Coalition of National Health Education Organizations'

Second Invitational Conference:
Improving the Nation's Health Through Health Education
A Vision for the 21st Century

Conference Proceedings

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The Coalition of National Health Education Organizations (CNHEO)

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Coalition of National Health Education Organizations' (CNHEO)
2nd Invitational Conference: Improving the Nation's Health Through Health Education – A Vision for the 21st Century

Executive Summary

In March, 2002 approximately 60 individuals representing the leadership of nine professional health education organizations and partners were convened in Atlanta, Georgia for the CNHEO's 2nd Invitational Conference: Improving the Nation's Health Through Health Education – A Vision for the 21st Century. The purpose was to take steps that would help shape the future of the health education field.

The conference provided a review of progress made since 1995 and a projection of future directions presented by representatives of government, non-profit, for-profit and philanthropic sectors. Then participants brain stormed recommendations for the health education profession in small groups before seeking input from the full group. Five focal areas emerged, each with specific recommendations, which participants prioritized by importance and feasibility. Before attendees left the conference, they met with others from the organization they represented to make preliminary commitments on behalf of that group for accomplishing selected recommendations. While participants accomplished considerable work at the conference, each participating organization needs to continue the work through a process of review, modification, and refinement of the recommendations.

Conference participants rated the following recommendations most important and feasible.

Focal Area I: Creating Synergy

1. Explore ways to provide an infrastructure that supports the vision and premises.

Focal Area II: Advocacy

2. Infuse advocacy skills in professional preparation and professional development.
3. Develop leadership for advocacy.

Focal Area III: Conducting, Translating & Disseminating Research Into Dynamic & Contemporary Practice

4. Develop and commit to a unified health education research agenda that will contribute to evidence-based policy and practice.

5. Disseminate translated research findings broadly to practitioners, funders, policy makers, curriculum developers, faculty of professional preparation programs, and other health professionals via appropriate channels.

Focal Area IV: Professional Preparation & Development and Quality Assurance

6. Ensure that all entry-level health educators graduate from an accredited / approved health education programs.
7. Recruit and nurture health educators in order to achieve a composition of professionals who proportionally represent the diversity of the US population.

Focal Area V: Promoting & Marketing the Profession

8. Promote the role and benefits of health education to policy makers, employers, professionals, the general public, and students.

All nine professional health education organizations, as well as the CNHEO, National Commission for Health Education Credentialing, and other partners agreed to address selected recommendations. Most proposed to provide leadership for at least one recommendation.

A complete delineation of the recommendations and commitments follows and appears on the CNHEO website, http://www.hsc.usf.edu/CFH/cnheo/. The report of the March 2002 conference is a work in progress. Each participating organization will take recommendations back to its membership or constituents for discussion about how best to interpret, revise and address selected recommendations. Partner organizations, professional preparation institutions and others will further enhance implementation of the recommendations. To assure that work continues, the CNHEO assumes responsibility for monitoring progress and playing a major role to achieve those recommendations that are best achieved through a profession-wide entity.

OVERVIEW

The 21st century poses great challenges for public health. Achieving *Healthy People 2010's* goals of increased quality of life and elimination of disparities in health outcomes[1] will require innovative efforts to address the burden of chronic illness, contain escalating health care costs, and deal with dramatic demographic shifts. Most of the leading causes of premature death and disability are due to lifestyle behaviors. Health education and health promotion must play a central role in the strategy to address these behavioral determinants of health and to improve health status.

Chapter 7 of *Healthy People 2010* addresses specific Educational and Community-Based Programs needed to achieve the overall goals of increasing quality and years of healthy life and eliminating health disparities. Studies of health education interventions have found that well designed programs can increase participation in health-enhancing behaviors and reduce participation in health risk behaviors Health educators work in a variety of settings – health care facilities, places of employment, public health departments, community agencies including voluntary health organizations, schools, and government agencies to name a few. Their work influences policy and environmental decisions as well as group and individual choices. When health educators across all the settings work together on consistent messages and supportive policies and environmental changes, they can contribute significantly to achieving the *Healthy People 2010* objectives, as affirmed in the introduction to Chapter 7: "educational, policy, and environmental strategies are effective when used in as many settings as appropriate" (p. 7-4).

Need for the Conference

Actions and events of social change in the United States during the past 150 years have initiated changes in Health Education. The profession has evolved from a reactionary profession in addressing public health problems toward a proactive profession that addresses health as an essential quality of life. The shift in focus has strengthened the profession and made it unique among professions involved in caring for the health of the public. Cultural, political, educational, scientific and economic trends measured during the last century have provided direction for changes and growth among organizations representing the profession of Health Education.

Looking forward to the next 150 years, representatives of the major national professional organizations that represent health educators within the United States met in 1995 to determine jointly how to move the profession as a whole forward into the 21st Century. At that conference, attendees proposed actions in 6 domains and, in each domain, delineated actions that health educators could take as well as those that people outside the profession would need to take[2]. Between 1995 and 2001, representatives of the organizations continued to meet via conference call and determined that collectively the national organizations were addressing the majority of the proposed actions in some manner. In some cases only one organization was working on a specific action; more often several, but usually not all, were doing such work. The work of the 1995 conference informed the strategic plans of several of the organizations, allowing

professionals in the field to identify effective practices and improve the contributions health educators make, individually and collectively, to improved health outcomes.

Representatives of the participating organizations prepared a progress report of what national organizations had accomplished and were doing relevant to the actions proposed at the 1995 conference[3]. That report recommended reconvening representatives of the national organizations to revisit the original recommended actions and omit those that were completed or inappropriate, combine those that were redundant, clarify or eliminate those that were unclear, clarify appropriate levels of responsibility (e.g. national organizations, individual health educators, non-health educators), and add relevant new actions. The goals were to improve coordination and collaboration, eliminate duplication and competition, and set a common direction in order to strengthen the profession and its contribution toward achieving the *Healthy People 2010* objectives.

Purpose of the Conference

By gathering together professionals from diverse settings and geographic areas, focused on one theme, the planners hoped to catalyze the synergy of education, policy, science, and technology practices and set the stage for future actions to help achieve the *Healthy People 2010* objectives. Although many conferences have touched on the need for health education, this invitational meeting was unique in gathering prominent leaders from organizations representing the full range of health education practice settings for an intensive, working opportunity to shape the future directions of the field. This invitational meeting provided an opportunity for health education leaders to forge a new vision for how the profession of health education could address the nation's health problems.

Prior to the meeting, the collaboration among health education-related organizations was stronger than it had ever been. This meeting enabled organizational leaders to identify new goals and objectives so that health education could realize its potential in addressing individual and population-based health.

2002 CONFERENCE STRUCTURE & RATIONALE

Objectives for the 2nd invitational conference were to enable leaders of national health education professional organizations to:

- Delineate the accomplishments of the health education profession since 1995 in professional preparation, research, quality assurance, dynamic/contemporary practice, promoting the profession and advocacy;

- Identify strengths, weaknesses, opportunities and threats for the health education profession during the next decade;

- Develop a shared vision and goals / objectives in areas that contribute to improved public health over the next decade; and

- Strengthen partnerships among health education organizations and identify ways to build capacity for collaborative efforts in improving the public's health

In addition to identifying recommendations (goals and/or actions needed to advance the profession), as was accomplished during the 1995 conference, the 2002 conference planners wanted some prioritization of goals and/or actions as well as preliminary commitments by organizations to accomplish selected recommendations. To harness guidance from past events, key individuals involved with the 1995 conference and the progress report preparation planned the 2002 conference. See Appendix A for the conference agenda and Appendix C for a list of Conference Planning Committee Members.

Conference participants represented the leadership of the nine professional health education organizations that comprise the Coalition of National Health Education Organizations (CNHEO), plus the National Commission for Health Education Credentialing (NCHEC). Each organization sent a team of individuals who could speak for their organization and who had a solid grasp of the organization's priorities and capabilities. A conference support grant from the Centers for Disease Control and Prevention (CDC) provided travel support for up to four leaders from each organization. Each organization was allowed to send two additional representatives at the organization's expense. Because partnerships with other organizations are critical to accomplishing the work of health education, conference planners invited several partner organizations to send a representative. Appendix B includes the names of all attendees, with the name of the group each represented.

