

Consulting In Health Education/Promotion: Everything You've Always Wanted To Know But Were Afraid To Ask

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Abstract

In an effort to learn more about consulting in the field of health education/promotion, a descriptive study was completed by surveying health consultants. An IRB approved email survey was sent to health education/promotion consultants on two occasions, two weeks apart, via the HEDIR listserv (Health Education Directors Internet Resource). Self-identified health education/promotion consultants were asked to complete the survey and/or pass it along to other consultants who might also complete it. For completing the survey, participants were entered into a drawing for prizes. Twenty-five individuals completed the survey. Quantitative data from the survey were entered into an EXCEL spreadsheet and means, standard deviations, and frequency distributions were calculated. Qualitative data were coded into major categories and triangulated by the three co-authors. Where discrepancies arose, the three co-authors discussed them and came to consensus with a final decision. The majority of health education consultants participating in this survey had graduate degrees, diverse backgrounds, and more than 15 years of experience. CHES certification was held by 28% of the sample. Most participants held full-time jobs and participated in consulting part-time as a way to secure additional income. Consulting opportunities were most likely to arise due to expertise/reputation in the field, services requested, and/or networking. When hired as a consultant, individuals were most likely to: (a) design, implement, or evaluate programs, (b) conduct seminars or presentations, (c) write and review grants, or (d) combine multiple responsibilities, as specified in a contract designed by the entity for whom consulting is conducted. Clearly, consulting in health promotion is a viable career option for those seeking additional employment opportunities.

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Introduction

Health is multi-dimensional, and requires attention to at least six components (e.g., physical, social, intellectual, spiritual, financial, emotional, and environmental). Given the diversity of areas covered in health, it is highly unlikely that any one person will know everything about every aspect of these components. Therefore, a variety of career opportunities are available in health education and promotion. One emerging field within health education/promotion is consulting, which is predicted to grow considerably in the 21st century (Sager, 1999; Sicangco Cruz, 2000). Interest in a career as a health and safety consultant is increasing ("How do I get there?", 2007). The United States Department of Labor predicts that education and health services will

grow faster than any other employment opportunities — a whopping 30.6% by the year 2014. Rapid employment opportunities in health care are a result of longer life expectancies, diversity in the workplace, and an increased emphasis on health and safety within the corporate environment (Anonymous, n.d.; US Department of Labor, 2007). Health and safety programs are being implemented in the workplace to increase employee productivity, decrease the cost of health care, and improve job satisfaction of employees (Murphy, 2002).

Consultants are hired because of their expertise and experience in a field of study. As a result of their knowledge, skills, and/or reputation, consultants can offer services to clients. The ultimate goal is to improve the quality of a

health education/promotion product by calling upon the most knowledgeable or skilled person available (Fitzgerald, 1998; Sager, 1999; Sicangco Cruz, 2000). Health education/promotion consultants bring unique knowledge, resources and/or skills to clients based on an attempt to advocate healthy life choices (Sicangco Cruz, 2000). Consultants can come into a situation, make an assessment, give recommendations, provide the services and/or resources to educate those involved, and help to initiate changes (Fitzgerald, 1998).

Despite growth in the field of health education/promotion and the potential of consulting as a future career option, there is a dearth of information available to individuals who are interested in pursuing a career (or supplemental income) related to consulting. Given the lack of information about consulting in health education/promotion, the purpose of this paper is to answer the following questions related to consulting: (1) Who currently participates in health education and promotion consulting?; (2) How can an individual pursue and increase opportunities in consulting?; (3) Who employs health education/promotion consultants?; and (4) What are the primary responsibilities of consultants? This paper is designed to start a discussion about consulting in our field. Hopefully, additional research projects will result from this paper to continue to address the many unanswered questions.

Methods

Participants and Procedures

Self-identified health promotion consultants were asked to complete an IRB approved questionnaire sent to them on the HEDIR listserv (Health Education Directors Internet Resource). Completion of the questionnaire signaled the individuals' consent to participate. Several techniques were used to increase participation in the study as recommended by Ransdell (1996). First, individuals who completed the survey were entered into a drawing for prizes. Second, the survey was sent twice to the HEDIR listserv to remind participants who had not completed the survey to do so. An initial query was sent on May 15, 2007 and to increase participation, a second call

to complete the questionnaire was sent on May 29, 2007. Recipients of the email sent to HEDIR were asked to use the snowball sampling technique (i.e., send the questionnaire to other health promotion consultants) to continue to increase the sample size for this study. Finally, 25 additional individuals with expertise in health promotion were sent an email asking them to participate and/or recommend others who would complete the survey.

