



National Health Education Week October 12-18, 2008

Healthy Aging: Live Long, Live Well

Planning Guide and Tool Kit

Society for Public Health Education



www.sophe.org

ACKNOWLEDGEMENTS

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Foreword

Dear Colleague,

Since 1995, **National Health Education Week (NHEW)** has been celebrated during the third week of October. The week provides information on a public health issue and strives to increase awareness and understanding of the role of health education in promoting healthy behaviors and lifestyles.

NHEW is sponsored by the Society for Public Health Education (SOPHE) and the overall theme for this year is: **Healthy Aging: Live Long, Live Well**. In order to support health education campaigns that address healthy aging, SOPHE is proud to present this **Health Education Week Planning Guide** for 2008. This practical guide is designed to help individuals, organizations, and communities develop campaigns that promote healthy aging.

The 2008 Planning Guide will help campaign planners to:

- Select and plan activities not just during NHEW, but throughout the year
- Evaluate the success of programs
- Share ideas and experiences with other health educators, campaign planners, and health professionals around the country

SOPHE will further promote healthy aging by expanding NHEW from one week to a year-long effort with quarterly sub-themes highlighting specific areas. These sub-themes will include:

- Health literacy among older adults
- The importance of regular health screening
- Psychosocial issues faced by older adults
- Nutrition and exercise for older Americans
- Fall injury prevention

The statistics of our rapidly aging U.S. population is evident with the “baby boomers” that will turn 65 beginning in 2011. In 1950, there were 12 million people in the United States who were 65 years and older; that figure jumped to 38 million in 2006. By the year 2030, there will be 72 million seniors in this age range.¹

An enhanced focus on promoting and preserving the health of older adults is essential if we are to effectively address the health and economic challenges of an aging society. The cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. And by 2030, the nation’s health care spending is projected to increase by 25 percent due to an aging population. This makes improving and preserving the health of older adults even more urgent.²

I encourage you to adapt and personalize the ideas or tools of this guide to fit the needs of your community. I also encourage you to partner with other health educators in nonprofit organizations, government agencies, county and local health departments, academia, or other settings to increase the effectiveness of your program.

Best wishes for a successful health education campaign!

Rob Simmons

Rob Simmons, DrPH, MPH, CHES
SOPHE President

¹ Simmons, Robert. President’s Column: Addressing Our Aging Population, *News and Views*, Volume 35, No.4, July/Aug 2008, p.1.

² Centers for Disease Control and Prevention. *The State of Aging and Health in America 2007 Report*, <http://www.cdc.gov/aging/saha.htm>

UNDERSTANDING HEALTHY AGING



Improved medical care and prevention efforts have contributed to dramatic increases in life expectancy in the United States over the past century. Improvements in medical care also have produced a major shift in the leading causes of death from infectious diseases to chronic diseases.

The growth in the number and proportion of older adults is unprecedented in the history of the United States. Two factors—longer life spans and aging baby boomers—will cause the population of Americans aged 65 and older to double during the next 25 years. By 2030, there will be 71 million American older adults accounting for roughly 20 percent of the U.S. population.³

Health Issues

Chronic diseases exact a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Also, while America's older adult population becomes more racially and ethnically diverse, the health status of racial and ethnic minorities lags far behind that of non-minority populations. The burden of many chronic diseases and conditions—especially high blood pressure, diabetes and cancer—varies widely by race and ethnicity. Data from the 2004 National Health Interview Survey (NHIS) indicated that 39 percent of non-Hispanic white adults aged 65 years or older reported very good or excellent health, compared with 24 percent of non-Hispanic blacks and 29 percent of Hispanics.⁴

Much of the illness, disability, and death associated with chronic disease are avoidable through known prevention measures. Key measures include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g., screening for breast, cervical, and colorectal cancers, diabetes, and depression).⁵

Screening and preventive services includes the need for regular vaccinations. Influenza and pneumonia kill thousands of older adults annually even though both diseases are largely preventable through vaccination. An average of 36,000 people, the majority of whom are aged 65 years or older, die annually from influenza and its complications, and about half of the 5,000 annual deaths from invasive pneumococcal disease occur in this age group.⁶

The cost of providing health care for an older American is three to five times greater than the cost for someone younger than 65. As a result, by 2030, the nation's health care spending is projected to increase by 25 percent due to demographic shifts. This reinforces the need for preventive services and community-based efforts to provide older Americans with the services and tools they need to stay healthy.⁷

³ Centers for Disease Control and Prevention and The Merck Company Foundation. The State of Aging and Health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation; 2007.

⁴ Ibid.

⁵ Centers for Disease Control and Prevention Health Information for Older Adults: www.cdc.gov/aging

⁶ Ibid.

⁷ Centers for Disease Control and Prevention and The Merck Company Foundation. The State of Aging and Health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation; 2007.

Health Literacy among Older Adults

The National Library of Medicine defines health literacy as “the degree to which people can obtain, process, and understand basic health information and services they need to make appropriate health decisions.”

Health care providers, plans, public health agencies, and other stakeholders are beginning to focus their efforts on making communications with patients more clear and easy-to-read as well as providing assistance with navigating the health care system. According to the 1993 National Assessment of Adult Literacy, the average adult in the U.S. reads between the eighth and ninth grade reading levels.

Among older adults, literacy levels are lower, meaning many may have trouble with prescription information, filling out forms, comprehending directions, and reading schedules. Addressing health literacy for older adults is vital for achieving positive health outcomes.⁸

Nutrition and Exercise for Older Americans

It is estimated that U.S. Medicare and Medicaid programs spend \$84 billion annually on five major chronic conditions that could be significantly improved through increased physical activity and improved nutrition: diabetes, heart disease, cancer, depression, and arthritis.⁹

Eighty-seven percent of older Americans have one or more chronic disease that can be improved by good nutrition practices, including lung disease, heart disease, diabetes, high blood cholesterol, high blood pressure, osteoporosis, and obesity. Good nutrition also prevents disease and reduces chronic disease risk. It is estimated that three-fourths of African American and two-thirds of white older Americans eat less than the five recommended servings of fruits and vegetables daily and approximately two-thirds of hip fractures are due to inadequate calcium intake.



Regular physical activity sustains the ability of older adults to live independently, however, one-third of older adults are inactive and older women are less active than older men. African American older adults are less active than white older adults. Regular physical activity can help those with arthritis, depression, heart disease, high blood pressure, diabetes, and obesity. Weight training, flexibility, and endurance activities also can reduce the risk of fall injuries.¹⁰

Fall Injury Prevention

Falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma among adults aged 65 or older. Fall-related injuries cause significant mortality, disability, loss of independence, and early admission to nursing homes. Each year, 360,000–480,000 older adults sustain fall-related fractures.

⁸ Administration on Aging, Communicating with Older Adults:
<http://www.aoa.dhhs.gov/prof/communicating/communicating.aspx>

⁹ http://www.fiu.edu/~nutreldr/STEPS_Program/Moving_More/StepstoHealthyAgingFactsheet.pdf

¹⁰ Ibid.

