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Since 1995, National Health Education Week (NHEW) has been celebrated during the third week of October. Sponsored by the Society for Public Health Education (SOPHE), this celebration focuses national attention on a major public health issue and promotes consumers’ understanding of the role of health education in promoting the public’s health.

NHEW 2012 focuses on the theme, “Adolescent Health: Planting Seeds for a Healthier Generation.” The week calls attention to the importance of promoting and establishing healthy behaviors among our nation’s adolescents. This toolkit is designed to empower health education specialists and other professionals who work with youth in schools, community organizations, youth groups and other environments to promote healthy behavior choices. The toolkit can be used throughout the year and contains information about adolescent health issues, evidence-based practices and tips to help garner support for policies that foster healthy development among young people.

Each day of NHEW is themed around an adolescent health topic:

- **Monday, October 15th**: Nutrition and Physical Activity: Action for healthy adolescents
- **Tuesday, October 16th**: Alcohol, Tobacco and Other Drug Use: Integrating evidence-based strategies for prevention
- **Wednesday, October 17th**: Sexual Health: Making the case for comprehensive sex education
- **Thursday, October 18th**: Emerging Trends in Adolescent Injury & Violence
- **Friday, October 19th**: Lesbian, Gay, Bisexual and Transgender Youth: Embracing diversity and promoting inclusion

There is no requirement to align your NHEW events with these themes. Feel free to focus on the area of adolescent health that best suits you and your school, community, or population.

As we celebrate this year’s NHEW, we also promote the field of health education and honor our health education specialists. In honor of this week, be sure to recognize health education specialists, not only for their many contributions to promoting and improving adolescent health, but also for all they do to sustain programs and services for this population. Join us as we work together to help improve the health and wellness of our nation’s adolescents and guide their path to a healthy future.

As part of NHEW 2012, SOPHE is highlighting health education specialists and other professionals who are making a difference in adolescent health. Nominate yourself, a colleague or a peer who has made exemplary and significant contributions to health education and adolescent health and wellness. Complete the nomination form by visiting www.sophe.org/Sophe/PDF/NHEW2012NominationForm.pdf and email the completed form to info@sophe.org. Deadline for nominations is October 10, 2012 at 11:59 PM ET.
Adolescence is defined by the World Health Organization (WHO) as a period of life between the ages of 10-19 that is characterized by significant physical, cognitive and emotional and social changes.\(^1\) During the transition from childhood to adulthood, youthful self-discovery and experimentation introduce various risk behaviors as young people seek to find a realistic sense of self-identity and their “fit” in the larger world. This exploration can lead to situations in which new knowledge and skills can either positively or negatively shape young people’s development and foundation for adult life, thus making adolescence a pivotal period of both great potential and vulnerability.\(^2\)

The healthy development of young people and the adults they will become are strongly connected to the health behaviors they choose to adopt during adolescence. There are a number of risk behaviors, which are often established during the adolescent years, that affect young people’s academic achievement, risk for chronic and non-chronic diseases, preparation for adulthood and overall quality of life. These behaviors include:

- Tobacco, substance and other drug use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Risky sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection
- Violence\(^3\)

All parents want their children to grow up to live a happy, healthy and long life. Unfortunately, the health, safety and well-being of adolescents is affected by a complex interplay of factors between the individual and their surroundings, such as parents, peers, neighborhoods and communities, schools, community organizations, health care systems, media, social norms, policies and laws. These factors collectively impact young people’s ability to appropriately achieve specific developmental tasks and capacity to make healthy decisions.\(^4\)

Establishing a healthy start in life improves a young person’s likelihood of becoming a healthy adult, and reduces the risk for chronic and non-chronic conditions. A strong body of research has shown that behaviors established during childhood are linked to adult health outcomes, including heart disease, stroke, high blood pressure, diabetes, cancer, and depression. These health conditions and behaviors such as smoking and drug use collectively account for a major portion of preventable chronic diseases that costs the U.S. economy more than $1 trillion in medical spending annually.\(^5\)

Ample research in the field of adolescent health tells us that there are strategies that effectively support adolescent health and well-being. There are four types of strategies that have demonstrated the ability to promote and sustain healthy adolescents:

1. **Decrease the risk factors** that contribute to risky behaviors and poor health outcomes.
2. **Increase the protective factors** that contribute to resiliency and healthy outcomes.
3. **Provide opportunities** for young people to successfully meet the developmental needs of adolescence.
4. **Build healthy communities and schools** that support and nurture adolescents.\(^6\)

**Did you know?**

School health education can contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity.\(^7\)

Furthermore, addressing the various complex adolescent health issues will require the sharing of resources and expertise across communities. It is critical for government agencies, community-based organizations, health care systems, schools, businesses and other stakeholders to work together to promote healthy outlets for healthy growth among adolescents.
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, as well as policy, system and environmental change activities, programs, campaigns, and research. Health education is an essential public health service that requires the practice of three core functions of public health: 1) assessment, 2) policy development 3) 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 result in optimal health status. The field provides a scientific backdrop that has established strong theories for disease prevention and health enhancing behaviors.

The Role of a Health Education Specialist

Health education specialists work to promote healthy lifestyles and prevent and manage disease by empowering individuals to make informed decisions about their health and positively influencing the policies and conditions that affect people’s health where they live, learn, work, and play.

In efforts to address the nation’s health challenges, health education specialists 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.

The role of the health education specialist, then, is to take this message of improving health to the populations that they work with on a daily basis. Health educators are everywhere; they are in cities, and they are in rural areas. They are in schools, and they are in hospitals. They reach a variety of people in a variety of settings across the globe. Health educators play an integral role in developing and distributing accessible, appropriate messages regarding adolescent health.

Check out SOPHE’s YouTube video showcasing the various roles, work settings, specialized training, and valuable contributions of health education specialists to enhancing the quality of life for all: [www.sophe.org/healthedspecialist.cfm](http://www.sophe.org/healthedspecialist.cfm)
Where Do Health Education Specialists Work?

According to the U.S. Department of Labor’s Bureau of Health Statistics 2010 Census, there are more than 63,400 health educators (SOC Code 21-1091) working in the following settings:

- **Hospitals, Clinics and Health Plans** to promote healthy lifestyles, help patients and families recover from illness and manage their condition, and provide training.
- **Schools & Universities** to assist students adopt healthful behaviors thereby improving academic performance.
- **Municipal/County/State Public Health Departments** to promote and protect the health of all populations living in their geographic area and achieve public health goals.
- **Nonprofit/Voluntary Organizations** to provide education and services related to a particular disease or priority population.
- **Business/Industry** to improve the health of employees. Chronic diseases and unhealthy behaviors affect the ability to work and increase employers’ workers’ compensation and health care costs, work-related injuries, absenteeism, as well as decreased productivity.
- **Universities** to provide specialized curricula for future health educators and to conduct research on effective programs, policies and interventions.

What Services Do Health Education Specialists Provide?

At the individual- and population-based levels, health education specialists demonstrate skill with and knowledge of the following Seven Areas of Responsibility:

- **Area I: Assess Needs, Assets and Capacity for Health Education**
- **Area II: Plan Health Education**
- **Area III: Implement Health Education**
- **Area IV: Conduct Evaluation and Research Related to Health Education**
- **Area V: Administer and Manage Health Education**
- **Area VI: Serve as a Health Education Resource Person**
- **Area VII: Communicate and Advocate for Health and Health Education**

These Responsibilities were verified through the 2010 Health Educator Job Analysis (HEJA-2010), a study led by SOPHE in collaboration with the National Commission for Health Education Credentialing (NCHEC) and the American Association for Health Education (AAHE).

Where Are Health Education Specialists Trained?

More than 250 professional preparation programs around the country provide formal degrees in school and community/public health education at the baccalaureate, masters and doctoral levels. Many health education specialists hold master’s degrees from schools and programs in public health. Curricula include a unique combination of instruction from the behavioral/social, epidemiological, environmental, and biomedical sciences, as well as health administration and public policy.

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What is a Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES)?

The Certified Health Education Specialist (CHES) and Master Certified Health Education Specialist (MCHES) designations signify that an individual has successfully passed a national competency-based exam demonstrating skill with and knowledge of the Seven Areas of Responsibility (see page 7), which contain a comprehensive set of Competencies and Sub-competencies defining the role of an entry- and advanced-level health education specialist. The CHES exam reflects the entry-level sub-competencies related to the Seven Areas of Responsibility, whereas the MCHES exam is based on the advanced-level sub-competencies. The certification is provided by the National Commission for Health Education Credentialing (NCHEC). To learn more about CHES and/or MCHES, visit www.nchec.org.

Why Are Health Education Specialists Vital to the Nation?

Health education improves the health status of individuals, communities, states, and the nation; enhances the quality of life for all people; and reduces costly premature deaths and disability. By focusing on prevention, health education reduces the costs (both financial and human) spent on medical treatment. Chronic conditions, such as diabetes, heart disease, and cancer, consume more than 75% of the $2.2 trillion spent on health care in the United States each year—the equivalent of about 2.5 economic “bailout” packages. Spending as little as $10 per person on proven preventive interventions could save the country over $16 billion in just five years.

Health education specialists offer knowledge, skills and training that compliment those of health providers, policy makers, educational experts, human resource personnel and many other professionals whose work impacts human health.

Addressing a single risk factor (e.g., smoking) influences outcomes across multiple diseases, from preterm birth to lung disease and cancer. Addressing obesity in today’s children alters the prevalence of many diseases (e.g. heart disease, cancer, diabetes, arthritis) that may be encountered decades later.

Remember that 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 adolescents throughout the year by focusing on the following sub-themes:

- **Nutrition and Physical Activity**: Action for healthy adolescents
- **Alcohol, Tobacco and Other Drug Use**: Integrating evidence-based strategies for prevention
- **Sexual Health**: Making the case for comprehensive sex education
- **Emerging Trends in Adolescent Injury & Violence**
- **Lesbian, Gay, Bisexual, and Transgender Youth**: Embracing diversity and promoting inclusion

### 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. 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, including adolescents. That way you can better understand their specific interests, needs, and wants. Besides in-person meetings and conference calls, use creative ways to meet with the planning committee to keep them engaged. Use web cams, set up an online discussion forum (e.g., Google Groups), and/or create a blog to keep members up-to-date with events.

### Establishing Goals and Objectives

The mission of NHEW 2012 is to promote optimal health outcomes and well-being for our nation’s adolescents. The overall goals of NHEW 2012 include the following:

- To increase awareness of the various health issues that impact adolescents.
- To provide support and health resource information for health education specialists and other professionals who serve and care for adolescents.
- To encourage multi-sector collaboration, including government agencies, community-based organizations, schools, and businesses, whose services and decisions affect adolescent health.

However, the specific objectives for your campaign can be determined locally, based on the interests and needs of community members. Examples of objectives for NHEW 2012 might include:

- **By the end of NHEW 2012, at least “X percent” community leaders, school administrators and other stakeholders in Community X will have participated in the assessment of school’s nutrition and physical activity policies and programs and develop an improvement plan that focuses on a Coordinated School Health approach.**

- **By the end of NHEW 2012, “X community” will have recruited “X number” local stakeholders to create and maintain access to safe, accessible, and affordable places for physical activity.**

- **By the end of NHEW 2012, “X number” of health education specialists will organize networks of local youth and health organizations to make adolescent health education & information more accessible to young people**
Building Community Support

Whether led by an individual or a planning committee, successful campaigns are often grounded by community support. One way to elicit such support is to recruit community members and organizations that are involved in community health, school health, youth groups, 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:

- Gain a deeper understanding of community needs and assets
- 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 Your Population

A successful campaign is grounded in an understanding where your population of interest can be reached. Most likely, this population will be determined by the emphasis of the NHEW theme, “Adolescent Health: Planting Seeds for a Healthier Generation,” as well as the defined campaign objectives. 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 specifically defined your population of interest, the more successfully you can focus your campaign. Other questions to consider include the following:

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 (community-based organizations, local health departments, youth advocacy groups, schools, parks and recreations, etc.)
Planning Your NHEW Activity

- 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

Once 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:

Individually: Approach your population directly.

Group: Plan activities and programs related to a group’s common bond.

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 young people, or make it easier to practice healthy behaviors.

The following are sample planning activities to engage community members, school leaders, policymakers, and others to build awareness around the importance of promoting adolescent health and wellness.

