Specialist (CHES), Master Certified Health Education Specialist (MCHES), or Certified in Public Health (CPH). The individual credentialing processes typically include having a degree or number of credits in health-related courses and taking an exam based on competencies developed through job analyses of individuals working in the profession (National Board of Public Health Examiners [NBPHE], 2018a; National Commission for Health Education Credentialing [NCHEC], n.d.-a) or through an independent board determining key professional knowledge and skills to be assessed (NBPHE, 2018a).

### ► CERTIFICATION BY NCHEC

NCHEC was incorporated in 1988, after many years of work toward a health education credentialing process (NCHEC & Society for Public Health Education [SOPHE], 2015). One of the individuals who was a

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driving force for certification was Helen P. Cleary, an instructor at the Harvard College of Public Health and an associate professor at the University of Massachusetts Medical School, who believed that health education was a profession in “disarray” that needed to clarify what health educators do in professional practice. She chaired what later became the National Task Force for Preparation and Practice of Health Educators, and eventually NCHEC, Inc. This group developed major responsibilities and competencies for health educators in a variety of employment settings (Pollock & Carlyon, 1996). These were based on the original Role Delineation Project that occurred between 1978 and 1981 and the resulting framework that served as a foundation of the basic roles and functions of entry-level health educators (NCHEC & SOPHE, 2015). For the responsibilities and competencies of health educators to remain current, NCHEC completes job practice analyses every 5 years. The Health Education Credentialing Process has been in effect since 1989 for the CHES credential (NCHEC & SOPHE, 2015).

After the CHES certification was established, a rapid growth in the number of health educators participating in the credentialing process ensued (Dennis, McKenzie, & Chen, 2012). Around this time, continued refinement of the responsibility areas, competencies, and subcompetencies was completed via the first National Health Educator Competencies Update Project during the 1990s (NCHEC & SOPHE, 2015). This report provided a differentiation between three levels of professional practice: entry level, advanced Level 1, and advanced Level 2. Because of the report, there was an agreement between leading health education organizations and NCHEC to base the entry-level CHES certification on the established entry level of expected practice (NCHEC & SOPHE, 2015). In June 2008, the CHES certification program was granted accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA certification attests to the strict testing and measurement standards of the CHES exam and requires that organizations maintain a valid and reliable process for developing, implementing, maintaining, and governing certification programs (NCHEC & SOPHE, 2015).

In response to calls for a higher level credential, and after 7 years of policy development surrounding advanced-level certification, NCHEC implemented the MCHES credential in 2010 (Dennis & Lysoby, 2010). This coincided with the publication of yet another practice analysis that year, the Health Education Job Analysis (NCHEC & SOPHE, 2015). The MCHES credential was created to address not only the CHES entry-level competencies but also additional advanced-level

competencies (Advanced Levels 1 and 2). The MCHES exam was developed and administered along with the CHES exam for the first time on October 15, 2011, and became NCCA accredited in 2013. In 2015, another practice analysis was conducted, called the Health Education Specialist Practice Analysis (NCHEC & SOPHE, 2015). Each time a practice analysis is conducted, competencies and subcompetencies are refined and the CHES and MCHES exams are revised to reflect these changes (NCHEC, n.d.-c). Currently, a new practice analysis is under way called the Health Education Specialist Practice Analysis II (NCHEC, 2018). NCHEC reported a combined pass rate (including both first and additional attempts) of approximately 61% for the CHES exam and 68% for the MCHES exam on the October 2017 administration (L. Lysoby, personal correspondence, June 2018).

## ► CERTIFIED IN PUBLIC HEALTH

Like NCHEC, the NBPHE serves as an independent organization that supports a voluntary credential designed to signify that recipients exhibit a minimal level of knowledge and skills to provide public health and health promotion-related services (NBPHE, 2018a). Though not accredited by NCCA or another body overseeing credentialing agencies, NBPHE has been a member of the Institute for Credentialing Excellence since 2014.

NBPHE was established in 2005, however; the history of this certification dates back to 1980, when the Association of Schools and Programs of Public Health (ASPPH) and the American Public Health Association (APHA), at the prompting of the U.S. Surgeon General, created a task force to address public health worker credentialing (NBPHE, 2018a). A formal study was authorized in 1989, which resulted in recommendations to ASPPH that credentialing should be pursued but with an independent entity. A second study was conducted in 1995 (Livingood, Woodhouse, & Godin, 1995), in which 45% of responding professionals in the field favored a national certification opportunity. In 1999, due to the support for credentialing, Dr. Mohammad Ahkter (then affiliated with APHA) and Dr. Alfred Sommer (then affiliated with ASPPH) created a joint Task Force on Public Health Workforce Credentialing. After discussion with their respective organizations' executive boards, the Task Force was renamed the Steering Committee on Public Health Workforce Credentialing (NBPHE, 2018a).

