Healthy Choices: Family Life Education

Activity Guide

Society for Public Health Education

www.sophe.org
ACKNOWLEDGEMENTS

SOPHE is grateful to the many individuals who provided expert advice and guidance to the Society in the development of the Healthy Choices: Family Life Education! Activity Guide & Tool Kit. Most notably, we wish to express our sincere appreciation to the following individuals for their contribution:

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Introduction

Since 1995, National Health Education Week (NHEW) has been celebrated during the third week of October. This celebration focuses national attention on a major public health problem, provides public education on the issue, and improves consumers’ understanding of the role of health education in promoting the public’s health. The event is sponsored by the National Center for Health Education (NCHE), with additional support from the Society for Public Health Education (SOPHE).

The National Health Education Week 2005 focuses on the theme Healthy Choices: Family Life Education, with emphasis on the important role of medically accurate and scientifically based comprehensive sexuality education— including both abstinence and age appropriate information on contraception, as well as information regarding relationships, decision-making, and skill building. Comprehensive Sexuality Education is extremely important for adolescents and young adults to be prepared for many social situations, as well as to contribute to our nation’s health.

In an effort to support health education campaigns surrounding an array of important health issues, SOPHE is proud to present the Health Education Week Planning Guide 2005. This practical guide was designed to help individuals, organizations, and communities develop campaigns that recognize, promote, and encourage healthy behaviors no matter the health issue. In addition to the ideas described in the guide, SOPHE encourages the added creativity of the campaign planners to personalize National Health Education Week for their own communities.

The 2005 Planning Guide is intended to help campaign planners to:

- Learn more about the role of health education
- Determine an appropriate celebration of National Health Education Week 2005
- Select and plan activities for your celebration
- Evaluate the success of your activities
- Share your ideas and experiences with other health educators and health professionals around the country

Best wishes for a successful health education campaign!

Collins Airhihenbuwa, PhD
SOPHE President
Overview of the Field of Health Education

Since the early 20th century, health education has played an important role in addressing challenges to our nation's health. Some of the greatest accomplishments in public health have included the control of infectious diseases, family planning, motor-vehicle safety, and the recognition of tobacco as a health hazard. Our challenges today are no less severe as the public faces the threats of chronic diseases, AIDS, obesity, and response to and preparation for emergency situations. Through the knowledge base and skill set provided by the field of health education, these threats are continually addressed with the goal to maintain and improve the health of individuals, families, and communities.

In an effort to briefly describe the field, the following section includes an overview of health education, the role of a health educator, and a description of health advocacy.

WHAT IS HEALTH EDUCATION?
Health education is a social science that draws from the biological, environmental, psychological, physical, and medical sciences. It aims to promote health and prevent disease, disability, and premature death through theory-based voluntary behavior change activities, programs, campaigns, and research. Health education is an essential public health service that requires the practice of the three core functions of public health: assessment, policy development, and quality assurance. By focusing on prevention, health education reduces the financial and human costs that individuals, employers, medical facilities, insurance companies, and the nation would spend on healthcare and medical treatment.

In practice, health education adopts a broad, ecological approach in an effort to create healthy communities. Health educators work at the individual, group, institutional, community and systemic levels to improve health knowledge, attitudes, and skills for the purpose of changing or encouraging behaviors that relate to optimal health status.

The field provides a scientific backdrop that has established strong theories for disease prevention and health enhancing behaviors. This information is shared in theory-based journals that are renowned in the public health field for the latest research and best practice. These journals include *Health Education & Behavior, American Journal of Health Promotion, Health Promotion Practice*, and *Journal of Health Education*, among many others. In addition, professional organizations have been established in order to provide health educators with the opportunity to collaborate with other professionals in the field in an attempt to promote the goals of public health, all while adhering to a professional code of ethics.
WHAT IS THE ROLE OF A HEALTH EDUCATOR?
The U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook reports that there are 45,000 health educators in the United States (as of 2002). As officially defined by the Standard Occupational Classification (SOC), a health educator:

“…promotes, maintains, and improves individual and community health by teaching individuals and communities how to assume responsibility for addressing health care issues. They collect and analyze data to identify community needs prior to planning, implementing, monitoring, and interpreting programs designed to encourage healthy behaviors. May also serve as a resource to assist the individual or community and may administer fiscal resources for health education programs.”

Today, health educators specialize in a variety of different settings including schools, colleges, worksites, medical care settings, public health settings, and community-based agencies and organizations. Additionally, some perform content-specific health education functions such as those working in nursing, social work, substance abuse or HIV counseling, and dental hygiene. Lay workers may also learn to do specific, limited educational tasks to encourage healthy behavior such as becoming CPR certified. While para-professionals and health professionals from other disciplines may offer health education services, they may not be familiar with the specialized body of health education and behavior change knowledge, skills, theories, and research, nor is it their primary interest or professional development focus.

