



## Society for Public Health Education

# 2006-2010 Strategic Plan

### SOPHE Vision

A healthy world through health education

### SOPHE Mission

The mission of the Society for Public Health Education is to provide leadership to the profession of public health education and to contribute to the health of all people and the elimination of disparities through advances in health education theory and research, excellence in professional preparation and practice, and advocacy for public policies conducive to health.

### SOPHE Values

SOPHE is committed to:

1. Responding to the needs of its members
2. Delivering quality products and services
3. Demonstrating integrity, accountability and transparency
4. Promoting teamwork and collaboration
5. Embracing diversity
6. Respecting organizational tradition while encouraging innovation.

The purpose of a strategic plan is to focus an organization's limited resources on outcomes valued highly by its stakeholders.

At its meetings on May 4 and November 2, 2006, the Society for Public Health Education's (SOPHE) Board of Trustees and House of Delegates unanimously adopted the vision statement, mission statement, seven goals, and 21 objectives to be accomplished by the year 2010. It also approved the "champions" to be held accountable for achieving the goals, recommended strategies for accomplishing the objectives, and process and impact measures of success.

For the first time, the Board also adopted a value statement for the Society espousing six key priorities by which the

organization would like to operate in terms of its membership, employees, the public, and other stakeholders.

SOPHE's Strategic Planning Committee will collaborate with goal champions, leaders and stakeholder groups to make progress toward SOPHE's goals and objectives. The committee will report at least annually to the Board about the organization's progress in achieving the plan.

In the future, SOPHE's priorities may change due to organizational achievements, new opportunities and unexpected challenges. SOPHE's 2006-2010 strategic plan is intended to serve not as a set of rigid requirements but rather as a flexible guide and tool that will evolve as SOPHE moves with common direction toward 2010 and beyond.

### SOPHE Governance

SOPHE is governed by a Board of Trustees including all officers, two trustees elected at large, and four trustees elected from the House of Delegates, which comprises all chapters. The House and Board hold two business meetings per year and monthly conference calls. Chapters must meet National SOPHE requirements, although they are autonomous in governing and financial structure. SOPHE's bylaws were last updated in November 2003.

### SOPHE Membership

At the national level, SOPHE's membership comprises approximately 2,000 individuals with formal training and/or an interest in health education and health promotion throughout the United States and some 25 international countries. Members work in schools, universities, medical/managed care settings, corporations, voluntary health agencies, international organizations, and federal, state and local government. SOPHE chapters cover more than 30 states, northern Mexico, and Western Canada and provide important outreach for continuing education, advocacy, programming, and networking at the regional, state and local levels.

# 2006-2010 SOPHE Strategic Plan

## Goals & Objectives

Below are 7 goals and 21 objectives adopted by the SOPHE Board of Trustees and House of Delegates on November 2, 2006. Specific information on process and impact measures for each objective as well as recommended strategies for their accomplishment are found in SOPHE's detailed strategic plan on SOPHE's website ([www.sophe.org](http://www.sophe.org)). Annual Reports will be published each January to keep members and other stakeholders apprised of SOPHE's progress in achieving the strategic plan.

### 1 To expand opportunities for health educators and health education to contribute to the long-term health of the public

**1A:** Enhance visibility of health education among employers, policymakers, the media and the general public

**1B:** Increase exposure of undergraduate students to the health education profession

**1C:** Increase participation in promoting the health education profession by SOPHE members, chapters, health education students and other health professionals through partnerships and public actions that are identifiable as health education-related

### 2 To increase the use of health education to eliminate disparities

**2A:** Use information/knowledge gained from special issues of SOPHE's journals, *Health Education & Behavior* and *Health Promotion Practice* (e.g., Jan. 2006, summer 2006) regarding racial and ethnic health disparities for future journal articles and presentations at SOPHE and other health meetings

**2B:** Develop, market and disseminate curriculum on eliminating racial and ethnic health disparities for use by SOPHE members, chapters and the health education profession and increase linkages with community-based organizations to utilize the curriculum to foster exchange of best practices

**2C:** By 2010, increase the number of nominations by 20% of SOPHE members to collaborate/participate in selected state, national and international health disparities initiatives

### 3 To strengthen the professional preparation and training of health educators and public health professionals

**3A:** By 2010, at least 33% of faculty in institutions preparing health educators will have revised or enhanced curricula to address the revised and new entry- and advanced-level health education competencies

**3B:** By 2010, national SOPHE will sponsor a minimum of fifteen (15) continuing education or professional development opportunities

**3C:** By 2010, increase by 50% the number of professional preparation programs approved/accredited by the Council on Education for Public Health, the SOPHE/AAHE Baccalaureate Approval Committee, or the National Council for Accreditation of Teacher Education.