Survey

While researching health promotion consulting, it was evident that there were several unanswered questions about the health promotion consultant profession. Therefore, the authors of this paper developed the questionnaire that was sent out via HEDIR. To ensure content validity, a literature review was conducted to find papers related to health promotion consulting. Unfortunately, the literature related to consulting in health education/promotion is sparse. Therefore, information on consulting was sought from other areas including business, education, and law. To ensure face validity, two experts in the field of health education/promotion were asked to review the survey and make suggestions for improvement. Data collected were both quantitative and qualitative. Examples of questions on the survey include: "How did you become a health education/promotion consultant?," "How many years have you been a health education/promotion consultant?," and "With whom do you consult?" (A copy of the survey is available from the first author).

Data Treatment and Analysis

Quantitative data from the survey were entered into an EXCEL spreadsheet and means, standard deviations, and frequency distributions were calculated. Qualitative data were coded into major categories and triangulated by the three co-authors. When discrepancies arose, the three co-authors discussed them and came to consensus with a final decision. Data were kept in the first authors' office and were treated as privileged and confidential. Participants were not identified by name on any of the data recordings. Code numbers were used to compile results.

Results

Participation Rate

The initial call for questionnaire completion on HEDIR resulted in nine questionnaires being completed. The second call for questionnaire completion resulted in an additional sixteen questionnaires completed. In the end, twenty-five (n = 25) self-identified health promotion consultants participated in the study.

Who are the Health Education/Promotion Consultants? To answer the question: “Who currently participates in Health Education/Promotion Consulting?,” descriptive data were compiled. Figure 1 presents the education level of the health education and promotion consultants who completed the questionnaire. Ninety two percent of the sample reported having at least one graduate degree and eight percent did not report their education level. Clearly advanced education is an integral part of establishing expertise and working as a consultant in our discipline. The average number of years a person has been consulting was 15.12 years. Many respondents have been working to

establish credibility and recognition, which promotes and legitimizes their consulting businesses.

Figure 2 presents the percentages of health education/promotion consultants who hold CHES (Certified Health Education Specialist) certification. Twenty-eight percent of the individuals who responded to the survey reported being CHES certified. The National Commission for Health Education Credentialing requires a bachelor's, master's or doctoral degree from an accredited institution of higher education; and one of the following: (a) an official transcript (including course titles) that clearly shows a major in health education (e.g., Health Education, Community Health Education, Public Health Education, School Health Education), or (b) an official transcript reflecting at least 25 semester hours or 37 quarter hours of course work with specific preparation addressing the seven “Areas of Responsibility” for health educators who are CHES certified (NCHEC, n.d.).

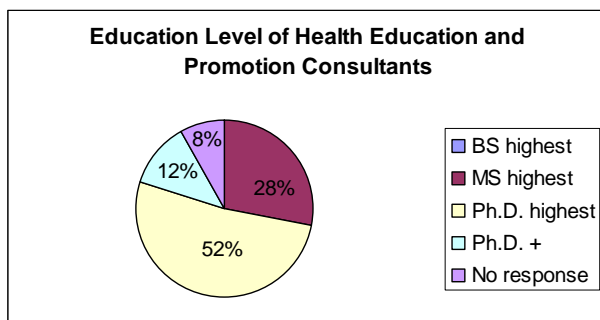


Figure 1
Education Level Of Health Education & Promotion Consultants

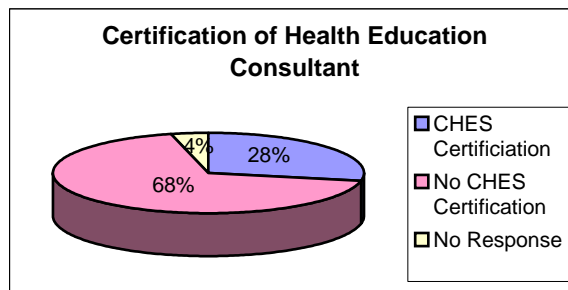


Figure 2
CHES Certification Of Health Education Consultants

Information on income of health education/promotion consultants is presented in Figure 3. The average amount of money made from consulting was \$51,647.62. This number is misleading because there were large variations in the amount of money made in consulting.

Income from consulting can vary from year to year and from person to person. Those who are willing to work very hard and put in an extraordinary amount of effort can make significant income from consulting. More research is needed in this area because some

survey participants worked in university settings and included their primary salary with their consulting income in one total figure. For

example, three individuals reported making over \$100,000.00 a year in consulting jobs while being employed at a university.

