

sophe

**Society for Public Health Education's 73rd Annual Conference
March 22 – 25, 2022 | St. Louis and virtually**

SOPHE 2022 Call for Abstracts

Abstract Submission Information Guide

Abstract Submission Deadline: Monday, July 19, 2021

Selection notifications are expected to be sent on or before September 30, 2021.

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Thank you for your interest in submitting an abstract for SOPHE 2022!

The information provided in this user guide offers important insight into how to accurately submit your abstract for SOPHE’s 73rd annual conference in St. Louis and virtually.

We look forward to your submission!

The Society for Public Health Education's Annual Conference, March 22-25, 2022

in St. Louis and virtually, is an inclusive opportunity for those who have a role in the health education profession. The annual conference offers engaging learning experiences and dedicated opportunities to connect with colleagues. A virtual component will be offered, in addition to the in-person experience, to make this experience accessible globally and remotely. SOPHE's 2022 Annual Conference theme,

Health Education: The ARCH of an Era

Accelerating the Recovery of Communities and Health requires innovation, collaboration, and systems level approaches that are inclusive, anti-racist, and equitable for all.

Health educators have experienced a resurgence of the profession and a resilience of communities and healthcare systems. **The Arch of an Era** illustrates the escalation of a worldwide crisis, the public health response, and the recovery among communities. The ARCH represents the countless efforts of health education over the last two decades and the start of a new era.

Conference Educational Tracks

Diversity, Equity, and Inclusion

Abstracts that expand diversity, equity, and inclusion in health education, including identification of the role of fundamental causes (e.g., white supremacy) and structural discrimination (e.g., racism, sexism, and ableism) in the social determinants of health.

SOPHE seeks to explore how systems of discrimination impact the work of health education and promotion specialists in addressing health inequities. Example abstract topics may include:

- The use of transformative frameworks (e.g., Critical Race Theories, feminisms, queer theories, etc.) in health education and promotion practice, advocacy, and research.
- How health education and promotion specialists can address the impact of ableism on the health of people with disabilities.
- The implementation of anti-racist lenses in health education and promotion practice and research.
- Impact of the pandemic on mental health.
- The role of minority serving institutions (e.g., HBCUs) as important resources in addressing health disparities from a cultural perspective to advance health equity in communities of color.
- Preparing health education and promotion specialist to advance health education and promotion to build resilient communities.

Health Education Workforce Development

Abstracts that focus on preparing health education and promotion specialists to work in diverse settings. Submitted abstracts may focus on:

- The emerging area of infodemiology and combatting misinformation and disinformation.
- The impact COVID-19 on pre-professional preparation (e.g., lessons learned, virtual and hybrid learning models).
- Successful education and professional development models to meet learning needs of students.
- Preparing health education and promotion specialists to work in K-12 school settings or clinical settings.
- Preparing health education and promotion specialist to advance health education and promotion to build resilient communities.

SOPHE welcomes abstracts addressing the mental, social, and emotional health among health professionals due to COVID and related stressors.

Policy, Systems, and Environmental Changes

Abstracts with a focus on strategies and evaluations for conducting upstream (i.e., policy, systems, and environmental) changes. We encourage submissions that focus on advocacy and programming strategies conducted by health education or promotion specialists or by community members to:

- Improve access to quality healthcare services (e.g., insurance and quality improvement programs).
- Address climate change.
- Increase food security.
- Address mental health and trauma issues.
- Advocate to eliminate law enforcement violence.

SOPHE encourages abstract submissions that focus on how policy, systems, and environmental changes have impacted our nation's health and how it accelerated the recovery of the COVID-19 pandemic.

Interprofessional Practice

Abstracts that examine health systems that recognize the benefits of health professionals working in interdisciplinary teams to address patient and community health. Abstracts may:

- Focus and define the role health education and promotion specialists when working in these diverse, interdisciplinary teams.
- Promotion activities conducted with or by pharmacists, veterinarians, first responders, psychologists, urban developers, or other professionals not typically considered health education or promotion specialists.

Program Implementation and Dissemination

Abstracts with a focus on reporting program design and adaptation, implementation, and dissemination. SOPHE welcomes abstracts from practice-based settings or related to research on dissemination and implementation science. Abstract submissions may include:

- Cross-cultural, linguistic, and accessibility adaptations of programs.
- Assessment of dissemination models to increase program reach.
- Evaluation of program implementation.
SOPHE welcomes abstracts that address adaptations or innovative strategies made to programs as a response to COVID-19.

Who Should Submit an Abstract?

SOPHE seeks abstracts that reflect the best research in the health education field, informed by theory, research, and practice. SOPHE wants to be inclusive of all abstract proposals from various stakeholders in the field.

Allied Health Professionals	Health Researchers
Behavioral/Social Scientists	Health/Social Policy Experts
Chronic Disease Directors	Informatics Professionals
Clinicians (Physicians, Nurses, Physician Assistants, Nurse Practitioners, etc.)	Insurance Groups
Community-Based Organizations and Staff	Mental Health Professionals
Community Health /Public Health Education Faculty	Patient Educators
Dental Hygienists/Community Oral Health Coordinators	Pharmacists
	Physical Education Educators/Physiology

Who should submit an abstract?

In addition to Health Education & Promotion Professionals, and Students:

Dietitians & Nutritionists	Policy Makers
Ethicists (e.g., Public Health)	Public Health Practitioners
Epidemiologists	Rural public health professionals
Health Administrators	School Health Educators/Coordinators
Health Communication Professionals	Social Marketers
Health Education & Promotion Professionals	Social Workers
Health Education/Promotion Students	Students
	Tribes and Tribal Organizations

What is SOPHE looking for?

To deliver exceptional learning experiences that include the following:

Rich Content

- Reflect innovative, cutting-edge content, and evidence-based practice.
- Present a strong case with evidence supported by research or data.
- Explore issues important to diverse audiences and communities.
- Challenge attendees to be solution-focused.