- Organize a farmers market or community garden in your community
- Encourage decision-makers to increase safe routes for children to walk and ride to school and provide access to safe parks, playgrounds and community centers
- Write a letter to the editor of your local newspaper in response to a recent article that highlights the importance of promoting adolescent health and wellness
- Submit public comments to regulatory issues and sign on to letters that support the health and future of our nation’s adolescents
- Work with local schools to ensure they provide coordinated school health programs
- Strengthen health care provider’s capacity to address adolescent health needs
- Develop activities that provide opportunities for youths’ healthy experimentation and critical social skills development via recreation, community service and civic engagement
- Promote the use of evidence-based and promising strategies to guide decisions on adolescent health activities, programs and services
A crucial step to engaging your target audience for NHEW is getting the message out there. Drawing attention to the work of health education specialists in promoting and improving adolescent health can be done in many ways — by visiting the target population, by word of mouth, or through written correspondence. You can do this through traditional media (e.g., newspapers, radio, television), or propagate your message through social media (e.g., Twitter, Facebook, Flickr). Depending on your target audience, you might write a feature article about your event for the local paper or use Facebook to increase awareness of what you are doing and why it is important.

**Traditional Media Outlets**

**Newspapers**

Newspapers remain popular venues through which individuals can share facts, resources, and opinions (although there is currently a trend toward strictly online status, which reduces the diversity of readers to those with internet access). When advocating for a particular health issue, consider distributing your message in the form of feature articles, op-eds, letters to the editor, advertisements, and adding your event to a community calendar.

**Newsletters**

Newsletters provide a smaller forum through which readers can learn about specific issues, events, or services being offered. If you know of associations or organizations that may have members who are interested in adolescent health promotion, submit a blurb about your NHEW event or activity. They are more likely to include your write-up in a newsletter if it is well-written and ready for publication.

**Television**

Based on figures from the U.S. Census Bureau, Americans spend over four hours watching television per day, which makes it an excellent marketing tool. If your organization has enough money to fund a television campaign or a public service announcement (PSA), this media option can be quite fruitful. If not, there are several ways that you can engage your local television stations. Many television stations include a segment during the morning or evening news that focuses on a health issue. Research who covers these segments and inform that individual of your NHEW event or activity. Keep in mind that you must make your case as to why the public will be interested in adolescent health—present facts. To view an example PSA on youth tobacco control and prevention, visit [http://www.cdc.gov/tobacco/publications/dvds_videos/index.htm](http://www.cdc.gov/tobacco/publications/dvds_videos/index.htm).

**Radio**

While not as popular as television, radio can also be an effective way to market a message. Press releases can be read over the air to spread the word. Depending on your target population, try local stations, regional stations, or even the National Public Radio.
Social Media Outlets

What is social media?

Social media is a term that refers to Web-based and mobile technologies that allow people to interact with and engage one another. Such media includes:

- Blogs and micro-blogs, such as Twitter
- Social networking sites, such as Facebook and LinkedIn
- Image-sharing sites, such as Flickr
- Video-sharing sites, such as YouTube

The key characteristic of social media is that it’s organized around user-generated content — people sharing messages with other people. And best of all, social media sites are generally free so the cost of setting up an account is non-existent or negligible.

How can you use social media to convey your message?

You can use social media to communicate directly with the public. But you can also use social media to communicate directly with policymakers, media and general public. Often, reporters will pick up a story based on what they through social media feeds.

If your organization has a Web site, you can place links to your social media channels on your site. Some points to keep in mind about using social media are:

1. **It takes an investment of time to manage the sites, post new material, and monitor the conversation.** Before you begin, make sure that someone on your coalition is responsible for any given social media channel with responsibility for maintenance, updating, and monitoring.

2. **To keep your social media channels fresh and encourage people to keep coming back, you need to continually post new information.** You may not have a great deal of news about your organization’s efforts on a regular basis. You may therefore wish to position your social media channel as an authoritative source of reliable health-related news and update it weekly with new stories on health topics related to your initiative.

3. **Social media is defined by the presence of user-generated content.** That means that people will be having a conversation with you by posting questions or comments on your Facebook page; giving your site a thumbs up or thumbs down, depending on whether or not they like it; and responding to entries on blogs or to videos with written comments. You need to invest time in monitoring these comments, listening to what people are saying to and about you, and participating in the conversation.

4. **Although social media sites are generally not difficult to use, it helps to have a tech-savvy partner to back you up if you do run into technical difficulties.**

What is blogging and how can I do it?

A blog is an online journal that is regularly updated. Blogs may focus on a specific topic (e.g., your organization’s initiative) or on a broader topic (e.g., health news in your community). Most blogs are formatted so that their entries are posted in reverse chronological order (the most recent at the top) and readers are invited to post comments in response to blog entries. Some tips from the Centers for Disease Control and Prevention (CDC) on blogging best practices appears on the next page.

**TIP:** Learn about the top 5 lessons learned from SOPHE’s Virtual Social Media Conference, held May 23, 2012, focusing on the integration of social media and chronic disease prevention activities: [www.sophe.org/VSMC.cfm](http://www.sophe.org/VSMC.cfm).
1. Observe the blogosphere by reading other people’s blogs before starting your own. You can find blogs through a blog search engine such as Technorati (www.technorati.com).
2. Provide links to other reliable Web pages that support the content in your blog.
3. Keep your posts relatively short, providing enough information to support main points but not a lot of detail. Web readers are more likely to read shorter posts.
4. Make headlines attention grabbing.
5. Include numbered or bulleted lists to allow more white space on the page.
6. Use sub-heads and keep your headings and sentences short so that your posts are easy to scan quickly.
7. Keep a consistent style and conversational tone.
8. Use keywords strategically; think about the terms that people are likely to search for.

What is Twitter and how can I use it?

Twitter (www.twitter.com) is an information network made up of 140-character messages called tweets. In 140 characters, you have the opportunity to promote an event, share a link, or simply initiate dialogue about a certain topic. In order to be an effective “tweeter,” your Twitter account must maintain visibility. By using the “#” symbol for keywords, your tweets become part of a streaming dialogue about a specific topic, which increases the visibility of a tweet. Tweets are sometimes called “micro-blogs” because they are so short.

Twitter users subscribe to receive tweets by following an account. Followers receive messages in their timeline that includes a feed of all the accounts they have subscribed to. Tweets can be read as text messages, mobile Web sites, or on the Twitter Web site at Twitter.com.

Twitter users share information, links, videos, photos, and re-tweeting material posted by others. In addition, you can engage in Twitter events, including:

- **Twitter Chat**: Scheduled events in which your organization can communicate with its followers through discussion, questions and answer sessions, and the dissemination of information.
- **Twitterview**: This scheduled event is a type of interview in which the interviewer and the interviewee are limited to conversations made of 140-character messages.
- **Twitter Town Hall**: A scheduled forum that allows followers to submit questions on a specific topic. Responses can be delivered through live tweets, video, or live stream.
- **Live Tweeting**: Tweeting live from an event to highlight key points of a presentation and play-by-play moments.

CDC offers the following tips on Twitter best practices:

1. **Set up a profile name, image, and biography** when you establish your free account. Your profile name should be short (15 characters maximum) and reflect the nature of your organization. Your 160-character biography or organizational description should be the first post from your new profile. Include a logo or graphic that represents your organization.
2. **Keep content short and simple.** CDC recommends tweets of 120 characters so that messages can be easily re-tweeted by others without editing.
3. **Provide more information with a shortened URL of your main Web site.** There are Web sites (e.g., http://tinyurl.com or http://is.gd) that can help you shorten your URL.
4. **Promote your Twitter profile** in other communication materials.
5. **Engage your followers** by posting on a regular schedule.
6. **Post other relevant content** from partners and followers.

**TIP:** Follow @SOPHEtweets and use #NHEW to keep up-to-date with SOPHE and NHEW-related news.
Sample NHEW tweets:

- **Monday**: Parents and schools provide a unique opportunity to promote healthy eating and physical activity in young people. [www.sophe.org](http://www.sophe.org) #NHEW
- **Tuesday**: Take action to prevent youth alcohol, tobacco and other drug use and promote health and well-being. [www.sophe.org](http://www.sophe.org) #NHEW
- **Wednesday**: Comprehensive sex ed programs can effectively provide youth with the tools they need to reduce & prevent negative sexual health outcomes. [www.sophe.org](http://www.sophe.org) #NHEW
- **Thursday**: Today’s the day. Join us to take action to reduce and prevent adolescent injury & violence. [www.sophe.org](http://www.sophe.org) #NHEW
- **Friday**: The LGBT youth population is one of the most vulnerable groups in our community. [www.sophe.org](http://www.sophe.org) #NHEW

What is Facebook and how can I use it?

Facebook is the most popular social media site. With over 500 million users, Facebook provides an excellent opportunity for getting your message out:

- Using the Event Invitation application, you can invite Facebook friends to an upcoming NHEW event and ask them to pass along the invitation.
- Also use the “What’s on your mind?” box at the top of your homepage to notify fellow Facebookers about upcoming NHEW events and activities. Individuals can also become creative with these “status updates” by providing a different adolescent health related fact each day of NHEW.
- If your organization has a Facebook page, also be sure to utilize the discussion section to not only publicize events, but also to engage your “Facebook fans” in dialogue by asking questions related to adolescent health and health education.

CDC suggests the following best practices for using Facebook to communicate:

1. **Become familiar with other public health-related social network sites.** These are generally Facebook pages used by organizations and businesses, which are distinct from Facebook profiles created by individuals.
2. **Ensure that there are adequate time and staff resources available to support ongoing maintenance** of the page in order to keep content fresh and fans engaged.
3. **Provide engaging posts and communication material** (e.g., videos, quizzes, games, images, etc.) to actively and repeatedly engage users.
4. **Create a comment policy** about how you will respond to inappropriate comments.
5. **Collect and store comments** in order to document the conversations you sparked. This documentation can help you evaluate your efforts.
6. **Promote your Facebook page** on all your communication materials.

Sample NHEW Facebook posts:

- **Monday**: The obesity rate has more than doubled for adolescents aged 12-19 years over the last two decades and poor diet and inactivity are leading contributors. However, parents and schools provide a unique opportunity to promote lifelong healthy eating and physical activity in young people. As part of National Health Education Week (NHEW), today’s focus is on promoting healthy eating and physical activity among adolescents! Learn more and participate in NHEW at [www.sophe.org](http://www.sophe.org).
- **Tuesday**: Alcohol, tobacco and other drug use pose a threat to the health and well-being of adolescents. When adolescents introduce drugs into their bodies during this time, it is easier to develop a dependence and addiction. As part of National Health Education Week (NHEW), today’s focus is on preventing youth alcohol, tobacco and other drug use! Learn more and participate in NHEW at [www.sophe.org](http://www.sophe.org).
- **Wednesday**: Every year in the U.S., more than 750,000 young women ages 15-19 become pregnant, and nearly 80% of these pregnancies are...
unintended. In addition, while young people ages 15-24 represent only one-fourth of the sexually active population, they account for nearly half of the 19 million new sexually transmitted infection (STI) cases each year. Comprehensive sex education programs can effectively provide youth with the tools they need to reduce & prevent negative sexual health outcomes. As part of National Health Education Week (NHEW), today’s focus is promoting youth reproductive and sexual health! Learn more and participate in NHEW at www.sophe.org.

**Thursday:** The number one cause of preventable death and disability in U.S. adolescents is injury. Nearly 72% of all deaths among adolescents between the ages of 10-24 are attributable to injuries from only four preventable causes: motor vehicle crashes, other unintentional injuries (e.g., drowning, poisoning), homicide and suicide. Many disciplines, from health educators, to engineers, to policy makers, must work together marrying their expertise to protect the public from the consequences caused by injuries. As part of National Health Education Week (NHEW), today’s focus is on reducing and preventing adolescent injury & violence. Learn more and participate in NHEW at www.sophe.org.

**Friday:** The stigma of being lesbian, gay, bisexual and transgender (LGBT), along with related harassment and discrimination, can cause LGBT youth to develop more troubling health behaviors than their heterosexual counterparts, including depression, homelessness, violence (e.g., bullying, harassment, physical assault, and suicide-related behaviors), early exposure to sexual activity and drug use. Just being an LGBT teen does not lead to risky behaviors, rather, societal stigma and discrimination can lead LGBT youth to seek emotional outlets – which may include unhealthy and unsafe behaviors. As part of National Health Education Week (NHEW), today’s focus LGBT youth and embracing diversity and promoting inclusion! Learn more and participate in NHEW at www.sophe.org.