Between 1999 and 2004 an independent Board of Public Health was developed to manage exam proctoring and grading (NBPHE, 2018a). This involved extensive

discussions with a variety of national organizations to define the eligibility requirements for graduate-level programs accredited by the Council on Education in Public Health (CEPH). NBPHE then was established in 2005, with the inaugural exam occurring in 2008. At this time, 500 professionals earned the CPH credential. In 2010, with a growing need for certification, NBPHE piloted a process for student eligibility to sit for the certification exam. This process resulted in approximately 10 CEPH-accredited programs, including a curricular requirement to sit for the CPH exam (NBPHE, 2018a). Students who pass the exam are provisionally certified and become fully certified on graduation (A. Foster, email communication, September 18, 2018). Also, in 2010, a paper-and-pencil version of the CPH credentialing exam was offered by organizations, such as ASPPH and APHA (NBPHE, 2018a).

By 2012, many CEPH-accredited institutions of higher education were encouraging their students to take the CPH exam. In this same year, all students in CEPH-accredited schools or programs were granted eligibility to take this exam, which was now offered twice per year. The following year, NBPHE extended eligibility to individuals who had completed the required core courses (at CEPH-accredited institutions) and had 5 years of relevant work experience or a graduate degree in a relevant area (NBPHE, 2018a). In 2015, NBPHE piloted a new eligibility category for professionals with a bachelor's degree in any field with 5 years of documented work experience in public health; in 2016, this "work experience" eligibility category became permanent. Most recently, NBPHE has released information regarding updated content on the CPH Exam starting in January 2019. According to the CPH Content Outline 2019, the 200-question exam will be composed of equal questions from each of the 10 CPH domain areas that were supported by their 2014 Job Task Analysis on the public health workforce (NBPHE, 2018b). According to NBPHE staff, there are approximately 6,500 to 7,000 public health practitioners with the CPH designation as of early 2018, and approximately 10 schools and/or programs of public health are requiring the exam prior to graduation (A. Foster, personal communication, February 2018). The pass rate for the CPH exam is 70% to 75% on the first attempt.

## ► RESULTS

### *Exam Eligibility*

Exam eligibility requirements are unique to each exam and can be found in Table 1.

### *The Exams*

Table 2 describes each of the exams. The Division Board of CHES, a board elected by the CHES and MCHES membership through online elections, develops the CHES and MCHES exams. Directors on the Division Board of CHES serve 5-year terms and are responsible for writing and revising exam questions both online and at face-to-face meetings held twice per year. NCHEC has converted to computer-based testing through Prometric commencing with the October 2018 test administration. CPH exams are developed by a collaborative, independent Board of Public Health comprising board members and subject matter experts, with the content beginning in 2019 developed based on the 2014 Job Task Analysis (NBPHE, 2018b).

### *Recertification*

While the CHES and MCHES certifications require a \$55 annual fee for yearly renewal and 75 continuing education units for recertification in a 5-year period, the CPH requires 50 recertification credits for a 2-year period with a fee of \$95 biannually. Details are provided in Table 3.

## ► DISCUSSION

Differences between CHES, MCHES and CPH credentialing eligibility, exams, and recertification processes are detailed in Table 1. The differences between a CHES, an MCHES, and a CPH may not be as easily differentiated. While many health education programs have transitioned to align more with education-oriented public health, others have not. Some maintain that public health and health education are separate entities, while others believe that health education is one aspect of public health and falls within the social behavioral area. For example, school health educators often find themselves within Colleges of Education rather than units called Public Health, and accreditation of school health programs (i.e., Council for the Accreditation of Educator Preparation) appears to lend itself more to Colleges of Education and CHES certification.

While the CHES and MCHES practice analysis process includes representatives from a variety of work settings (worksite, medical care, school, and community) the previous CPH questions arose from the five core areas of public health (environmental health, biostatistics, epidemiology, health policy and management, behavioral health), as well as seven cross-cutting practice areas that are more general and relevant to

**TABLE 1**  
**CHES, MCHES, and CPH Comparison**

<i>Exam</i>	<i>CHES</i>	<i>MCHES</i>	<i>CPH</i>
Eligibility	Bachelor's degree with at least 25 semester credits (or 37 quarter hours) of coursework specific to the Areas of Responsibility of Health Education Specialists (transcript review available from NCHEC at additional charge)	For non-CHES or CHES with fewer than 5 years active status: a master's degree or higher in Health Education, Public Health Education, Community Health Education, etc. OR a master's degree or higher with academic transcript reflecting the same credit hours as required for CHES	Attendance/graduation from CEPH-accredited school; minimum of a bachelor's degree in any concentration
Workforce experience	Not required	5 years documented experience as a health education specialist	Bachelor's degree applicants must have at least 5 years of continuous public health practice experience OR graduate degree applicants in public health are not required to have work experience
Accreditations	NCAA, IAS	NCAA, IAS	None

NOTE: CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; CPH = Certified in Public Health; NCHEC = National Commission for Health Education Credentialing; CEPH = Council on Education in Public Health; NCAA = National Commission for Certifying Agencies; IAS = International Accreditation Service. Sources: CHES: NCHEC (n.d.-a); MCHES: NCHEC (n.d.-d); NBPHE (2018a), NCHEC (n.d.-b).

overall professional skills. The newest version of the CPH Exam will be based on the 10 domain areas supported by their 2014 Job Task Analysis of the public health workforce (NBPHE, 2018b).