Research has shown that many falls can be prevented by addressing personal risk factors (such as monitoring medications, improving balance, and correcting vision problems) and environmental risk factors (such as removing tripping hazards and installing safety features such as handrails).¹¹

Psychosocial Issues

Between 8 and 20 percent of older adults in the community and up to 37 percent in primary care settings suffer from depression. Depression often co-occurs with other serious illnesses such as heart disease, diabetes, or cancer. Because of this, healthcare professionals may mistakenly conclude that depression is a normal consequence of health problems—an attitude often shared by patients themselves. These factors together contribute to the underdiagnosis and undertreatment of depressive disorders in older people. If left untreated, depression impairs one's enjoyment of life and may increase disability. It can also delay recovery from or worsen the outcome of other co-occurring chronic illnesses.

There are certain changes in cognitive health that occur as you age. Normal changes usually mean a slower pace of learning and the need for new information to be repeated. While the majority of older adults will experience these normal changes in cognition, some older adults will experience cognitive decline. Older adults with cognitive decline have a higher risk of developing dementia later in life. Among Americans 65 years and older, approximately 6 to 10 percent have dementia, and two-thirds of people with dementia have Alzheimer's disease. Although research has not found a way to prevent dementia or Alzheimer's disease, cognitive decline may be preventable. Recent research suggests that being physically active and engaging in social activities can help maintain and improve cognitive health.¹²

The Role of Health Educators

Health educators can play a leadership role in the planning, implementation, and evaluation of health programs and policies geared to addressing issues faced by our growing senior populations. Health educators are already aware of social determinants of health and the need for system changes in areas essential to seniors, such as:

- Primary and secondary disease prevention
- Access to health care services, medications, and mental health services, among others
- Transportation and support for living independently
- Community facilities and services that provide support and social activities¹³

As we celebrate this year's National Health Education Week, we also promote the field of health education and honor our health educators. In honor of this week, be sure to recognize health educators, not only for their many contributions to improving the public's health by promoting healthy behaviors among older Americans, but also for all they do to sustain programs and services for this population.

ORGANIZING AND PLANNING FOR NATIONAL HEALTH EDUCATION WEEK

There are many steps involved in preparing for National Health Education Week.

¹¹ Centers for Disease Control and Prevention and The Merck Company Foundation. *The State of Aging and Health in America 2007*. Whitehouse Station, NJ: The Merck Company Foundation; 2007.

¹² Centers for Disease Control and Prevention Health Information for Older Adults: www.cdc.gov/aging

¹³ Simmons, Robert. SOPHE "President's Column: Addressing Our Aging Population," *News and Views*, Vol. 35, No. 4, Nuly/Aig 2008, pp.1, 3.

Making a Commitment

Programs, activities, and collaborations can extend beyond NHEW. Collaborate with local, state, and national partners to build sustainable programs. SOPHE will be extending efforts to promote healthy aging throughout the year by focusing on sub-themes such as:

- Health literacy among older adults
- The importance of regular health screening
- Psychosocial issues faced by older adults
- Nutrition and exercise for older Americans
- Fall injury prevention

Forming a Planning Committee

Setting aside sufficient planning time for your campaign will help you produce a successful and meaningful outcome. One way to structure this process is to form a planning committee. The committee would be charged with:

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

When recruiting a planning committee, 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 should also include members of your target population in your efforts. That way you can better understand their specific interests, needs, and wants.

Make sure that each committee member is able to dedicate enough time to the project. You don't want members to drop out at the last minute when you are relying on their expertise and contributions.

Although establishing planning committees appear to be time-consuming in the early stages, this process actually saves time by organizing group efforts to create a successful campaign.

Establishing Goals and Objectives

The overall goal of National Health Education Week is to highlight healthy aging. However, the specific objectives for your campaign can be determined locally, based on the interests and needs of older Americans in your community.



Examples of objectives for National Health Education Week 2008 might include:

By the end of NHEW 2008, at least 60 percent of Community X will have participated in at least two educational sessions on ways to eat healthier and be more active.

By the end of the NHEW 2008 Community Center X's Healthy Aging Workshop, at least 80 percent of participating adults will know how to make adjustments in their home to prevent fall injuries.

ARE YOUR OBJECTIVES...

... SPECIFIC?	<i>Are the objectives specific to the population of interest, the length of the campaign, and the desired change?</i>
... MEASURABLE?	<i>Are the objectives able to be evaluated?</i>
... ATTAINABLE?	<i>Are the objectives realistic in the given time frame?</i>
... GOAL-ORIENTED?	<i>Do the objectives support the campaign's goal?</i>

Eliciting Community Support

Successful campaigns are often grounded by community support. One way to elicit support for your campaign is to recruit community members and organizations that are involved in health, school health, health education, and health promotion—both locally and nationally.

Support can be fostered through advertising, networking, and one-on-one interviews. By including the greater community in your campaign, you have the potential to:

- Gain a deeper understanding of your community's needs and assets
- Reach more of your population of interest
- Increase the 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
- Build off of past successful initiatives

Identifying and Reaching Your Population

A successful campaign is grounded in an understanding of the specific needs and beliefs of your population.

Since this year's theme is healthy aging, focus on characteristics individuals might have in common with the theme. The more specifically you define your population of interest, the more focused your campaign can be. For example, older Americans in your community may need to know more about their Medicare benefits while others may need to know more about the programs offered in the community for their elderly parents.

Some examples of populations of interest for your campaign include:

- Older adults
- Adults with elderly parents
- Public health professionals
- Hospital personnel
- Medical professionals

After identifying your population, 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, consider finding places where you can reach the most number of individuals from your population of interest. By learning where a group's "hot spots" are located, you will be able to maximize the time you spend during your campaign. Locations to consider include neighborhood gathering spots, shopping centers or malls, schools, parks, places of worship, and bus stops.

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

In addition to a prime location, an effective campaign also targets particular times. You might consider a weekend community fair or event. Remember, not all activities may fit into a standard "9 to 5" day.

Resources

Understanding and utilizing your resources is an integral component to a successful campaign. Resources include:

- Human resources (employees, volunteers, interns, etc.)
- Monetary funding (available funds, grant money, donations, etc.)
- Materials (handouts, flyers, nutrition books, etc.)
- Space (physical space as well as airtime, television time, etc.)
- Time (for planning, implementation, and evaluation)

To maximize your resources consider the following opportunities:

- Establish partnerships within the community (housing agencies, local government, environmental advocacy groups, environmental health department, teachers, parks and recreations, etc.)
- 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 two-sided handouts and posting information on the Internet
- Recruit members of your population of interest to conduct training/outreach
- Adapt a program already shown to be effective (evidence-based programs)

Be creative and draw on a variety of resources to make your campaign a success!

Selecting and Planning Activities

Now that you have developed objectives for your program, you can brainstorm some strategies to achieve your objectives. When planning your specific events and activities for NHEW, consider impacting your intended audience at a variety of levels.

Individual- Approach your population directly.

Group- Plan activities and programs related to a group's common bond such as informing and educating older men and women on the importance of colon cancer screening after age 50.

Organizational- Consider addressing the organizations to which they belong, such as civic or church-based groups.

Community- Sponsor community-wide events, such as health fairs and workshops.

Public Policy- Develop policies and plans that increase services for seniors.

Did It Work?

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 it's recommended you plan it from the start.

Process Evaluation

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?*" Outcome evaluation items might include:

Did the number of seniors who received the flu vaccine increase from last year after the promotion campaign?

Are more seniors reporting eating more fruits and vegetables daily after the workshop on nutrition?

If evaluation seems overwhelming or too complicated, do not forget that there are many resources available. 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.