Instructional Design

- Stimulate and provoke discussion, audience engagement, and outcome-focused design.
- Facilitate knowledge transfer and encourage application of the HESPA II Areas of Responsibilities and competencies.
- Use methods that draw out relevant past knowledge and experiences.

Audience Engagement

- Aspiring and emerging leaders through executive-level, seasoned professionals.
- Inclusive of different types of adult learners (e.g., visual, auditory, and kinesthetic) and taking into consideration personality traits (e.g., introvert, extrovert and ambivert) in various learning styles.
- Demonstrate relevance of lessons through “real-life” case studies.

Abstract Criteria

Selected through an open call to all SOPHE members and health education professionals, hundreds of volunteers act as peer reviewers anonymously scoring abstracts within their area(s) of expertise. Diverse peer input is important in shaping the conference sessions. Abstract submissions will be reviewed by 3-4 peer-reviewers based on the following criteria:

- **Relationship to conference theme:** Does the abstract relate to the theme and the chosen track?
- **Objectives:** Are the learning objectives clearly stated as **SMART**; Specific, Measurable, Attainable, Relevant, and Time-Bound?
- **Originality:** Is the abstract original work and hasn't been presented before?
- **Sound conceptual framework:** Does the abstract include a clearly stated background/rationale related to its objectives?
- **Methodology/Description:** Is the purpose clearly and concisely described? Is the methodology or practice description clearly stated and appropriate for the research or practice?
- **Innovative and Action-focused:** Does the abstract represent usefulness and innovation to the field of health education? Does it inspire action to generate results?
- **Program Design:** Is the abstract well-written and the content is clear? Does it clearly outline what the presentation will be? Is it presented in an organized and structured manner? Don't underestimate the importance of instructional flow and design. The best learning environments are collaborative and use a solution-based approach to a problem.
- **Free of Commercial Bias:** All abstract submissions must be educational in nature, neutral and unbiased. SOPHE policy requires potential presenters to disclose any proprietary, financial, professional, or other personal interests in the material to be presented. Any abstract that is not free of commercial bias will not be accepted. If accepted, those in violation of this policy may forfeit any speaking opportunities.

Internet Browser and Technology Requirements

You will need to use the following browsers to submit your abstract, **Chrome**, **Fire Fox**, or **Safari**.

Key Information

Like the communities across the country, SOPHE is comprised of health education professionals that represent different races, ethnicities, genders, educational backgrounds, vocations, ages, ... and more. *As you submit your abstract*, we encourage you to be inclusive in your selection of presenters to reflect the diversity that contributed to the information you intend to share.

- SOPHE will only communicate with submitting authors. We ask submitting authors pass all notifications and updates to any co-authors. If a co-author will be presenting, please state they are a **presenting author** in the abstract submission.
- Presenters will be limited to one presentation. SOPHE seeks diversity of thought and speakers. Each presenter will be limited to presenting or co-presenting one presentation only. Be cautious about how many abstracts you are the submitting author or listed as a co-presenter. Exceptions include pre-conference sessions, Rapid Fire, or poster presentations, which in these cases a presenter can present up to two presentations. The planning committee will ensure inclusion and fairness, so a diverse group of thought leaders are selected for presentations.
- Work previously published online or presented at a national conference will not be accepted.
- Submission of multiple abstracts that present the same data in different ways is also prohibited and will result in the abstract(s) being rejected.
- SOPHE especially encourages **practitioners** and **students** to submit abstracts. These submissions will be peer-reviewed, using the same criteria as all other submissions and if accepted for presentation, are bound by the same agreements as all other submissions.
- All accepted abstract presenters must register for the conference. Registration will open in

September.

- **New! Student Call for Posters** will open October 4–18 with selection notices sent prior to November 15.

[Step-by-Step: A guide for creating and submitting a SOPHE 2022 abstract](#)

[Step 1a: Create a profile](#)

If you have not previously set up an online profile at <http://my.sophe.org/>, [see below](#), you will be **required** to set one up to create an abstract submission. All **co-authors** will also be required to have or set up an online profile and confirm that their name, title, organization or university degrees, certifications and email are all current. This information is important as this will be used for spelling and credentials for the conference onsite program if your abstract is accepted.

The screenshot shows the my.sophe.org website. At the top, there is a navigation bar with links for Sign In, Cart, Contact, and Help. Below this is the SOPHE logo and the text "Society for Public Health Education" with the tagline "Vision and Leadership for Health Promotion". A secondary navigation bar includes links for SOPHE Home, Donate, Member Communities, Events, Publications, Awards & Scholarships, Store, and SOPHE Leadership. The main content area features a "Welcome to My SOPHE!" heading and a list of services: Manage your SOPHE membership, Register to attend SOPHE conferences, Shop our online store, Promote your personal brand, and Get important info on SOPHE online resources. To the right, there is a "Create your My SOPHE account." section with a registration icon and a "Sign In" button. Below the main content, there is a "Sign In" form with fields for Username and Password, a "Sign In" button, and links for "Can't access your account?" and "Not Registered?".

If you have a profile set up, click **SIGN IN** at the top right-hand side of the screen. Please ensure your current profile is up to date (i.e., credentials, CHES number, phone number, and email). If you do not have a profile and need to register, select **REGISTER AND CREATE MY SOPHE PROFILE** link on the bottom right of the page.