The public health workforce is indeed diverse, and the question remains as to what specific disciplines are included in this workforce (Coronado, Koo, & Gebbie, 2014). As a response to this question, Beck, Boulton, and Coronado (2014) combined six different sources to delineate 15 public health occupations: public health physician, nurse, dental worker, informatics specialist, manager, administrator or clerical personnel, behavioral health professional, emergency preparedness staff, environmental health worker, epidemiologist, health educator, laboratory worker, nutritionist, public information specialist, and other public health professional or uncategorized worker. Graduates of more education-oriented health education programs may be more likely to work as a behavioral health professional or health educator, with more experienced graduates serving in the role of administrator or manager. Furthermore, many of the aforementioned public health occupations require a registration or license (e.g., physician, nurse, dental worker). Thus, professionals who wish to work in

specific public health occupations, such as epidemiologists or biostatisticians, may choose CPH as their credential, while those wanting to focus on health education likely would be best served by CHES or MCHES.

## ► CONCLUSION

For careers in health education and public health to be elevated, there must be standards or competencies that those practicing in the field should demonstrate. It is essential that faculty and leaders continue to encourage individuals to seek out a credential and for employers to require such a credential for their workforce. As discussed in this article, there are benefits to the CHES, MCHES, and CPH credentials. All recognize a level of competency mastery, help to unify the field of public health, and give the field more clarity about the skills needed and maintained by health educators and other public health professionals. The intent of this article is to be a recommendation for colleagues in diverse public health settings to encourage emerging and seasoned professionals to seek one or more of these credentials based on eligibility, interests, and experience. Such certifications also distinguish

**TABLE 2**  
**The Exams**

<i>Exam</i>	<i>CHES</i>	<i>MCHES</i>	<i>CPH</i>
Time to complete	3 hours	3 hours	4 hours
Number of questions	115: 15 are pretest items not included in score	115: 15 are pretest items not included in score	200, 25 of which are pretest items not included in score
Type of questions	Multiple-choice	Multiple-choice	Multiple-choice
Content areas	Questions based on entry-level competencies and subcompetencies of the Areas of Responsibility	Questions based on entry- and advanced-level competencies and subcompetencies of the Areas of Responsibility	Beginning in 2019, the exam will equally cover 10 domains supported by 2014 NBPHE Job Task Analysis
Time line	Given in April and October at Prometric testing centers	Given in April and October at Prometric testing centers	Given all year round at PSI testing centers
Current fees	\$270-\$320-\$370 for early-regular-late registration; if a candidate is a student taking 9 or more semester hours fees are \$270-\$270-\$320	\$285-\$335-\$385 for early-regular-late registration for those with CHES; \$335-\$385-\$435 for early-regular-late registration for non-CHES	\$385 for standard registration; discounted pricing of \$250 and \$315 available to programs that meet the requirement
Exam development team	Division Board of CHES (elected)	Division Board of CHES (elected)	Board of Public Health
Type of administration	Computer-based testing began October 11-20, 2018	Computer-based testing began October 11-20, 2018	Computer based available year-round; paper-and-pencil available a few times per year
Pass rate	61% for October 2017 exam administration (1st and 2nd attempts)	68% for October 2017 exam administration (1st and 2nd attempts)	70%-75% (1st attempt)

NOTE: CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; CPH = Certified in Public Health; NCHEC = National Commission for Health Education Credentialing; NBPHE = National Board of Public Health Examiners. Sources: CHES: NCHEC (n.d.-a); MCHES: NCHEC (n.d.-d); CPH: NBPHE (2018a), NCHEC (n.d.-b).

**TABLE 3**  
**Recertification**

<i>Exam</i>	<i>CHES</i>	<i>MCHES</i>	<i>CPH</i>
Years between certification renewal	5 years	5 years	2 years
Fee	\$55 annually	\$55 annually	\$95: every 2 years
Continuing education units requirements	75 hours (includes Category I and Category II CEUs)	75 units (includes Category I and Category II CEUs); 45 hours must be advanced-level units	50 recertification units, maximum of 8 credits per day

NOTE: CHES = Certified Health Education Specialist; MCHES = Master Certified Health Education Specialist; CPH = Certified in Public Health; NCHEC = National Commission for Health Education Credentialing; CEU = continuing education unit. Sources: CHES: NCHEC (n.d.-a); MCHES: NCHEC (n.d.-d); CPH: NBPHE (2018a), NCHEC (n.d.-b).

people credentialed as CHES and/or CPH from other professionals such as Community Health Workers, who have a different scope of training and practice. The question about which certification to seek does not have to be mutually exclusive. Rather, the more important issue is to pursue at least one of these certifications and perhaps more than one if an individual is eligible.

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