In addition, there are a variety of Internet resources that you can access:

- CDC Evaluation Working Group- <http://www.cdc.gov/eval/>
- Community Tool Box (from the University of Kansas)- <http://ctb.ku.edu/>
- W.K. Kellogg Foundation Evaluation Toolkit- <http://www.wkkf.org>
- Evaluation for the Unevaluated: Program Evaluation 101- <http://pathwayscourses.samhsa.gov>

Additional Planning Tools for Your Campaign

CDCynergy: A Multi-Media Health Communications Planning Tool

CDCynergy is an innovative CD-ROM that uses examples from national and local health communication campaigns and includes reference materials, tools, and an evaluation plan. For more information about CDCynergy, contact SOPHE at (202) 408-9804.

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

The National Cancer Institute revised and reprinted *Making Health Communications Programs Work* accessible at <http://cancer.gov/pinkbook>. A Planner's Guide CD is also available.

Collaboration Math: Enhancing the Effectiveness of Multidisciplinary Collaboration

Collaboration Math is a tool designed by the Prevention Institute intended to help organizations from diverse disciplines work together. This tool is designed to eliminate misconceptions, clarify the benefits of collaboration, suggest what needs to be better understood or studied, and identify key players that may be missing.

http://www.preventioninstitute.org/pdf/collab_math_1S_021904.pdf

Using What Works: Adapting Evidence-Based Programs to Fit Your Needs

The National Cancer Institute offers this training guide for adapting evidence based programs to meet the needs of your community.

http://cancercontrol.cancer.gov/use_what_works/start.htm

Health Educators: Collaborating to Implement Effective Programs

Want to get involved with promoting NHEW and this year's theme of healthy aging, but not sure where to start? Have some ideas and resources that can impact the lives of older Americans, but not sure how to plan and implement an effective program? Consider contacting your local county or state health department to consult and partner with a health educator. Health educators also work in hospitals, schools, private sector companies, government agencies, academia and nonprofit organizations.

In conjunction with many other disciplines, health educators play an important role in addressing challenges to our nation's health. Through the knowledge base and skill set provided by the field of health education, prevention interventions can be better planned and implemented, and collaboration among professional groups can be more effective. 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 result in optimal health status.

In efforts to address the nation's health challenges, health educators plan and direct programs, design workshops and forums, work closely with community groups, and otherwise serve a broad public health agenda. They may also conduct studies of public health education needs, evaluate the materials and methods used in programs, determine program effectiveness, and strive to improve the overall health of communities.

Health educators can play a leadership role in the planning, implementation, and evaluation of health programs and policies geared to addressing issues faced by our growing senior populations. Health educators are already aware of social determinants of health and the need for system changes in areas essential to seniors, such as:

- Primary and secondary disease prevention
- Access to health care services, medications, and mental health services, among others
- Transportation and support for living independently
- Community facilities and services that provide support and social activities¹⁴

¹⁴ Simmons, Robert. SOPHE "President's Column: Addressing Our Aging Population," *News and Views*, Vol. 35, No. 4, July/Aug 2008, pp.1, 3.

TOOL KIT IDEA #1

Health Advocacy

When addressing an issue, such as healthy aging, it is important to consider all areas that will impact behavior change, including policy change through health advocacy.

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.

When advocating for services related to healthy aging, such as nutrition workshops, free or low-cost flu vaccines, health screening fairs, and informational sessions on Medicare benefits, there are various channels you can use. *Don't forget the power of the pen (or the keyboard)!*

Tips for Working with the Media

Newspapers

Newspapers remain popular avenues through which individuals can share facts, resources, and opinions. When advocating for a particular health issue, consider the following opportunities:

- Feature Articles
- Op-Eds
- Letters to the Editor
- Dear Abby
- Advertisements

Community or Local Health Department Newsletters

While newspapers often attract a larger, more diverse audience, school or community newsletters provide a smaller forum through which readers can learn about specific issues, events, or services being offered to older adults. Additionally, newsletters provide exciting opportunities to motivate individuals around an issue, or to highlight ways to advocate in their own communities.

Other media outlets can include television and radio. **Be sure to:**

Identify your key audiences.

You may have different key messages for specific communities as well as a general set of messages for the general population.

Decide upon key message(s)

Possible key messages:

- Promoting regular health screening and preventive services to older adults is more cost-effective than treating chronic diseases
- Many older Americans have difficulty understanding health information, including instructions for taking prescription medication
- There are simple measures seniors can take to prevent fall injuries in the home
- Depressions is often underdiagnosed and undertreated among older Americans

Get the facts

Research the facts that support your key message(s), such as statistics by government agencies or successful programs of organizations that address issues of older Americans.

Develop a current media contact list

Include local and regional radio, television, print outlets and key journalists.

Develop a press release

- Include a background page about National Health Education Week and healthy aging. The background page can include key facts, statistics, and information resources.
- Identify a member of your organization as a local spokesperson to answer journalist questions and be quoted.
- Identify any local stories that reflect good health education programming on healthy aging and promote to journalists through the press release kit.

Develop a strategy for utilizing media outlets

- See your information through the eyes of a journalist. Fashion your story to fit their needs and interests.
- Leverage local or regional issues of media interest to promote NHEW, as well as to promote your organization, and the value of health prevention efforts as a major way to lower health care costs for your community, organization, employers, and the nation.
- Find people who can talk to the media about healthy aging initiatives and the role of health educators.

Disseminate your information to media outlets & priority media targets

- Include a brief cover letter with your press release.
- Mail, fax, email and telephone calls are all delivery mechanism to get your message to media outlets.
- Check to see how your local journalists like to be contacted. They are often busy professionals who appreciate clarity and brevity.
- Don't wait for them to contact you—follow-up with a call, fax, or email.
- Follow through on media requests.
- Be timely in responding to media requests for more information and connecting them to experts on the topic.

Begin to establish a relationship with the media

- Send thank you notes to those media that covered your story.
- Add contacts to distribution lists for newsletters and other publications.
- Send additional news of interest to those media contacts.
- After the story, invite the media to cover your organization, program, worksite for events.
- Follow the interests of specific journalists and send them relevant stories.

Help establish your organization as a credible source for information on health issues.

Sample Press Release

ORGANIZATION, COMPANY OR PROGRAM LETTERHEAD HERE

<DATE>

For immediate release

<CONTACT PERSON NAME>

<TELEPHONE NUMBER>

<EMAIL ADDRESS>

Healthy Aging: Live Long, Live Well is the focus of National Health Education Week 2008

<CITY, STATE> –The theme for National Health Education Week, October 12-18, 2008 is Healthy Aging: Live Long, Live Well. To encourage awareness and action on healthy aging, <NAME OF PROGRAM/ORGANIZATION> <DESCRIBE THE ACTIVITY/EVENT/PROMOTION BEING CONDUCTED>.

According to the Centers for Disease Control and Prevention, chronic diseases exact a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging.

In addition, while America’s older adult population becomes more racially and ethnically diverse, the health status of racial and ethnic minorities lags far behind that of non-minority populations. The burden of many chronic diseases and conditions — especially high blood pressure, diabetes and cancer — varies widely by race and ethnicity. Data from the 2004 National Health Interview Survey (NHIS) indicated that 39 percent of non-Hispanic white adults aged 65 years or older reported very good or excellent health, compared with 24 percent of non-Hispanic blacks and 29 percent of Hispanics.¹⁵

Quote from <CREDIBLE ORGANIZATION/PROGRAM INDIVIDUAL>

Quote from <HEALTH EDUCATION OR NUTRITION EXPERT>

National Health Education Week is celebrated each year during the third week of October in an effort to focus national attention on a major public health problem, to provide public education on the issue, and to improve consumer understanding of health the role of health education in promoting the public’s health.