Being a health educator requires specialized study. Over 250 colleges and universities in the U.S. offer professional preparation programs in health education with degrees varying from baccalaureate to doctorate. Health education has entry-level and advanced level competencies that serve as the basis for a professional practice. For example, in collaboration with medical staff and community agencies, health educators assess the need for, plan, develop, implement, manage, and evaluate health programs. Nationally, health educators may also receive a certification from the National Commission for Health Education Credentialing, Inc (NCHEC). The Certified Health Education Specialist (CHES) certificate attests to an individual’s ability to:

- Effectively assess health education needs
- Plan, implement, and evaluate programs
- Build coalitions and coordinate the provision of health services
- Identify resources
- Act as an advocate for health issues
- Communicate health education needs

CHES are re-certified every five years based on documentation of participation in 75 hours of approved continuing education activities. Employing Certified Health Education Specialists provides professionals who will increase the effectiveness of health programs. CHES professionals not only have demonstrated expertise in health education, but also have contemporary skills and knowledge as demonstrated through completion of the continuing education requirement.

**WHAT IS HEALTH ADVOCACY?**

In order for health educators and health professionals to support the goals of public health, an ecological approach that impacts health at a variety of levels including individuals, groups, and public policy is necessary. When addressing individual behavior change, such as healthy choices, it is important to consider all areas of impact, including policy change through health advocacy.

"We must advocate. We must dare to step inside circles that are unfamiliar to us as public health leaders. We must advocate for a broader view than our own borders dictate. We must be willing to argue that public health should take a higher place on political and budgetary agendas."

*David Satcher, MD, PhD*

*Surgeon General*

*Health advocacy* is defined as “the processes by which the actions of individuals or groups attempt to bring about social and/or organizational change on behalf of a particular health goal, program, interest, or population.”

Through educating and influencing select individuals, health advocacy aims to change attitudes, policies, laws, and practices on behalf of communities affected by a particular health issue, such as healthy choices.

In the July 2004 issue of *Health Promotion Practice*, authors Regina A. Galer-Uniti, Marlene K. Tappe, and Sue Lachenmayr introduced seven strategy areas for health advocacy. In their article, *Advocacy 101: Getting Started in Health Education Advocacy*, the authors presented a tiered approach to each of these seven advocacy strategy areas. After reiterating the independent value that each specific strategy has to the field of health advocacy, the authors explain that their three-tiered approach is intended to:

"... serve as a guide to initiating or assessing one's advocacy activities and a challenge to all health educators to engage in a variety of activities designed to advocate for health and health education."

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The following table highlights this three-tiered approach, using the terminology "Good-Better-Best" to indicate a range of advocacy strategies. A number of these strategies are further explored in this document.

**Advocacy Strategies: Good, Better, Best**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Good</th>
<th>Better</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voting Behavior</strong></td>
<td>Register and Vote</td>
<td>Encourage Others to Register and Vote</td>
<td>Register Others to Vote</td>
</tr>
<tr>
<td><strong>Electioneering</strong></td>
<td>Contribute to the Campaign Fund of a</td>
<td>Campaign for a Candidate Friendly to Public Health and</td>
<td>Run for Office or Seek a Political Appointment</td>
</tr>
<tr>
<td></td>
<td>Candidate Friendly to Public Health and</td>
<td>Health Education</td>
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<td></td>
<td>Health Education</td>
<td></td>
<td></td>
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<tr>
<td><strong>Direct Lobbying</strong></td>
<td>Contact a policymaker</td>
<td>Meet with your policymakers</td>
<td>Develop ongoing relationships with your</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>policymakers and their staffs</td>
</tr>
<tr>
<td>**Integrate Grassroots Lobbying into</td>
<td>Start a petition drive to advocate a</td>
<td>Get on the agenda for a meeting of a policy making</td>
<td>Organize a community coalition to enact</td>
</tr>
<tr>
<td>Direct Lobbying Activities**</td>
<td>specific policy in your local community</td>
<td>making body and provide testimony</td>
<td>changes that influence health</td>
</tr>
<tr>
<td><strong>Use the Internet</strong></td>
<td>Use the Internet to access information</td>
<td>Build a web page that calls attention to a</td>
<td>Teach others to use the Internet for</td>
</tr>
<tr>
<td></td>
<td>related to health issues</td>
<td>specific health issue, policy, or legislative proposal</td>
<td>advocacy activities</td>
</tr>
<tr>
<td>**Media Advocacy: Newspaper Letters to</td>
<td>Write a Letter to the Editor</td>
<td>Write an Op-Ed piece</td>
<td>Teach others to write letters and Op-Ed</td>
</tr>
<tr>
<td>the Editor and Op-Ed Articles**</td>
<td></td>
<td></td>
<td>pieces for media advocacy</td>
</tr>
<tr>
<td>**Media Advocacy: Acting as a Resource</td>
<td>Respond to requests by members of the</td>
<td>Issue a news release</td>
<td>Develop and maintain ongoing relationships</td>
</tr>
<tr>
<td>Person**</td>
<td>media for health-related information</td>
<td></td>
<td>with the media personnel</td>
</tr>
</tbody>
</table>