The focus of the conference was to use the experience and expertise of profession leaders to forge a vision and recommendations for strengthening the health education profession and its contributions to improving the nation's health. Conference events occurred primarily in small groups. The American Cancer Society donated the services of Sue Kirkland as a facilitator for this conference. As fiscal agent for the Coalition of

National Health Education Organizations and recipient of the conference support grant, the American School Health Association (ASHA) handled the logistics for the conference.

Prior to the conference, participants received copies of "The Health Education Profession in the 21st Century: Progress Report 1995-2001" and the "Report of the 2000 Joint Committee on Health Education and Promotion Terminology." The conference began Friday night with a brief historical overview and review of progress, creatively coordinated by Fern Walter Goodhart with the assistance of other planning committee members. A panel session on Saturday morning helped participants focus on the future by hearing insights from representatives of various sectors about projected health issues and driving forces within each sector, opportunities for collaboration with health education, and ways to leverage our resources to impact the health of society. To foster the best use of a short time period, each presenter received questions prior to the conference.

With the historical background and insights into the future, conference participants began their work. Planners assigned each participant a group to assure that no small group had more than one representative of a given organization. The task for this first breakout was to reflect upon the opening presentations and brainstorm opportunities for health education, then group the ideas into categories. Participants wrote their ideas on Postit notes and placed them on flip charts in generated categories. Each small group considered whether the six focus areas that evolved from the 1995 conference were still appropriate or whether to suggest modifications or additions. (Focal areas from the 1995 conference included: Professional Preparation, Quality Assurance, Research, Advocacy, Promoting the Profession, and Dynamic / Contemporary Practice). To ensure continual sharing of ideas with other conference participants, small groups reported to the whole group after each session.

Following the first session, planning committee members reviewed the results of the six groups to determine the most appropriate divisions for the remaining small group discussions. The resulting focal areas were:

I: Creating Synergy
II: Advocacy
III: Conducting, Translating & Disseminating Research into Dynamic & Contemporary Practice
IV: Professional Preparation & Development and Quality Assurance
V: Promoting & Marketing the Profession

Participants then selected a focal area of their choice and met in focal-point specific small groups to review the relevant flip charts from the first session. The task was to modify, enhance, or add to the ideas generated for the focal area.

During a subsequent whole group session, each focal point-specific small group presented its ideas and posted revised flip charts around the room. Realizing that many

participants have particular interest or insight into more than one focal area, everyone then had an opportunity to use Postit notes and add to any of the flip charts.

The focus-group specific small groups then reconvened, reviewed the flip charts with the additional comments and arrived at a final list of recommendations for the focal area. Each small group recorded its final recommendations on a computer disc, which the facilitator and planning committee members compiled, then printed and copied to provide participants a complete list of recommendations the next day.

On Sunday morning participants received copies of the complete list of recommendations, which planners also rewrote on flip charts and posted. This facilitated the next step – prioritization to determine the most important and the most feasible recommendations. Each participant received a specified number of dots of one color to place next to recommendations that he or she considered most important and of a second color to indicate recommendations he or she believed were most feasible to implement. During the following whole group session, the facilitator tallied the dots so that participants knew the results going into their final small groups.

The final task was to identify which organizations might agree to work on each recommendation. To facilitate this process, participants met by organization. Each organization represented received an Action Planning Worksheet, on which the representatives could indicate which recommendations they were likely to address and any specific actions they could identify that the organization already had planned to take related to a recommendation. While time was limited for this work, and it reflected the judgment of only the leadership present, the Action Planning Worksheets provided a starting point from which organizations could modify and enhance commitments. Each organization kept one copy of the completed Action Planning Worksheet and provided one to the planning committee. At the final whole group sessions, each represented organization had an opportunity to share its commitments with the entire group.

The remainder of this report presents the content of the presentations and focal area recommendations, as well as the proposed commitments to action.

LOOKING TO THE FUTURE:
SCANNING THE EXTERNAL ENVIRONMENT
PANEL PRESENTATIONS

A panel of senior representatives from the public and private sectors helped inform and guide conferees' thinking and discussions of future health education priorities. The four sectors represented were government, non-profit, for profit, and philanthropic. Panelists were:

Dr. Carl Nickerson, Founder of the Comprehensive Health Education Foundation and President of Nickerson and Associates, Seattle, WA (Philanthropic sector)
Dr. Shawna Mercer, Senior Service Fellow, Office of Extramural Prevention Research, Centers for Disease Control and Prevention, Atlanta, GA (Government sector)
Beth Stevenson, Director, Children and Youth Initiatives, American Cancer Society, Atlanta, GA (Non-profit sector)
James Hummer, President of Whole Health Management, Cleveland, OH (For-profit sector)

Each panelist addressed three major questions:

1. As you consider the sector your organization represents, what are the key influences or driving forces that will guide your sector's actions during the next decade? What do you foresee as the health issues that your sector will need to address in the next ten years?

2. What opportunities for the sector that your organization represents do you see for collaborating with organizations representing the health education profession in the US and internationally?

3. How can health education be more effective in leveraging its resources?

Following is a synopsis of the panel presentations and dialogue with the audience.

Philanthropy – Carl Nickerson

According to Carl Nickerson, the performance of the stock market has been and will continue to be a key influence on philanthropic funding of health projects. Market instability over the last year has adversely affected many portfolios, leaving philanthropies reluctant to fund new projects and those requiring long-term financial commitments. In addition, federal reductions in health care and changing demographics (e.g. aging population, increased minorities, linguistic diversity) also are influencing decisions by some philanthropies.

These trends, Nickerson predicts, will increase the demand for health education

specialists who bring valued skills in evaluation, social marketing, and other areas. Some foundations are already beginning to invest in improved training of the public health workforce. And, given that philanthropies must legally donate a certain percentage of their portfolios annually to benefit the public, opportunities will continue to exist. To maximize opportunities for success, health educators must thoroughly research each foundation before approaching it, ensuring the proposed project goals are compatible with the foundation's mission (whether international, national, state or local). Grantmakers in Health, an association of health foundations, is a good resource to begin exploration.

To better leverage its resources and maximize the long-term opportunities for success, Nickerson also recommended that the health education profession clarify and simplify its messages; identify what resources the profession is willing to commit to a project or goal; be willing to sacrifice for the good of the whole; identify expertise and how it will be used; and initiate a public relations campaign. He challenged profession leaders to start a health education foundation, a "neutral ground" that could serve as a clearinghouse of health information, as a think tank on health education research, and a stimulus for local foundations and grass roots input. The foundation would provide a "public face" for the health education profession, and, more importantly, become a force for governing the profession's own destiny by empowering people.

Government – Shawna Mercer

Congress has the primary impact and influence on the federal government's direction and priorities, according to Shawna Mercer of the Centers for Disease Control and Prevention (CDC). Since public opinion has a major influence on federal policy, Congressional priorities are ultimately determined by the American people.

In the aftermath of September 11, 2001, public health infrastructure and preparedness of the public health workforce has become a dominant concern of the Department of Health and Human Services including CDC. Within the federal government, there is also a strong undercurrent for accountability and evaluation, particularly with regard to achieving the *Healthy People 2010* Objectives for the Nation. Congress' desire for evidence-based decision-making is somewhat problematic because of the limited research base for the behavioral/social sciences and health education. Yet CDC is working hard both nationally and internationally to find prevention-oriented solutions to diseases of lifestyle such as obesity and tobacco.

In addition to building the research base, CDC is focusing its efforts on better understanding how to translate and disseminate findings to the field, particularly with regard to eliminating health disparities. Partnerships are emerging across government agencies, e.g. CDC, National Institutes of Health, Agency for Healthcare Quality Research, to improve the dissemination of findings in the behavioral sciences and to translate those findings to our increasingly diverse population. Especially needed are

best practices with regard to "upstream approaches" wherein the community is involved at the very start of addressing a public health problem. Health education leaders need to explore how they can help develop the evidence-base for the field through mechanisms such as the Campbell Collaboration. Collaboration across the field will also be essential in applying the unique talents of health educators to help upgrade the public health workforce competencies to address contemporary challenges.