<PARAGRAPH ABOUT YOUR ORGANIZATION HERE>

¹⁵ Centers for Disease Control and Prevention and The Merck Company Foundation. The State of Aging and Health in America 2007. Whitehouse Station, NJ: The Merck Company Foundation; 2007.

Tips for Writing Letters and E-mails to Politicians and Policymakers

Individuals have the power to affect change at the local, state and national levels. By writing to politicians and policymakers about specific issues, you can impact the legislative process. For more information and to find contact information for your governor, representatives, and senators refer to *Additional Health Legislation Resources* in the Appendix.

As access to the Internet increases, so too does the opportunity to communicate with policymakers through e-mail. Many individuals now voice their opinions over the Internet, and this innovative method of communication has become increasingly popular. In fact, due to the recent problems experienced with delivered mail containing biological or chemical contaminants, it is best to fax or email your communication with legislators to ensure they receive your communication in a timely manner.

Generally, the same guidelines that apply to writing letters to policy-makers apply to emails, as well. The following additional tips will help increase the impact of your e-mail messages:

- Personalize all e-mails. Find out who the key policy-makers are in the topic area you're concerned with and e-mail them directly.
- Avoid form letter e-mails and electronic petitions.
- If you are a constituent, state that early in your message.
- Briefly identify why you are writing in the first paragraph of your message.
- Draft an outline of what you want to say, and then address each point as directly and concisely as possible by citing facts and any personal experiences to support your statements.
- Be brief; aim to keep your e-mail message on one screen.
- Avoid excessive complaining.
- If you are writing about legislation, identify it by name and number.
- Realize that your message will be taken more seriously if you appear to have done your research.
- Include your full name and mailing address; most policy-makers still respond to emails by snail mail.

For more tips on communicating with Members of Congress, visit <http://capwiz.com/apha/issues/basics/?style=comm>, www.house.gov or www.senate.gov

Also visit AARP's website for more information on getting involved in advocating for issues related to older Americans.

<http://www.capitolconnect.com/aarp/takeaction.aspx>

ADDITIONAL HEALTH LEGISLATION RESOURCES

Take a stand! Voice your opinion! Make a difference!

To find the contact information of your **Governor**, visit the following website:

http://www.nga.org/governors/1%2C1169%2CC_GOV_ADDRESS%2C00.html

To find the contact information of your **Representatives**, visit the following website:

<http://www.house.gov/writerep/>

To find contact information of your **Senators**, visit the following website:

http://www.senate.gov/general/contact_information/senators_cfm.cfm

For information on communicating with **Elected Officials**, visit the following website:

<http://www.capwiz.com/apha/issues/basics/?style=comm>

TOOL KIT IDEA #2

Adapting Evidence-Based Programs

Evidence-based programs have been found to be effective through an evaluation process. Adapting an evidence-based program can be easier than creating a new program with similar objectives. It can also be more cost-effective to use one of these programs than to develop a new program.

Here are some evidence-based programs you can adapt for your community:

Enhance Fitness

This evidence-based physical activity program provides seniors with low-cost fitness classes taught by certified fitness instructors. The one-hour classes meet three times per week in ongoing, five-week sessions. The classes include strength training with wrist and ankle weights, as well as aerobics, stretching, and balancing exercises. The program is designed to be safe and effective for seniors with a wide range of physical abilities. This program began as a partnership between Senior Services of Seattle/King County, Group Health Cooperative of Puget Sound, and the University of Washington Health Promotion Research Center. Studies have shown a marked improvement in participants' physical and social functioning, as well as a decline in areas such as pain, fatigue, and depression. To learn more, visit Project Enhance: <http://www.projectenhance.org/>

Reference:

Wallace, J. I. et al. Implementation and effectiveness of a community-based health promotion program for older adults. *Journal of Gerontology: Medical Sciences* 1998;53a(4): M301-M306.

Arthritis Foundation Exercise Program

The Arthritis Foundation Exercise Program, formerly known as PACE (People with Arthritis Can Exercise) is an evidence-based exercise program developed specifically for people with arthritis. It uses gentle activities to help increase joint flexibility and range of motion and maintain muscle strength. Two program levels, basic and advanced, are available to address the varying levels of fitness and limitation among those with arthritis. Participants have experienced such benefits as increased functional ability, increased self-care behaviors, decreased pain, and decreased depression.

Trained leaders are required to implement this course. For help in identifying trained leaders in your area or for information on how to become a trained leader, contact the Arthritis Program Director at the state health department or the state/local Arthritis Foundation Chapter. (For a listing of directors by state, visit National Association of Chronic Disease Directors: <http://www.chronicdisease.org/> For a listing of chapters, visit the Arthritis Foundation: <http://www.arthritis.org/>)

Reference:

Brady TJ, Kruger J, Helmick CG, Callahan LF, Boutaugh ML. Intervention programs for arthritis and other rheumatic diseases. *Health Education and Behavior* 2003;30(1):44-63.

Exercise: A Guide from the National Institute on Aging

The National Institute on Aging has developed a manual and companion video that guides older adults through safe and effective endurance, strength training, balance, and flexibility exercises. The program can be completed on an individual basis or in a group setting. The 80-page manual is available online for free, or may be ordered along with the video for a cost of \$7.00. The video features Margaret Richard, star of PBS' exercise show Body Electric. A Spanish language version is also available. For more information, visit National Institute on Aging: <http://www.nia.nih.gov/>

Fear of Falling: A Matter of Balance

Fear of falling is a common occurrence among older adults, including those who have not experienced a fall. Older people often restrict their activities because they think it will reduce their risk of falling, but this can actually lead to physical deconditioning and increased fall risk. The Boston University Roybal Center Consortium developed this program, which uses cognitive restructuring techniques and skills training to change perceptions and behaviors in older adults whose activity levels have been limited by their fears about falling. The program has been implemented successfully by senior centers, senior housing sites, hospitals, and home health agencies. A low-cost Facilitator's Manual and videotape provide a step-by-step implementation guide for practitioners and providers in clinical and community settings. For more information about the program, visit the National Resource Center for Safe Aging: <http://www.safeaging.org/>.

Reference:

Tennstedt S. Howland J. Lachman M. Peterson E. Kasten L. Jette A. A randomized, controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. *Journals of Gerontology Series B- Psychological Sciences & Social Sciences*. 53(6):P384-92, 1998 Nov.

Preventing Falls: What Works - A CDC Compendium of Effective Community-based Interventions from Around the World.

This compendium of interventions is designed for public health practitioners and community-based organizations, to help them address the problem of falls among older adults. It describes 14 scientifically tested and proven interventions, and provides relevant details about these interventions for organizations who want to implement fall prevention programs.

The interventions are grouped into three categories: 1) exercise-based, 2) home modification, and 3) multifaceted. Each intervention description includes a short summary of the research study and results, as well as a longer section describing the intervention. To access the compendium, go to:

<http://www.cdc.gov/ncipc/preventingfalls/>

For help with adapting evidence-based programs, check out: Using What Works: Adapting Evidence-Based Programs to Fit Your Needs

The National Cancer Institute offers this training guide for adapting evidence based programs to meet the needs of your community.

http://cancercontrol.cancer.gov/use_what_works/start.htm

OTHER TIPS***Capitalize on Existing Events***

Capitalize on events already promoting healthy aging. Check with your local health department or hospital to see about existing programs you can expand upon.