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ROLE OF HEALTH EDUCATION IN PROMOTING HEALTHY OUTCOMES

In working to address the nation's health challenges, the fields of public health and health education work to systematically recognize and impact specific areas of health shown to affect the nation's overall health status. As more and more Americans are suffering and dying from chronic diseases, greater emphasis has been placed on individual and community changes that impact lifestyle behaviors. In fact, research has found that one's lifestyle accounts for nearly half (48%) of one’s health and wellness. Examples of health behaviors affecting lifestyle and health include smoking cessation, regular medical check-ups, cholesterol screening, physical activity, healthy eating, and prevention of sexually transmitted diseases and adolescent pregnancies. Community changes that support such behaviors are building sidewalks and walking paths, ordinances that prohibit smoking in restaurants, nutrition labeling and comprehensive sexuality education policies and curriculum.

The importance of healthy choices related to comprehensive sexuality education has become increasingly important as research has established that programs actually help young people delay intercourse, reduce the frequency of intercourse, reduce the number of sexual partners they have, and increase their use of condoms and other contraceptive methods when they do become sexual active. The Sexuality Information and Education Council of the United States (SIECUS) has developed guidelines to assist teachers with age appropriate sexuality materials for children in kindergarten through twelfth grade. School-based comprehensive sexuality education addresses “socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.” The guidelines from SIECUS are developed around six key concepts: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. By providing comprehensive sexuality education, children and adolescents will be equipped with valuable information, an understanding of their personal values and beliefs, critical thinking skills for decision-making, as well as relationship and interpersonal capabilities. Having this background contributes to an increased responsibility and preparedness when making sexual health decisions.

As role models, parents play the most important role for correct information about sexual health. Although children and adolescents will pick up information from their surrounding environments (friends, movies, television), parents have the job of influence[ing] their sons' and daughters' moral development, healthy decision making abilities, self-esteem, and knowledge of, and comfort with, their own sexuality.”

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Organizing and Planning for National Health Education Week

There are many steps involved in preparing for National Health Education Week. To assist you in this process, the following section includes a brief overview of each planning component.

MAKING A COMMITMENT
If you or your organization has considered participating in National Health Education Week, keep in mind that national, state, and local coordination is essential to the impact of NHEW. Therefore, it is strongly encouraged that individuals and organizations commit to celebrating during the third week of October, 2005: October 17 - 23. The focus on the theme, Healthy Choices: Family Life Education, is expected to make a powerful impact this fall and beyond.

FORMING A PLANNING COMMITTEE
Setting aside sufficient planning time for your campaign will help to produce a successful and meaningful outcome. One way to structure this process is through the formation of a Planning Committee. Among other responsibilities, such a committee would be charged with:

- Establishing the goals and objectives of the campaign
- Developing a plan of action of activities and programs to accomplish the objectives
- Creating a timeline
- Identifying responsibilities
- Evaluating progress
- Addressing obstacles
- Evaluating outcomes

Recruiting planning committee members can be a challenging process. When approaching this process, consider a diversity of strengths and talents that individuals might bring to the group. These include leadership skills, technical skills, promotional skills, subject area expertise, or access to particular communities or organizations. You may also want to consider including members of the population of interest in an effort to better understand specific interests, needs, and wants.

Although establishing planning committees appears to be time-consuming in the early stages, ultimately this process saves time by systematically organizing group efforts to create a successful campaign.
ESTABLISHING GOALS AND OBJECTIVES
The overall goal of National Health Education Week is to highlight a timely theme. However, the specific objectives for a campaign can be determined locally, based on populations of interest and local needs. Examples of objectives for National Health Education Week 2005 might include:

- By the end of NHEW 2005, all eight grade students at Sunset Ridge Middle School will be able to describe basic healthy lifestyle changes as indicated by a classroom post-test.
- By the end of NHEW 2005, Community X's Local Health Department (LHD) will have distributed kits, brochures, and pamphlets about risky behaviors and disease prevention to at least 550 individuals in their district, as indicated by the LHD's process forms.
- By the end of NHEW 2005, at least 30% of Company Health's employees will have participated in at least one event associated with risk and prevention of chronic illnesses as indicated by the event rosters.
- By the end of the NHEW 2005 State University Peer Workshop, at least 60% of participating students will report an increased motivation to incorporate less risky behaviors and practices as indicated by a workshop evaluation form.

ARE YOUR OBJECTIVES...