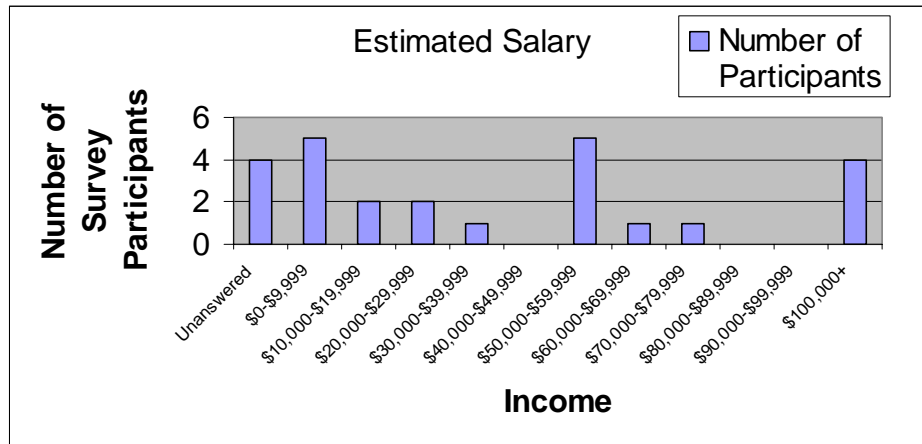


Figure 3
Estimated Salary Of Health Education/Promotion Consultants

In addition to knowing about the demographics of health education/promotion consultants, it is important to know about their primary or preferred mode of communication. Figure 4 presents common communication styles of consultants who participated in this study. The most common style of communication for survey respondents was “in person.” Many individuals gave more than one answer, even

though the question asked about their primary method of communication. Of the 25 participants, 17 listed more than one communication method (e.g., in person, via phone, e-mail, other). Only eight individuals listed one primary method of communication; all of those who answered with a single response reported “in-person” contact as their primary method of consulting.

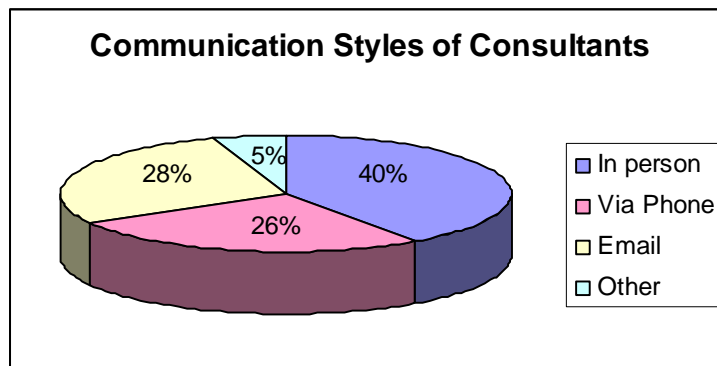


Figure 4
Preferred Communication Styles Of Health Education/Promotion Consultants

To answer the second research question: “How can an individual pursue and increase opportunities in consulting?,” qualitative data were coded and summarized. Figure 5 presents a summary of how individuals increased their opportunities in consulting. Nearly 30% of participants acknowledged their high level of

expertise and program evaluation skills as vitally important for becoming a consultant. Other respondents reported multiple reasons for acquiring consulting opportunities (e.g., developing expertise/reputation, requested services, seminar opportunities, and networking contacts).

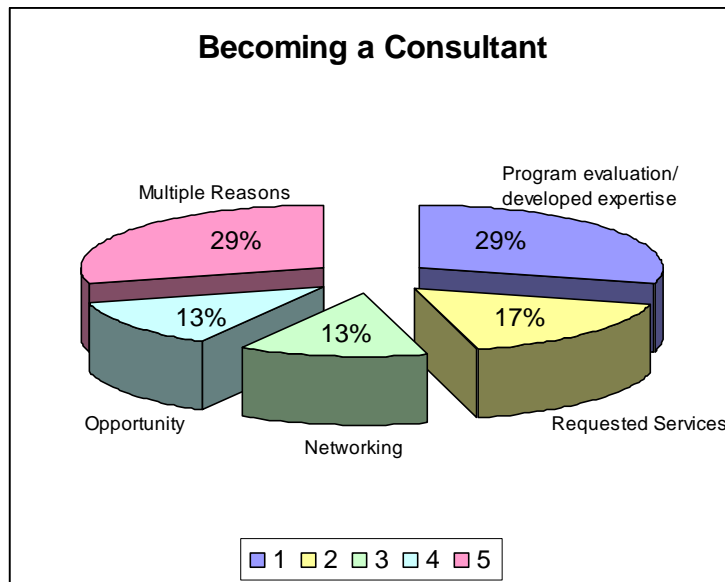


Figure 5
Ways To Become A Health Education/Promotion Consultant

To answer the third research question: “Who employs health education and promotion consultants?,” qualitative data were coded and summarized. One third of the participants had primary employment in higher education and performed tasks such as designing and delivering seminars and lectures and writing and reviewing grants. Participants also secured employment opportunities based on requirements of consulting contracts. Seven health education/promotion consultants had primary careers in other areas (e.g., self-employed, professional medical and health fields, government, and public schools) and performed a variety of consulting tasks for private contractors.