### What is online video sharing and how can I use it?

Online video sites, such as YouTube ([www.youtube.com](http://www.youtube.com)), MSN ([www.msn.com](http://www.msn.com)), and Yahoo ([www.yahoo.com](http://www.yahoo.com)), allow people to share their videos with others who can comment on what they see. Videos can be produced inexpensively with a webcam or camcorder and editing software and then uploaded to the site. The CDC offers the following best practices for online video productions:

- **Prepare content that is appropriate for your target audience.** Try to avoid technical information, jargon, and complicated charts and graphs. Focus instead on producing simple, easy-to-follow “stories” with human interest and a “call to action.”
- **Keep videos short.** Most sites have limits on how long videos can be. Many users start to drop off after three minutes, according to CDC data.
- **Promote your videos** on all your communication materials.
- **Create high-quality video** by using a tripod to stabilize the camera, appropriate lighting, and a plug-in microphone.
- **Choose appropriate music** that suits the mood of the video and is copyright free (unless you are paying to use it).
- **Include a URL** at the end of the video where people can find more information.

### What is image sharing and how can I use it?

Image sharing Web sites, such as Flickr ([www.flickr.com](http://www.flickr.com)), is an online community forum for sharing photos. They are commonly used for reference, teaching, presentations—meaning wider exposure to your events and activities. Choose “tags” (keywords) for your photos that will generate interest, such as “National Health Education Week,” “health education,” and “adolescent health.” By sharing photos of your NHEW events and activities, you will generate interest and awareness in the work that you do and gain a wider audience for your organization.
Getting Your Message Heard: Inform the Public

Adolescent Health: Planting Seeds for a Healthier Generation
National Health Education Week | October 15-19, 2012

Whichever media outlet you choose, you need to be clear on what your message is. Health education and promotion strategies can be challenging to communicate to others. Steps to successfully market your message are provided below.

**Step 1: 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.

**Step 2: Decide upon key message(s)**
First, you need to determine what your overall goal is. Here are some questions to ask yourself when developing your overall strategy.

- **What is the problem you are highlighting?** — This could be unhealthy eating, inadequate physical activity or tobacco use among adolescents.
- **Is there a solution to it? If so, what is it?**
- **What do you need to do or say to get the attention of those who can make the solution happen?** — Do you want to use the media to get your message out by holding a news conference or briefing? Or do you want to use press release and/or advertising to get the attention of the public?

Once you have defined your overall goal, then you can design the message that you want to get out in the public. You want your message to be simple and clear. Make sure you communicate:

- The problem you are addressing,
- Why your intended audience should be concerned with this problem, and
- What should be done about the problem.

Try to create a message that is compelling and that people can relate to by telling the story of a specific individual affected by the problem. By humanizing the message, your issues will have a greater impact on the public than if you just state statistics.

**Possible key messages include:**

- There are a number of risk behaviors that are often established during the adolescent years that affect young people’s academic achievement, risk for chronic and non-chronic diseases, preparation for adulthood and overall quality of life. Nearly 70% of adolescent death and illness are caused by injury and violence, alcohol, tobacco and other drug use, unsafe sex, unhealthy diet and inadequate physical activity.
- Without intervention, children born today may — for the first time in two centuries — have a shorter life expectancy than their parents. The increased prevalence of childhood obesity will likely lead to an unprecedented increase in chronic disease rates, particularly Type 2 diabetes, heart disease and cancer.
- Health education can contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity.
- Addressing the various complex adolescent health issues will require the sharing of resources and expertise across communities. It is critical for government agencies, community-based organizations, health care systems, schools, businesses and other stakeholders to collaboratively work together to promote healthy outlets for healthy growth among adolescents.

**Step 3: Get the facts**

Research the facts that support your key message(s). You can communicate your local messages with facts and statistics from your state and/or local community. For example, you may wish to include information about the incidence of major chronic diseases in your state, city, or county.
You may be able to provide examples of local ordinances (e.g., drug free school) or policies (e.g., school wellness policies) that have already been adopted in your community. Many adolescent health facts can be found throughout this toolkit. Additional places to find such information are listed in the resources section on page 27.

In general, the more specific examples you can provide, the easier it is for people to understand what it is. And the more local you can make your story, the more it will resonate with both policymakers and local residents alike.

**Step 4: Decide which media outlets you want to utilize**

*Refer to list of media outlets on page 19.*

**Step 5: Develop a current media contact list**

The first step in working with the media is to research and identify the news outlets you would like to cover your NHEW initiative(s). You can identify any reporters who have covered issues related to your initiatives in the past. To make the research easier, set up Google Alerts online ([www.google.com/alerts](http://www.google.com/alerts)) so that you automatically receive updates on relevant news stories in your area. Scan your local newspaper daily for health and community stories. Remember to update your media list regularly so that you can use it for outreach efforts throughout the year.

You can purchase media contact information from services such as Cision ([www.cision.com](http://www.cision.com)) or BurrellesLuce ([http://www.burrellesluce.com/Media_Outreach](http://www.burrellesluce.com/Media_Outreach)).

Once you’ve identified these outlets and contacts, build an electronic media list using a program such as Microsoft Excel. Electronic lists are easy to update, and users can merge contacts for effortless delivery of materials via e-mail or mail. Additionally, users can easily track who they’ve reached out to, and responses received. In a spreadsheet program include:

- Names of media outlets
- Key reporters and their titles and beats
- Contact information, including phone and email address
- If he or she prefers to be contacted
- A “notes” column to list other relevant articles that reporter has written
- Known deadlines and any previous interactions that you’ve had with the reporter

Include local and regional radio, television, print outlets and key health journalists. Also identify relevant blogs and make contact with the blogger (to start your search, check out [http://blogsearch.google.com](http://blogsearch.google.com)). Join Twitter and follow groups with related messages to network and increase visibility.

**Step 6: Develop a press release (Refer to the sample press release on page 22)**

- Include a background page about NHEW and adolescent health. The background page can include key facts, statistics, and information resources.
- Identify a member of your organization as a local expert, spokesperson to answer journalist questions.
- Identify examples of effective adolescent health education programs in your community to pitch to journalists and bloggers for coverage.

**Step 7: Develop a strategy for utilizing media outlets**

Once you have compiled your media list and are ready to begin your outreach efforts, you can begin to build your relationships with key media contacts. Remember that media relations are a two-way street: you are looking for accurate coverage of your initiatives and reporters are looking for good stories. On slow news days, a reporter might call you looking for story ideas. Be sure to have some in your back pocket, if that happens.
Here are steps you can take to build positive relationships:

1. **Call the reporter.** Introduce yourself and state why you’re calling. Ask the reporter if he or she is on a deadline. If so, find a time to call back.

2. **Have a good story.** Practice your pitch before calling. You need to know your topic well, understand the reporter’s interests based on your previous research, and be ready to revise your pitch as needed.

3. **Plan a good strategy.** Do not use the same strategy for every story or media outlet. Think about how to create excitement for that particular media source or audience.

4. **Keep your word.** Building trust with the media is paramount. Provide follow-up information that you promised within the agreed upon timeframe.

5. **Follow-up.** While you may gain coverage after just one interview with some reporters, you may have to contact others multiple times before they will do a story.

6. **Send thank you notes.** Send a reporter a handwritten note expressing appreciation for the benefits gained from their coverage.

**Step 8: Disseminate your information to media outlets & priority media targets**

To distribute electronically, copy and paste your press release (see page 20 for tips on preparing a press release) into the body of the e-mail. Many reporters will not open unsolicited attachments. Make sure they can clearly see the headline and first paragraph without enlarging or scrolling down in the e-mail, as this will increase the likelihood your release will be seen. Personalize each e-mail so the reporter knows it’s not a mass message. For example, mention a story recently written by the reporter that caught your eye, or if you have had previous interactions with him/her, mention when and where to jog his/her memory.

If you’d like to send your press release to a large number of recipients, there are many online resources available to help you increase the awareness and visibility of your event. It is a best practice to include a brief cover letter with your press release. Some of these services may charge a fee, so it’s important to research each option before submitting your event materials. Some may offer discounts to nonprofit organizations. Top distribution sites include:

- Business Wire ([www.businesswire.com](http://www.businesswire.com))
- PR Newswire ([www.prnewswire.com](http://www.prnewswire.com))
- PR Log ([www.prlog.org](http://www.prlog.org))
- 24/7 Press Release ([www.24-7pressrelease.com](http://www.24-7pressrelease.com))

Some free press release distribution sites include:

- PR ([www.pr.com](http://www.pr.com))
- 1888 Press Release ([www.1888pressrelease.com](http://www.1888pressrelease.com))

After distributing your press materials, follow up via phone or e-mail with your media contacts for the official “pitch.” Make your calls short and direct, sounding confident to establish yourself as an expert providing valuable information. Offer to send more detailed information in an e-mail or to arrange an interview with a local expert. It may be helpful to write a brief script so your conversation flows easier. It’s important to accommodate the media contacts as much as possible.

If you’re unable to reach a reporter by phone, forward your media advisory or press release, with a brief note at the top offering to answer additional questions or to arrange an interview. Always provide your contact information in case the reporter needs more information.

**Step 9: Evaluate 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 because it enables you to continually improve your efforts over time. It is 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: Are more high school students 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:

- Community Tool Box (from the University of Kansas) - http://ctb.ku.edu/

How to Format a Press Release

- **Contact information.** Below the name of your organization, you need to put the name and phone/fax number and/or e-mail address of the staff person the press should contact to get more information. This is usually located on the top right-hand corner.

- **Release date.** This tells the reporter when the information in the release can be published or broadcast. The release can be for immediate release to the public, in which you can put “For immediate release” on the top. The reporters can also hold the information until a certain date. For this, you would need to put “Embargoed until (release date and/or time).” The release date is usually located on the top left-hand corner.

- **Headline.** Use a concise and informative headline that summarizes the essence of the news release. This will run under the contact information and above the body of the release.

What is a Press Release?

Press releases, or news releases, are one- or two-page announcements sent to the media so they will cover your story or event. A press release goes into greater depth than a media advisory and is written like a news story. Press releases should:

- Contain approximately 500 words, formatted in short paragraphs.
- Use an inverted pyramid style of writing, meaning the most important information is at the top, filtering down to the less crucial details toward the end.
- Include a quote from your organization’s spokesperson or key event figure. If you are partnering with another organization, their spokesperson should also be quoted.
- Close the press release with a paragraph that provides a concise overview of your program, including where to find additional information and your contact information.
Steps toward a Successful Marketing Campaign

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- **Body.** Always start the first sentence in the following format: city, state (or country), month, day, year. Then you can discuss the who, what, where, when and why of your story. After your concluding paragraph, include ### to indicate the end of your press release.
- **About.** Include your organization’s boilerplate with a link to your website and additional resources.

**When to Send a Press Release**

Press releases are ordinarily issued the day of the event, either directly before or immediately following the event. If a media contact is on a tight deadline and needs the information in advance, you can provide him or her with an “embargoed” release. This implies they will honor your request to publish the story after your event or announcement, even though they have advance information.

*A sample press release appears on the following page.*
[organization, company or program letterhead here]

**ORGANIZATION/COMPANY/PROGRAM HELPING AREA YOUTH DEVELOP HEALTHY HABITS**

*National Health Education Week October 15-19 Sets Focus on Raising Healthier Adolescents*

*Local Event Details/Education Program Reaches Out*

FOR IMMEDIATE RELEASE - **DATE**

Contact: [Name, Phone, Email Address]

(City, STATE) – The time to focus on the health of our youth is now. There has never been a greater need to improve the health of our nation’s young people than right now. In the United States, the leading causes of adolescent death and disability are related to preventable health risk behaviors including, tobacco use, unhealthy dietary behaviors, sedentary lifestyles, alcohol, tobacco and other drug use, unsafe sex, injury and violence.

Improving the health and future of America’s youth is the focus of National Health Education Week (NHEW) 2012. During October 15-19, health education specialists and public health advocates across the country involved with the Society for Public Health Education (SOPHE) will work to raise awareness of adolescent health issues and empower young people to make informed decisions that support healthy development through activities supporting this year’s theme, “Adolescent Health: Planting Seeds for a Healthier Generation.”

To improve the health of our youth, **organization/company/program** is describe the event/activity/promotion being conducted.

“Insert quote from organization,” said name, title. “Insert quote.”

Tips for parents, fact sheets, activities and resources for NHEW are available online at [www.sophe.org](http://www.sophe.org). Name is available to talk with the press and offer health tips for families and youth.