Step 1b: Review the Session Type Descriptions

**Ensure your choice(s) are reflected in your abstract summary. You can rank order of 1st, 2nd, and 3rd session type. The abstract Workgroup will take into consideration the submitting author's choices for presentation type when finalizing the sessions. The workgroup will decide on the abstract and its presentation type based on how they best fit in the program.*

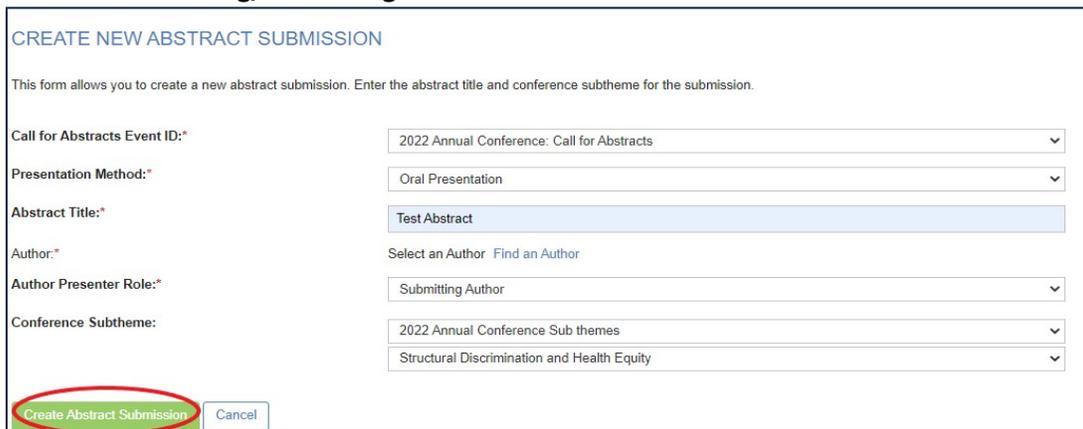
Session Type	Description	Session Duration	# of Presenters per Abstract	Length of Presentation
Oral Session - 60-minutes	Each oral session is made up of four presentations. If selected for an oral session, the planning committee will combine four abstracts to make up one session.	60 minutes	1	15 min. 12 min. présentation + 2min. Q&A
Oral Session - 90-minutes	Each oral session is made up of four presentations. If selected for an oral session, the planning committee will combine four abstracts to make up one session.	90 minutes	max 2	21 min. 18 min. présentation + 3 min. Q&A
Skill-building Workshop	Sessions emphasize skills development and incorporate interactive and hands-on learning. Sessions should provide tools for health educators to use in practice; apply real-world approaches and implementation skills. If selected for a 90-minute session, this is scheduled as a concurrent session.	90 minutes	max 3	90 minutes
Pre- or Post-conference Workshop	Workshops emphasize skills development and incorporate interactive and hands-on learning. Workshops should provide tools for health educators to use in practice; apply real-world approaches and implementation skills. If the planning committee accepts as a 90-minute session, this is scheduled as a concurrent session. The planning committee determines assignment as pre-or post-conference or embedded conference workshop.	2.5 hours	max 3	2.5 hours
Pecha Kucha	Pecha Kucha sessions present up to 20 images (minimum of 15 images) discuss each for 20 seconds. Sessions are fast-paced approaches to present a range of topics and ideas in a short time frame. This presentation type uses timed PowerPoint slides for 7-minute presentations.	60 mins.	1	7 mins.
Ignite	Sessions are fast-paced approaches to present an array of topics and ideas in a short time frame. Ignite sessions provide a clearly articulated message delivering the pertinent points. These presentations are innovative and offer a new way to look at old concepts, build non-traditional partnerships, and spark new ideas for discussion, not simply a shortened version of a longer presentation. Presenters will need to practice for effective timing	60 mins.	1	7 mins.

	and quality of the presentation. These presentations are intended to be challenging, exciting, and fun.			
Roundtable	Roundtables offer an intimate opportunity to discuss research, evaluation results, project findings, or other analysis with a smaller group of attendees. There may be simultaneous roundtables with the opportunity for an attendee to visit more than one roundtable in the session time frame (generally 90 minutes). The abstract should contribute to the body of knowledge in the field. Presentations that demonstrate new technology or innovations are particularly encouraged.	90 mins.	1-2	Roundtable discussions are typically 25 mins. with the opportunity for multiple iterations. This includes 10mins. of presentation, 15 mins. of discussion and feedback.
Micro-learning	Micro-learning sessions are quick, short bursts of content packed into 30 minutes. These bite-sized "learning nuggets" only focus on the essential skill or idea.	30 mins.	1	30 mins.
Game Show - Hot Topics	In a game-show style session, panelists write down their answers to a series of pre-prepared questions on paper cards. While they do this, the organizers pose the same questions to the audience through live polls. This format stimulates focused thinking among the attendees.	45 mins.	1-3	45 mins.
World Cafe	These sessions focus on a single question, adaptive challenge, or a relevant health education issue using break out groups. Presenters' orient attendees to the issue or question by providing details on the background and context. The abstract should succinctly identify the question or issue, the relevant context, and the task for each breakout groups.	60 mins.	1-2	At the end of the session, each break out group compare results.
Rapid Fire Posters	Each oral session is made up of five presentations. If selected for a "Rapid Fire Poster" session, the planning committee will combine five abstracts to make up one session. Each session will have 9 presentations.	60 mins.	1	5 mins.
Poster Presentation	Poster sessions present research, evaluation results, project findings, or other analysis in a graphic format. These presentations allow attendees to interact and discuss results with the poster session author(s). If accepted for a poster, there will be an opportunity to be selected as <i>Walk of Fame</i> , if in-person, this will be shared with you once selection notifications are shared.	Posters are displayed throughout the conference with a designated time for authors to be present.	1-2	Varies. Poster presenters answer visitor questions.