Highlight Materials Previously Created

Health education organizations have created materials for distribution, many of which are already focused on healthy aging. By adapting materials, with permission if necessary, you can save time and money developing materials from scratch.

TOOL KIT IDEA #3

Providing hands-on learning opportunities for older adults and caregivers in your local community is a great way to bring attention to an important issue, such as healthy aging.

Hold a Town Hall Meeting

Partner with your local AARP chapter and host a town hall meeting to discuss:

- Staying fit after 50
- Signing up for Medicare and choosing the right plan
- Making your community “walkable”
- Volunteer opportunities for older Americans

To find a local AARP chapter, go to

http://www.aarp.org/about_aarp/community_service/wrapper_chapter.py

Partner with your local hospital or community health center and host a town hall meeting to discuss:

- The importance of regular screening for colorectal cancer, breast cancer, depression, diabetes, and other conditions
- Potential medication interactions
- Immunizations for older adults, especially influenza vaccination
- Fall injury prevention in the home

Meet with your local hospital representative and discuss possible topic areas. Develop a PowerPoint slide presentation with information and tips for older adults.

Host a Health Fair

Partner with your local pharmacy or health care center to provide free or low-cost services such as:

- Influenza vaccination
- Blood pressure screening
- Glaucoma testing
- Bone mass measurements
- Diabetes screening
- Smoking cessation programs

Wherever you host your activity, be sure to have a station or booth with resources and information. Here are tips on creating a booth:

Find the perfect location

Even the most exciting and beautiful display booth will not be effective if no one passes by! Before creating your display, make sure that you have access to a popular common area at a public venue. Once you know your location, you will also have a better understanding of the size and scope needed for your display booth to be successful.

Make it colorful

One of the most obvious ways to add life to any display booth is to include COLOR! Add colorful brochures, posters, lettering, and objects. If you find that your informational material is black-and-white, simply mount the material on pieces of colored construction paper or add other elements to spice it up.

Use interactive materials

Energize and engage participants at any display booth by involving them! Have your audience take health quizzes or help with passing out informational brochures.

Consider the overall visual appeal

When creating your display booth, aim to create a balance between text, images, and blank space. Such a balance will prevent viewers from being visually overwhelmed, thereby allowing them to absorb more information.

Keep it informative

With so much focus on the visual appeal of the display booth, don't forget the most essential element -- the content! Keeping in line with your campaign's objectives, aim to include information that highlight your key messages. Try to include tips and actions that the viewers can immediately put to use.

Include culturally sensitive material

Make sure that you understand your audience before you produce materials for them. Are there specific activities that would be particularly appealing or familiar to your audience? Is your audience bilingual? Make sure the information you present will be most useful to your audience, keeping in mind the need to cater to their different needs.

Use a variety of learning techniques

Not all viewers learn the same way! To reach the most number of individuals, try to include materials for different types of learners. Choose a variety of techniques such as written text, visual images, objects to hold and manipulate, and interactive activities and demonstrations.

TOOL KIT IDEA #4

Plan and Implement a Health Communication Campaign

Communication campaigns can:

- Increase the knowledge of the intended audience
- Influence perceptions, beliefs, and attitudes
- Demonstrate or illustrate healthy skills
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Strengthen organizational relationships

Health communication programs can use a wide range of methods, including media advocacy, public service announcements, advertising, individual and group instruction, and education entertainment.

Effective health communication programs:

- Define the intended audience effectively
- Create messages tailored to that audience
- Pretest and revise messages and materials
- Use appropriate communication channels for the intended audience
- Evaluate program activities for future efforts

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 your population. Some of these channels might include:

- | | |
|------------------------|------------------------------------|
| ▪ Email/Internet | ▪ Schools |
| ▪ Radio | ▪ Banks |
| ▪ Recreational Centers | ▪ Hair Salons/Barber Shops |
| ▪ Television | ▪ Hospitals |
| ▪ Laundromats | ▪ Libraries |
| ▪ Local Businesses | ▪ Government Organizations |
| ▪ Movie Theaters | ▪ Local Restaurants/Grocery Stores |
| ▪ Malls | ▪ Political Associations |
| ▪ Health Clubs | ▪ Health Departments/Organizations |
| ▪ Youth Centers | |

Sample Program Outline

Goal: To promote Healthy Aging in conjunction with National Health Education Week

Objective 1:

By the end of an evening workshop, participants who are 50+ can name at least three preventive services covered by Medicare

Strategy:

Conduct an evening workshop in three locations in town x
Have representative from local Medicare office provide update on preventive services provided by Medicare

Materials: PowerPoint slides with easy-to-read information
Copies of *Your Guide to Medicare's Preventive Services*
Pre- and post-test questionnaires

Channels:

Promote workshop through radio and print ads
Conduct workshops in schools, libraries, or community centers

Evaluation:

Distribute and collect completed pre- and post- questionnaires on identifying preventive services covered by Medicare

Objective 2:

By the end of a two-month promotional campaign in county x, 80 percent of a sample group of residents age 50+ can identify two health messages presented on billboards and advertisements placed throughout the county.

Strategies:

Post billboards and advertisements on buses, community billboards, government buildings, hospitals, schools, banks, and local businesses

Health messages can include:

- Eat five or more servings of fruits and vegetables each day for good health
- If you're over 50, talk with your doctor about screening for colorectal cancer
- Walking for at least 30 minutes every day can improve your health and well-being

Be sure to create messages tailored to your audience and pretest and revise messages and materials.

Evaluation:

Conduct a survey of residents and determine representative sample based on your demographics

TOOL KIT IDEA #5

Addressing Health Literacy for Older Americans

Health literacy is the degree to which individuals have the capacity to obtain and understand basic health information and services in order to make appropriate health decisions.

Low health literacy is linked with poor health outcomes, such as higher hospitalization rates, less frequent use of preventive services, an increase in emergency department visits, and higher mortality. Health literacy is often lower among seniors, especially those suffering a greater degree of cognitive decline. Older adults also seek out less information about a condition than young adults. Since about 80 percent of older Americans have at least one chronic health condition, there is a greater need for accessing health information that is easy to understand.

Here are things you can do or share with other practitioners to address this issue:

What You Can Do	Starter Tips
Make information easy to see.	<ul style="list-style-type: none">• Effective materials have a simple design with sharp contrast between text and background.• Use a large font size, preferably 16- or 18-point.• Try 1-inch margins and at least 1 1/2 blank space between lines of text.• When using a table, make it simple and easy to follow.
Design Web sites that are senior friendly.	<ul style="list-style-type: none">• Web sites for seniors require readable text presented in a carefully organized format.• Font type and size, spacing, justification, color, and backgrounds all need to be planned with older audiences in mind.
Consider using Braille and audio-taped information whenever necessary.	<ul style="list-style-type: none">• Braille and audiotape are necessary for some adults with low vision or blindness.
Be sensitive to individual needs.	<ul style="list-style-type: none">• Degrees of impairment vary, as do the ways people overcome such challenges. Ask older adults with vision problems if they want assistance with these issues and, if so, how you can help.• It may help to research vision aids, such as magnifiers, so that you can understand how they help people.