From a government perspective, the best way to leverage health education resources is to increase its outreach and access to Congress and key legislative aides. A second strategy is to increase collaboration with communities and CDC-funded projects in order to catalyze policy change at the local level. The health education profession needs to establish and maintain regular communication with local communities and governments as well as federal policymakers to increase its impact.

Community-Based Organizations - Beth Stevenson

The health of the economy is a major force affecting non-profit, community-based organizations (CBOs), according to Beth Stevenson of the American Cancer Society. The outlook of CBOs will depend not only on the return on their own investments, but also donations from corporations and the public, which are inextricably connected to Wall Street's performance.

In addition to the economy, the non-profit world has also placed a high-premium on public accountability, particularly in the wake of recent scandals. Measuring project outcomes and results is a major undercurrent, as non-profit boards begin adopting more business-like cultures and strategies. Unlike their business counterparts, however, non-profit organizations generally experience higher staff turnover, making for very dynamic, changing environments.

Similar to philanthropies and government, CBOs recognize the changing U.S. demography and its impact on disease patterns, intervention strategies, and how and where they conduct business. For example, the exporting of tobacco to third world countries will mean increased cancer rates and new globalization patterns of disease in years to come. CBOs are working not only to gather relevant statistical demographics on such disease globalization, but also to pool resources in prevention and intervention strategies.

In terms of maximizing work with CBOs, Stevenson recommends that health educators think in terms of the "win-win" to get a mission accomplished, rather than a contractor or work-for-hire mind set. To accomplish a mutual goal requires a shared vision and shared opportunities on both the part of the CBO and health education groups. Health education's key assets are its people, and the profession must apply both the "art and science" of empowering people to accomplish its goals. This requires intense and passionate leadership to fortify and strengthen the profession.

Private Sector – James Hummer

Rising health care costs will continue to be a major concern of private industry, particularly with the aging American workforce. According to Jim Hummer of Whole Health Management, the current health reimbursement system, which "rewards" illness not prevention, will likely prevail for some years to come. Shortages of certain health professionals are moving the health care system into crisis situations.

Given this environment, today's employers are demanding evidence-based medicine and outcomes as a basis for health insurance coverage. They demand better-documented evidence for sound decision-making in all areas of business, including health. Many employers have renegotiated insurance contracts, shifting increased payment premiums as well as responsibility to the individual employee. To control costs, many insurers are now providing information services, such as phone counseling/triage by nurse practitioners.

Health education can collaborate with the private sector in three primary ways: programs (i.e., designing/delivering interventions that help individuals modify their health behaviors), training, and research. The National Business Coalition on Health, Health Action Councils, and other local groups are looking for partners to expand their outreach. To best leverage their resources, however, Hummer recommends that health educators begin to look at health education with a business mind set. That is, health education should pool its resources developing a long-range plan to influence its "business". While having a big picture, the profession should identify 2-3 measurable objectives annually, and enlist the requisite partnerships and tools (e.g. the Internet) to accomplish them.

Discussion

Following the panelists' remarks, the audience had an opportunity to make comments and ask questions. Comments from the audience included concerns about perceptions and actions of employers regarding the meaning and functions of health education and employers lack of understanding about the contributions health educators can make to behavior change. Other comments related to possibilities for identifying an existing organization that might become involved in development of a foundation.

WHAT'S NEEDED TO MOVE THE PROFESSION FORWARD: RECOMMENDATIONS OF SMALL GROUPS VISION & PREMISES

In order to provide the context for the remaining recommendations, one focus-group specific small group began its deliberations by revisiting the vision and premises from the 1995 conference. The final version follows:

Vision

Health educators strive to maximize and maintain the quality of life and health status of individual, families, and their communities.

Premises

- Cultural, ethnic, behavioral, genetic, economic, social, political, policy, environmental, spiritual, and educational factors determine quality of life and health status.

- Individuals and communities are essential partners in the process of identifying and prioritizing the issues, developing solutions, and ensuring appropriate action are to be sustained.

- Changing demography, increasing diversity in the population and modern technology, as well as emerging health issues, require innovative, flexible, and responsive approaches.

- We are part of an interdependent global community with a moral and ethical responsibility to reduce harm and promote and maintain health.

- *Healthy People 2010* and the strategies of the World Health Organization's Ottawa Charter (sustainable, supportive environments, skill development, reorientation of health services, and building public policy) provide the context for the mission of health education.

- Health education seeks to eliminate disparities and improve health and quality of life by working in a variety of settings (schools, communities, government agencies, health care settings, work sites, and institutions of higher education) using a broad set of strategies, policy, education, and environment.

RECOMMENDED GOALS AND/OR ACTIONS FOR THE FIVE FOCAL AREAS:

The short time available at the conference did not allow for thorough development of all ideas, however participants, in both small groups and the whole group, gave considerable thought and insight to develop the recommendations presented below. What appears here, as an historical record of what transpired at the conference, is not refined and referenced. Recommendations are presented as generated; some for immediate action and others for longer term attention. Participants encourage users of this document to take parts and incorporate those that are relevant into organization strategic plans. As a first step in determining which recommendations were of highest priority, conference participants indicated which recommendations they considered most important and which were most feasible. A summary appears at the end of this section.

Focal Area I: Creating Synergy

By combining efforts and working collaboratively, rather than competitively, health educators individually, in groups, and through their professional associations, can create a synergy that will be greater than the sum of their parts while enhancing the effectiveness of health educators. In order to create such synergy, the participants at the Health Education in the 21st Century conference held in 2002, reached consensus on the following priorities:

1 Explore ways to provide an infrastructure that supports the above vision and premises and that has the functions identified below. Consider existing entities, including NCHE and CNHEO rather than creating something new.
   1 Proposed functions of the infrastructure supporting entity might include:
      · Convening profession-wide meetings or conferences
      · Adjudicating critical issues in the field by serving a Think Tank function and preparing White Papers on Critical Issues
      · Developing a Research Compendium
      · Serving as a Clearinghouse for the evidence base, best practices, and lessons learned
      · Linking to global issues
      · Providing Advocacy and public relations functions for the profession
      · Maintaining and updating a profession-wide website
      · Staffing the Coalition of National Health Education Organizations and providing it a home
      · Providing technical assistance to state/local foundations
   2 Functions could include being a foundation, but other functions seemed more immediate.
   3 Vision of the entity: a centralized body or network or federation of member organizations that coordinates member organizations' profession-wide goal-related activities to ensure that those efforts are synergistic rather than competitive in terms of their professional outcomes and how the others perceive the profession

4 Mission of the entity:
   - To strengthen the profession by providing a strong, single voice;
   - To demonstrate/communicate professional unity and strength to legislators, the media, consumers, funders, health and medical professionals, allied health professionals, and students;
   - To maximize opportunities to advance and promote the profession through cooperation and collaboration; and
   - To minimize duplication, confusion, competition, and contradiction

5 Premises underlying the entity:
   - The profession needs a strong, single voice
   - Core competencies and the strategic goals of professional development, advocacy, promoting the profession, and research unite the profession
   - Cooperation benefits all member organizations
   - It's better to cooperate than compete; coordination of efforts leads to synergy
   - The new entity does not threaten the existence of any currently existing organization
   - A profession-wide organization with more resources might attract more money than a smaller organization
   - An organization that represents more people is listened to and paid more attention than a small organization.

6 Potential Funding sources of this infrastructure entity:
   - Becoming a broker of Group insurance, liability insurance, and health insurance, available to all the professional health education associations. The larger numbers could increase buying power.
   - Receiving a token amount of the insurance industry premiums
   - Applying for and receiving grants, contracts, or cooperative agreements from: Pharmaceuticals; Government agencies, such as CDC, NIH, Agency for Health Care Quality and Research, HRSA, Department of Education, NSF, Justice, Agriculture, Transportation, EPA, Defense; Business Roundtables; Trade organizations; Dairy Council; Local foundations and Conversion foundations
   - Replicate the Research America model of funding and leveraging for advocacy
   - Organizational memberships
   - Dues from Professional preparation organizations
   - Business donations
   - Volunteers
   - Community based organizations
   - Conversion money from privatizing hospitals

2 Refine the work begun at the 2nd Invitational Conference and monitor progress.

1 Involve coalition members and partners and others (i.e. professional preparation programs).

2 Ensure that the Coalition assumes responsibility for refining and monitoring vision and goals and involving the associations and the partners, as well as

dissemination to these groups and other groups, such foundations, professional preparation programs, business roundtables, Federal agencies, media, etc.