## **4** To advance a dynamic research agenda for health education and behavioral sciences

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**4A:** By 2010, increase publication of articles on the translation of health education and health promotion research from researchers and practitioners

**4B:** By 2008, update and disseminate SOPHE's research agenda

**4C:** By 2008, increase the training and mentoring by 25% of junior faculty members, practitioners and students on relevant research methods and strategies

## **5** To expand the reach and effectiveness of SOPHE's advocacy efforts

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**5A:** By 2008, develop/institute a regular "Advocacy 101 Train the Trainer" project for at least 40 health educators

**5B:** Integrate advocacy awareness/linkages into other strategic plan goals and increase SOPHE's advocacy reach beyond SOPHE membership/leadership

**5C:** By 2010, at least 25% of SOPHE members will report using SOPHE advocacy page(s) for state, national and international advocacy initiatives

## **6** To sustain, strengthen and empower SOPHE chapters to better meet the needs of health educators at the local level

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**6A:** By 2009, all SOPHE chapters will provide high-quality continuing education opportunities for health education, health promotion and public health professionals tailored to different levels of experience and different career stages

**6B:** By 2008, increase chapter and member visibility through chapter involvement, innovation and success with national recognition of members and sponsoring agencies

**6C:** By 2008, increase collaboration within/among chapters to build relationships and opportunities for professional growth and knowledge sharing

## **7** To continually elevate performance in operations, governance and resource development to achieve SOPHE's mission and strategic plan

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**7A:** By 2007, enhance Board member knowledge through orientation and ongoing training to ensure understanding of fiduciary responsibilities, governance and engagement in core mission-related activities

**7B:** By 2010, increase SOPHE national membership 20% and support chapters in increasing their memberships (linked to goal 6)

**7C:** Continue to increase and maintain diversified funding streams and reserves to enhance financial stability

## SOPHE Chapters

Arkansas  
Colorado  
Delta  
Florida  
Georgia  
Great Lakes  
Greater New York  
Illinois  
Indiana  
Iowa  
Minnesota  
National Capital Area  
Nevada  
New England  
New Jersey  
North Carolina  
Northern California  
Ohio  
Pacific Northwest  
Paso del Norte  
Pennsylvania  
Southern California  
Texas

## SOPHE Communications

SOPHE's website ([www.sophe.org](http://www.sophe.org)) provides the most current access to the Society's programs, activities, and member benefits. Additionally, SOPHE communicates with its members and advances the research and practice of health education and health promotion through:

- The bimonthly journal, *Health Education & Behavior* (formerly *Health Education Quarterly*), one of the most frequently cited journals in the field of behavioral/social sciences.
- *Health Promotion Practice*, a quarterly journal devoted to authoritative practical applications of health promotion and education.
- "News & Views," a bimonthly newsletter including new resources, developments and meetings in the field.
- "News U Can Use," a weekly electronic newsletter sent to all members.

## Code of Ethics for the Health Education Profession\*

The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organizational, and community health. The Code of Ethics provides a framework of shared values within which health education is practiced. The responsibility of each health educator is to aspire to the highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work.

### Article I: Responsibility to the Public

A health educator's ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, health educators must consider all issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

### Article II: Responsibility to the Profession

Health educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

### Article III: Responsibility to Employers

Health educators recognize the boundaries of their professional competence and are accountable for their professional activities and actions.

### Article IV: Responsibility in the Delivery of Health Education

Health educators promote integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to the needs of diverse populations and communities.

### Article V: Responsibility in Research and Evaluation

Health educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

### Article VI: Responsibility in Professional Preparation

Those involved in the preparation and training of health educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and the public.

*\*The Code of Ethics for the Health Education Profession was adopted by the SOPHE Board of Trustees on June 17, 1999. It was ratified by all members of the Coalition of National Health Education Organizations in November 1999. Printed here is the abridged version; the complete code of ethics is available on SOPHE's website ([www.sophe.org](http://www.sophe.org)).*

## How SOPHE's Strategic Plan Was Developed

From July 2005 until November 2006, SOPHE's Strategic Planning Committee designed and facilitated a participatory, inclusive process for developing SOPHE's new strategic plan. Leadership in this process was provided by Strategic Planning Committee members, the committee's evaluation team, interim champions for the seven proposed goals, and a workgroup on integrating health promotion and international perspectives.

The committee communicated with national and chapter members through frequent bulletins in SOPHE's bi-monthly newsletter, [News & Views](#), and its weekly electronic bulletin, "News U Can Use," as well as announcements during Board of Trustees and House of Delegates conference calls. In addition, the committee invited suggestions and feedback through two online surveys and solicited ideas for vision statements. Designated "listeners" also conducted in-person interviews during SOPHE's 2005 Annual Meeting. As a result, the 2006-2010 strategic plan carries forward components of the 2002-2005 plan identified by members as continuing priorities, along with updated and new elements that reflect SOPHE's current and anticipated internal and external environments.