Resources

The following resources can help you as you design materials and Web sites to meet the needs of older adults with visual impairment.

- *Making Your Web Site Senior Friendly* is an informative checklist Web designers can use while creating online material for older adults. This checklist, published by the National Institute on Aging and the National Library of Medicine, is available at www.nlm.nih.gov/pubs/checklist.pdf.
- *Making Text Legible: Designing for People with Partial Sight*. These guidelines provide good examples of effective legibility choices for anyone. It is available by the Lighthouse International at www.lighthouse.org/accessibility/legible.

Aging results in normal changes in cognition. Three specific changes are reduced processing speed, greater tendency to be distracted, and reduced capacity to process and remember new information at the same time—which is called “working memory.”

What You Can Do

Repeat essential information.

Focus on important details.

Emphasize desired actions.

Use plain language.

Starter Tips

- Repeating information several times may help people with memory problems.
- When writing, be specific and repeat your points. Use pronouns such as “it,” “this,” and “that” sparingly because they are indefinite in meaning.
- When communicating, stay focused on important details. Personalize information when possible and minimize distractions.
- Be sure details such as timing and the order of health-related actions are understood.
- Communicate directions and advice that older adults *need to follow*, not actions they *should avoid*. This helps boost memory for appropriate action and reduces confusion. Be aware that familiarity may be interpreted as truthfulness.
- Avoid using a “myth vs. fact” format.
- Writing and speaking in plain language boosts understanding for people with health literacy problems.
- Organize your information with the most important points first.
- Break information into chunks.
- Use simple words and active voice.

Consider the effects of stress and fatigue.

- If you need to use a difficult word, explain it.
- Know that the stress that comes with illness and self-care can make anyone tired.
- Understand that mistakes in judgment, errors, and depressed mood may result more from sickness than cognitive changes.
- If managing technology or a medical device is important to a person's health, be sure that person can use the technology or device when tired and stressed.
- Ask stressed older adults to bring family or friends with them to appointments.
- When possible, communicate important information during times of low stress.

Be aware of the effects of illness and recovery.

- Illness, or recovery from treatments such as chemotherapy and surgery, can temporarily reduce cognitive function. A person's ability to self-manage treatment or recovery can be compromised under these conditions.
- Some medical conditions can result in permanent changes in executive function.

Be sensitive to individual needs.

- Not every older adult is the same, and not every older adult will experience significant mental decline. Some just need help in specific areas, so look for ways to clarify those needs.

Provide adequate time for instruction.

- A slower pace may be needed when working with older adults. Factor in extra time so you can adjust the pace with which you deliver instructions.

Source: Quick Guide to Health Literacy for Older Adults: <http://www.health.gov/communication/literacy/olderadults>

Resources

Pfizer Clear Health Communication Initiative

<http://www.pfizerhealthliteracy.com/improving.html>

Pfizer summarizes principles for clear health communication and includes several resources on health literacy including a prevalence of low literacy calculator, the Fry test, and a patient education handbook on literacy.

California Health Literacy Initiative

<http://www.cahealthliteracy.org/healthliteracyresourcecenter.html>

The California Health Literacy Organization provides a one-stop Health Literacy Resource Center on the Web. The page includes resources on designing accessible materials, literacy experts, health literacy policy and models, and publications.

Harvard School of Public Health – Health Literacy Studies

<http://www.hsph.harvard.edu/healthliteracy/>

The Harvard School of Public Health provides a comprehensive list of resources on health literacy including definitions, literature, resources on creating and assessing print materials, etc.

U.S. Health Resources and Services Administration

<http://www.hrsa.gov/quality/healthlit.htm>

One focus of the US Health Resources and Services Administration is on improving health literacy as part of the Healthy People 2010 goals. The site includes links to other Web sites focusing on health literacy.

INTERNET RESOURCES ON HEALTHY AGING

Federal Agencies

Administration on Aging- <http://www.aoa.dhhs.gov/>
Centers for Disease Control and Prevention – www.cdc.gov/
Centers for Medicare & Medicaid Services-
<http://www.medicare.gov/>
National Institute on Aging- <http://www.nia.nih.gov/>
Veteran's Administration- <http://www1.va.gov/health/index.asp>



Nonfederal Organizations

AARP- <http://www.aarp.org/>
Alzheimer's Association- <http://www.alz.org/index.asp>
American Society on Aging- <http://www.asaging.org/index.cfm>
Environmental Alliance for Senior Involvement (EASI)- <http://www.easi.org/>
National Association of Chronic Disease Directors (NACDD)-
<http://www.chronicdisease.org/>
Gerontological Society of America- <http://www.geron.org/>
Grantmakers in Aging- <http://www.giaging.org/>
Institute for the Future of Aging Services (IFAS)- <http://www.medicareed.org/>
Leadership Council of Aging Organizations- <http://www.lcao.org/>
National Association of Area Agencies on Aging (n4a)- <http://www.n4a.org/>
National Association of State Units on Aging (NASUA)- <http://www.nasua.org/>
National Council on Aging- <http://www.ncoa.org/>
National Indian Council on Aging- <http://www.nicoa.org/>
National Institutes of Health, Senior Health- <http://nihseniorhealth.gov/>

PROGRAM TOOLS ON HEALTHY AGING

A Test for Depression in Older People

The Geriatric Depression Scale is a self-rating tool that evaluates the presence of depressive symptoms in older people.

The National Council on Aging, Center for Healthy Aging

<http://www.healthyagingprograms.com/content.asp?sectionid=74&ElementID=108>

Check for Safety: A Home Fall Prevention Checklist for Older Adults

This checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you will find other tips for preventing falls.

National Center for Injury Prevention and Control, CDC

<http://www.cdc.gov/ncipc/pub-res/toolkit/cksafety.pdf>

Preventing Falls: How to Develop Community-Based Fall Prevention Programs for Older Adults

This “how-to” guide is designed for community-based organizations who are interested in developing their own effective fall prevention programs. This guide is designed to be a practical and useful tool, and it provides guidelines on program planning, development, implementation, and evaluation.

National Center for Injury Prevention and Control, CDC

http://www.cdc.gov/ncipc/preventingfalls/CDC_Guide.pdf

Eating Better, Moving More: A Guidebook for Older Americans

Based on successful pilot projects, the *Guidebook* has plans for 12 weekly sessions, with “mini-talks,” activities, resources, and “Tips & Tasks” sheets to take home. It describes setting up a program, adapting it to large and small groups, customizing it for participants’ health status, functional ability, and ethnic/racial diversity, recruiting and motivating participants, and measuring results.

National Policy & Resource Center on Nutrition & Aging

http://www.fiu.edu/~nutreldr/STEPS_Program/Moving_More/CNA_NutritionBk.pdf

Lesson Plans: Medication Management

Taking medicines can often be confusing--especially when a person needs to take many pills each day. Medicines can also cause stomach problems and take away a person's appetite. This series of lessons gives simple guides for facing these problems.

University of Georgia, Department of Foods and Nutrition

<http://noahnet.myweb.uga.edu/plansmm.html>

Your Guide to Medicare’s Preventive Services

This booklet provides descriptions of preventive services covered by Medicare.

Centers for Medicare and Medicaid Services

<http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf>

Why is Health Literacy Important for Older Adults

A PowerPoint presentation that discusses the importance of health literacy for older adults.