Focal Area II: Advocacy

Advocacy efforts occur at all levels -- institutional, local, state or tribal, regional, national, and international. The recommendations below focus on a) developing a focused message and strategies to deliver the message, b) developing media advocacy and partnerships, c) being proactive, d) addressing issues of diversity and health disparities, e) being innovative, f) utilizing marketing and communication strategies, g) addressing globalization and h) identifying and promoting an advocacy skill set for the profession.

3 Infuse advocacy skills into professional preparation and professional development.
- 1 Infuse advocacy skills into professional preparation curricula
- 2 Promote Advocacy internships – with health educators and with advocacy partners
- 3 Develop separate courses in advocacy as part of professional preparation
- 4 Include advocacy skills and an understanding of the political process as entry level competencies
- 5 Include advocacy in professional development and continuing education, through conferences, summits, and advocacy institutes
- 6 Develop resources, materials, websites, and textbooks that support advocacy training
- 7 Develop virtual training opportunities for advocacy
- 8 Nurture students involved in advocacy work

4 Develop leadership for advocacy.
- 1 Identify key health education advocacy issues.
- 2 Train natural community leaders as advocates
- 3 Train health educators to lead advocacy efforts
- 4 Develop communication strategies for disseminating information on proposed legislative actions through e-mail alerts/listservs
- 5 Identify, mentor, and nurture health educators to be policy makers
- 6 Provide technical assistance and consultation re: opportunities for involvement in the political process
- 7 Reward and recognize advocacy leadership within the profession
- 8 Develop strategies for forming local advocacy groups of health educators in different settings
- 9 Develop and share fact sheets and advocacy alerts
- 10 Provide opportunities in professional elected leadership and association communities for new professionals and students

5 Build relationships with advocacy partners.
- 1 Build relationships with external Partners

- Legislators, who might respond to –
    1. Photo ops, invitations to professional meetings, Hill and local district visits
    2. Recognition (for sponsoring bills, votes, actions)
    3. Diversity among visitors, including community members
    4. A public health legislative handbook for policy makers
- Legislative aides
- Business people and urban planners
- Other Power brokers
- Foundations
- Health insurers
- Consumers, civic groups, NGO's
- Other health professionals

2. Develop a health education political action committee
3. Develop a legislative handbook for health educators

6 Hold elected officials and policymakers accountable.

1. Develop state and local score cards of votes
2. Hold meetings with legislators
3. Utilize media advocacy and encourage media reporting of votes
4. Write personal letters and make phone calls to legislators
5. Vote

7 Ensure a seat at the table.

1. Nurture health educators and students to hold:
    - Board seats on foundations and corporations
    - Elected positions on school boards or in government, at all levels
    - Appointed positions on boards of health, planning boards, etc.
2. Nurture relationships with current policy makers to advocate for health education
3. Identify opportunities to 'access' purse strings

8 Make advocacy a function of the proposed infrastructure entity

1. Provide unified voice of all national organizations
2. Set a legislative agenda that includes appropriations for health education research

Focal Area III: Conducting, Translating & Disseminating Research Into Dynamic & Contemporary Practice

To advance the profession as a whole, the research-related goals seek to ensure the translation of research findings to practice and practice lessons to research as quickly as possible. The premises are that research will (1) lead to evidence based practice; (2) be applied; (3) be participatory; (4) involve practitioners and community members/consumers; (5) foster interdisciplinary collaboration involving community leaders, consumers, and health professionals; (6) take a broad view; and (7) include evaluation. The proposed infrastructure entity could be a research findings clearinghouse

Dynamic and contemporary practices are (1) competency-based; (2) respond to trends and needs of health issues of the population served; (3) use appropriate interventions based on needs; and (4) use methodologies suited for the group they target.

9 Develop and commit to a unified health education research agenda that will contribute to evidence-based policy and practice.
- 1 Incorporate multiple and diverse practice settings; draw from theoretical, social and ecological frameworks; includes participation by community members, consumers, and other disciplines; include population-based research; and consider the cultural context
- 2 Involve the American Academy of Health Behavior
- 3 Review the translation and diffusion of research literature, including reviews of program replication studies
- 4 Include a specific health education research agenda as well as inclusion of health education research agenda items in other professions' research agendas
- 5 Involve interdisciplinary teams to conduct and translate the research
- 6 Support the circle of practice and research by developing and supporting mechanisms that foster practitioner input into research
- 7 Revisit and build upon the 1995 Health Education & Behavior issue.

10 Disseminate translated research findings broadly to practitioners, funders, policy makers, curriculum developers, faculty of professional preparation programs, and other health professionals via appropriate channels.
- 1 Create a Health Education Research Review of what works AND what doesn't work
- 2 Establish a review system to identify quality research that has implications for practice and that deserves broad dissemination
- 3 Identify appropriate recipients for findings from the identified research and disseminate the findings through appropriate channels
- 4 Publish health education research findings in other professions' journals
- 5 Recruit research articles from other professions for health education journals

11 Increase funding and resources for research that supports evidence-based practice and policy, research translation, dissemination, and diffusion.
- 1 Identify champions
- 2 Advocate for increased funding

12 Develop mechanisms for diffusing translated research and best practices broadly to practitioners by providing intensive support and technical assistance through appropriate channels in diverse settings.

13 Identify and promote the use of multiple mechanisms (e.g., job aids, guidelines) to translate research for practitioners and to facilitate integration of lessons learned into best practices.
- 1 Develop and promote the use of standardized systems to evaluate research

findings.

2 Set up a review process to determine value of the findings, applications, and limitations

3 Develop resources that practitioners in different settings can use, such as

1 A list of best practices

2 Manuals

3 Case studies

14 Identify and develop interdisciplinary linkages with other professional groups (i.e., nurses, economists) to enhance the conduct, translation, and dissemination of relevant research to a wide audience

1 Include in each others' research agendas common issues for research.

2 Draw upon interventions, methodologies, applications, and ideas from many disciples.

3 Seek funds for research, translation of research to practice, and diffusion of best practices to practitioners**.**

4 Link to communities where research is conducted**.**

5 Include program evaluation and policy development as areas of joint research.

Focal Area IV: Professional Preparation & Development and Quality Assurance

In order for the health education profession to continue growing as a profession, professional preparation of health educators must meet exacting standards. These standards will define what constitutes quality in professional preparation. Assuring quality necessitates giving professional preparation for health educators the same administrative consideration as that given other areas of professional preparation within the academic setting. Quality continuing education programs provide professional development for those in practice. Such programs include a multiplicity of delivery mechanisms, including distance education.

15 Ensure that all entry-level health educators graduate from an accredited/approved health education program.

1 Explore minimum resources and standards for professional preparation.

2 Develop and adopt model standards for health education programs consistent with those used by the Council on Education for Public Health (CEPH), National Council on Accreditation of Teacher Education (NCATE) and the National Board of Professional Teaching Standards in Health Education (NBPTS).

3 Encourage all professional preparation programs to have a means of assessing the competence of their graduates (e.g., CHES certification, examination, NBPTS portfolios).

4 Include in the report of the joint accreditation committee the outline of a strategy for ensuring that professional preparation programs adopt the model standards that the committee develops.

5 Incorporate model standards into existing accreditation standards as well

as any new accreditation standards developed at a later time.

6 Recommend the closure of health education professional preparation programs that cannot meet quality standards in a reasonable amount of time.

7 Examine what has made other professionals successful, and incorporate that into the professional preparation of health educators.

8 Market and promote the value of accreditation, and promote having credentials for employment.

9 Develop a means to provide liability insurance for health educators.

10 Continue to strengthen professional preparation programs at all levels.

11 Conduct special outreach to institutions serving diverse populations.

12 Prominently publish the list of all programs that are accredited and send letters to administrators of programs not accredited to inform them of the availability of accreditation.