Step 2a: Create New Abstract Submission



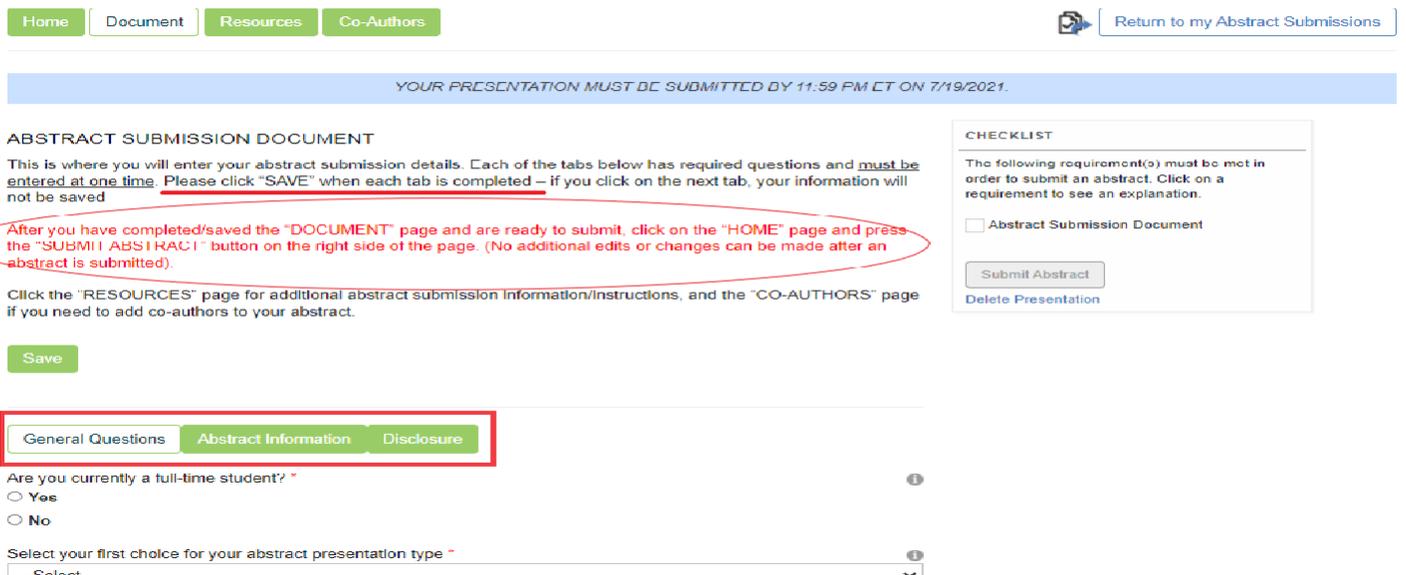
Click on, **“Create New”** and then add your **Presentation Method** of **1st Choice/Answer** if you are the **Presenting/Submitting Author or Co-Author** and the **Educational Track**.



Step 2b: Update the Document Sections (General, Abstract, and Disclosures)

After *creating an abstract submission*, you will be directed to the next step, Step 2b, where you will need to complete (3) sections under the Document tab; see **General Questions**, **Abstract Information** and **Disclosure**.

TEST ABSTRACT



General Information

Once abstract is submitted, you will not be able to edit the following responses:

- a. Are you currently a full-time student?
- b. Session Type: Choose your top 3 choices by order of 1st, 2nd, and 3rd choice.
- c. If you are not selected for a presentation, would you be willing to present your abstract as a poster?
- d. Are you an **ESG member** submitting for consideration as an ESG oral session/poster?
 - i. If you are a current Eta Sigma Gamma (ESG) member and wish for your abstract to ONLY be considered for the ESG oral presentation or the ESG student poster session, please select **YES**. All ESG Submissions will be reviewed and selected through a separate committee designated by ESG leadership. If you are not an ESG member or if you want your submission considered for all possible sessions for SOPHE 2022, please select, **NO**.

Abstract Information and Continuing Education Requirements

Once your abstract is submitted, you will not be able to edit the following responses:

- e. How did you hear about the SOPHE Call for Abstracts?
 - i. What most influenced you to submit an abstract for SOPHE 2022? (Pick one)
- f. If you were influenced by social media, what channel prompted you to submit an abstract? (Check all that apply)
- g. Abstract Type: Research or Practice (Please choose one)
- h. If selected for Skill-building session, select either a conference session (60 and 90 minutes) or pre-conference workshop (2-3 hours).
- i. If considered for a cutting-edge poster presentation, would you like to be additionally reviewed for a Walk of Fame session?
- j. You will be required to select one **Area of Responsibility** (see below).

i. Assessment of Needs & Capacity	v. Advocacy
ii. Planning	vi. Communication
iii. Implementation	vii. Leadership and Management
iv. Evaluation and Research	viii. Ethics and Professionalism
- k. You are required to select two **sub-competencies** (see pages 11-18).
- l. **Presenter Objectives:** You will be required to enter text for two (2) *learning objectives*. Write objectives that specify learner outcomes to be achieved by the attendee at the event. Access the [SMART objectives guide](#) to assist you with creating SMART objectives. In writing a behavioral objective, the first step is to start with the key verb. This will help the participant know what they will learn from the presentation. Use the following objective template for creating a quality learning objective: “**Select verb** [i.e., Describe, analyze] *at least three health equity communication messaging to assist development of minority population health.*”

Competencies and Sub-Competencies

Area I: Assessment of Needs and Capacity	
Area 1.1	1.1 Plan assessment.
Area 1.1.1	1.1.1 Define the purpose and scope of the assessment.
Area 1.1.2	1.1.2 Identify priority population(s).
Area 1.1.3	1.1.3 Identify existing and available resources, policies, programs, practices, and interventions.
Area 1.1.4	1.1.4 Examine the factors and determinants that influence the assessment process.
Area 1.1.5	1.1.5 Recruit and/or engage priority population(s), partners, and stakeholders to participate throughout all steps in the assessment, planning, implementation, and evaluation processes.
Area 1.2	1.2 Obtain primary data, secondary data, and other evidence-informed sources.
Area 1.2.1	1.2.1 Identify primary data, secondary data, and evidence-informed resources.
Area 1.2.2	1.2.2 Establish collaborative relationships and agreements that facilitate access to data.
Area 1.2.3	1.2.3 Conduct a literature review.
Area 1.2.4	1.2.4 Procure secondary data.
Area 1.2.5	1.2.5 Determine the validity and reliability of the secondary data.
Area 1.2.6	1.2.6 Identify data gaps.
Area 1.2.7	1.2.7 Determine primary data collection needs, instruments, methods, and procedures.
Area 1.2.8	1.2.8 Adhere to established procedures to collect data.
Area 1.2.9	1.2.9 Develop a data analysis plan.
Area 1.3	1.3 Analyze the data to determine the health of the priority population(s) and the factors that influence health.
Area 1.3.1	1.3.1 Determine the health status of the priority population(s).
Area 1.3.2	1.3.2 Determine the knowledge, attitudes, beliefs, skills, and behaviors that impact the health and health literacy of the priority population(s).
Area 1.3.3	1.3.3 Identify the social, cultural, economic, political, and environmental factors that impact the health and/or learning processes of the priority population(s).
Area 1.3.4	1.3.4 Assess existing and available resources, policies, programs, practices, and interventions.
Area 1.3.5	1.3.5 Determine the capacity (available resources, policies, programs, practices, and interventions) to improve and/or maintain health.
Area 1.3.6	1.3.6 List the needs of the priority population(s).
Area 1.4	1.4 Synthesize assessment findings to inform the planning process.
Area 1.4.1	1.4.1 Compare findings to norms, existing data, and other information.
Area 1.4.2	1.4.2. Prioritize health education and promotion needs.
Area 1.4.3	1.4.3 Summarize the capacity of priority population(s) to meet the needs of the priority population(s).
Area 1.4.4	1.4.4 Develop recommendations based on findings.
Area 1.4.5	1.4.5 Report assessment findings

