

## Marketing Our Profession: The New Millennium Challenge

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### Abstract

Increasingly, marketing has become a method of communication about the qualities, contributions and values of services and products. Many institutions of higher education have adopted a corporate approach in utilizing information about jobs and salaries offered in various professions to recruit and retain students. Although health education has made significant strides in professional development, it does not seem to pay a serious attention to the significance of economic forces of employment and its impact on the profession. Information about health education positions and compensations is too limited. There is an urgent need for a comprehensive national survey to provide data about health education jobs and salaries. Such information can help in clarifying employment related questions, overcoming salary inconsistencies, and promoting health education in today's market place.

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*Keywords: health education, marketing, jobs and salaries, national survey*

### Introduction

There has been a trend in educational institutions to promote the corporate ethos and its values in professional preparation of students. Among corporations, higher level education and training are rewarded with higher salaries. As a result, educators in many fields define occupations and discuss jobs and salaries to gain leverage with both employers and prospective students. In order to keep pace with these changes, health education must move beyond the confines of its typical self-study foci and address the job opportunities and salaries offered in the profession. This crucial approach can help to:

- Provide opportunities for collaboration among employers and professional preparation institutions.
- Increase the visibility and desirability of health education as a career.
- Increase financial and political support for health education professional preparation programs.
- Retain quality health education practitioners within the profession.

- Make universities a repository of information about health education for professional organizations and external agencies.

The External Communications Committee of SOPHE (Society for Public Health Education) has been discussing various means of promoting health education. A nationwide survey of health educators' jobs and salaries has been identified as one way to increase the appeal of the profession, as concrete job opportunities and known salary ranges offer a degree of security for students as potential employees. The committee believed that such activity would help address two important concerns raised by the Coalition of National Health Education Organizations (CNHEO) at its second invitational conference: focal area IV- professional preparation, development and quality assurance; and focal area V- promoting and marketing the profession. On behalf of SOPHE, the committee submitted a proposal for health education jobs and salary survey to CNHEO for input and consideration. The coalition members agreed that such a survey is important area of attention and indicated they

would publicize the need for such research among their member organizations. However, resources were not available to conduct such a survey (Capwell, 2002).

### **Background Information**

In the past two decades, health education has come of age as a profession. Among the most recent accomplishments are: the development of national certification for Health Education Specialists (CHES), and health education listing as a distinct occupational category by the United States Standard Occupational Classification Policy Review Committee (Auld, 1998). Alperin and Miner (1993) noted that it is important for employers and practitioners to realize that those with health education competencies are prepared to assume leadership roles in the public health agenda of the future. In a forecast of health education in the twenty-first century, Felts (1995) drew a blueprint for the profession's future by addressing the need to track demographic trends, adapt to changes in information delivery technology, and suggesting a new model for health education practice consistent with emerging trends in the health care delivery system. The author also considered trends within the profession, its philosophical bases and the influence of various external forces encouraging health educators to speak with one voice if health education was to become a unified profession (Felts, 1995). The CNHEO response was a focus on the creation of synergy among health education organizations.

Another urgent challenge for the profession was identified as the quantitative assessment of its workforce, both individuals' characteristics and aptitude (Clark, Wood, & Parrillo, 1998). The U.S. Department of Health and Human Services report (1997) entitled "The Public Health Workforce" outlines the importance of training and education for the workforce and gives directions to identify the size and distribution of various public health disciplines in the future. Furthermore, at the fifth annual Health Education Advocacy Summit, workforce preparedness was recognized as one of the advocacy priorities (Lyde & Wycoff-Horn, 2002).

Many of these challenges have been met with the growth of the profession, the monitoring of health Educators' competencies and innovative health education strategies. However, there is a general absence of information about health educators' job prospects and compensations. While health education is concerned with professional standards, partnerships, integrated delivery systems, unification and advocacy, in a market-driven economy many workers believe that "money matters most" in their choice of occupation. With health education's job opportunities occurring in a wide range of settings (worksite, medical, school, community), it is particularly vital to the profession to understand how to best market health educators, the range of their capabilities and appropriate compensation for their services.

### **Current Situation**

Today's workers place the highest value on good wages and job security (Karl & Sutton, 1998). The marketplace is increasingly competitive and demanding, and competent workers expect adequate returns for their skilled performance, both in wages earned and benefits received. Ideally, health educators, as caring professionals, find their rewards in the improvement of public health. Realistically, however, commercialism and a corporate ethos have prevailed and business leaders have been shaping policy strategies for educational reform (Weiner, 1990). Some stated that commercialism has threatened college education by a focus on the competitive market advantage as opposed to serving a broader function in serving students interest and welfare (Thacker, 1999). Despite educators' dismay and efforts to challenge the encroachment of corporatism, better schools are defined as those meeting the needs of business (Giroux, 1999; Wohl, 2001). College and university marketing is encouraged to focus on widely used consumer advertising related to such goals as knowledge, preference and purchase (Berger, & Wallingford, 1996).