13 Provide specialization beyond the entry-level that might differentiate between educational levels (masters & doctoral) and specializations, such as content expertise or practice setting.

16 Recruit and nurture health educators in order to achieve a composition of professionals who proportionally represent the diversity of the US population.

1 Assure diversity in student and faculty by identifying, using, and promoting existing models.

2 Develop and implement models for recruiting and retaining diverse students and faculty.

3 Conduct workforce studies on diversity in the health education profession.

4 Examine the future job market to identify diverse positions and the need for diversity within the health education workforce.

5 Seek funding for scholarships for young professionals from diverse populations.

6 Promote health education to high school students as a potential career www.hrsa.gov/bhpr (look for Kids Into Health Careers).

7 Actively recruit and train grassroots health educators.

8 Provide technical assistance to minority-serving institutions for program enhancement.

9 Develop within individuals, the professional capacities to eliminate health disparities.

10 Support faculty/student exchanges that promote diversity and include issues of diversity in the professional preparation of health educators.

17 Reserve the title of health educators for those who demonstrate proficiency in the professionally accepted competencies.

1 Assure that curricula for both the entry and advanced levels of practice reflect professionally accepted competencies.

2 On a regular basis, examine, and revise as needed, the competencies to include such skills and issues as marketing, evidence-based research, globalization, advocacy, and ethics.

3 Base all internships upon the further development of the competencies.
4 Actively seek accountability from consumers as to the effectiveness of health education programs.
5 Ensure that university supervisors who place student interns or student teachers are proficient in the competencies.
6 Work to ensure that all those who professionally prepare health educators are themselves credentialed by the profession.
7 Conduct an analysis of job descriptions to determine if they meet the competencies for health education.
8 Require continuing professional development for all health educators.
9 Continue to develop national mentoring programs.
10 Market the value of individual certification for health educators.
11 Provide in-service training/continuing education related to emerging technology for health educators.
12 Establish peer-review panels and/or technical assistance teams to assess the use of technology in health education in enhancing programs.
13 Publicize the Code of Ethics for the Health Education Profession.
14 Get employers to hire "Health Educators" and CHES rather than other job descriptions.
15 Get employers to incorporate SOC definition into job descriptions.
16 Make suggestions for alteration of job descriptions to reflect the competencies.
17 Work with accrediting bodies to include the requirement that those who supervise (institutional supervision) health education students, can meet the qualities.
18 Infuse the defined body of knowledge and information about the profession of health education in all health education, public/allied health, and teacher education courses.
19 Work with professional preparation institutions and encourage them to require all their graduates to sit for relevant accreditation/credentialing examinations that are in place at that time.
20 Involve consumers in establishing quality assurance in health education.

18 Ensure that all health education accredited/approved programs have access to the same resources as other accredited/approved programs within the same institution.

1 Approach potential funders (e.g., cooperative agreements with CDC, American Legacy Foundation).
2 Provide technical assistance to help institutions develop their capacity for developing proposals seeking external funding.
3 Nominate health educators to serve on all health policy issues groups (e.g., IOM Reports, Bureau of Health Professions).
4 Strengthen the mentoring of young professionals.
5 Ensure that health educators are included on committees that develop policy statements related to health policy issues.

6 Reinforce pride and commitment in professional preparation and encourage active involvement in professional organizations.
7 Establish a health education training institute that can offer programs designed to enhance the skills of health education professionals.
8 Initiate cooperative agreements among accrediting bodies, employers, and health education programs in professional preparation institutions.
9 Provide professional preparation in networking and advocacy.

Focal Area V: Promoting & Marketing the Profession

The growth and impact of health education is clearly dependent upon the ability of the profession to promote and market itself to a variety of audiences. Success at this initiative can help ensure that health education is seen not only as a desirable career, but also as an area of expertise that can contribute to promoting and sustaining a healthier society.

9 Promote the role and benefits of health education to policy makers, employers, professionals, the general public, and students.
1 Initiate a national marketing campaign to create visibility for the profession
· Highlight health education activities (e.g. A day in the life)
· Use simple language (no jargon)
· Include a "sales pitch"
· Capitalize on our passion for our profession
· Distinguish health education from other related professions
· Describe accomplishments of health education (e.g. economic value of primary prevention)
· Include a consumer focus (e.g. Health educators at community events
2 Develop a profile of the profession that includes
· Demographics
· Areas of practice
· Professional preparation
· Salary
· Descriptions of areas of knowledge
3 Provide training about health education to allied health professionals and encourage them to seek consultation from health educators
4 Include in the marketing messages
· Definitions of professional activities
· Unique attributes of health educators
· Explanations of how our activities overlap with those of other professionals
5 Capitalize on opportunities to promote the profession (e.g. National Health Education Week, National Health Observances)
6 Develop professional spokespersons

7 Describe the "value" health educators add to the marketplace and/or public
8 Promote health education in tag lines of health promotion messages

10 Promote health education as an allied health and teacher education career option to allied health professionals, diverse cultural and ethnic groups and students at all levels, K-16.
1 Use data to describe demographic characteristics of health educators
2 Increase minority recruitment through marketing, scholarships, and mentoring
3 Mention the health education profession in text books
4 Convey the message that minority populations need to be represented in health education training programs and in professional positions

11 Promote requiring appropriate health education credentials for employment in all work settings.
1 Require a credential to hold a health education position
2 Allow those practicing health education for several years to take the credentialing exam
3 Promote to employers the practice of hiring certified health education specialists (CHES)
4 Create a norm to use trained health educators for health education jobs
5 Initiate legislation to require credentialed health educators to fill health education jobs

12 Create a standardized communication system to disseminate common messages and provide a point of access for target populations
1 Form a national health education foundation.
2 Develop a cadre of health educators to consult with media
· Make distinctions of different types of health educators
· Develop common messages / speak with one voice
3 Establish health education partnerships beyond Coalition members that include consumers
4 Include the following ideas in the messages
· For schools: Healthy schools and healthy students
· For businesses: Healthy workers saves lives

13 Promote the demand for health education jobs
1 Create monographs on the cost of disease vs. costs and benefits of health education
2 Publicize health educator skills
3 Advocate for jobs which require health education skills be marketed to and filled by health educators
4 Create marketing campaign for health education jobs

14 Promote career ladders for health educators
   1 Define career ladders
   2 Promote career ladder to employers
   3 Enhance skills of those not professionally prepared, yet doing the work
   4 Provide on-the-job training
   5 Provide professional development services for allied health professionals doing the work of health educators

15 Establish partnerships with important leaders and power brokers at key sites: government, universities and businesses
   1 Align with other health organizations at the local, state, regional, national, and international levels
   2 Establish linkages with other allied health programs
   3 Establish a connection with businesses
   4 Include information, training about value of board membership at professional meetings, in professional journals and strategic plans
   5 Use national organizations to train local groups and professional preparation faculty, etc. to promote the profession in general and increase the local job market in specific
   6 Include an international perspective (in partnership with WHO, World Bank, etc.)
   7 Learn the language of the constituents and stakeholders with whom you must communicate to translate professional language to practical use and application
   8 Maintain contacts and networking with graduates to help increase health education opportunities locally
   9 Nurture health educators for elected and appointed offices, locally and nationally
   10 Establish partnerships with key leader and power brokers at key sites (government, universities, business, local government)
   11 Provide health education consultation for local organizations and events
   12 Educate other professions about what health educators do (#1) such that we get invited to the table from the start

Other

16 Examine issues not fully addressed in Atlanta:
   1 Reinforce pride and commitment in professional preparation and encourage active involvement in professional organizations
   2 Establish a health education training institute
   3 Initiate cooperative agreements among accrediting bodies, employers, and health education programs
   4 Provide professional preparation in networking and advocacy
   5 Provide specialization beyond the entry-level (e.g. differences between

levels and skills with specializations)

In Summary, the recommended goals are:

Creating Synergy

I. Explore ways to provide an infrastructure that supports the above vision and premises and that has the functions identified below. Consider existing entities, including NCHE and CNHEO rather than creating something new.