Area II: Planning	
Area 2.1	2.1 Engage priority populations, partners, and stakeholders for participation in the planning process.
Area 2.1.1	2.1.1 Convene priority populations, partners, and stakeholders.
Area 2.1.2	2.1.2 Facilitate collaborative efforts among priority populations, partners, and stakeholders
Area 2.1.3	2.1.3 Establish the rationale for the intervention.
Area 2.2	2.2 Define desired outcomes.
Area 2.2.1	2.2.1. Identify desired outcomes using the needs and capacity assessment.
Area 2.2.2	2.2.2 Elicit input from priority populations, partners, and stakeholders regarding desired outcomes.
Area 2.2.3	2.2.3 Develop vision mission, and goal statements for the intervention(s).
Area 2.2.4	2.2.4 Develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives.
Area 2.3	2.3 Determine health education and promotion interventions.
Area 2.3.1	2.3.1 Select planning model(s) for health education and promotion.
Area 2.3.2	2.3.2 Create a logic model.
Area 2.3.3	2.3.3 Assess the effectiveness and alignment of existing interventions to desired outcomes.
Area 2.3.4	2.3.4 Adopt, adapt, and/or develop tailored intervention(s) for priority populations(s) to achieve desired outcomes.
Area 2.3.5	2.3.5 Plan for acquisition of required tools and resources.
Area 2.3.6	2.3.6 Conduct a pilot test of intervention(s).
Area 2.3.7	2.3.7 Revise intervention(s) based on pilot feedback.
Area 2.4	2.4 Develop plans and materials for implementation and evaluations.
Area 2.4.1	2.4.1 Develop an implementation plan inclusive of logic model, work plan, responsible parties, timeline, marketing, and communication.
Area 2.4.2	2.4.2 Develop materials needed for implementation.
Area 2.4.3	2.4.3 Address factors that influence implementation.
Area 2.4.4	2.4.4 Plan for evaluation and dissemination of results.
Area 2.4.5	2.4.5 Plan for sustainability.
Area III: Implementation	
Area 3.1	3.1 Coordinate the delivery of intervention(s) consistent with the implementation plan.
Area 3.1.1	3.1.1 Secure implementation resources.
Area 3.1.2	3.1.2 Arrange for implementation services.
Area 3.1.3	3.1.3 Comply with contractual obligations.
Area 3.1.4	3.1.4 Establish training protocol.
Area 3.1.5	3.1.5 Train staff and volunteers to ensure fidelity.
Area 3.2	3.2 Deliver health education and promotion interventions.
Area 3.2.1	3.2.1 Create an environment conducive to learning.
Area 3.2.2	3.2.2 Collect baseline data.
Area 3.2.3	3.2.3 Implement a marketing plan.
Area 3.2.4	3.2.4 Deliver health education and promotion as designed.

Area 3.2.5	Employ an appropriate variety of instructional methodologies.
Area 3.3	3.3 Monitor implementation.
Area 3.3.1	3.3.1 Monitor progress in accordance with the timeline.
Area 3.3.2	3.3.2 Assess programs in achieving objectives.
Area 3.3.3	3.3.3 Modify interventions as needed to meet individual needs.
Area 3.3.4	3.3.4 Ensure plan is implemented with fidelity.
Area 3.3.5	3.3.5 Monitor use of resources.
Area 3.3.6	3.3.6 Evaluate the sustainability of implementation.
Area IV: Evaluation and Research	
Area 4.1	4.1 Design process, impact, and outcome evaluation of the intervention.
Area 4.1.1	4.1.1 Align the evaluation plan with the intervention goals and objectives.
Area 4.1.2	4.1.2 Comply with institutional requirements for evaluation.
Area 4.1.3	4.1.3 Use a logic model and/ or theory for evaluations.
Area 4.1.4	4.1.4 Assess capacity to conduct evaluation.
Area 4.1.5	4.1.5 Select an evaluation design model and the types of data to be collected.
Area 4.1.6	4.1.6 Develop a sampling plan and procedures for data collection, management, and security.
Area 4.1.7	4.1.7 Select quantitative and qualitative tools consistent with assumptions and data requirements.
Area 4.1.8	4.1.8 Adopt or modify existing instruments for collecting data.
Area 4.1.9	4.1.9 Develop instruments for collecting data.
Area 4.1.10	4.1.10 Implement a pilot test to refine data collection instruments and procedures.
Area 4.2	4.2 Design research studies.
Area 4.2.1	4.2.1 Determine purpose, hypotheses, and questions.
Area 4.2.2	4.2.2 Comply with institutional and/or IRB requirements for research.
Area 4.2.3	4.2.3 Use a logic model and/or theory for research.
Area 4.2.4	4.2.4 Assess capacity to conduct research.
Area 4.2.5	4.2.5 Select a research design model and the types of data to be collected.
Area 4.2.6	4.2.6 Develop a sampling plan and procedures for data collection, management, and security.
Area 4.2.7	4.2.7 Select quantitative and qualitative tools consistent with assumptions and data requirements.
Area 4.2.8	4.2.8 Adopt, adapt, and/or develop instruments for collecting data.
Area 4.2.9	4.2.9 Implement a pilot test to refine and validate collection instruments and procedures.
Area 4.3	4.3 Manage the collection and analysis of evaluation and/ or research data using appropriate technology.
Area 4.3.1	4.3.1 Train data collectors.
Area 4.3.2	4.3.2 Implement data collection procedures.
Area 4.3.3	4.3.3 Use appropriate modalities to collect and manage data.
Area 4.3.4	4.3.4 Monitor data collection procedures.
Area 4.3.5	4.3.5 Prepare data for analysis.
Area 4.3.6	4.3.6 Analyze data.
Area 4.4	4.4 Interpret data