To answer the fourth research question, “What are the primary responsibilities of a health education/promotion consultant?,” qualitative data were coded and summarized. Nearly half of the respondents reported juggling multiple consulting responsibilities which included: (a) designing, implementing, and evaluating programs, (b) conducting seminars or presentations, (c) writing and reviewing grants, and (d) other miscellaneous responsibilities specified in the contract. Program design and implementation were the most frequently mentioned job responsibilities.

Finally, respondents were asked to provide any additional information about consulting that might help aspiring consultants learn more about

it as a career. A summary of that information is provided below. Several consultants mentioned that “consulting is too varied to count on anything on a regular basis.” Another consultant mentioned “consulting works well with certain lifestyles—but it is lonelier than having a regular job.” Still another consultant cautioned “the travel schedule required for consulting is difficult for some to manage.” Most respondents agreed consulting is “a good way to supplement a low salary, but that the amount of money to be made varies depending upon the work you are willing to do.”

Discussion

The purpose of this study was to survey self-identified health education/promotion consultants in an effort to learn more about consulting as a career. Our most important findings are related to the “who, what, when, where, and how” dimensions of the consulting business in health education/promotion. Most respondents agreed that a career in health education/promotion consulting is a wonderful opportunity to supplement a full time career. Pursuing consulting on a full-time basis is somewhat risky given the fluctuating nature of consulting opportunities. Some ways that consulting opportunities arose were through networking, opportunities, and expertise. Graduate degrees are pertinent to developing expertise and a professional reputation. CHES certification, while not necessary, is potentially a way to enhance consulting opportunities. Consulting may allow for flexible scheduling, multiple and diverse employment prospects, and lifestyle opportunities not traditionally available in corporate or educational settings.

Unfortunately, we were not able to find previously published research on consulting in health education/promotion. Therefore, it is necessary to compare our findings to those of consultants in business, law, and education. Previous recommendations for those pursuing a career in consulting include: being flexible, having the ability to multitask, and communicating effectively (Anonymous, n.d.). Cohen (1996) suggests that successful consultants demonstrated knowledge of legalities within their field, possessed strong

business, marketing, and sales strategies, practiced responsible financial management and planning, and understood technologically appropriate resources.

One valuable skill that was mentioned by our respondents and those of Cohen (1996) was the ability to network. Clearly, networking can lead to opportunities in consulting. However, in addition to networking, having business acumen, legal knowledge, and communication skills is also essential to success — even though it was not mentioned by our respondents. Since we did not directly ask the consultants to list the most important characteristics related to success, we did not receive as many recommendations for success as those presented above. In the future, the questionnaire should be expanded to include recommendations for success in consulting.

Interestingly, much of the previous research on consulting was related to formulating business start-up plans. Our study expands the body of literature on consulting in that we include demographic information about consultants, potential job responsibilities, likely employers, and ways to increase consulting opportunities. Additionally, we specifically targeted consulting in health education/promotion—an area that is under-researched.

Cohen (1996) recommends asking yourself these questions to determine if you are ready to become a consultant: “Are you comfortable working alone? Tracking down new clients? Selling your skills?” Once you have determined that consulting is a career option you would like to pursue, selecting an area of focus in which to specialize is the next task to address before developing contacts (Allen, 1995).

While this study has reported some interesting and novel findings, it is not without limitations. First, the questionnaire should be modified. Questions on income, method of preferred communication, and employment status should be revised to minimize confusion and ensure that respondents answered them as intended. Conversion of open ended questions to closed ended questions will simplify data reporting and decrease respondent burden. A second limitation

is that test-retest reliability was not established. Future studies with closed-ended questions should enable more accurate reliability checks. A third study limitation is that the survey was distributed to a narrowly defined group of professionals in health education/promotion via the HEDIR listserv and personal contacts of the third author. Future questionnaires should be distributed through other health education/promotion resources such as conferences, university directories, CHES certification resources, and health promotion associations. Finally, the small sample size limits the ability to generalize our results to other health education/promotion consultants.

Given the lack of research on consulting in health education/promotion, there is a need to expand this study to a much larger scale. Additional information could be obtained through personal interviews, ethnographies, and longitudinal studies that would enable a researcher to follow a consultant over time to determine how his/her career develops and

changes. Studies could be designed to determine which personal and professional skills and demographics are correlated to consulting income or consulting effectiveness. We should continue to examine studies in other academic areas to see what we can learn and apply to the field of health education/promotion.

Conclusion

The health education/promotion field is rapidly expanding and consulting opportunities are developing in a variety of areas. Consulting offers professionals the opportunity to supplement income while increasing their professional network. Results of this study should benefit health education researchers, professionals, and students because: (a) it will add to the dearth of knowledge related to health education/promotion consulting, (b) it will encourage health education/promotion majors to consider a new and evolving career, and (c) it will start discussion and future research about the emerging field of health education/promotion consulting.

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