Administration on Aging

<http://www.aoa.dhhs.gov/prof/communicating/WhyHealthLiteracyImportantOA.ppt>

The Center for Healthy Aging (the Center)

This site encourages and assists community-based organizations serving older adults to develop and implement evidence-based programs.

National Council on Aging

<http://www.healthyagingprograms.org/>

AARP Research Reports

AARP has a variety of research reports on health and wellness, housing options, family and life, and other topics affecting seniors in America. Reports include:

- Research on the needs and interests of the 50 plus population.
- NIH-AARP Diet and Health Study: Impact of Diet and Lifestyle Factors on Cancer Incidence
- How Prescription Drug Use Affects Health Care Utilization and Spending by Older Americans: A Review of the Literature
- In Brief: Opportunities for Creating Livable Communities

American Association of Retired Persons

<http://www.aarp.org/research/>

Helping Older Adults Search for Health Information Online:**A Toolkit for Trainers**

The toolkit is a resource developed by the National Institute on Aging to help older adults find reliable, up-to-date online health information on their own.

NIH Senior Health

<http://nihseniorhealth.gov/toolkit/toolkit.html>

DEMOGRAPHICS OF OLDER AMERICANS

- The older population (65+) numbered 36.3 million in 2004, an increase of 3.1 million or 9.3% since 1994.
- The number of Americans aged 45-64—who will reach 65 over the next two decades—increased by 39% during this decade.
- About one in every eight, or 12.4 percent, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 18.5 years (19.8 years for females and 16.8 years for males).
- Older women outnumber older men with 21.1 million older women to 15.2 million older men.
- Older men were much more likely to be married than older women--72% of men vs. 42% of women. Almost half of all older women in 2004 were widows (43%).
- About 31 percent (10.7 million) of non-institutionalized older persons live alone (7.9 million women, 2.8 million men).
- Half of older women age 75+ live alone.
- About 415,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over will increase from 35 million in 2000 to 40 million in 2010 (a 15% increase) and then to 55 million in 2020 (a 36% increase for that decade).
- The 85+ population is projected to increase from 4.2 million in 2000 to 6.1 million in 2010 (a 40% increase) and then to 7.3 million in 2020 (a 44% increase for that decade).
- Members of minority groups are projected to increase from 5.7 million in 2000 (16.4% of the elderly population) to 8.1 million in 2010 (20.1% of the elderly) and then to 12.9 million in 2020 (23.6% of the elderly).
- The median income of older persons in 2004 was \$21,102 for males and \$12,080 for females.
- Median money income of all households headed by older people (after adjusting for inflation) rose by 0.3% from 2003 to 2004. Family households headed by older people reported a median income in 2004 of \$35,825.
- Major sources of income for older people were: Social Security (reported by 90% of older persons), income from assets (reported by 56%), private pensions (reported by 30%), government employee pensions (reported by 14%), and earnings (reported by 23%).
- For one-third of Americans over 65, Social Security benefits constitute 90% of their income.
- About 3.6 million elderly persons (9.8%) were below the poverty level in 2004 which was a statistically significant decrease from the rate of 10.2% in 2003.
- About 11% (3.7 million) of older Medicare enrollees received personal care from a paid or unpaid source in 1999. 16

¹⁶ A *Profile of Older Americans: 2005*, Administration on Aging, DHHS, http://assets.aarp.org/rgcenter/general/profile_2005.pdf, p.1.

APPENDIX 1: INFORMATION ON THE SOCIETY FOR PUBLIC HEALTH EDUCATION (SOPHE)



SOCIETY FOR PUBLIC HEALTH EDUCATION
10 G St., NE, Suite 605 • Washington, DC 20002-4242 • Phone 202/408-9804 • Fax 202/408-9815 • Website www.sophe.org

SOPHE SNAPSHOT

PURPOSE

SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide leadership to the profession of public health education and to contribute to the health of all people and the elimination of disparities through advances in health education theory and research, excellence in professional preparation and practice, and advocacy for public policies conducive to health. 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 2,100 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 23 SOPHE chapters covering 33 states, northern Mexico, and Western Canada.

GOVERNANCE

SOPHE is governed by a Board of Trustees including all officers, two trustees elected at large, and four trustees elected from the House of Delegates, which comprises all 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* one of the most frequently cited journals in the field of behavioral/social sciences.
- (2) *Health Promotion Practice*, a quarterly journal devoted to authoritative practical applications of health promotion and health education.
- (3) "*News & View*," a bimonthly newsletter including new resources, developments and meetings in the field.
- (4) "*News U Can Use*," a weekly electronic newsletter sent to all members.

SPECIAL INTEREST GROUPS AND CAUCUSES

- | | |
|--|-------------------------------------|
| (1) Children, Adolescents & School Health | (6) Anthropology & Public Health |
| (2) International/Cross Cultural Health | (7) Healthy Aging |
| (3) Medical Care/patient Education | (8) Environmental Health Promotion |
| (4) Health Communications/Social Marketing
Preparedness | (9) Emergency Communication & |
| (5) Worksite Health | (10) Eliminating Health Disparities |

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

STRATEGIC PLAN

SOPHE's 2006-2010 strategic plan includes 21 objectives in the following 7 major goal areas:

- To expand opportunities for health educators and health education to contribute to the long-term health of the public
- To increase the use of health education to eliminate disparities
- To strengthen the professional preparation and training of health educators and public health professionals
- To advance a dynamic research agenda for health education and behavioral sciences
- To expand the reach and effectiveness of SOPHE's advocacy efforts
- To sustain, strengthen and empower SOPHE chapters to better meet the needs of health educators at the local level
- To continually elevate performance in operations, governance and resource development to achieve SOPHE's mission and strategic plan

PROFESSIONAL DEVELOPMENT

SOPHE supports professional development by:

- (a) Offering two continuing education conferences annually, each attracting 300-600 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.
- (b) Promoting and providing distance learning opportunities such as web-seminars, recorded conference sessions, 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.
- (c) Providing a nationwide network of trainers for *CDCynergy*, as well as experts for CDC's Corporate University courses in Health Communications.

ADVOCACY

SOPHE has taken the lead for the last 11 years in organizing a health education-wide Advocacy Summit, with advocacy training and visits to Capitol Hill. In 2004, SOPHE

was invited to provide oral testimony to the House Appropriations Subcommittee on Labor, Health & Human Services, Education, and Related Agencies. SOPHE's Advocacy Committee meets monthly, with representation from chapters and members. 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.

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 HRSA International Union for Health Promotion and Education March of Dimes Prematurity Campaign NFPA International NHLBI National Asthma Education Coordinating Committee	Partners for Effective Tobacco Policy/Campaign for Tobacco-Free Kids Partnership for Anthrax Vaccine Education Research!America Research 2 Prevention Coalition Society for State Directors of Health, Physical Education & Recreation Society of Behavioral Medicine United Nations Public Information Division NHLBI National Cholesterol Education Committee NIMH National Partnership Network NLM Partnership for Health Information Access National Coalition for Promoting Physical Activity National Coalition to Support Sexuality Education National Commission for Health Education Credentialing National Competency Update Project National Coordinating Committee on School Health National Council on Folic Acid National LBGT Health Coalition National Public Health Partnership
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RECENT & CURRENT ACTIVITIES

- a) Collaboration on 2007 Midyear Meeting with CDC and Directors of Health Promotion and Education; on 19th World Conference on Health Promotion and Education with the International Union for Health Promotion and Education; and on SOPHE's 58th Annual Meeting with CDC REACH program and Eta Sigma Gamma. Serving on planning committee for DHHS-wide health promotion conference (11/07) and CDC Health Communications conference (8/07). Sponsorship of webinar series on timely topics in emergency preparedness, healthy aging including CE opportunities.
- b) Sponsorship of an invitational summit, *"Disparities and Social Inequities: Framing a Transdisciplinary Research Agenda in Health Education,"* in collaboration with CDC, NCI, Office of Minority Health, The Robert Wood Johnson Foundation, and the Kaiser Family Foundation. Published proceedings in two issues of HEB and HPP and sponsored webinar series. Produced DVD for professional preparation.