Area 4.4.1	4.4.1 Explain how findings address the questions and/or hypotheses.
Area 4.4.2	4.4.2 Compare findings to other evaluations or studies.
Area 4.4.3	4.4.3 Identify limitations and delimitations of findings.
Area 4.4.4	4.4.4 Draw conclusions based on findings.
Area 4.4.5	4.4.5 Identify implications for practice.
Area 4.4.6	4.4.6 Synthesize findings
Area 4.4.7	4.4.7 Develop recommendations based on findings.
Area 4.4.8	4.4.8 Evaluate feasibility of implementing recommendations.
Area 4.5	4.5 Use findings
Area 4.5.1	4.5.1 Communicate findings by preparing reports, and presentations, and by other means.
Area 4.5.2	4.5.2 Disseminate findings
Area 4.5.3	4.5.3 Identify recommendations for quality improvement.
Area 4.5.4	4.5.4 Translate findings into practice and interventions.
Area V: Advocacy	
Area 5.1	5.1 Identify a current or emerging health issue requiring policy, systems, or environmental change.
Area 5.1.1	5.1.1 Examine the determinants of health and their underlying causes (e.g., poverty, trauma, and population-based discrimination) related to identified health issues.
Area 5.1.2	5.1.2 Examine evidence-informed findings related to identified health issues and desired changes.
Area 5.1.3	5.1.3 Identify factors that facilitate and/or hinder advocacy efforts (e.g., amount of evidence to prove the issue, potential for partnerships, political readiness, organizational experience or risk, and feasibility of success).
Area 5.1.4	5.1.4 Write specific, measurable, achievable, realistic, and time-bound (SMART) advocacy objective(s).
Area 5.1.5	5.1.5 Identify existing coalition(s) or stakeholders that can be engaged in advocacy efforts.
Area 5.2	5.2 Engage coalitions and stakeholders in addressing the health issue and planning advocacy efforts.
Area 5.2.1	5.2.1 Identify existing coalitions and stakeholders that favor and oppose the proposed policy, system, or environmental change and their reasons.
Area 5.2.2	5.2.2 Identify factors that influence decision-makers (e.g., societal, and cultural norms, financial considerations, upcoming elections, and voting record).
Area 5.2.3	5.2.3 Create formal and/or informal alliances, task forces, and coalitions to address the proposed change.
Area 5.2.4	5.2.4 Educate stakeholders on the health issue and the proposed policy, system, or environmental change.
Area 5.2.5	5.2.5 Identify available resources and gaps (e.g., financial, personnel, information, and data).
Area 5.2.6	5.2.6 Identify organizational policies and procedures and federal, state, and local laws that pertain to the advocacy efforts.
Area 5.2.7	5.2.7 Develop persuasive messages and materials (e.g., briefs, resolutions, and fact sheets) to communicate the policy, system, or environmental change.
Area 5.2.8	5.2.8 Specify strategies, a timeline, and roles and responsibilities to address the proposed policy, system, or environmental change (e.g., develop ongoing relationships with decision makers and stakeholders, use social media, register others to vote, and seek political appointment).

Area 5.3	5.3 Engage in advocacy
Area 5.3.1	5.3.1 Use media to conduct advocacy (e.g., social media, press releases, public service announcements, and op-eds).
Area 5.3.2	5.3.2 Use traditional, social, and emerging technologies and methods to mobilize support for policy, system, or environmental change.
Area 5.3.3	5.3.3 Sustain coalitions and stakeholder relationships to achieve and maintain policy, system, or environmental change.
Area 5.4	5.4 Evaluate advocacy
Area 5.4.1	5.4.1 Conduct process, impact, and outcome evaluation of advocacy efforts.
Area 5.4.2	5.4.2 Use the results of the evaluation to inform next steps.
Area VI: Communication	
Area 6.1	6.1 Determine factors that affect communication with the identified audience(s).
Area 6.1.1	6.1.1 Segment the audience(s) to be addressed, as needed.
Area 6.1.2	6.1.2 Identify the assets, needs, and characteristics of the audience(s) that affect communication and message design (e.g., literacy levels, language, culture, and cognitive and perceptual abilities).
Area 6.1.3	6.1.3 Identify communication channels (e.g., social media and mass media) available to and used by the audience(s).
Area 6.1.4	6.1.4 Identify environmental and other factors that affect communication (e.g., resources and the availability of Internet access).
Area 6.2	6.2 Determine communication objective(s) for audience(s).
Area 6.2.1	6.2.1 Describe the intended outcome of the communication (e.g., raise awareness, advocacy, behavioral change, and risk communication).
Area 6.2.2	6.2.2 Write specific, measurable, achievable, realistic, and time-bound (SMART) communication objective(s).
Area 6.2.3	6.2.3 Identify factors that facilitate and/or hinder the intended outcome of the communication.
Area 6.3	6.3 Develop message(s) using communication theories and/or models.
Area 6.3.1	6.3.1 Use communications theory to develop or select communication message(s).
Area 6.3.2	6.3.2 Develop persuasive communications (e.g., storytelling and program rationale).
Area 6.3.3	6.3.3 Tailor message(s) for the audience(s).
Area 6.3.4	6.3.4 Employ media literacy skills (e.g., identifying credible sources and balancing multiple viewpoints).
Area 6.4	6.4 Select methods and technologies used to deliver message(s).
Area 6.4.1	6.4.1 Differentiate the strengths and weaknesses of various communication channels and technologies (e.g., mass media, community mobilization, counseling, peer communication, information/digital technology, and apps).
Area 6.4.2	6.4.2 Select communication channels and current and emerging technologies that are most appropriate for the audience(s) and message(s).
Area 6.4.3	6.4.3 Develop communication aids, materials, or tools using appropriate multimedia (e.g., infographics, presentation software, brochures, and posters).