Each day of NHEW is themed around an adolescent health topic:

- **Monday, Oct. 15:** Nutrition and Physical Activity: Action for healthy adolescents
- **Tuesday, Oct. 16:** Alcohol, Tobacco and Other Drug Use: Integrating evidence-based strategies for prevention
- **Wednesday, Oct. 17:** Sexual Health: Making the case for comprehensive sex education
- **Thursday, Oct. 18:** Emerging Trends in Adolescent Injury and Violence
- **Friday, Oct. 19:** Lesbian, Gay Transgender, Youth: Embracing diversity and promoting inclusion

Schools and youth programs can improve adolescent health. According to the Centers for Disease Control and Prevention, schools have more influence on the lives of young people than any other social institution, except for the family. Schools provide critical outlets to reach millions of adolescents and provide a place to strengthen a student’s ability to successfully practice and adopt behaviors that protect and promote health and avoid or reduce health risks. Thus, advocating for adequate school health education programs is a key way to improve adolescent health today.
About National Health Education Week (NHEW)
NHEW is celebrated annually during the third week of October and focuses national attention on a major public health issue, provides public education, and improves consumer understanding of health education’s role in promoting the public’s health. NHEW is recognized by the U.S. Department of Health and Human Services.

About SOPHE
The Society of Public Health Education (SOPHE) is a non-profit professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion and to promote the health of society. SOPHE’s 4,000 international and chapter members work in various public and private organizations to advance health education theory and research, develop disease prevention and health promotion programs, and promote public policies conducive to health. For more information, go to www.sophe.org.

About Organization/Program/School Name
Insert boilerplate statement

###
What is a Proclamation?

A proclamation is a formal announcement made by a local city or county government on a topic important to the members of the community. Issuing a proclamation is a great way to raise awareness about adolescent health.

How to Format a Proclamation

Remember the proclamation should entice others, so choose effective words and adjectives to strengthen your proclamation.

Compose “Whereas” statements stating why you are making the proclamation. These statements should make it clear why you are proclaiming a certain day or event.

Skip a space between each “Whereas” statement in which you make the actual proclamation itself. Clearly state why you are making this proclamation.

Conclude with a “Therefore” statement in which you make the actual statement itself and use the word “Proclaim” to make your point clear.

When to Send the Proclamation

If you are holding an event for NHEW, promote and distribute the proclamation. You can also have the proclamation displayed at a news conference, event, or your office. Encourage local health organizations and local government officials to display the proclamation and post the proclamation on your own website.

Two sample proclamations appear on the following pages.
Adolescent Health: Planting Seeds for a Healthier Generation

Call for Education and Action to Improve Adolescent Health

WHEREAS, The State of [name of state, city] has a vital interest in promoting and establishing healthy behaviors in our nation's adolescents; and

WHEREAS, The leading causes of death and disability among adolescents are related to preventable health risk behaviors including, tobacco use, unhealthy dietary behaviors, sedentary lifestyles, alcohol, tobacco and other drug use, unsafe sex, and injury and violence; and

WHEREAS, Health risk behaviors adopted during adolescence are linked to various health outcomes in later life, including heart disease, stroke, high blood pressure, diabetes, cancer, obesity, smoking, drug use and depression, and accounts for a major portion of preventable chronic diseases that cost the U.S. economy more than $1 trillion annually; and

WHEREAS, The health, safety and well-being of adolescents is affected by a complex interplay of factors between the individual and their surrounding, such as parents, peers, neighborhoods and communities, schools, community-based organizations, health care systems, media, social norms, policies and laws; and

WHEREAS, Improving adolescent health requires government agencies, community organizations, schools, businesses and other stakeholders to collaboratively work together to develop comprehensive set of evidence-based policy, system and environmental strategies implemented and instilled early in life; and

WHEREAS, Schools with coordinated and comprehensive school health programs increase students' involvement in healthy behaviors and decrease their involvement in risky behaviors, and improve students' academic performance, including their school attendance, grades, test scores, and ability to pay attention in class; and

WHEREAS, Health education specialists are uniquely positioned to work with schools, communities, parent groups, and other groups to promote adolescent health; and

WHEREAS, The [name of chapter or organization] is committed to promoting the health and safety of adolescents and helping them establish lifelong healthy behaviors by bringing health education ideas and principles into the legislative and public arenas; and

WHEREAS, In celebration of National Health Education Week, government agencies, community-based organizations, health care providers, schools, and businesses are essential to support the 2012 National Health Education Week focus on improving adolescent health through the theme “Adolescent Health: Planting Seeds for a Healthier Nation”; and

THEREFORE be it,

RESOLVED, That the [name of governor, mayor, elected official, or health commissioner] of the [name of state, city] do hereby proclaim October 15-19, 2012, as the Society for Public Health Education's (SOPHE) National Health Education Week. All individuals, organizations, and communities are encouraged to raise awareness of adolescent health and promote policy, system and environmental changes to empower young people to make healthy choices during National Health Education Week.

Adolescent Health: Planting Seeds for a Healthier Generation
National Health Education Week | October 15-19, 2012

Addressing Nutrition and Physical Activity among Adolescents

Childhood obesity is a major U.S. public health issue because one-third of U.S. school-aged children and teens are overweight or obese.¹

WHEREAS, In 2007, the Centers for Disease Control and Prevention (CDC) estimated that 17% (12.5 million) of U.S. children and adolescents aged 2-19 years are obese; and

WHEREAS, The U.S. Department of Health and Human Services’ Healthy People 2020 childhood obesity targets are: 9.6% among children aged 2-5 years, 15.7% among adolescents aged 6-11 years, and 16.1% among adolescents aged 12-19 years;² and

WHEREAS, According to data from CDC’s 2011 Youth Behavior Risk Survey:³
- 12% of youth are obese
- 15% of youth are overweight
- 56% of youth did not meet the recommended levels of physical activity
- 14% of youth did not participate in 60 minutes or more of physical activity any day during the week
- 6% of youth had not eaten vegetables any day during the week, and
- 34.0% of youth ate fruit or 100% fruit juice two or more times per day.

WHEREAS, Eating low-nutritious foods, children increase their risk of developing diet-related diseases, such as obesity, heart disease, cancer, and diabetes and U.S. health-care costs due to obesity are $197 billion a year, half of which are paid for by federal taxpayers through Medicare and Medicaid⁴; and

WHEREAS, Eating healthy and exercising every day is necessary for student health and academic achievement; children and teens who are overweight and obese have more health issues such as: Type 2 diabetes, bone and joint problems, asthma, breathing problems, sleep apnea, poor self-esteem, depression, and obsessive compulsive disorder;⁵ and

WHEREAS, Empty calories from added sugars, such as full-calorie soda and solid fats contribute to 40% of daily calories for children and adolescents aged 2-18 years;⁶,⁷ and

THEREFORE be it,

RESOLVED that, the office of the [governor, mayor, elected official, or health commissioner] of [name of the state, city] do hereby proclaim October 15-19, 2012 as the Society for Public Health Education’s (SOPHE) 2012 National Health Education Week, and encourage all residents, communities, organizations, and institutions to plan, implement, market, and evaluate at least one health education strategy to promote awareness and the benefits of healthy eating and physical activity behaviors in children and adolescents during the 2012 National Health Education Week campaign.

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National Health Education Week (NHEW) is an ideal opportunity for health education specialists and other professionals to communicate and advocate for health policy to promote adolescent health.

**Leverage Policy to Promote Adolescent Health**

Using policy to change systems and environments is one of the most powerful ways that we as health education specialists or other professionals can improve and protect the health of adolescents. With or without us, state policymakers will make a multitude of decisions in the next few years that will alter the course of our health systems and communities. For example, these policy initiatives could relate to:

- Preventing childhood obesity.
- Maximizing the return on investment in prevention.
- Reducing the growing burden of chronic diseases, especially among populations with disparate burdens.
- Strengthening local laws against marketing of tobacco products to minors tobacco
- Advocating for comprehensive sex education in schools
- Advocating for the use of school facilities on off hours to help reduce violence and increase physical activity

As health education specialists and public health professionals, we have useful data and other information about the health of adolescents in our communities. We know which policies are proven to reduce the burden of preventable diseases and injuries. We are skilled in formulating realistic policy solutions and educating stakeholders. This expertise will have limited impact unless we become more effective in communicating with policymakers in on national and state legislative issues related to the latest policies and research in adolescent health and wellness.

**Take Action**

The following are a few tips on how you can get involved and educate policymakers about the importance of adolescent health and wellness:

- Share NHEW with your family, friends and colleagues and encourage them to contact their members of Congress in support of adolescent health promotion and education.
- Schedule a meeting with your members of Congress in your home district to discuss the importance adolescent health promotion and education in your community.
- Send an email to your members of Congress asking them to support adolescent health promotion and education. Locate your elected officials at:
  - Health Education Advocate Index: [http://www.healtheducationadvocate.org/congress/index.html](http://www.healtheducationadvocate.org/congress/index.html)
  - U.S. Senate: [http://www.senate.gov/](http://www.senate.gov/)
- Submit public comments to regulatory issues and sign on to letters that support adolescent health and wellness.

**Resources**

- **Advocacy Toolkit (SOPHE):** [http://www.sophe.org/advocacy_matters.cfm](http://www.sophe.org/advocacy_matters.cfm)
- **Sample email request to set up a meeting with your member of Congress (APHA):** [http://www.apha.org/NR/rdonlyres/7F798A8E-6EC2-4C56-86D5-44FEE5656A3F/0/SampleEmailRequestingaMeeting.pdf](http://www.apha.org/NR/rdonlyres/7F798A8E-6EC2-4C56-86D5-44FEE5656A3F/0/SampleEmailRequestingaMeeting.pdf)

**SAVE THE DATE!**

SOPHE’s 16th Annual Health Education Advocacy Summit
March 2-4, 2013 | Washington, DC

Let the Health Education Advocacy Summit help you polish your advocacy skills in just 48 hours! This summit offers basic, intermediate, and advanced-level advocacy training. The Summit culminates with visits with legislators or key staff on Capitol Hill — either individually or in national and state delegations. [www.sophe.org/advocacysummit.cfm](http://www.sophe.org/advocacysummit.cfm)
Resources

This section lists many resources related to adolescent health education and promotion. Included are Web sites and links to PDFs that will help you to plan and execute a National Health Education Event following the theme “Adolescent Health: Planting Seeds for a Healthier Generation.”

Inclusion in the resources section should not be construed as an endorsement by SOPHE. This list is intended to be a sampling of known materials and organizations pertinent to adolescent health that can be used to educate yourself and your community. Since the organizations listed may discontinue or revise materials from time to time, all of the items listed may not be readily available.

All deletions or corrections should be brought to the attention of:

Attn: NHEW 2012
Society for Public Health Education
10 G Street, NE, Suite 605
Washington, DC 20002
info@sophe.org
Nutrition and Physical Activity: Action for healthy adolescents

OVERVIEW

Parents and school environments provide a unique opportunity to promote healthy eating and physical activity in young people. Poor diet and inactivity are leading contributors to overweight and obesity in adolescents. Health education can contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. According to the Centers Disease Control and Prevention (CDC), schools have direct contact with more than 95% of our nation’s young people aged 5-17 years-old, for about 6 hours a day, and for up to 13 critical years of their social, psychological, physical, and intellectual development. Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity. This fact sheet highlights evidence-based strategies for improving nutrition in the form of healthy eating and physical activity in adolescents. Parents, teachers, professional health educators, and school nurses can use the curriculum, tools, and resources to encourage and model a balanced diet and daily exercise.

Did You Know?

- The obesity rate has more than doubled for adolescents aged 12-19 years over the last two decades.
- Overweight adolescents are 70% more likely of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese.
- Empty calories from added sugars and solid fats account for 40% of children’s and adolescents daily caloric intake. Nearly half of these empty calories come from soda, fruit drinks, dairy and grain desserts, pizza and whole milk.
- Children are more active when schools offer well-designed playgrounds, open spaces, and available facilities and equipment.
- Health and fitness are linked to improved academic achievement and grades, and cognitive ability, as well as reduced truancy.

Unhealthy diet and sedentary lifestyles are responsible for **112,000 DEATHS** annually and **$190 BILLION** in annual health care expenditures.

**Key Words:** adolescent, nutrition, diet, sedentary, physical activity, overweight, obesity, health issues
Risk and Protective Factors

Many risk factors contribute to the overweight and obesity epidemic among adolescents, including:

- Sedentary behaviors (e.g., watch TV, play video and/or computer games)
- Family lifestyle and history of obesity
- Greater availability of fast food restaurants and convenience stores
- Widespread marketing and exposure to unhealthy food and beverage via TV and media
- Lack of safe places in the community to be physically active
- Low parental education
- Low income households
- Race/ethnicity
  ⇒ American Indian youth are nearly twice as likely as white youth to be obese and Hispanic and African-American children are over thirty percent more likely to be obese than white children

Protective factors that promote healthy eating and physical activity include:

- Parents and schools who create healthy and balanced environments where learning about weight control is a normative behavior
- Community access to supermarkets and farmer markets, affordable healthy food and beverage choices, sidewalks, green space, parks and recreation facilities

Health Challenges

Adolescents who are overweight or obese are at risk for serious immediate and long-term health conditions that are all once considered almost exclusively adult diseases. These conditions include the following:

**Immediate**
- High blood pressure and cholesterol
- Heart disease
- Pre-diabetes
- Bone and joint problems
- Breathing problems
- Sleep apnea
- Depression
- Poor self-esteem
- Obsessive compulsive disorder

**Long-term**
- Heart disease
- Type 2 diabetes
- Stroke
- Cancer

Strategy in Action!