- c) Implementation 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. Developed a tool kit on the impact of methamphetamine production on communities. Launched National Surge Capacity Network on emergency preparedness and risk communication.
- d) Publication of special *HPP* issues: supplements on asthma (4/06) and on CDC Racial and Ethnic Approaches to Community Health (8/06); upcoming issues on sexual violence prevention and on emergency preparedness.
- e) Completed major marketing research study of employers' attitudes toward health educators.

APPENDIX 2: 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

National Center for Health Education

375 Hudson Street, 13th Floor
New York, NY 10014
212-463-4050
www.nche.org

American Association for Health Education

1900 Association Drive
Reston, VA 20191
800-213-7193
<http://www.aahperd.org/aahe>

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/>

American College Health Association

PO Box 28937
Baltimore, MD 21240
410-859-1500
<http://www.acha.org>

Society for Public Health Education

750 First Street NE, Suite 910
Washington, DC 20002
202-408-9804
<http://www.sophe.org>

American School Health Association

7263 State Route 43, PO Box 708
Kent, OH 44240
330-678-1601
<http://www.ashaweb.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>

Directors of Health Promotion and Education (formerly ASTDHPPE)

1101 15th St NW, Suite 601
Washington, DC 20005
202-659-2230
<http://www.dhpe.org/>

Eta Sigma Gamma

2000 University Avenue
Muncie, IN 47306
800-715-2559
<http://www.etasigmagamma.org>

APPENDIX 3: EVALUATING NATIONAL HEALTH EDUCATION WEEK

NATIONAL HEALTH EDUCATION WEEK 2008 EVALUATION FORM

The Society for Public Health Education would like to know how you celebrated National Health Education Week 2008.

Did you celebrate National Health Education Week (NHEW) 2008? Yes No

Did you celebrate NHEW during the week of Oct. 12-18, 2008? Yes No

Did you celebrate the theme *Healthy Aging: Live Long, Live Well?* Yes No

Please check your target audiences (*Check all that apply.*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Colleges/Universities | <input type="checkbox"/> Schools (other): | |
| <input type="checkbox"/> Parents/Caregivers | <input type="checkbox"/> SOPHE members | <input type="checkbox"/> Ethnic/racial groups |
| <input type="checkbox"/> Local businesses | <input type="checkbox"/> Community agencies | <input type="checkbox"/> Health care settings |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Employers | <input type="checkbox"/> Employees |
| <input type="checkbox"/> Local health experts | | |

Other (please describe):

Please check your community partner(s) (*Check all that apply.*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Colleges/Universities | <input type="checkbox"/> Parents/Caregivers |
| <input type="checkbox"/> Community agencies | <input type="checkbox"/> SOPHE Chapters | <input type="checkbox"/> Health care industry |
| <input type="checkbox"/> Local businesses | <input type="checkbox"/> Other (please describe): | |

I did not collaborate with a community partner.

**How many individuals did your program activities
... *plan to reach?*
... *actually reach?***

Which activity/activities did you use to celebrate NHEW 2008? (*Check all that apply.*)

- | | |
|---|--|
| <input type="checkbox"/> Classroom lessons | <input type="checkbox"/> Health fair |
| <input type="checkbox"/> Worked with the media | <input type="checkbox"/> Display booth |
| <input type="checkbox"/> Newspaper/newsletter article | <input type="checkbox"/> Contacted a politician |
| <input type="checkbox"/> Community event | <input type="checkbox"/> Radio/Television appearance |
| <input type="checkbox"/> Speak /Present at an event | <input type="checkbox"/> Adapted an evidence-based program |
| <input type="checkbox"/> Town hall meeting | <input type="checkbox"/> Health communication campaign |

Other (please describe):

Circle the number that best represents your answer to the following questions.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The goals of my NHEW celebration were met	1	2	3	4	5
I plan to celebrate NHEW next year	1	2	3	4	5
SOPHE's <i>Activity Guide & Tool Kit</i> was useful to my planning	1	2	3	4	5
I plan to use SOPHE	1	2	3	4	5

materials to plan other programs					
----------------------------------	--	--	--	--	--

What were your greatest strengths in planning and implementing your celebration?

- Strong interest from the community
- Past experience in campaign planning
- Strong interest from organization
- Theme relevant to organization's goals
- Available resources (please describe):
- Other (please describe):

What were your greatest obstacles in planning and implementing your celebration?

- Lack of interest from the community
- Lack of experience in campaign planning
- Lack of interest from the organization
- Theme not relevant to the organization's goals
- Lack of resources (please describe):
- Other (please describe):

In what setting(s) do you work? (Check all that apply.)

- College/University
- Health Department
- SOPHE Chapter
- Health care setting
- Community agencies
- Local business
- School
- Other (please describe):

What is your profession?

Please describe your community: Urban Suburban Rural

Please use the space below to share any additional comments or suggestions related to National Health Education Week 2008.

Please send your completed evaluation form to:

**SOPHE
ATTN: NHEW 2008
10 G Street, NE, Suite 605
Washington, DC 20002
Phone: (202) 408-9804
Fax: (202) 408-9815
Email: info@sophe.org**

Appendix 4: INFORMATION ON THE NHEW CONTEST

NATIONAL HEALTH EDUCATION WEEK CONTEST

October 12-18, 2008

Healthy Aging: Live Long, Live Well

The Society for Public Health Education (SOPHE) invites YOU to participate in NHEW and tell us what you or your community did by entering the NHEW Contest!

Contest Rules:

Any organization or individual may apply. Submit a description (100 words or less) of activities and sample of items that demonstrate or describe how NHEW was celebrated in your community or organization.

Winners will receive a special certificate signed by Elaine Auld, SOPHE's Executive Director and your program will be posted on the SOPHE website.

Contest Deadline: December 1, 2008

Contest winner(s) will be notified by **December 14, 2008**

National Health Education Week 2008

HEALTHY AGING: LIVE LONG, LIVE WELL

CONTEST APPLICATION FORM

1. Tell us about you:

Organization Name

Contact Person

Address

City/State/Zip

Telephone

Fax

E-mail Address

2. Check the setting(s) where NHEW activities were promoted:

University/College campus

Medical care (Hospital or Clinic)

Local or State health department

Worksite

Voluntary organization

Senior Center

Library

Membership organization

Other (specify): _____

3. Describe your NHEW 2008 Activity in 100 words or less.

4. Send the (1) application form, (2) NHEW activity description and (3) supporting documentation (which can include, but is not limited to, brochures, flyers, newspaper articles, etc.) to:

SOPHE

10 G Street, NE, Suite 605

Washington, DC 20002

ATTN: NHEW 2008 Contest

(202) 408-9815 fax