Area 6.4.4	6.4.4 Assess the suitability of new and/or existing communication aids, materials, or tools for audience(s) (e.g., the CDC Clear Communication Index and the Suitability Assessment Materials (SAM)).
Area 6.4.5	6.4.5 Pilot test message(s) and communication aids, materials, or tools.
Area 6.4.6	6.4.6 Revise communication aids, materials, or tools based on pilot results.
Area 6.5	6.5 Deliver the message(s) effectively using the identified media and strategies.
Area 6.5.1	6.5.1 Deliver presentation(s) tailored to the audience(s).
Area 6.5.2	6.5.2 Use public speaking skills.
Area 6.5.3	6.5.3 Use facilitation skills with large and/or small groups.
Area 6.5.4	6.5.4 Use current and emerging communication tools and trends (e.g., social media).
Area 6.5.5	6.5.5 Deliver oral and written communication that aligns with professional standards of grammar, punctuation, and style.
Area 6.5.6	6.5.6 Use digital media to engage audience(s) (e.g., social media management tools and platforms).
Area 6.6	6.6 Evaluate communication.
Area 6.6.1	6.6.1 Conduct process and impact evaluations of communications.
Area 6.6.2	6.6.2 Conduct outcome evaluations of communications.
Area 6.6.3	6.6.3 Assess reach and dose of communication using tools (e.g., data mining software, social media analytics and website analytics).
Area VII: Leadership and Management	
Area 7.1	7.1 Coordinate relationships with partners and stakeholders (e.g., individuals, teams, coalitions, and committees).
Area 7.1.1	7.1.1 Identify potential partners and stakeholders.
Area 7.1.2	7.1.2 Assess the capacity of potential partners and stakeholders.
Area 7.1.3	7.1.3 Involve partners and stakeholders throughout the health education and promotion process in meaningful and sustainable ways.
Area 7.1.4	7.1.4 Execute formal and informal agreements with partners and stakeholders.
Area 7.1.5	7.1.5 Evaluate relationships with partners and stakeholders on an ongoing basis to make appropriate modifications.
Area 7.2	7.2 Prepare others to provide health education and promotion.
Area 7.2.1	7.2.1 Develop culturally responsive content.
Area 7.2.2	7.2.2 Recruit individuals needed in implementation.
Area 7.2.3	7.2.3 Assess training needs
Area 7.2.4	7.2.4 Plan training, including technical assistance and support.
Area 7.2.5	7.2.5 Implement training.
Area 7.2.6	7.2.6 Evaluate training as appropriate throughout the process.
Area 7.3	7.3 Manage human resources
Area 7.3.1	7.3.1 Facilitate understanding and sensitivity for various cultures, values, and traditions.
Area 7.3.2	7.3.2 Facilitate positive organizational culture and climate.

Area 7.3.3	7.3.3 Develop job descriptions to meet staffing needs.
Area 7.3.4	7.3.4 Recruit qualified staff (including paraprofessionals) and volunteers.
Area 7.3.5	7.3.5 Evaluate performance of staff and volunteers formally and informally.
Area 7.3.6	7.3.6 Provide professional development and training for staff and volunteers.
Area 7.3.7	7.3.7 Facilitate the engagement and retention of staff and volunteers.
Area 7.3.8	7.3.8 Apply team building and conflict resolution techniques as appropriate.
Area 7.4	7.4 Manage fiduciary and material resources.
Area 7.4.1	7.4.1 Evaluate internal and external financial needs and funding sources.
Area 7.4.2	7.4.2 Develop financial budgets and plans.
Area 7.4.3	7.4.3 Monitor budget performance.
Area 7.4.4	7.4.4 Justify value of health education and promotion using economic (e.g., cost-benefit, return-on-investment, and value-on-investment) and/or other analyses.
Area 7.4.5	7.4.5 Write grants and funding proposals.
Area 7.4.6	7.4.6 Conduct reviews of funding and grant proposals
Area 7.4.7	7.4.7 Monitor performance and/or compliance of funding recipients.
Area 7.4.8	7.4.8 Maintain up-to-date technology infrastructure.
Area 7.4.9	7.4.9 Manage current and future facilities and resources (e.g., space and equipment).
Area 7.5	7.5 Conduct strategic planning with appropriate stakeholders.
Area 7.5.1	7.5.1 Facilitate the development of strategic and/or improvement plans using systems thinking to promote the mission, vision, and goal statements for health education and promotion.
Area 7.5.2	7.5.2 Gain organizational acceptance for strategic and/or improvement plans.
Area 7.5.3	7.5.3 Implement the strategic plan, incorporating status updates and making refinements as appropriate.
Area VIII: Ethics and Professionalism	
Area 8.1	8.1 Practice in accordance with established ethical principles.
Area 8.1.1	8.1.1 Apply professional codes of ethics and ethical principles throughout assessment, planning, implementation, evaluation and research, communication, consulting, and advocacy processes.
Area 8.1.2	8.1.2 Demonstrate ethical leadership, management, and behavior.
Area 8.1.3	8.1.3 Comply with legal standards and regulatory guidelines in assessment, planning, implementation, evaluation and research, advocacy, management, communication, and reporting processes.
Area 8.1.4	8.1.4 Promote health equity
Area 8.1.5	8.1.5 Use evidence-informed theories, models, and strategies.
Area 8.1.6	8.1.6 Apply principles of cultural humility, inclusion, and diversity in all aspects of practice (e.g., Culturally and Linguistically Appropriate Services (CLAS) standards and culturally responsive pedagogy).
Area 8.2	8.2 Serve as an authoritative resource on health education and promotion.
Area 8.2.1	8.2.1 Evaluate personal and organizational capacity to provide consultation.
Area 8.2.2	8.2.2 Provide expert consultation, assistance, and guidance to individuals, groups, and organizations.
Area 8.2.3	8.2.3 Conduct peer reviews (e.g., manuscripts, abstracts, proposals, and tenure folios).