**National Take-Back Initiative**

**Massachusetts Action for Healthy Kids**. Created in 2002, Action for Healthy Kids® is a national school-based health campaign to fight the national epidemic of childhood obesity. The initiative promotes sound nutrition and good physical activity in children, youth, and schools in partnership with schools, community leaders, and volunteers. During the 2009-10 school year, Action for Healthy Kids® reached 4.5 million kids in 9,200 schools nationwide. To promote healthier eating and regular exercise for children and families the MA Action for Healthy Kids (MA AFHK) has numerous online, no-cost toolkits such as (1) Game On! The Ultimate Wellness Challenge and ReCharge! Energizing After-School for students K through 6 that emphasize healthy eating at home and school; (2) awarded 20 area schools with mini-grants to develop school breakfast programs, summer nutrition programs, and offer healthier food choices in vending machines; and (3) a Wellness Policy Tool framework to help develop, implement, and evaluate community wellness policies. Read the MA AFHK newsletter for more resources and information at [http://take.actionforhealthykids.org/site/Clubs?club_id=1142&pg=main](http://take.actionforhealthykids.org/site/Clubs?club_id=1142&pg=main).
Tips for Health Educators and Public Health Professionals

1. Find out about your school’s local wellness policy. Assess the school’s nutrition and physical activity policies and programs and develop an improvement plan that focuses on a Coordinated School Health approach.

2. Advocate for the need for nutrition education and physical activity programs in schools, from early childhood education through high school.

3. Assess your community’s retail food environment to better understand the current landscape and accessibility and affordability to healthier foods and beverages.

4. Build partnerships with target communities such as community leaders, school administrators, area parks, stakeholders, organizations, and the local government to assess local community needs and expand programs (e.g., community gardens, farmer’s market, community centers, park and recreation facilities) that promote healthy eating and active living.

5. Hold a meeting with a policymaker about including in Elementary and Secondary Education Act (ESEA) reform the requirement of health education and physical education as “core” subjects, which contribute to both health and academic achievement.

Start Today

Check out selected communities who were selected to participate in Communities Putting Prevention to Work (CPPW), a federal stimulus-funded project that worked at the county-level to increase opportunities for healthy eating and active living through policy, systems and environmental changes. Many of these communities adopted Safe Routes to School as an overall strategy to increase physical activity and spent the duration of the project pursuing opportunities to institutionalize policies, systems and environmental changes that would support walking and bicycling to school and in daily life. Learn about the communities efforts and successes and get inspired. To learn more, visit http://www.saferoutespartnership.org/sites/default/files/pdf/CPPW-final-report-lo-res.pdf.
Resources

Health Educators and Public Health Professionals

Centers for Disease Control and Prevention: MMWR Guidelines for School Health Programs to Promote Lifelong Healthy Eating
http://www.hsph.harvard.edu/research/prc/files/ewkm_cdc_lifelong_he.pdf

Centers for Disease Control and Prevention: Nutrition, Physical Activity, & Obesity
http://www.cdc.gov/healthyyouth/npao/index.htm

Curriculum Resources for Parents & Educators
http://www.neatsolutions.com/CurriculumResources/Curriculum_Educators/Curriculum_Educators_01.html

Foodplay’s Guide to Healthy Classroom Celebrations!

KidsHealth: Educators’ Site
http://kidshealth.org/classroom/

Nutrition Resources for Health Professionals
http://www.cdc.gov/nutrition/professionals/index.html

Planet Health
⇒ Tools for School-wide Planning
http://www.planet-health.org/teacherInformation.cfm
⇒ Planet Health Sample Lessons: Balanced Diet Theme
⇒ School Food and Physical Activity Environment

Population-level Intervention Strategies and Examples for Obesity Prevention in Children — Annual Review of Nutrition

Society for Public Health Education: Reducing Health Disparities in Youth Webinar Series
http://www.sophe.org/YouthHealthDisparities.cfm

Seattle & King County Public Health
⇒ Healthy Eating for Children
http://www.kingcounty.gov/healthservices/health/nutrition/kids.aspx
⇒ Nutrition and Schools
http://www.kingcounty.gov/healthservices/health/nutrition/schools.aspx
Resources cont’d

Seattle & King County Public Health (cont’d)
⇒ King County Child Care Program
⇒ Public Health Nutrition Programs and Nutrition Guidelines, Tips, Recipes, and more
⇒ Seattle Nutrition Action Consortium (SNAC)
   http://www.kingcounty.gov/healthservices/health/nutrition/snac.aspx

The Role of Schools in Preventing Childhood Obesity

The Weight of the Nation
http://theweightofthenation.hbo.com/

Trust for America’s Health: Health in Mind
http://www.healthyamericans.org/report/96/

United States Department of Agriculture’s Choose My Plate.gov
http://www.choosemyplate.gov/
⇒ Health and Nutrition Information for Educators
   http://www.choosemyplate.gov/information-educators.html
⇒ Information for Health Care Professionals
   http://www.choosemyplate.gov/information-healthcare-professionals.html

Parents

Alliance for a Healthier Generation Healthy Homes
http://www.healthiergeneration.org/parents.aspx

Food & Fun After School
http://www.foodandfun.org/?p=default
⇒ Food & Fun After School: Parents
   http://www.foodandfun.org/?p=learn/parents/info&subject=About
⇒ Food & Fun After School: Outside Resources
   http://www.foodandfun.org/?p=learn/outsideResources

Harvard School of Public Health Prevention Center
http://www.hsph.harvard.edu/research/prc/
⇒ Nutrition and Physical Activity Tools
   http://www.hsph.harvard.edu/research/prc/resources/
Resources cont’d

Harvard School of Public Health Prevention Center (cont’d)
⇒ Nutrition & Physical Activity Tools for Out of School Time Settings
   http://www.hsph.harvard.edu/research/prc/resources/community-tools/index.html
⇒ Nutrition & Physical Activity Policy Tools
   http://www.hsph.harvard.edu/research/prc/resources/policy-tools/index.html
⇒ Nutrition & Physical Activity Tools for use in Community Settings

KidsHealth: Parents’ Site
http://kidshealth.org/parent/

Let’s Move: First Lady Michelle Obama’s Nutrition and Physical Activity Initiative
http://www.letsmove.gov/

Let’s Go!
http://www.letsgo.org/

Neat Solutions for Healthy Children
http://www.neatsolutions.com/
⇒ Curriculum Resources for Parents & Educators
   http://www.neatsolutions.com/CurriculumResources/Curriculum_Educators/Curriculum_Educators_01.html

Nutrition Standard’s for Foods in Schools

Planet Health: Parent Information
http://www.planet-health.org/parentInformation.cfm
References


7. U.S. Department of Health and Human Services, The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity.


Alcohol, tobacco, and other drug use pose a threat to the health and well-being of adolescents. Adolescents and young adults in their 20s are at the highest risk for illicit drug use. For some drug users, use that begins in adolescence continues well into adulthood. Addiction is a developmental disease; the earlier an adolescent begins drug use, the more likely their use will progress to become serious abuse or addiction. Additionally, adolescence is a period of critical cognitive and behavioral development. When adolescents introduce drugs into their bodies during this time, it is easier to develop a dependence and addiction. The adolescent years mark major physical, psychological, and social transitions. It is during this stage—early adolescence—that children are likely to encounter drugs for the first time and/or have greater availability of drugs or situations involving tobacco and substance use.

### National Perspective

According to the findings from the 2011 Youth Risk Behavior Surveillance Survey (YRBSS):

#### Tobacco Use
- 44.7% of high school students had ever tried cigarette smoking
- 10.3% of high school students had smoked a whole cigarette for the first time before age 13 years
- 7.7% of high school students had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) during the 30 days before the survey

#### Alcohol Use
- 70.8% of high school students had had at least 1 drink of alcohol on at least 1 day during their life
- 38.7% of high school students are current alcohol users
- 21.9% of high school students had had five or more drinks of alcohol in a row on at least 1 day during the 30 days before the survey

#### Other Drug Use
- 20.7% of high school students had taken prescription drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanas without a doctor’s prescription one or more times during their life
- 39.9% of high school students had used marijuana one or more times during their life

### Key Words:
- adolescents
- substance use
- abuse
- drug
- alcohol
- tobacco
- smoking
- health
- student

**OVERVIEW**

Time to Talk

Facts about Teens & Tobacco
Every Parent Needs to Know

Each day
3,800
Smoke their first cigarette

Each day
1,000
Become daily users

Courtesy of U.S. Food and Drug Administration
Vulnerable Populations

- The prevalence of current frequent cigarette use was higher among white (8.0%) than black (2.6%) and Hispanic (4.4%) high school students between 2010-11.⁴

- The prevalence of having ever taken prescription drugs without a doctor’s prescription was higher among white (22.9%) than black (14.7%) and Hispanic (19.4%) high school students between 2010-11.⁴

- The prevalence of current marijuana use was higher among white male (24.4%), black male (29.1%), and Hispanic male (27.0%) than white female (18.8%), black female (21.3%), and Hispanic female (21.6%) high school students, respectively.⁴

- Alcohol use was higher among white (40.3%) and Hispanic (42.3%) than black (30.5%) high school students between 2010-11.⁴

Consequences of Alcohol, Tobacco and Other Drug Use

- Estimates of total overall costs of drug abuse in the U.S., including productivity and health and crime-related costs, exceeds $193 billion.⁵

- Other costs associated with drug use include, family disintegration, loss of employment, failure in school, domestic violence and child abuse.⁵

- An additional 8 million Americans have decreased quality of life due to smoking related disease including, cancers of the lungs, larynx, oral cavity, and esophagus; pulmonary diseases, such as chronic obstructive pulmonary disease; increased risk for HIV/AIDS; and risk for addiction.⁶

Strategy in Action!

Communities That Care (CTC)

CTC is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse. Ultimately, the beneficiaries of CTC are children of any age in the community. Results from a 7-state experimental trial involving 24 communities show that within 4 years of adopting the CTC system, community coalitions can reduce the rate of new delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use as well as the overall occurrence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people community wide by the spring of grade 8. Learn more by visiting http://www.sdrog.org/ctcresource/.
Risk Factors and Protective Factors

Many factors can serve as a source of risk or protection to young people’s attitudes and behaviors toward alcohol, tobacco and other drug use. The following table illustrates various risk and protective factors that affect young people in five domains, or settings:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Domain</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Aggressive Behavior</td>
<td>Individual</td>
<td>Self-Control</td>
</tr>
<tr>
<td>Lack of Parental Supervision</td>
<td>Family</td>
<td>Parental Monitoring</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Peer</td>
<td>Academic Competence</td>
</tr>
<tr>
<td>Drug Availability</td>
<td>School</td>
<td>Anti-drug Use Policies</td>
</tr>
<tr>
<td>Poverty</td>
<td>Community</td>
<td>Strong Neighborhood Attachment</td>
</tr>
</tbody>
</table>

National Institute on Drug Abuse, 2003

Tips for Health Educators and Public Health Professionals

1. In accordance with coordinated school health and the health education component, educators can strengthen learning and bonding to school by addressing aggressive behaviors and poor concentration, and work with the school system to review current programs and identify research-based prevention interventions appropriate for students.
2. Create and maintain a tobacco-free atmosphere throughout the school system and continue with school-based education to promote and reinforce a tobacco-free norm.
3. Find out about the underage drinking laws in your community and work with leaders to enforce policies to make your community a safer place.
4. Work with policymakers and community members to regulate the number of alcohol retailers in the community as a whole and in specific neighborhoods, and also restrict sales.
5. Put policies and a mechanism in place for referring students to the appropriate health care providers or other personnel if they need support services or treatment.

Start Today:

- Learn about your state’s/community’s health statistics to determine the area of greatest need in substance use & abuse prevention: http://oas.samhsa.gov/states.cfm
- Use the Youth Online Interactive Tables offered by the CDC to better understand the prevalence of adolescent tobacco use where you live. http://apps.nccd.cdc.gov/youthonline/App/Default.aspx
Resources

Health Educators and Public Health Professionals

Campaign for Tobacco-Free Kids
http://www.tobaccofreekids.org/
The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. Check out The library of fact sheets highlighting the toll of tobacco and efforts to reduce tobacco use in the United States.