... SPECIFIC? Are the objectives specific to the population of interest, the length of the campaign, and the desired change?

... MEASURABLE? Are the objectives able to be evaluated?

... ATTAINABLE? Are the objectives realistic in the given time frame?

... GOAL-ORIENTED? Do the objectives support the campaign's goal?

ELICITING COMMUNITY SUPPORT
Whether led by an individual or a planning committee, successful campaigns are often grounded in community support. One way to elicit such support is to recruit community members and organizations that are involved in school health, health education and health promotion, both locally and nationally. Support can be fostered through
advertising, networking, and one-on-one interviewing. By including the greater community in your campaign, you have the potential to:

- Reach more of your population of interest
- Increase credibility of your campaign
- Gain access to additional materials
- Benefit from community talent and additional human resources
- Share financial costs associated with campaign materials, events, and/or activities
- Foster a collegial network within the community-at-large
- Build off past successful initiatives

**IDENTIFYING AND REACHING POPULATIONS OF INTEREST**

A successful campaign is grounded in an understanding of the specific needs and beliefs of a population of interest. Most likely, this population will be determined by the emphasis of the campaign's theme, as well as the defined campaign objectives. In the case of this campaign, consider those individuals who are most affected by unhealthy and risky sexual practices in your community. Then, focus on the characteristics that those individuals might have in common. Such characteristics might include age, life stage, gender, attitudes or beliefs, patterns of behavior, religion, ethnicity, origin, and health status. Once you determine certain similar characteristics, you have identified your population of interest. The more your population of interest is specifically defined, the more successful you will be at focusing your campaign.

Some examples of populations of interest for an array of health education campaigns include:

- School-aged children
- Older adults
- College students
- Teenagers
- Single adults
- Employees
- Athletes
- Individuals, and their significant others, who have been diagnosed with HIV/AIDS or a sexually transmitted disease (e.g. Gonorrhea, Chlamydia, Herpes, Syphilis)

After having identified your population of interest, your next task is to consider how your campaign will reach those individuals. Two essential questions to consider are:

1. **WHERE can your population of interest be reached?**
   
   Rather than locating a campaign at the most convenient place for an organization, consider finding places where you can reach the most number of individuals from your population of interest. By learning in advance
where a group's "hot spots" are located, you will be able to maximize the time you spend during your campaign. Be creative when deciding on such a location for your campaign. Locations to consider include neighborhood gathering spots, shopping centers or malls, schools, parks, bus stops, and workplace cafeterias.

2. **WHEN will your population of interest be most open to the campaign?**

In addition to a prime location, an effective campaign also targets a population of interest at particular times. For instance, a college student health services building might be a fine location for a campaign; however, due to work schedules, you might learn that the campaign would not be as effective during regular business hours. Therefore, to target your population of interest, you might run your campaign activities on the weekend and in the early evening. By considering the most popular times, your campaign is more likely to influence greater numbers, and thus have a greater impact.

After determining where and when your population of interest will be most open to a healthy choices campaign, you can begin exploring different types of campaign strategies, including those mentioned in this Tool Kit. These strategies will vary depending upon:

- The goals and objectives of the campaign
- The ages and ability levels of the campaign's population of interest
- The length of the campaign
- The amount of planning time available
- The available resources, including human and material resources

By considering these factors, along with your organizational/planning committee approach to campaign planning, you will be well prepared to design an effective campaign.

**MAXIMIZING YOUR RESOURCES**

Understanding and utilizing your resources is an integral component to a successful healthy choices campaign. Common types of resources include:

- Human resources (employees, volunteers, interns, etc. all offering important skills, contacts, education, and experience)
- Monetary Funding (available funds, grant money, donations, etc.)
- Materials (handouts, flyers, health education books, CDRoms, computer based programs, etc.)
- Space (physical space as well as airtime, television time, etc.)
- Time (appropriate amount of time for planning, implementing, and evaluating)
Once you take inventory of your current resources, the next step is to establish resources that have not yet been met. To maximize your resources consider the following opportunities:

- Establish partnerships within the community (agencies, family planning clinics, school board members, religious institutions)
- Draw on the strengths of your employees, contacts, and board of directors
- Seek out funding opportunities at the local, state, and/or national levels
- Offer volunteer and internship positions
- Gain community support through appropriate marketing of your campaign
- Hold fundraisers and encourage donations
- Save paper and the need for excess materials by making 2-sided handouts and posting information on the Internet
- Recruit members of your population of interest to conduct training/outreach

The best-planned campaign can only become a reality if the appropriate resources are secured. Be creative and draw on a variety of resources to make your campaign a success!

SELECTING AND PLANNING ACTIVITIES

Levels of Influence

A healthy choices campaign can use a wide range of methods to address specific goals and objectives. When planning your specific events and activities for NHEW, consider impacting your intended audience at a variety of different levels.