II. Refine the work begun at the 2nd Invitational Conference and monitor progress.

Advocacy

III. Infuse advocacy skills in professional preparation and professional development.

IV Develop leadership for advocacy.

5. Build relationships with advocacy partners.

6. Hold elected officials and policymakers accountable.

7. Ensure a seat at the table.

8. Make advocacy a function of the proposed infrastructure entity.

Conducting, Translating & Disseminating Research Into Dynamic & Contemporary Practice

17 Develop and commit to a unified health education research agenda that will contribute to evidence-based policy and practice.

18 Disseminate translated research findings broadly to practitioners, funders, policy makers, curriculum developers, faculty of professional preparation programs, and other health professionals via appropriate channels.

19 Increase funding and resources for research that supports evidence-based practice and policy, research translation, dissemination, and diffusion.

20 Develop mechanisms for diffusing translated research and best practices broadly to practitioners by providing intensive support and technical assistance through appropriate channels in diverse settings.

21 Identify and promote the use of multiple mechanisms (e.g., job aids, guidelines) to translate research for practitioners and to facilitate integration of lessons learned into best practices.

22 Develop and promote the use of standardized systems to evaluate research findings.

23 Identify and develop interdisciplinary linkages with other professional groups (i.e., nurses, economists) to enhance the conduct, translation, and dissemination of relevant research to a wide audience.

Professional Preparation & Development and Quality Assurance

24 Ensure that all entry-level health educators graduate from an accredited/approved health education program.

25 Recruit and nurture health educators in order to achieve a composition of professionals who proportionally represent the diversity of the US population.

26 Reserve the title of health educators for those who demonstrate proficiency in the professionally accepted competencies.

27 Ensure that all health education accredited/approved programs have access to the same resources as other accredited/approved programs within the same institution.

Promoting & Marketing the Profession

28 Promote the role and benefits of health education to policy makers, employers, professionals, the general public, and students.
29 Promote health education as an allied health and teacher education career option to allied health professionals, diverse cultural and ethnic groups and students at all levels, K-16.
30 Promote requiring appropriate health education credentials for employment in all work settings.
31 Create a standardized communication system to disseminate common messages and provide a point of access for target populations.
32 Promote the demand for health education jobs.
33 Promote career ladders for health educators.
34 Establish partnerships with important leaders and power brokers at key sites: government, universities and businesses.

Other

35 Examine issues not fully addressed in Atlanta.

The grid on the following page reflects conference participants' assessments of importance and feasibility of recommendations. Those recommendations that fall into quadrant "A" had the highest importance and highest feasibility. These represent the ones to address first as a collaborative. With this as a first step, however, individual organizations can continue their own prioritization processes.

Recom.	Content	Import.	Feas.		IMPORTANCE														
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
I	Ways to provide infrastructure	1	2	1	X X														
II	Refine and monitor work			2	I														
III	Infuse advocacy into prof prep	3	3	3			III								XXI				
IV	Develop leadership for advocacy	5	5	4															
V	Build relationships w/ partners	14	10	5			IX		IV	X									
VI	Hold officials accountable	15	10	6															
VII	Ensure seat at the table			7															
VIII	Make advocacy part of infrastructure			8						XVI		XVII							
IX	Develop unified research agenda	3	5	9															
X	Disseminate research findings	6	5																
XI	Increase funding for research	9	13	10														V	VI
XII	Develop mechanism for diffusion		12	11															
XIII	ID/use multiple mech. to translate			12															
XIV	Develop standardized systems eval			13									XI			XVIII			
XV	ID/develop linkages for research			14															
XVI	All hedors graduate from accredited	6	8	15															
XVII	Achieve diversity	8	8	16									XIX						
XVIII	H ed'ors demonstrate proficiency	12	13	17															
XIX	Ensure prep prog. access resources	9	16	18												XXII			
XX	Promote Hed to policy, employers,	1	1													XII			

FEASIBILITY

XXI	Promote Hed as allied H / teacher	11	3
XXII	Promote credential for employment	12	18
XXIII	Create standardized communication		
XXIV	Promote demand for Hed jobs		
XXV	Promote career ladder for Hedors		
XXVI	Establish partnerships w/ leaders		
XXVII	Other issues		

WHO WILL TAKE RESPONSIBILITY: ACTION PLANNING SUMMARY

After generating recommendations by focal areas, representatives of each participating group met with others from their own organization to decide which actions they believed their organization is already addressing, has plans to address, is willing to take a lead, or to help address. Note that several organizations may be willing to take a lead for different activities within each recommendation. There was no attempt to devise a formal process to determine which organization should lead specific recommendations. The following chart represents the ideas of organization leaders who participated in this conference. In many instances, the leadership of participating organizations added to the conference participants' work immediately following the conference. Thus the chart represents the information received as of September 2002 from each participating group. With further discussion and evolving leadership and organizational priorities, these commitments will undoubtedly change.

Coalition of National Health Education Organizations (CNHEO)
Improving the Nation's Health Through Health Education: A Vision for the 21st Century
March 15-17, 2002

ACTION PLANNING WORKSHEET

he Table below, indicate which priority areas and actions your organization already addresses, has plans to address, or is willing
ress either by taking a lead or by helping with others. Indicate proposed activities you plan to take toward achieving these actio
n an expected completion date.

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Work on Lead	Help	Action	Completion Date
	CREATING SYNERGY I. Explore ways to provide an infrastructure that supports coordination of activities and creation of synergy	CNHEO	APHA S SOPHE	AAHE CNHEO	ACHA APHA P NCHEC ASHA	Explore structure (NCHEC) Increase involvement and support for CNHEO (APHA-P) Keep section members informed thru newsletter Explore possibility of APHA session to inform section members of coalition/project activities (APHA-S) Participate in deliberations re structure (ACHA) Assist in developing infrastructure (SOPHE) Form committee to explore potential structure, organization, feasibility, resulting in recommendation (CNHEO) Establish & maintain profession-wide advocacy website to share issues, alerts, fact sheets, etc. (CNHEO) Grant writing to support profession-wide initiatives (CNHEO)	2002 + beyond June 2003 Fall 02 Fall 02 Ongoing As needed

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
	II. Refine the work of the conference and monitor progress	ESG CNHEO	CNHEO	CNHEO	APHA P ASHA	Increase active involvement and support for CNHEO (APHA-P) Prepare proceedings from conference (CNHEO) Disseminate proceedings to participants (CNHEO +) Annual request for update report by Delegates(CNHEO)	 August 02 Fall 02 Spring
	ADVOCACY III. Infuse advocacy skills into professional preparation and professional development	ASHA ESG APHA P NCHEC	ASHA ESG ACHA APHA P ASHA	SOPHE NCHEC	ESG ACHA APHA P CNHEO	Professional Development (AAHE) Infuse advocacy into Guidelines + statements (NCATE, SABPAC - AAHE) Graduate level competencies (NCHEC) Organize & encourage formal input into review of CEPH accreditation criteria (APHA-P) Enhance opportunities for learnings about advocacy as part of annual meeting program (APHA-P) Require issues of action and policy in annual meeting program (APHA-P) Provide training/development system to share advocacy materials (ACHA) Take lead on developing a model curriculum (SOPHE) Comment on draft curricula to lead groups conducting development (CNHEO) Special monograph - advocacy, awards, support student attendance at summit, project grants to support advocacy efforts, disseminate advocacy materials to chapters (ESG) Share advocacy alert with Gammans (ESG) Have advocacy manual that could serve as text (ASHA) Advocacy training workshops at conference (ASHA) Advocacy training at School Health Leadership Conference; summit partner (SSDHPER)	Ongoing May 2002 Fall 2002 Ongoing June 2003 Jan 2004 As requested Aug 2004 Done Ongoing Ongoing