Healthy People 2020
Healthy People 2020 contains national objectives to reduce substance abuse to protect the health, safety, and quality of life for all Americans.

Not on Tobacco—American Lung Association
http://www.notontobacco.com
Not On Tobacco (N-O-T) is the American Lung Association’s (ALA’s) voluntary program for teens who want to quit smoking. It is the most researched, most widely used and most successful such program in the United States. The website provides details on how to get involved in the N-O-T effort and additional resources on how to help teens develop the knowledge, skills, and support they need to quit.

National Institute on Drug Abuse
www.drugabuse.gov
This website contains the latest in science research, data & statistics on drug abuse, and resources for all audiences.

Surgeon General’s Report—Preventing Tobacco Use Among Youth and Young Adults
http://www.cdc.gov/tobacco/data_statistics/sgr/index.htm
The latest Surgeon General report provides the latest findings about the epidemic of tobacco use among youth and young adults, the causes, and the solutions.

SAMHSA’s National Registry of Evidence Based Programs and Practices
http://nrepp.samhsa.gov/
A searchable online registry of more than 230 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.

Strategy Guide on Fostering School Connectedness
The Centers for Disease Control and Prevention provides strategies for increasing protective factors among youth.

Teens Against Tobacco Use — American Lung Association
Teens Against Tobacco Use (TATU) is a peer teaching tobacco prevention program. The American Lung Association trains adults to work with high school students on the health hazards of tobacco use.
Resources cont’d

Tobacco Prevention and Control: Implementing Comprehensive Programs – A Workbook for Local Public Health Agencies
NACCHO developed this guide to assist local public health agencies (LPHAs) and their partners with the implementation of NACCHO’s Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs and this guide serves as an everyday resource and as a supplement to tobacco control and prevention trainings targeted at LPHAs and their partners.

Youth Activism in Tobacco Control: A Toolkit for Action
Legacy provides a guide that aids youth and young adult activists in combating commercial tobacco use in schools and communities.

Parents/Teens

Nida for Teens
http://teens.drugabuse.gov/index.php
Provided by the National Institute on Drug Abuse, this website offers facts for teens about prescription drug abuse and illicit drug use.

The Anti-Drug Campaign
http://www.theantidrug.com/
This campaign was created by the National Youth Anti-Drug Media Campaign to equip parents and other adult caregivers with the tools they need to raise drug-free kids.

The Above the Influence Campaign
www.abovetheinfluence.com
This campaign helps teens stand up to negative pressures, including the pressure to use drugs, pills, and alcohol. The ads and commercials are created for the National Youth Anti-Drug Media Campaign, a program of the Office of National Drug Control Policy.

Too smart to start
http://www.toosmarttostart.samhsa.gov
This is a public education initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. Through this initiative, SAMHSA provides research-based strategies and materials to professionals and volunteers at the community level to help them conduct an underage alcohol use prevention program.
References


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OVERVIEW

Tobacco use continues to be the most common cause of preventable disease and death in the U.S. While progression in youth tobacco control and prevention has reduced tobacco use among youth, a significant percentage of young people are still using tobacco. Each day in the U.S., nearly 3,600 young people between the ages of 12 and 17 years start cigarette smoking, and an estimated 1,100 young people become daily cigarette smokers.¹

Additionally, candy-flavored tobacco and smokeless product use is on the rise among teenagers. Many tobacco manufacturers are making tobacco products that taste and packaged like candy. “Kid flavors” include chocolate, cherry, vanilla, apple, grape and watermelon. The design of flavored tobacco makes it especially appealing to young people, and like all tobacco products, flavored tobacco can pose serious health risks and lead to a lifetime of tobacco addiction.² There are various reasons why young people experiment and use tobacco, including their susceptibility to social, physical and environmental influences.³ It is important that parents understand the risks of tobacco use and the ways in which they can protect their children from being exposed to these risks.

Tips for Parents

- Talk directly to your child/teen about the immediate harms of all forms of tobacco products, including yellow teeth, bad breathe, smelly clothes, respiratory problems, a greater likelihood of being sick, increased stress, and decreased physical performance.⁴
- Discuss with your child the myth and misleading images used in ads and movies which portray smoking as sexy and attractive.⁴
- Maintain a smoke-free home. A smoke-free home makes smoking less convenient and makes children less likely to smoke, even if their parents smoke.⁴
- If you are a smoker, quit! Though it is not simple for parents to quit smoking and may require extra help from social and professional support, parents who quit smoking are more likely to raise children who are less likely to smoke and more likely to quit if they start smoking.⁴

Did You Know?

- Good parenting is not enough. There are several powerful factors outside the home that can influence young people to use tobacco, including tobacco industry marketing and peer pressure. Parents can address these factors by:
  - Encouraging smoke-free or 100% tobacco free policies in your child’s school campus
  - Supporting local, state and federal laws and programs that restricts tobacco marketing to minors
  - Working with local tobacco prevention coalitions to make public areas smoke-free⁴

Resources

- American Lung Association
- Campaign for Tobacco-Free Kids
- Centers for Disease Control and Prevention
- SmokeFree.gov
- The National Quitline (1-800-QUIT-NOW)
- The Partnership at Drugfree.org
Every year in the U.S., more than 750,000 young women ages 15 to 19 become pregnant, and nearly 80% of these pregnancies are unintended. In addition, while young people ages 15 to 24 represent only one-fourth of the sexually active population, they account for nearly half of the 19 million new sexually transmitted infection (STI) cases each year.

Key Words: sexual health, sexuality, adolescents, pregnancy prevention, sexually transmitted infections, health education

National Perspective

Sexual Behavior
- In 2011, 47.4% of high school students had ever had sexual intercourse.
- In 2011, 15.3% have had sex with four or more people during their life.

STIs and HIV
- 15–24 year olds represent only one-quarter of the sexually active population, yet account for nearly half (9.1 million) of the 18.9 million new cases of STIs annually.
- Girls and women 15–19 years old had the largest number of reported cases of Chlamydia and Gonorrhea in 2009 of any age group.
- Human papillomavirus (HPV) infections account for about half of STIs diagnosed among 15–24 year-olds each year.

Pregnancy
- Despite recent declines, U.S. teen birth rates remain as much as eight times higher than in other developed countries. In 2009, nearly 4% of females aged 15-19 gave birth.
- More than 80% of adolescent pregnancies are unplanned and they account for about one-fifth of all unintended pregnancies annually.
- While adolescent sexual activity levels are similar to other developed countries, U.S. adolescents are less likely to use contraception.

Abortion
- The adolescent abortion rate in 2008 was 14.3 per 1,000 in 2008; this group accounted for 16.2% of all abortions.

Violence
- Adolescents girls are at high risk for violence, with one in three adolescent girls who are victims of physical, emotional or verbal abuse from a dating partner.
Vulnerable Populations

- Nearly 41% of Black, 34% of Hispanic, and 32% of White high school students reported being currently sexually active in 2011.\(^5\)

- African Americans/Blacks and Latinos/Hispanics represent 87% of all new HIV cases among 13-19 year-olds; comparatively, Asian and Pacific Islanders (APIs) and American Indians and Alaska Natives represent about 1% of new HIV cases among young people ages 13-24.\(^6\)

- Adolescent females ages 16-19 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault.\(^10\)

- Minority teens have substantially higher birth rates when compared to white teens. White teens ages 15-19 had a birth rate of 25.6 per 1,000 while the rates were 55.5 for American Indian/Alaska Natives, 59.0 for African Americans, and 70.1 for Hispanic teens.\(^11\)

- Timing of first birth can have a great impact on a mother’s income. Teen moms earn significantly less over the first 15 years of motherhood compared to other women and are more likely to receive government assistance.\(^12\)

Comprehensive Sex Education

To encourage healthy sexual behaviors, comprehensive sex education is essential. There are numerous studies demonstrating that comprehensive approaches to sexuality education that educate young people in the areas of abstinence, contraception and STI/HIV prevention are more effective at delaying the onset of sexual intercourse and increasing contraception use.\(^13\) School-based sexual health education is prevalent, with 93% receiving education about sexually transmitted infections (STIs), 89% about HIV and 84% on abstinence. Unfortunately, some education is still missing, as about one-third of teens had not received information about contraception.\(^14\) View SOPHE’s resolution for the promotion of comprehensive sexuality education at [http://www.sophe.org/Resolutions.cfm](http://www.sophe.org/Resolutions.cfm).

Strategy in Action!

Get Yourself Tested (GYT)

The GYT: Get Yourself Tested campaign is a youthful, empowering social movement to reduce the spread of STIs among young people through information; open communication with partners, health care providers, and parents; and testing and treatment as needed. For a generation accustomed to communicating in shorthand, the GYT acronym presents STD testing in a context that is familiar and relatable to young people. Through GYT’s presence on MTV Networks, the involvement of music and celebrity talent, and special promotions, GYT encourages testing as an act of pride, not shame — and promotes an open dialogue about STDs by encouraging young people to spread the word about the campaign. To learn more about GYT, visit [http://www.itsyoursexlife.com/gyt/](http://www.itsyoursexlife.com/gyt/).
Risk and Protective Factors

A number of risk factors influence youth sexual behavior and can impact their sexual health and overall well-being. These include the following:

- Single parent household
- Low parental education
- Domestic violence
- Family modeling of sexual attitudes and behaviors
- Community social disorganization (e.g., poverty, violence, hunger, substance use)
- Negative peer culture (e.g., household and/or peers’ alcohol and drug use, deviant behaviors)
- Older age of peer group and close friends
- Being behind in school or having problems in school
- Depression and thoughts of suicide

Protective factors that promote healthy sexual behavior and protect young people from engaging in risky sexual behaviors include the following:

- Live with two parents
- High level of parental education
- Greater parent-child communication about sex and contraception, especially before youth initiate sex
- Parental acceptance and support of contraceptive use for sexually active teens
- Greater connectedness to school and commitment to education
- Positive peer norms
- Availability and access to mental/health services

Start Today

Familiarize yourself with a youth-led adolescent sexual health education effort. Take a moment right now to visit http://sexedloop.sexetc.org to learn about The Sex-Ed Loop, a collaboration between an urban school district, a statewide adolescent sexual health organization, and nationally-recognized sexual health institutions helps promote comprehensive sexuality education.
### Tips for Health Educators and Public Health Professionals

Community- and school-based sexual health educators can be important allies and advocates in providing and integrating sexual health education at the individual, family, organizational, institutional, and policy levels. Tips for health educators and public health professionals are provided below.

| With adolescents | • Use medically accurate and age-appropriate sexual health information with a comprehensive approach to sexuality  
|                  | • Use non-judgmental language that doesn’t make young people feel ashamed for caring about their sexual health  
|                  | • It’s okay if you don’t have all the answers – but know some youth-friendly sexual health resources to point them to  
|                  | • Team up with youth to help teach education sessions, create materials, and advise programs that impact them |
| With families    | • Encourage parents and family members to start talking about sexual health with youth before adolescence, through discussion on relationships and body parts  
|                  | • Share information about child & adolescent sexual development milestones  
|                  | • Provide time for practice through role plays and other interactive activities |
| Within community organizations | • Provide free workshops for youth on adolescent sexual health topics  
|                  | • Organize networks of local youth and health organizations to make sexual health education & information more accessible to young people |
| Within schools & school districts | • Organize students and parents who support comprehensive sexual health education to speak at a school board meeting  
|                  | • Share the National Sexuality Education Standards with health educators, teachers, and school administrators you know |
| With policy      | • Advocate for state & federal legislation that:  
|                  | ⇒ Promotes a comprehensive, medically accurate, age-appropriate approach to adolescent sexual health education  
|                  | ⇒ Improves funding and opportunities for professional development for teachers and health educators in adolescent sexual health |
Resources

Advocates for Youth
http://www.advocatesforyouth.org/
A national organization focused on youth and sexual health, their webpage offers information for professionals, parents, and youth on sexual health topics. Data, programs, and policy information can be found here.

Annie E. Casey Foundation
http://www.aecf.org/
An organization dedicated to helping create positive futures for vulnerable children. The topics focused on include foster care and adoption, poverty, education, and health; they aim to help with public policy and evaluation of programs. Each year, they publish “KidsCount” a comprehensive data book on child and adolescent health.

CDC – Division of Adolescent and School Health
http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm
A place to find government information and statistics related to adolescent and school health, including data from the Youth Risk Behavior Surveillance Survey. There are specific sub-pages for health topics, including one (shared) specific to sexual health.