<table>
<thead>
<tr>
<th>Levels</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>To target individual members of your intended audience, you may plan to approach them directly. This might include counseling for parents on discussing sex with their children or training teachers for teaching appropriate sexuality health for all grade levels.</td>
</tr>
<tr>
<td>Group</td>
<td>Groups consist of any number of individuals connected by some commonality such as gender, family, religion, social interests, etc. Plan activities and programs related to the groups' common bond, such as youth group discussions or book clubs.</td>
</tr>
<tr>
<td>Organizational</td>
<td>In an effort to further reach your intended audience, consider addressing the organizations to which they belong. Start initiatives such as a workplace wellness program or encouraging community centers to provide comprehensive sexual education materials or discussion groups.</td>
</tr>
<tr>
<td>Community</td>
<td>Create an atmosphere at the community level that supports your healthy choices, family life education initiative. Sponsor community-wide events or create a community proclamation for National Health Education Week.</td>
</tr>
<tr>
<td>Public Policy</td>
<td>To impact the policy level, you may wish to focus on advocating for legislation to include age appropriate comprehensive sexual education as a required part of education. This might include local, state, or federal laws that address school health education curriculum changes.</td>
</tr>
</tbody>
</table>

Distribution Channels

Depending on the amount of available resources, you might consider using multiple distribution channels in your campaign to increase the likelihood of reaching a greater percentage of the population of interest. Some of these channels might include:
Capitalize on Existing Events
Capitalize on events celebrating healthy choices that you may be already doing during that week and put a health education spin on it such as:

- Community Parks & Recreation Department (Athletic Leagues, a 5K Race, etc.)
- Religious Institutions (Picnics, Religious Schools, Youth Groups)
- Chamber of Commerce (Business Conferences, Coalitions, Meetings)
- Schools (Back-to-School Nights, Sporting Events, Campus Seminars)

By taking advantage of the opportunities that already exist in your community, you can maximize the resources you have and reach a larger audience with NHEW messages.

Highlight Materials Previously Created
Health education organizations have created materials for distribution, many of which are already focused on healthy choices. These materials could enhance the promotion and activities of National Health Education Week.

- Distribute copies of brochures, handouts, or fact sheets
- Hang up copies of the resources on a bulletin board or at a display booth
- Feature National Health Education Week on your personal or your agency's website, as well as on email signatures
- Create a list of Internet links related to family life and comprehensive sexual education on your website

By accessing and sharing those materials (*with permission, if necessary*), you can focus less time on creating materials, and more time on reaching your intended audience. Refer to the following page for a listing of Internet Resources Related to Healthy Choices, Comprehensive Sexual Education.
EVALUATING YOUR CAMPAIGN'S SUCCESS

After all of your hard work, don’t forget to evaluate your campaign’s success! In fact, evaluation is an essential component of any campaign and should be planned from the start, not left as an after-thought. Planners can learn the strengths and weaknesses of a campaign through Process Evaluation and Outcome Evaluation.

Process Evaluation
Process Evaluation answers the question, “to what extent were the campaign plans implemented?” This type of evaluation is important in understanding how each component of the campaign was carried out. Process evaluation may include questions such as:

- How many flyers were created? Mailed? Posted?
- How many presentations were held? What was the average attendance?
- For the classroom lessons, was the teacher’s manual used? To what extent?

Outcome Evaluation
Outcome Evaluation answers the question, “how effective was the campaign at producing its intended results among the population of interest?” In order to achieve this type of evaluation, you must understand how your campaign impacted your audience. Outcome evaluation items might include:

- Did your knowledge of healthy choices increase as a result of this campaign?
- Did your comprehension of high risk behaviors increase as a result of this campaign?

Process and Outcome Evaluation can include two forms of results: quantitative (closed-ended responses such as multiple choice or true/false) and qualitative (open-ended questions such as "what did you learn from the healthy eating campaign?"). Although both forms can be independently beneficial, a balance of quantitative and qualitative feedback is ideal in creating a comprehensive description of the campaign’s success.

If evaluation seems overwhelming or too complicated, do not forget that there are many resources that surround you. Consider enlisting the help of a local evaluator, a graduate student in the field, volunteer interns, or the services of professionally trained public health evaluators. As a core component of any campaign, evaluation enables you to continually improve your efforts over time.
ADDITIONAL PLANNING TOOLS FOR YOUR CAMPAIGN

For more specific instruction and planning tools for a healthy choices campaign, consider the following:

**CDCynergy: A Multi-Media Health Communications Planning Tool**

CDCynergy is an innovative CD-ROM that uses an interactive framework for creating and testing a health communications campaign. The program provides real-life case examples from national and local communication campaigns, plus reference materials, consultants' feedback, extensive tools for research, a diverse media library, and a cumulative evaluation plan. Developed by the Centers for Disease Control and Prevention (CDC), CDCynergy guides users step-by-step through a six phase marketing model, specifically arranged in a series of questions in which users can define, clarify, and analyze health problems that may benefit from program intervention. For more information about CDCynergy, including purchasing costs and training workshops, contact SOPHE at (202) 408-9804.