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
	IV. Develop leadership for Advocacy	ASHA SSDH ESG SOPHE ASTDH AAHE CNHEO	ESG SOPHE ACHA APHA S APHA P ASTDH AAHE	AAHE NCHEC SOPHE	SSDH ESG ACHA APHA P ASTDH CNHEO	Advocacy Training Workshop (AAHE) Train commissioners & directors to advocate (NCHEC) Training/conference/P & E/PHELI (ASTDH) Work more closely with APHA action board to include HE-related advocacy (APHA-P) Add "Advocacy Tips/Updates" column to newsletter and invite members to submit relevant school health advocacy articles (APHA-S) Explore suggestion of section giving school health advocacy award (APHA-S) Create a board position for Coalition liaison (ACHA) Create HE section & bd positions for advocacy(ACHA) Serve as national convener of advocacy summit (SOPHE) and continue advocacy updates on priority issues throughout the year Co-contributor of resources (SOPHE) Coordinate health education advocacy website (SOPHE) Strengthen national and chapter abilities to conduct advocacy through training Special monograph on advocacy, proj. awards, grants to support students at summit & other advocacy efforts, disseminate advocacy materials to chapters (ESG) Share advocacy alert with Gammans (ESG) Summit partner, conduct in-service, dissemination of Power Point "Making the Connection" (SSDH) Theme for 2002 conference (ASHA) Speak for the profession on advocacy issues, through letters of support and other actions (CNHEO) Maintain electronic Cong. response mechanism (AAHE)	June 2002 Ongoing Quarterly 2002 Conference June 2003 June 2003 Jan 2004 Ongoing Ongoing Aug 2002 Ongoing Oct 2002 Ongoing

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
)	V. Build relationships with advocacy partners	ASHA SSDH ESG AAHE	AAHE	SOPHE AAHE	SSDH CNHEO	Advocacy Summit (AAHE) Leadership development (AAHE) Honor Award (ESG) Summit partner, conduct in-service, dissemination of Power Point "Making the Connection: Health & Student Achievement" (SSDH) Keynoter - represents policy makers (ASHA) Invite political & school leaders to bring greetings & participate (ASHA) Members include non-health educators (ASHA) Members of ASHA's advocacy tree have contacts with their home legislators Participation in Annual Advocacy Summit and other venues as appropriate (e.g. Congressional Health Fair) (CNHEO)	Annual Annual Oct 2002 Oct 2002 Ongoing Ongoing Ongoing
)	VI. Hold elected officials and policymakers accountable	AAHE	AAHE ASHA	AAHE	ASHA SSDH ESG	Online advocacy network + activities + media (AAHE) Promote a scorecard of legislators as a chapter activity (ESG) Summit partner, conduct in-service, dissemination of Power Point "Making the Connection" (SSDH) Initiate a legislator of the year award (ASHA)	Ongoing Oct 2002
	VII. Ensure a seat at the table	AAHE		ASHA	SOPHE	Advocate for health education in discussions of public health credentialing (SOPHE) Willing to take a lead w.r.t. school boards (ASHA) Some members are elected school board members (ASHA) Work with NSBA & NASBE on policy-related projects (ASHA)	 Ongoing Ongoing

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
	VIII. Make advocacy a function of infrastructure entity (#I)						
	RESEARCH & DYNAMIC, CONTEMPORARY PRACTICE IX. Develop and commit to a unified health education research agenda that will contribute to evidence-based policy & practice	APHA P SOPHE	APHA P APHA S	APHA P SOPHE AAHE	ASHA ASTDH APHA P ESG CNHEO	Research Coordinating Board will assist (AAHE) Offer suggestion to Coalition about needed content of relevant research agenda (e.g. school health) (APHA-S) Repr of state agencies - need involved (ASTDH) Explore possibility of public "annual review of HEPC" (APHA-P) Take lead on setting and disseminating research agenda (SOPHE) Focus on eliminating health disparities and other areas (SOPHE) Comment on draft documents and assist in dissemination to CNHEO members (CNHEO)	When invited June 2004 As requested
	X. Disseminate translated research findings broadly.	ASHA ESG SOPHE APHA S AAHE ASTDH	ASTDH	ASHA s SOPHE	AAHE ASTDH	Continuing education (AAHE, ASHA, SOPHE) Journals (AAHE, APHA, ASHA, ESG, SOPHE) Cooperating relationships with other journals outside the profession (AAHE) Communicate with members & conference (ASTDH) Disseminate research thru newsletter and APHA conference program (APHA-S) Take lead on translation (SOPHE) Monographs (ESG) Practitioner-oriented publication (ASHA, SOPHE) Special issues of Journal widely disseminated by CDC and findings reported in general media (ASHA)	Ongoing Will continue

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
)	XI. Increase funding and resources for research...				ASHA CNHEO	Write letters of support (CNHEO) Advocate for increased funding for CDC (AAHE, ASHA, SOPHE) Increase funding of an endowment to support student research (ASHA)	As requested / needed Ongoing
)	XII. Diffuse translated research and best practices broadly to practitioners...	ASHA AAHE SSDH		ASHA s SOPHE	AAHE	Conferences, workshops (AAHE, SOPHE, ASHA) Distance learning (SOPHE) Practitioner publication that is available and promoted to non-members (ASHA) Summer Institute geared to practitioners (ASHA) Technical assistance via phone, e-mail (ASHA) Conferences, workshops (SSDH)	Ongoing Ongoing Ongoing Annual Ongoing Ongoing
	XIII. Identify and promote multiple mechanisms to ...			SOPHE		Through research agenda, SOPHE journals and other forums	Ongoing
	XIV. Use standardized systems to evaluate research findings.	ACHA		ESG ACHA AAHE	ASHA	Develop college health ed research agenda & system to accomplish goal B – create ongoing mechanism (committee) for this (ACHA) Stimulate/develop funding mechanisms through affiliates & ACHA office (ACHA) Willing to use a standardized system in journals (ESG) Develop resources via monograph (ESG)	June 2003 June 2003 August 2005
	XV. Identify & develop interdisciplinary linkages with other professional groups.	ASHA CNHEO	ACHA		ACHA AAHE	Continue to communicate among professional organizations (CNHEO) Interdisciplinary collaboration central to mission(ASHA) Research council health educators are working with nurse members to help them develop their research	Ongoing Ongoing June 2003

						agenda (ASHA)	
g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
)	PROFESSIONAL PREP/ DEVELOPMENT & QUALITY ASSURANCE XVI. Ensure that all entry-level health educators graduate from an accredited program	AAHE NCHEC	ESG APHA P	SOPHE AAHE	ASHA ESG APHA P NCHEC	Joint task force (AAHE, SOPHE) Member of Joint Accreditation Committee (NCHEC) Increase broad communication & access to ongoing work of task force on accreditation (APHA-P) Develop a model community/public health curriculum (SOPHE) Co-lead with AAHE on accreditation system (SOPHE) Publicize list of accredited programs to students in health education & through the directory (ESG) Use competencies to guide Gamman projects - requirement for awards (ESG)	Ongoing Aug 2004
)	XVII. Recruit & nurture health educators to proportionally represent the diversity in the US	APHA P	ASHA ESG ACHA APHA P AAHE	AAHE	ESG APHA P SOPHE	Continue to participate in open and just society initiative (APHA-P/SOPHE) Revisit the roles of the ACHA Diversity committees (ACHA) Develop plan to support diversity standard written in health promotion standard (ACHA) Encourage appropriate action in home institutions to increase diversity of student peers/staff, etc. (ACHA) Utilize Gammans to recruit minorities (ESG) Maintain Standing committee on racial & ethnic health (ASHA) Offer a bi-lingual conference (ASHA)	Ongoing June 2003 June 2003 June 2003 Aug 2003 Sept 2002 Oct. 2003

g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
)	XVIII. All H.E. demonstrate proficiency in competencies	ESG AAHE NCHEC CNHEO	NCHEC	AAHE NCHEC CNHEO	ASHA s NCHEC SOPHE	Joint work group (AAHE/SOPHE) Examine/revise competencies (NCHEC) Have competencies for Prof. Prep curricula (NCHEC) Professional prep to require taking CHES for graduation (NCHEC) Publicize and make available the Code of Ethics for the Health Education Profession (CNHEO)	Ongoing
	XIX. Ensure h.ed. programs have resources			SOPHE	AAHE	Take lead on getting on getting $ for accreditation programs (SOPHE)	
	PROMOTING & MARKETING THE PROFESSION XX. Promote the role and benefits of H.E. to policy makers, employers, etc.	SSDH ESG APHA S APHA P AAHE ASTDH NCHEC	SSDH ESG ACHA APHA S APHA P AAHE ASTDH NCHEC	SSDH SOPHE	ASHA s APHA P AAHE ASTDH CNHEO	HEDIR, Media cadre, LDC (AAHE) Support legislation to require CHES (NCHEC) Promote CHES for Health ed jobs (NCHEC) Marketing plan (NCHEC) Promote benefits to state & local agencies (ASTDH) Periodic report on HE for state affiliates - outreach to other PH professionals (APHA-P) Distribute section newsletter to professional list serves, EDC network news, + senators in Congress (APHA-S) Assign responsibility to section chair elect to assure health ed reps on all ACHA TF and committees (ACHA)Take lead on PH/Comm. Marketing with government agencies/VIPs, philanthropies, health insurers, professional preparation programs, students, other PH & allied health profs (SOPHE) Info forum @ annual meeting (SSDH) Disseminate “Making the Connection” (SSDH)	Ongoing Quarterly web Newsletter June 2003 April 2002 July 2002