CDC’s Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings
http://www.cdc.gov/hiv/topics/testing/resources/factsheets/healthcare.htm
Effective September 2006, CDC has revised its recommendations for HIV testing in Health Care settings. The Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings aim to make HIV testing a routine part of medical care in addition to expanding the gains made in diagnosing HIV infection among pregnant women.

Guttmacher Institute
http://www.guttmacher.org/
A research institute focusing on domestic and international family planning and reproductive health, their institute conducts national surveys and provides data. Information can be found regarding adolescent sexual behavior, contraception, abortions, pregnancy and sexually transmitted infections. They also publish Perspectives in Sexual and Reproductive Health, a professional research journal.

National Campaign to Prevent Teen and Unplanned Pregnancies
http://www.thenationalcampaign.org/
A national organization dedicated to adolescent pregnancy, including information for professionals and youth. Information can be found including state and national data, as well as program and policy information.

National HIV/AIDS Strategy for the United States
http://www.whitehouse.gov/administration/eop/onap/nhas
On July 13, 2010 the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015.
Resources cont’d

National Sexuality Health Standards
Provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is developmentally and age-appropriate for students in grades K–12.

National Resource Center for HIV/AIDS Prevention among Adolescents
www.preventyouthHIV.org
Newly launched by the Office of Adolescent Health (OAH) the Center will support adolescent service providers by providing web-based resources, evidence-based program information, and links to training and technical assistance to help prevent HIV/AIDS among adolescents, in particular adolescents from minority and high-risk populations.

Planned Parenthood Federation of America
http://www.plannedparenthood.org/
A national organization dedicated to enhancing and protecting reproductive health for all. The national office oversees the state and local affiliates where education and clinical care is provided. They provide information for professionals, parents, and adolescents.

Rape, Abuse, & Incest National Network (RAINN)
http://rainn.org/
The nation’s leading organization dedicated to the prevention of sexual violence, they also have hotlines and information for victims/survivors as they go through the healing process. They also focus on helping with public policy. Website provides links to state organizations.

Scarleteen
http://www.scarleteen.com/
Scarleteen is an independent, grassroots sexuality education and support organization and website. Founded in 1998, Scarleteen.com is visited by around three-quarters of a million diverse people each month worldwide, most between the ages of 15 and 25. It is the highest ranked website for sex education and sexuality advice online and has held that rank through

The Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior
On June 28, 2001, Surgeon General David Satcher unveiled science-based strategies which he said represent an effort to find “common ground” upon which the nation could work to promote sexual health and responsible sexual behavior.
References


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The number one cause of preventable death and disability in U.S. adolescents is injury.¹ Nearly 72% of all deaths among adolescents between the ages of 10-24 are attributable to injuries from only four preventable causes: motor vehicle crashes, other unintentional injuries (e.g., suffocation, drowning, poisoning, fires and falls), homicide and suicide.² These injuries, which are often preventable, take a major toll not only on the individual but also on society. The cost of injury is often defined by mortality rates, but injuries can also cause lifelong disabilities, psychological effects and detriment to a person’s overall health and well being. Additionally, monetary costs arise from medical expenses, police and fire services, property damage and wage losses.³

In the past few years, the rising impact of electronic media and devices on adolescent injury and interpersonal aggression along with an upward trend in unintentional poisoning have presented new challenges for those working in adolescent health. Comprehensive policy, system and environmental changes in combination with health education are needed in order to effectively prevent injuries. Furthermore, many disciplines, from health educators, to engineers, to policy makers, must work together marrying their expertise to protect the public from the consequences caused by injuries.

National Perspective

- Motor vehicle crashes are the leading cause of death for young people ages 12-19.⁴
- The proportion of drivers reportedly distracted at the time of a fatal crash has increased from 7% in 2005 to 11% in 2009.² Texting while driving appears to be the greatest risk factor.⁵,⁶
- Nearly 7.7% of high school students rarely or never wore a seat belt when riding in a car driven by someone else.⁷
- Adolescents between the ages of 10-14 years old have the highest rates of sports- and recreation related injury.⁴
- Many teens abuse prescription drugs in combination with alcohol or other drugs, increasing the risk for adverse outcomes.⁸
- Electronic aggression (bullying) appears to be greatest in middle/junior high school.
  ⇒ Nearly 16.2% of students had been electronically bullied, including being bullied through e-mail, chat rooms, instant messaging, web sites, or texting.⁷
- Nearly 33% of high school students engage in physical violence.⁷
- State and local agencies receive more than 3 million reports of child maltreatment each year— that is nearly 6 reports every minute.¹⁰

**Key Words:** child injury, falls, motor vehicle safety, poisonings, bullying, violence, abuse, prevention, costs, community, parents
Vulnerable Populations

- Mortality rates for unintentional injury are the greatest among American Indians and Alaska Natives and lowest among Asian or Pacific Islanders; the rates are similar among Whites and African Americans (except for drowning which is higher among African Americans).  

- For all age groups across all races/ethnicities and for all causes of unintentional injury, males have a higher risk of unintentional death and injury than females.

- Among 10-24 year-olds, homicide is the leading cause of death for African Americans; the second leading cause of death for Hispanics and Asian/Pacific Islanders; and the third leading cause of death for American Indians and Alaska Natives.

Strategy in Action!

**Urban Networks to Increase Thriving Youth (UNITY)**

UNITY cities and communities promote effective, sustainable efforts to prevent violence before it occurs by emphasizing collaboration across multiple sectors and disciplines including, justice, education, labor, social services, public health and safety and youth serving organizations. For example, in Louisville, Kentucky, a multidisciplinary coalition worked to implement policies that limit alcohol promotion, increase neighborhood lighting, and decrease graffiti and neighborhood blight. In Boston, a community coalition connects students to employment opportunities and to after-school and summer activities that build coping skills and prevent violence. To learn more, visit [www.preventioninstitute.org/unity.html](http://www.preventioninstitute.org/unity.html)
Risk and Protective Factors

Adolescent injury and violence are attributed to a number of risky behaviors that start or peak during adolescence, including:

- Not using seat belts
- Driving under the influence
- Carrying weapons
- Not wearing protective equipment during sports
- Being associated with delinquent peers
- Engaging in a physical fight

Other risk factors associated with injury risk include socioeconomic factors, such as family income, low parental education, single parent household, community violence, high poverty and residential instability.

A number of protective factors decrease and/or prevent the risk for adolescent injury and violence, including:

- Family connectedness
- Commitment to school
- Problem solving skills
- Intolerant attitude toward deviant behaviors
- Community cohesion
- Access to care

“Injury is probably the most under recognized major public health problem facing the nation today, and the study of injury represents unparalleled opportunities for reducing morbidity and mortality and for realizing significant savings in both financial and human terms — all in return for a relatively modest investment.”

Institute of Medicine, National Academy of Sciences

Start Today

Align your community efforts to reduce the prevalence of adolescent injury with the National Action Plan for Child Injury Prevention, released in 2012 by the Centers for Disease Control and Prevention (CDC) and more than 60 organizations. To learn more, visit www.cdc.gov/safechild
Tips for Health Educators and Public Health Professionals

1. Implement and support policies and programs to enhance transportation safety including, banning texting and cell phone use from all moving vehicles; graduated driving licenses; sobriety check points; alcohol ignition interlocks; enhance speeding enforcement.

2. Encourage distracted driving as part of all driver education.

3. Advocate for community design and support traffic engineering strategies that promote safety and prevent injuries including, road modifications, speed bumps, roundabouts and bicycle lanes.

4. Encourage parents to talk about prescription drug abuse with their children. While 60% of parents report discussing drugs like marijuana “a lot” with their children, only a third discuss the risks of abusing prescription drugs.12


6. Include information about over the counter and prescription medication in school health curricula.

7. Promote and strengthen policies and programs to prevent falls by advocating proper design and maintenance of playgrounds, home safety devices (e.g., stair gates), and use of protective gear when playing active sports to help prevent children from sustaining injuries related to falls.

8. Create a concussion action plan to ensure that concussions are identified early and managed correctly and encourage school administrators to include the plan in school’s concussion policy. An example concussion action plan can be found at http://www.cdc.gov/concussion/sports/response.html.

Resources

American Association of Suicidology
http://www.suicidology.org/web/guest/home
The American Association of Suicidology aims to understand and prevent suicide. This webpage provides statistics and research, information on education and training, and resources for those who are thinking about suicide, suicide loss survivors, and suicide attempt survivors.

CDC National Center for Injury Prevention and Control (NCIPC)
http://www.cdc.gov/injury/index.html
This site includes information about NCIPC activities, scientific and surveillance injury data, publications available for order, research grants and funding opportunities, other CDC centers and injury resources.

CDC Healthy Youth!
http://www.cdc.gov/HealthyYouth/injury/index.htm
This site provides a wide array of fact sheets relating to school health, violence prevention, unintentional injury prevention, and suicide prevention.
Resources cont’d

Children’s Safety Network
http://www.childrenssafetynetwork.org/
This is a national resource center for the prevention of childhood injuries and violence, and offers expertise on a wide range of injury topics to State and Territorial Maternal and Child Health (MCH) and Injury and Violence Prevention (IVP) programs.

Heads Up on Concussion
http://www.cdc.gov/concussion/HeadsUp/online_training.html
CDC has created two free online courses – one for health care professionals and another for youth and high school sports coaches, parents, athletes – that provide important information on preventing, recognizing, and responding to a concussion.

National Action Plan for Child Injury Prevention
The National Action Plan for Child Injury Prevention was developed by CDC and more than 60 stakeholders to spark action across the nation about child injury and the effects on our nation.

Prescription Drug Abuse Toolkit
This toolkit is designed for school nurses as a means to facilitate their education and support of various groups in preventing, identifying, and managing teen prescription drug misuse and abuse.

SOPHE Unintentional Injury and Violence Prevention
http://www.sophe.org/ui/index.shtml
The SOPHE injury prevention website is designed to strengthen the connection between behavioral science and health education with more comprehensive approaches to unintentional injury and violence prevention.

StopBullying.gov
http://www.stopbullying.gov/
StopBullying.gov provides information from various government agencies on what bullying is, what cyberbullying is, who is at risk, and how you can prevent and respond to bullying.

The Prevention Institute
http://www.preventioninstitute.org/
Through community participation and promotion, the Prevention Institute supports primary prevention strategies. Tools, publications, and projects are provided on this website highlighting their prevention approaches to various health issues, including unintentional injury and violence.

Veto Violence
http://www.vetoviolence.org/basics-overview.html
Provides access to training and tools that focus on the primary prevention of violence. The portal includes free training, program planning resources, and an online application for the creation of success stories.
References


Lesbian, Gay, Bisexual, and Transgender Youth: Embracing diversity and promoting inclusion

Lesbian, gay, bisexual and transgender (LGBT) youth face tremendous physical, psychological and social adversity in a society where heterosexuality is predominately viewed as the only accepted sexual orientation. According to the Centers for Disease Control and Prevention (CDC), the stigma of being LGBT, along with related harassment and discrimination, can cause

LGBT youth to develop more troubling health behaviors than their heterosexual counterparts, including depression, homelessness, violence (e.g., bullying, teasing, harassment, physical assault, and suicide-related behaviors), early exposure to sexual activity and drug use.\(^1\) The LGBT youth population is one of the most vulnerable groups in our community. Just being an LGBT teen does not lead to risky behaviors, rather, societal stigma and discrimination can lead LGBT youth to seek emotional outlets – which may include unhealthy and unsafe behaviors.\(^1\) However, there are many organizations that tailor care and resources to the LGBT youth community. With a strong support system in place, obstacles to health can be reduced and a quality of life can be improved.