**Making Health Communication Programs Work ("The Pink Book")**

In coordination with the development of CDCynergy, the National Cancer Institute revised and reprinted *Making Health Communications Programs Work* accessible at [http://cancer.gov/pinkbook](http://cancer.gov/pinkbook). A Planner's Guide CD is also available. As noted on the National Cancer Institute's website:

This handbook presents key principles and steps in developing and evaluating health communication programs for the public, patients, and health professionals. It expands upon and replaces two earlier publications titled Pretesting in Health Communications and Making PSA's Work. The guide discusses specific steps in program development and includes examples of their use. Sources of additional information on each subject are included at the end of the chapters.  

**HEALTH LITERACY**

Healthy People 2010 defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” In other words, health literacy refers to the basic set of skills needed to read, understand, and act on basic health information. However, recent data suggests that as many as 90 million adults have low health literacy. Health education and health communications campaigns must be planned with this in mind. Here are a few basic tips to help create materials with a clear desired behavior and easy-

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to-understand language: use commonly understood words; use short sentences and an active voice; use diagrams, pictures, and other visual tools; emphasize the desired behavior, rather than the medical facts; and include clear headings, bullets instead of paragraphs, and ample white space. Several formulas are also available to measure the readability of the materials you create, including the Flesch-Kincaid Grade Level and Flesch-Kincaid Reading Ease Score, and the SMOG Index. (For more information visit http://www.med.utah.edu/pated/authors/readability.html).

The report recommends that health knowledge and skills be incorporated into the existing curricula of kindergarten through 12th grade classes, as well as into adult education and community programs. Furthermore, programs to promote health literacy, health education, and health promotion programs should be developed with involvement from the people who will use them. And all such efforts must be sensitive to cultural and language preferences.

Proliteracy Worldwide (http://www.proliteracy.org/)
ProLiteracy Worldwide is a nonprofit international literacy organization based in Syracuse, NY, that was formed by the 2002 merger of Laubach Literacy International and Literacy Volunteers of America, Inc. ProLiteracy Worldwide is now the oldest and largest nongovernmental literacy organization in the world and pursues a mission of sponsoring educational programs that help adults and their families acquire the literacy practices and skills they need to function more effectively in their daily lives.
INTERNET RESOURCES RELATED TO COMPREHENSIVE SEXUAL EDUCATION

♦ Advocates for Youth
Advocates for Youth, a not-for-profit, youth-centered reproductive health organization, is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. Advocates provides information, training, and strategic assistance to youth-serving organizations, policy makers, youth activists, and the media in the United States and the developing world.

♦ American Psychological Association
The American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide. http://www.apa.org/releases/sexed_resolution.pdf

♦ Campaign For Our Children (CFOC)
Campaign For Our Children’s (CFOC) mission is to develop research-based prevention messages and educational media campaigns which encourage healthy, responsible decisions among adolescents, promote a more informed support system for parents and youth, and raise public awareness about adolescent preventative health issues. www.cfoc.org

♦ Family Education Network
Launched in September, 2000, the company's mission is to be an online consumer network of the world's best learning and information resources, personalized to help parents, teachers, and students of all ages take control of their learning and make it part of their everyday lives. http://www.familyeducation.com/article/0,1120,68-612,00.html?email

♦ National Abortion and Reproductive Rights Action League
NARAL, the political arm of the pro-choice movement, conducts legal and policy research, public education campaigns and leadership training. Its mission calls for promoting policies, such as sexuality education, that make abortion less necessary. NARAL's 1995 Sexuality Education in America: A State-by-State Review," was the first national survey of sex education laws. www.naral.org

♦ National School Boards Association
The National School Boards Association is a not-for-profit Federation of state associations of school boards across the United States. Our mission is to foster excellence and equity in public education through school board leadership. We achieve that mission by representing the school board perspective before federal government agencies and with national organizations that affect education, and by providing vital information and services to state associations of school boards and local school boards throughout the nation.
No New Money For Abstinence-Only-Until-Marriage Programs
A Web site sponsored by the Sexuality Information and Education Council of the United States, Advocates for Youth, and the Planned Parenthood Federation of America designed to educate policymakers on issues around sexuality education. www.nonewmoney.org

Planned Parenthood Federation of America
Planned Parenthood's national office and local affiliates provide technical assistance to local communities working in support of comprehensive sexuality education. www.ppfa.org

Rethinking Schools Online
Rethinking Schools began as a local effort to address problems such as basal readers, standardized testing, and textbook-dominated curriculum. Since its founding in 1986, it has grown into a nationally prominent publisher of educational materials, with subscribers in all 50 states, all 10 Canadian provinces, and many other countries. http://www.rethinkingschools.org/archive/17_02/Ares172.shtml

"SEX, etc."
A free, online sexuality and health newsletter written by teens for teens. "Sex, etc." is published by the Network for Family Life Education, The network is a coalition of public, private and nonprofit agencies that support family life education, including comprehensive instruction about human sexuality, in school and community settings.