Area 8.3	8.3 Engage in professional development to maintain and/or enhance proficiency.
Area 8.3.1	8.3.1 Participate in professional associations, coalitions, and networks (e.g., serving on committees, attending conferences, and providing leadership).
Area 8.3.2	8.3.2 Participate in continuing education opportunities to maintain or enhance continuing competence.
Area 8.3.3	8.3.3 Develop a career advancement plan.
Area 8.3.4	8.3.4 Build relationships with other professionals within and outside the profession.

Area 8.3.5	8.3.5 Serve as a mentor
Area 8.4	8.4 Promote the health education profession to stakeholders, the public, and others.
Area 8.4.1	8.4.1 Explain the major responsibilities, contributions, and value of the health education specialist.
Area 8.4.2	8.4.2 Explain the role of professional organizations and the benefits of participating in them.
Area 8.4.3	8.4.3 Advocate for professional development for health education specialists.
Area 8.4.4	8.4.4 Educate others about the history of the profession, its status, and its implications for professional practice.
Area 8.4.5	8.4.5 Explain the role and benefits of credentialing (e.g., individual and program).
Area 8.4.6	8.4.6 Develop presentations and publications that contribute to the profession.
Area 8.4.7	8.4.7 Engage in service to advance the profession.

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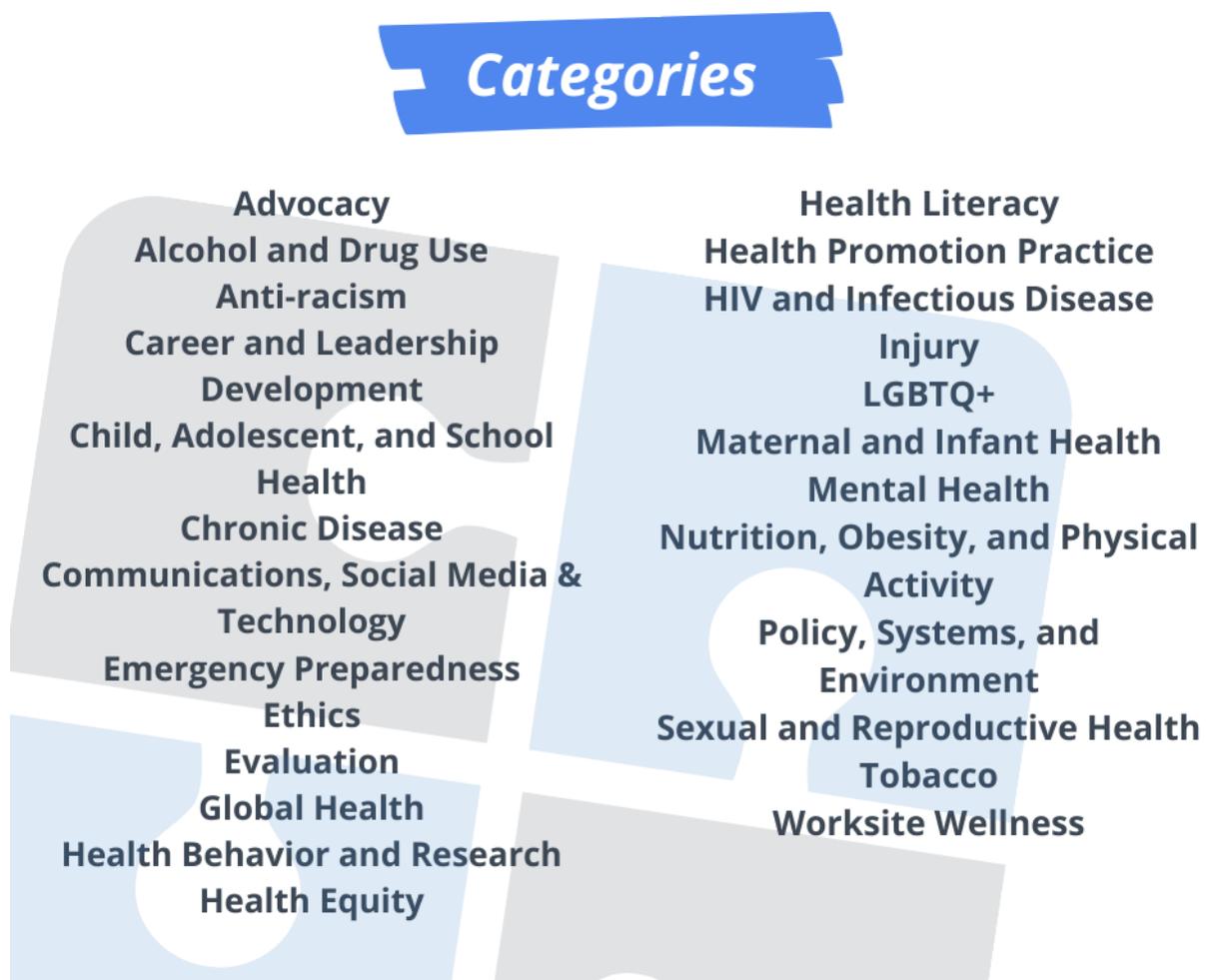
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- Presentation Notifications: September 30, 2021
- Registration Opens: September 30, 2021
- Presenters Confirm Presenter Agreements: October 15, 2021
- Presenter Materials Due: February 19, 2022
- Save the Conference Dates: March 22-25, 2022