Between the years 1990 and 2000, commercially-related activities in schools increased by 395%. These included program sponsorship, exclusive agreements, incentive programs, appropriation of space, sponsored

educational materials, electronic marketing, privatization and fund raising (Molnar & Morales, 2000). Market rhetoric centers on increasing productivity and rewarding competency with higher pay and status and students exposed to commercialism in the classroom adopt this rhetoric. They are indoctrinated with a customer service mentality as they learn to practice their trade for future consumers, targeted as consumers of education and conditioned to focus on attaining high-paying positions in return for their university preparations (Molnar & Reaves, 2001). In a variety of professions, salary has been found to be an influential reward strategy for attracting and retaining employees. Health education, however, does not seem to give the issue of salaries a serious attention.

### **Discussion**

A review of health education literature reveals a paucity of information related to salary ranges for health educators while more frequently discussing health educators' competencies or the benefits and drawbacks of credentialing in health education. For example, articles in the theme issue of the *Journal of Health Education* (Smith, 1993) provide valuable descriptions of the history and development of credentialing, the credentialing process and the pros and cons of certification. A national profile of CHES members is presented including their academic major and degrees, practice settings, state of residence, years of experience and membership in professional association. However, no information about their salaries or job titles is provided. A recent survey related to job satisfaction (using a systematic sample of 504 health educators with a 267 (53%) response rate), indicated satisfaction with co-workers, work, supervision, and pay (Prelip, 2001). Another study of health educator labor market in San Francisco (Finocchio, Love, & Sanchez, 2003) inspired by the development of a Master of Public Health (MPH) in community health education, provided information about employers report of adequacy of educational preparation, needed bilingual competencies and a favorable labor market for MPH degree program. But, these studies did not offer any

information about the amount of salaries for the health education positions.

At the national level, information about health educators' salaries is scant. Limited information is available through a survey of certified health educators performed in 1997 by the National Commission for Health Education Credentialing (NCHEC) (1997) and an article by Clark et al. (1998) reflecting salary ranges of health educators in local health departments. Another study using 1998 data provided information related to the employee compensation in community health education workforce where at least 137 job titles were found (Wu, 2003). The National Commission for Health Education Credentialing and Coalition of National Health Education Organization (1996) addressed the health education profession in the 21st century describing the state of the profession (demographics, area of practice, preparation, and salary) as imperative, however, a comprehensive study of the salary ranges of health educators remain generally unattended.

In the state of California, there are a few scattered sources of information about health educators' salaries. These include the state salaries report, a salary summary by the California Conference of Local Directors of Health Education, salary survey results from some managed care organizations, university faculty positions announcements, and a survey of some universities' alumni. The limited information available about health educators' salaries does not indicate consistencies in the range of their pay. Due to the assortment of titles, degree requirements, listed credentials and salary ranges, it is almost impossible to combine the information from the above sources into a classification system or common pattern of salaries for those holding health education positions. Therefore, the workforce composition and salaries of health educators are unknown in any comprehensive way. Subsequently, employers set up their own standards for health educators' jobs and salary compensations. The situation particularly leaves students and young professionals unaware of the rewards and career advancements that the discipline offers.

A major barrier to conducting a salary survey of health educators is methodology-related. The acquisition of a representative mailing list of employers and employed health educators has shown to be difficult. The current National Health Educator Competencies Update Project (CUP) had a long and serious struggle compiling a mailing list of some 15,000 people nationwide, and the list is not available for any other survey. The CUP survey, a lengthy instrument with 200 questions, will provide much valuable information about the performance and perceived competencies of health educators but the demographic data did not include a question related to wages. While some believe that a study of competencies is not related to salaries, it would be very helpful to know if competencies have any correlation with the range of salaries among health educators.

There are a few untapped possibilities for gathering salary and other job related information. The US Department of Labor (DOL) (1999) is now collecting information on health education jobs and salaries. These data can be reviewed, analyzed and presented in professional health education literature. Occupational accounts and wages are identified by two- and three- digit Standard Industrial Classification numbers (SIC levels for the nation are available through the DOL web site at <http://stats.bls.gov/oes/1999/oesrci.htm>). The SIC industry group code provides occupational employment and wages estimates for that industry code. Utilization of these SIC-based files can determine what SIC industries employ for an occupation, however, it does not identify public and private employers of health educators. The health services (SIC 80) and educational services (SIC 82) contain data for both public and private employers. Additionally, a CDC health educator group (known as PHEHP-NET) has devised two major classifications of jobs for health educators. While this group focuses less intently on salaries, a study of the qualifications and other employment data can provide helpful information. Furthermore, the next phase of SOPHE credential study of some 4000 health educators includes questions about their salary range (Capwell, 2002).