Sexuality Information and Education Council of the United States (SIECUS)
SIECUS has served as the national voice for sexuality education, sexual health, and sexual rights for over 40 years. SIECUS affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. We advocate for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. SIECUS works to create a world that ensures social justice and sexual rights. http://www.siecus.org/pubs/fact/fact0003.html; Guidelines for Comprehensive Sexual Education: http://www.siecus.org/pubs/guidelines/guidelines.pdf.

The Alan Guttmacher Institute
The Alan Guttmacher Institute is a not-for-profit corporation that conducts research on reproductive and public health, and analyzes related public policy. The Institute publishes the journals "Family Planning Perspectives" and "International Family Planning Perspectives." http://www.agi-usa.org

The National Campaign to Prevent Teen Pregnancy
The group's goal is to reduce the rate of teen pregnancy by one-third between 1996 and 2005. http://www.teenpregnancy.org
SOPHE SNAPSHOT

PURPOSE
SOPHE is a 501 (c)(3) professional organization founded in 1950 to promote the health of all people by: stimulating research on the theory and practice of health education; supporting high quality performance standards for the practice of health education and health promotion; advocating for policy and legislation affecting health education and health promotion; and developing and promoting standards for professional preparation of health education professionals. SOPHE is the only professional organization devoted exclusively to public health education and health promotion.

MEMBERSHIP
At the national level, SOPHE’s membership comprises more than 2,200 individuals with formal training and/or an interest in health education and health promotion throughout the United States and 25 international countries. Members work in schools, universities, medical/managed care settings, corporations, voluntary health agencies, international organizations, and federal, state and local government. There are currently 24 SOPHE chapters covering 35 states, northern Mexico, and Western Canada and one chapter under development.

GOVERNANCE
SOPHE is governed by a Board of Trustees including all officers and 15 Trustees, four of which represent the House of Delegates comprised of all SOPHE chapters. The House and Board hold two business meetings per year and monthly conference calls. Chapters must meet National SOPHE requirements, although they are autonomous in governing and financial structure.

PUBLICATIONS
(1) The bimonthly journal, Health Education & Behavior (formerly Health Education Quarterly), one of the most frequently cited journals in the field. Members receive both online and hard copies.
(2) Health Promotion Practice, a quarterly journal launched in 2000. Articles are devoted to authoritative practical applications of health promotion and education. Members receive both online and hard copies.
(3) "News & Views," a bimonthly newsletter including new resources, developments and meetings in the field.
(4) "News U Can Use," a weekly e-newsletter with advocacy alerts, job announcements, and other timely news.

SPECIAL INTEREST GROUPS AND CAUCUSES
(1) Children, Adolescents & School Health (5) Health Communications/Social Marketing
(2) International/Cross Cultural Health (6) Worksite Health
(3) Community Health Education (7) Anthropology & Public Health
(4) Medical Care/Patient Education

Caucuses: (1) University Faculty (2) Student/New Professionals

STRATEGIC PLAN
SOPHE’s 2002-2005 strategic plan includes 28 objectives in the following 6 major goal areas:
• To expand the reach and effectiveness of SOPHE’s advocacy efforts.
• To promote the use of health education to eliminate health disparities.
• To review, expand and promote a dynamic research agenda for health education and behavioral sciences.
• To support and enhance the professional preparation and training of health educators and public health professionals.
• To proactively market health education.
• To continually elevate SOPHE’s performance in operations, governance and resource development to achieve the strategic plan.
PROFESSIONAL DEVELOPMENT

SOPHE supports professional development by:
- Offering two continuing education conferences annually, each attracting 400-600 health professionals. The SOPHE Annual Meeting is held the weekend immediately prior to the American Public Health Association (APHA) annual meeting, and the SOPHE Midyear Scientific Conference occurs in May or June.
- Promoting and providing distance learning opportunities such as webcast, video teleconferences, audiotapes, and self-study journal articles to enhance CE opportunities for health professionals at the local level. SOPHE is the largest multiple-event provider of continuing education contact hours for certified health education specialists.
- Providing a nationwide network of trainers for the CDC health communications program/CD-ROM, CDCynergy, as well as experts for CDC’s Corporate University courses in Health Communications and other areas.
- Sponsoring the award-winning Public Health Education Leadership Institute, in cooperation with the Directors of Health Promotion and Education and entering its eighth class in 2005.