### National Perspective

- Nearly 5-7% of American youth identify as LGBT, which roughly equals 2.7 million young adults.\(^2,3\)
- More youth are coming out (or revealing their sexuality/orientation to family or friends) as LGBT at a younger age than in previous years. Recent studies show the average age for a teenager to come out is 16 years old.\(^3\)
- A lack of family and social support are factors in the LGBT youth homelessness rate of 40%.\(^2\)
- In a study conducted by the CDC, LGBT youth were 63.8% more likely to exhibit risky behaviors; such as, physical violence, unprotected sexual activity, drug use and abuse, and self inflicted violence, compared to youth not identifying.
- When compared to their heterosexual peers, LGBT youth are:
  - Five times more likely to have been injured in a physical fight
  - Three times more likely to have experienced dating violence
  - Three times more likely to have been raped
  - Four times more likely to have attempted suicide
  - Five to seven times more likely to have used heavy drugs\(^4\)

**Key Words:** LGBT, community, family, sexual orientation, sexual behavior, STI, violence, drug use and abuse, harassment, school
Vulnerable Populations

- When compared to LGBT youth with supportive families, LGBT youth with unsupportive families are:
  - Eight times more likely to report having attempted suicide
  - Almost six times more likely to report high levels of depression
  - More than three times as likely to use illegal drugs
  - Three times more likely to be at high risk for HIV and sexually transmitted infections (STIs)\(^7\)

- Black young men who have sex with men African American (YMSM) have a greater risk of developing sexually transmitted infections (STIs), specifically HIV. Black YMSM accounted for 63% of HIV infection among 13 to 24 year olds, compared to white (18%) and Hispanic (16%) YMSM.\(^6\)

- LGBT youth of color are at high risk for harassment. In a nationwide study of homophobia in schools, more than 33% of LGBT youth of color had experienced physical violence because of their sexual orientation.\(^7\)

Take Action

Urge your Congressperson to support the Safe Schools Improvement Act, which modifies the Elementary and Secondary Education Act (ESEA) and require schools and districts that receive federal funding to adopt codes of conduct prohibiting bullying and harassment, including on the basis of sexual orientation and gender identity. You can do so by visiting, www.amplifyyourvoice.org/help-lgbt-students.

Strategy in Action!

Providing Training for School Personnel to Create Safer Schools for LGBT Students

The Michigan Department of Education (MDE) responded to requests from school districts concerned about creating a safe and secure space for LGBT students when in school. As a result, the MDE developed the resource guide A Silent Crisis: Creating Safe Schools for Sexual Minority Youth. In addition, school personnel have the opportunity to attend workshops and trainings to better understand the health risks associated with LGBT youth and what schools can do to create bully free zones. For more information on practices, goals, and outcomes, visit http://www.michigan.gov/documents/mde/SMY_Flyer_for_S3_Schools_6_2011_359565_7.pdf
Tips for Health Educators and Public Health Professionals

1. Attend a Human Rights Campaign (HRC) community or gala event in your area. Keep up with the work people are doing to secure LGBT equality. To find the nearest HRC event in your area, visit http://hrc.org/events/.

2. When working with LGBT youth, ask them what pronoun they prefer. Never assume when using he or she.

3. Advocate for human rights’ nomenclature. For example, petition your local government to include “sexuality” and “sexual orientation” in discrimination clauses.

4. Talk with local school districts about developing a gay-straight alliance (GSA) club. GSAs are student run clubs, overseen by a faculty advisor, allowing students a safe space to meet, talk, and support each other.

5. Develop community outreach programs that provide a support system and encourage additional learning and acceptance for parents and families of LGBT youth. Create a relationship with the local PFLAG (Parents, Families, and Friends of Lesbians and Gays) to use a resource and referral.

6. Encourage school district and school staff to develop and publicize trainings on how to create safe and supportive school environments for all students, regardless of sexual orientation or gender identity and encourage staff to attend these trainings.

7. Facilitate access to community-based providers who have experience providing health services, including HIV/STD testing and counseling, to LGBT youth.

8. Facilitate access to community-based providers who have experience in providing social and psychological services to LGBT youth.

9. Encourage federal, state, local agencies to ensure that LGBT youth are placed in safe foster homes.

The “Straight for Equality” is a national outreach and education project led by Parents, Families and Friends of Lesbians and Gay (PFLAG) National to provide information and resources that will help straight allies understand their role in supporting and advocating for gay, lesbian, bisexual and transgender (GLBT) people. Request the “Straight for Equality” training for faculty at a local school district or youth center employees/volunteers. You can do so by visiting the PFLAG website at www.straightforequality.org/
Resources

Advocates for Youth
http://www.advocatesforyouth.org/topics-issues/glbtq?task=view
A variety of information from tips for educators to advocacy to a parents’ corner. Advocates for Youth offers lesson plans, best practices, and LGBT specific issues.

Family Acceptance Project
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf
A 24 page booklet encouraging and empowering families of LGBT families to stand up for their children’s rights. This resource guides parents in best practices to avoid the many health risks associated with LGBT young adults. The booklet is available in English, Spanish, and Chinese: GSA Network: Find tools and resources that empower youth to get involved in fighting homophobia and transphobia. Learn how you can get involved in creating a national movement: https://www.gsanetwork.org/

MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control
Www.sophe.org/Sophe/PDF/MPowererd.pdf
This document is a comprehensive resource for best and promising practices for tobacco prevention and control for the LGBT community.

Gay, Lesbian, & Straight Education Network (GLSEN)
http://www.glsen.org/cgi-bin/iowa/all/home/index.html
GLSEN is a national organization addressing anti LGBT behavior and harassment in schools. Various campaigns come from GLSEN such as ThinkB4YouSpeak and Day of Silence. Trainings and tool kits to design LGBT drop in centers or Safe Spaces are available online.

Youth Resource
http://www.amplifyyourvoice.org/youthresource
Youth Resource is a website created by and for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) young people. Youth Resource takes a holistic approach to sexual health and exploring issues of concern to GLBTQ youth, by providing information and offer support on sexual and reproductive health issues through education and advocacy.
References


In addition to the resources provided in this toolkit, additional resources are provided below:

**Advocacy Tools**
- Now Hear This: The 9 Laws of Successful Advocacy Communications (Fenton Communications): [http://www.fenton.com/FENTON_IndustryGuide_NowHearThis.pdf](http://www.fenton.com/FENTON_IndustryGuide_NowHearThis.pdf)

**Evidence-based Strategies**
- CDC Healthy Youth: Adolescent and School Health: [http://www.cdc.gov/healthyyouth/](http://www.cdc.gov/healthyyouth/)
- CDC Winnable Battles: [http://www.cdc.gov/WinnableBattles/](http://www.cdc.gov/WinnableBattles/)
- Clearing the Air (SOPHE): [http://www.sophe.org/cppw_home.cfm](http://www.sophe.org/cppw_home.cfm)

**Media Advocacy Tools**
- APHA Media Advocacy Manual: [http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf](http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf)
- Health Communication & Social Marketing Practice Gateway (CDC): [http://www.cdc.gov/healthcommunication](http://www.cdc.gov/healthcommunication)
- Using Social Media Platforms to Amplify Public Health Messages (Georgetown University): [http://csic.georgetown.edu/involved/fellowships/188086.html](http://csic.georgetown.edu/involved/fellowships/188086.html)

**School Health Surveys, Data & Assessment**
- KIDS Count: [http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx](http://www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx)
- School Health Policies and Programs Study (CDC): [http://www.cdc.gov/HealthyYouth/shpps/index.htm](http://www.cdc.gov/HealthyYouth/shpps/index.htm)
- The National Longitudinal Study for Adolescent Health: [http://www.cpc.unc.edu/projects/addhealth](http://www.cpc.unc.edu/projects/addhealth)
The Society for Public Health Education (SOPHE) is proud to announce its new eLearning management system, the Center for Online Resources & Education (CORE).

CORE provides an integrated, one-stop portal for health education specialists and other public health professionals to access distance learning opportunities, retrieve online resources, and manage continuing education credits. At the CORE, you will be able to access SOPHE’s webinar archives, recordings from past SOPHE conferences, online courses, journal self-studies, podcasts, toolkits and factsheets.

Selected learning activities are available for free as well as at affordable rates. National SOPHE members will enjoy significant savings on the eLearning content within CORE.

“One of the greatest values of accessing education opportunities through CORE is the ability to complete continuing education (CE) evaluations online and then print and save CE certificates from the system.

New content will be added regularly to CORE. To access the beta version of CORE, visit www.sophe.org.

CORE Debuts First Online Course

CORE also proudly debuts SOPHE’s first online course, based on five modules from the SOPHE textbook “Health Promotion Programs: From Theory to Practice.” The course features recorded voice-over-PowerPoint lectures for asynchronous learning. The modules are based on select chapters and are delivered by several of the authors and editors of the textbook. Each module includes test questions, and the course is available for 4.25 continuing education contact hours for those with the designation of certified health education specialists (CHES) and master certified health education specialists (MCHES). The cost of the course includes a copy of SOPHE’s textbook.
References

Enter for a Chance to Win!
National Health Education Week
October 15-19, 2012

Adolescent Health: Planting Seeds for a Healthier Generation

The Society for Public Health Education (SOPHE) invites YOU to give us your feedback on your participation in National Health Education Week (NHEW) 2012 by completing the NHEW 2012 evaluation form.

Enter the NHEW 2012 Drawing for a chance to win a one-year free SOPHE membership (up to $165 value) by completing the NHEW 2012 evaluation.

To enter the NHEW 2012 Drawing, visit www.sophe.org/nhew.cfm

To complete the paper or online evaluation that appears on the next page.

Contest Deadline: November 29, 2012

The NHEW Contest winner will be notified by December 14, 2012.

NHEW 2012 Drawing Rules

- Any organization or individual may apply (up to one winner will be selected only).
- Complete all the questions on the evaluation form by November 29, 2012.
NHEW 2012 Evaluation

Please fill out the following evaluation form and mail or fax to:

SOPHE
ATTN: NHEW 2012
10 G Street, NE, Suite 605
Washington, DC 20002
Fax: (202) 408-9815
Email: info@sophe.org

You may complete the evaluation online at:
http://www.surveymonkey.com/s/99MZTB6
Society for Public Health Education  •  National Health Education Week 2012 |  National Health Education Week 2012
Evaluation Form

**Note:** You may complete the evaluation online at:  
http://www.surveymonkey.com/s/99MZTB6

*SOPHE would like to know how you celebrated National Health Education Week 2012.*

1. **Tell us about you**

   Organization Name ____________________________________________________________

   Contact Name ________________________________________________________________

   Address _________________________________________________________________

   City/State/Zip _____________________________________________________________

   Telephone ___________________________ Fax _________________________________

   E-mail Address ____________________________________________________________

2. **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): ___________________________________

2. Did you celebrate National Health Education Week (NHEW) 2012?  ____ Yes  ____ No

3. Did you celebrate NHEW during the week of October 15-19, 2012?  ____ Yes  ____ No

4. Did you celebrate the theme adolescent health?  ____ Yes  ____ No  ____ If not what? ________________________________

5. Describe your NHEW 2012 Activity in 100 words or less.

6. **Please describe your community:**  ____ Urban  ____ Suburban  ____ Rural

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

   ____ Colleges/Universities  ____ Schools (other):  ____ Ethnic/racial groups

   ____ Parents/Caregivers  ____ SOPHE members  ____ Health care settings

   ____ Local businesses  ____ Community agencies  ____ Employees

   ____ Senior Citizens  ____ Employers  ____ Youth

   ____ Local health experts  ____ Other (please describe): _______________________

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Note: You may complete the evaluation online at:  
http://www.surveymonkey.com/s/99MZTB6
8. Please check your community partner(s) (Check all that apply.)

- Schools
- Colleges/Universities
- Parents/Caregivers
- Community agencies
- SOPHE Chapters
- Health care industry
- Local businesses
- Other (please describe):
- I did not collaborate with a community partner.

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

10. Which activity/activities did you use to celebrate NHEW 2012? (Check all that apply.)

- Classroom lessons (K-12)
- Health fair
- Worked with the media
- Display booth
- Newspaper/newsletter article
- Community event
- Radio/Television appearance
- Adapted an evidence-based program
- Speak /Present at an event
- Outreach to College Students
- Social media campaign/outreach
- Outreach to Parents
- Other (please describe):

11. Did you take photos of your NHEW 2012 activity? ____Yes ____No  (If yes, share them with the SOPHE office by emailing them to info@sophe.org)

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

<table>
<thead>
<tr>
<th>The goals of my NHEW celebration were met.</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I plan to celebrate NHEW next year.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>SOPHE’s Planning Guide &amp; Toolkit was useful to my planning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I plan to use SOPHE materials to plan other programs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adolescent health was a relevant theme for this year’s NHEW.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

- Strong interest from the community/partners
- Past experience in campaign planning
- Strong interest from organization
- Theme relevant to organization’s goals
- Available resources (please describe): ________________________________________
- Other (please describe): ________________________________________
14. **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):

15. **What was the most useful part of the NHEW 2012 Planning Guide and Toolkit? (If used.)**

16. **What was the least useful part of the NHEW 2012 Planning Guide and Toolkit? (If used.)**

17. **Please use the space below to share any additional comments or suggestions related to NHEW 2012.**

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Please email or fax your completed evaluation form to:

SOPHE  
ATTN: NHEW 2012 Evaluation Drawing  
10 G Street, NE, Suite 605  
Washington, DC 20002  
Fax: (202) 408-9815  
Email: info@sophe.org