Other professionals have conducted surveys of salaries. For example, nurses and teachers have studied the positions and salaries offered in their profession. The results of a national salary survey of the environmental health profession, summarized in a one-page matrix, included salaries by job settings, level of education, gender, years of experience, number of people supervised, and region in the USA (Neville & Guillotte, 1998). Such information is taken into consideration in decisions made by university administrators as they allocate resources to a degree program in environmental health and hiring new faculty. This is in opposition to a community health program where such information is not available. The absence of information has an ongoing effect on student recruitment, advisement and retention. University placement office advisors are usually generalists and the “responsibility of informing students about the realities of gaining employment in community health will almost always rest with department faculty advisor” (Lindsay, Hanks, Neiger, & Barnes, 2000, p.13). An advisor has little to say about community health when faced with a question common to new, ongoing and graduating students: “How much money does this job pay?”

A study of the full-time employees of local health departments (LHDs) nationwide indicated that of 86,788 budgeted positions, only 2,208 (2.5%) were classified as public information specialists/health educator positions. Of these, 243 positions (11%) were unfilled (Gerzoff, Brown, & Baker, 1999). This raises a number of questions especially since this job classification was the one with the highest percentage of jobs unfilled. Are health education opportunities and monies going unused? The data used was collected in 1992-93 and since there has been no follow-up publication, it is unknown if there has been any change in the situation. The majority of health educators in LHDs made less than \$30,000 (Clark et al., 1998). This report and its glaring findings dramatically underscore the critical need to provide direction in shaping jobs and salaries in LHDs and other health education work settings. Potentially, there are alarming disparities as significant differences were found (Wu, 2003) regarding the median salaries of

community health education jobs and national median incomes based on educational attainment.

### **Proposed Actions**

The time is to develop a system for facilitating the employment of health educators and defining appropriate levels of compensation is now. This will require a comprehensive national survey of jobs and salaries to identify the employment status and trends among health educators. Studies should also focus on the changing marketplace and poll employers for information about skills students will need to be successful in the workforce. An exemplary study of major employers in Canada, validated by a wide range of stakeholders, found that employers are looking for people who possess the following basic skills: 1) ability to communicate, think and continue to learn; 2) ability to demonstrate positive attitude and behavior, responsibility and adaptability; and 3) ability to work with others (McLaughlin, 1995). This study produced an employability skills profile, presented as a table, which has become a benchmark for educators, counselors employers and business use.

The CNHEO can form a committee to study and report on the status of health education workforce. The goal should be developing a national standard for jobs and salaries in health education. This includes identifying the workforce composition by providing a taxonomy of job titles, qualifications, salaries, size and distribution of employed health educators. At best, this investigation must also involve a review of the curricula of the professional preparation institutions to insure consistency in curriculum development and inclusion of the required competencies in health education.

The task of providing valid and reliable employment data is challenging and long-term, and requires support both in human power and funds. However, the topic merits immediate discussions within formal and informal professional forums, the attention of health

education journals and the involvement of students through classroom discussions, projects, theses and dissertations. Conferences can be planned with a focal theme on forecasting jobs in the twenty-first century and organizers can invite major employers and corporate executives as keynote speakers. This should also involve administrators in higher education, such as deans and presidents, who can discuss directions they are taking to respond to students' needs and the ways colleges and universities are planning for the future. Resources will also be necessary for the development of resources such as employment guide to careers and salary ranges in health education. Dissemination of data based information will provide answers to many questions that currently plague the profession. Obviously, the discipline of health education will benefit from the efforts in the documentation of job opportunities, spectrum of job titles, comparativeness and competitiveness of compensations for health education services across the United States.

### **Conclusion**

The time has come for a profession-wide effort to study career opportunities and salaries in health education. The collaborative efforts of health education professional organizations have positioned the profession to move into the next century mindful of not only social, cultural and political conditions but also economic forces (English & Videto, 1997). While adopting a corporate model seem inappropriate to the central mission of education in general and health education in particular, health education can benefit from some of the practices of efficiently managed and profitable corporations. In a market-driven society, availability of jobs that offer fair and competitive salaries can help health educators feel that they have received value for their skills, time, energy and productivity. Improved employment opportunities and compensations will enhance job satisfaction among health educators and increase credibility for health education as a profession.

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