ADVOCACY

SOPHE’s Advocacy Committee meets monthly, with representation from all 24 Chapters. A listserv facilitates rapid communication and action on national legislative issues. SOPHE also adopts resolutions that provide an organizational foundation for national/local action on selected issues. SOPHE has taken the lead for the last 8 years in organizing a health education-wide Advocacy Summit, with advocacy training and visits to Capitol Hill. In 2004, SOPHE was asked to testify to the House Appropriations Subcommittee on Labor, Health & Human Services, Education, and Related Agencies.

PARTNERSHIPS

Alliance for Behavioral and Social Science  
American Association for Health Education  
American Psychological Association "Decade of Behavior"  
Association of State and Territorial Dental Directors  
Directors of Health Promotion & Education  
Brady Center to Prevent Handgun Violence/Coalition to Stop Gun Violence  
Campaign for Public Health  
CDC Coalition  
CDC Guide to Community Preventative Services  
Children’s Defense Fund Coalition  
Coalition of National Health Education Organizations  
Council on Public Health Linkages  
Friends of School Health  
Friends of HRSA  
International Union for Health Promotion and Education  
Healthy People 2010 Public Health Infrastructure Work Group  
NFPA International  
NHLBI National Asthma Education Coordinating Committee  
NHLBI National Cholesterol Education Committee  
NIMH National Partnership Network  
NLM Partnership for Health Information Access  
National Coalition for LGBT Health  
National Coalition for Promoting Physical Activity  
National Coalition to Support Sexuality Education  
National Commission for Health Education Credentialing  
National Health Educator Competencies Update Project  
National Coordinating Committee on School Health  
National Council on Folic Acid  
National Public Health Partnership  
Partnership for Anthrax Vaccine Education  
Research/America  
Research to Prevention Coalition  
Society for State Directors of Health, Physical Education & Recreation  
United Nations Public Information Division

RECENT & CURRENT ACTIVITIES

- Receipt of two-year cooperative agreement with CDC’s Division of Adolescent & School Health (DASH) to provide technical assistance and training in DASH-funded states for support of coordinated school health programs dealing with youth obesity, inactivity, tobacco, and other chronic disease risks. Receipt of five-year cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR) to support improved collaboration between the fields of health education and environmental health.
- Adoption and implementation of the report “Toward a Unified System of Accreditation for Professional Preparation in Health Education”, which was completed by the National Task Force on Accreditation in Health Education during 2000-2003, sponsored by SOPHE and the American Association of Health Education (AAHE).
- Publication of a special HPP supplemental theme issue “The Shifting Landscape: Five Years After the Master Settlement Agreement” (July 2004) and; a HEB theme issue on environmental health promotion (August 2004) and a special supplement on women’s health (August 2004);
- Major upgrade of SOPHE’s database and website for enhanced membership services and capacity.
- Continuation of an individual-giving program and endowment to provide funds for leadership development, scholarships, distance learning, and other goals in SOPHE’s strategic plan

Updated 3/05
Coalition of National Health Education Organizations

To learn more about the field of health education, please contact one of the following member organizations of the Coalition of National Health Education Organizations.

♦ American Academy for Health Behavior
  P.O. Box 31264
  Charlotte, NC 28231
  704-330-6592
  [www.aahb.org](http://www.aahb.org)

♦ American Association for Health Education
  1900 Association Drive
  Reston, VA 20191
  800-213-7193
  [http://www.aahperd.org/aahe](http://www.aahperd.org/aahe)

♦ American College Health Association
  PO Box 28937
  Baltimore, MD 21240
  410-859-1500
  [http://www.acha.org](http://www.acha.org)

♦ American School Health Association
  7263 State Route 43, PO Box 708
  Kent, OH 44240
  330-678-1601
  [http://www.ashaweb.org](http://www.ashaweb.org)

♦ Directors of Health Promotion and Education (formerly ASTDHPPHE)
  1101 15th St NW, Suite 601
  Washington, DC 20005
  202-659-2230

♦ Eta Sigma Gamma
  2000 University Avenue
  Muncie, IN 47306
  800-715-2559
  [http://www.bsu.edu/web/esg/](http://www.bsu.edu/web/esg/)
♦ Public Health Education and Health Promotion Section and School Health Education and Services Section, American Public Health Association
   800 Eye Street, NW
   Washington, DC 20002
   202-777-APHA (2742)
   http://www.apha.org/
   http://www.jhsph.edu/hao/phehp/

♦ Society for Public Health Education
   750 First Street NE, Suite 910
   Washington, DC 20002
   202-408-9804
   http://www.sophe.org

♦ Society of State Directors of Health, Physical Education, and Recreation
   1900 Association Drive
   Reston, VA 20191-1599
   703-476-3402
   http://www.thesociety.org