						Help with promotion and implementation of National Health Education Week	Ongoing
g nce ility	Priority area/ Action	Already Address	Have Plans To Address	Willing to Take Lead	Willing to Help	Action	Completion Date
	XXI. Promote H.E. as an allied health & teacher ed career option	ESG		ESG AAHE	ASHA SOPHE SSDH	?Community college? NHEW, Career kit, career books, ad letters (SOPHE) Gather & use data to describe demographics of prof. prep programs faculty & students (ESG)	Jan 2004
	XXII. Promote requiring H.E. credentials for employment in all work settings			AAHE	ASHA s CNHEO	Assist with writing letters, support documents as requested (CNHEO)	Ongoing
	XXIII. Create a communication system to disseminate common messages and provide a point of access for target populations.		ASHA		ASHA SSDH AAHE CNHEO	Coalition (AAHE) Maintain and publicize CNHEO website (CNHEO) Participate in social marketing working group of several non h.e. groups to develop common messages about school health, including h.e. and selectively target messages to various audiences (ASHA) Participate in several coalitions (ASHA)	Ongoing Ongoing Ongoing
	XXIV. Promote demand for H.E. jobs.				ASHA s AAHE		
	XXV. Promote career ladders				AAHE		
	XXVI. Establish partnerships with leaders & power	ASHA SSDH NCHEC			ASHA SSDH AAHE	Provide consultation (NCHEC) Good relationships established with CDC, HRSA, NHTSA (ASHA)	

	brokers at key sites				NCHEC	Good relationships with many national organizations that work with policy makers – CCSSO, ASTHO, NASBE, NCSL, NEA, AASA (ASHA)	

DE: AAHE = AAHE
ACHA = ACHA's health education section
APHA-P = APHA's PHEP section
APHA-S = APHA's SHES section
ASHA = ASHA; ASHAs = willingness specific to school setting
ASTD = ASTDHPPHE
CNHEO = Coalition
ESG = Eta Sigma Gamma
NCHEC = NCHEC
SOPHE = SOPHE
SSDH = SSDHPER

ne partners organizations that attended indicated their willingness to support accomplishment of recommendations, as appropriate within straints of their organizations. The Centers for Disease Control & Prevention (CDC) indicated interest in exploring mutual support for Foca a III, Conducting, Translating & disseminating research Into Dynamic and Contemporary Practice. Funding of CNHEO organization posals that address CDC's priorities is also possible. The CDC Public Health Education & Promotion Network can provide further linkages. American Health Organization (PAHO) indicated willingness to help work on commitment to a unified health education research agenda, a as diffusion of translated research and best practices broadly to practitioners.

above, including intentions of those representing partner organizations in attendance, reflect which recommendation the organizations are ing to make a public commitment to address. It represents the views of leaders at a given point in time, with an understanding that prioritie ht change within the profession as well as within individual organizations.

WHERE DO WE GO FROM HERE?

The significant progress made at the March 2002 conference in Atlanta represents only a beginning to a new phase for the health education profession. Representatives of the national organizations representing health educators as well as partner organizations made recommendations for strengthening the health education profession and its contributions to improving the nation's health. These representatives indicated areas that their organizations are likely to work on toward accomplishing the recommendations. This document records the work of the 2002 conference, with an understanding that the recommendations and proposed commitments are dynamic and will change to meet new challenges and opportunities. To realize health education's potential, however, commitments must turn into action, monitoring, feedback, assessment, and modification as needed.

The meeting's conveners expect that each of the nine professional health education organizations will discuss the recommendations and their areas of interest with their membership. Then they will make modifications and enhancements to their proposed actions and build these actions into their annual plans. As each organization elects new officers, these officers will review commitments and, we hope, refer to this document as a guide to activities they might undertake. No single organization will address all the recommendations. Each will address those that most appropriately match its mission and work. While our nine professional organizations all focus on health education, each has established priorities for work with selected populations or settings. Through collaboration, coordination and communication among organizations, the organizations' commonalities and differences combined can achieve many of the recommendations and thus strengthen the health education profession and its contributions to improving the nation's health. However, the national organizations are not the profession. To achieve all the goals, individual health educators and groups of health educators such as those working in professional preparation institutions must also become involved. Health educators, individually and in groups, might consider where and how they can add to the action plan. Others who can contribute include partner organizations, such as those who supported the conference and publication of the Progress Report – government agencies e.g.CDC, voluntary agencies e.g. American Cancer Society, publishers e.g. ToucanEd, foundations e.g. C.H.E.F, and colleges and universities e.g. Rollins School of Public Health at Emory University.

To assure that work continues, the Coalition of National Health Education Organizations (CNHEO) assumes responsibility for monitoring the progress and taking the lead or assisting in achieving those recommendations that are best achieved through a profession-wide entity. The Coalition will ask member organizations to report on their progress periodically during the next five to ten years, until it is time again to convene leaders to set a new direction for the profession. Much has been accomplished since the 1995 conference; much more can be realized in the next decade with organizational commitment and collaboration. If the profession, with everyone working together from national organizations, partners, groups, and individuals, can

achieve those recommendations considered most important and most feasible by 2007, the profession will be much stronger and we will have made a contribution to improvements in the public's health. Those priority recommendations are:

Creating Synergy

- Explore ways to provide an infrastructure that supports the vision and premises.

Advocacy

- Infuse advocacy skills in professional preparation and professional development.
- Develop leadership for advocacy.

Conducting, Translating & Disseminating Research Into Dynamic & Contemporary Practice

- Develop and commit to a unified health education research agenda that will contribute to evidence-based policy and practice.
- Disseminate translated research findings broadly to practitioners, funders, policy makers, curriculum developers, faculty of professional preparation programs, and other health professionals via appropriate channels.

Professional Preparation & Development and Quality Assurance

- Ensure that all entry-level health educators graduate from an accredited/approved health education program.
- Recruit and nurture health educators in order to achieve a composition of professionals who proportionally represent the diversity of the US population.

Promoting & Marketing the Profession

- Promote the role and benefits of health education to policy makers, employers, professionals, the general public, and students.

APPENDIX A

Conference Agenda

Coalition of National Health Education Organizations (CNHEO)
Second Invitational Meeting
Improving the Nation's Health Through Health Education
A Vision for the 21st Century
March 15-17, 2002, Sheraton Buckhead, Atlanta, GA

AGENDA

Friday, March 15

4:00pm - 4:30pm	Welcome/Overview of Meeting	Ellen Capwell, Chair CNHEO
4:30pm - 5:30pm	Looking to the Past: Health Education in the 21st Century: Progress Since 1995	Fern Goodhart, et al*
5:30pm - 6:00 p.m.	Looking to the Future: Charge to the Attendees	Ellen Capwell
6:00pm - 7:30pm	Reception	

Saturday, March 16

7:30pm - 8:30am	Continental Breakfast	
7:30am - 8:00am	Training of Small Group Facilitators	Sue Kirkland
8:30am - 9:30am	Panel Presentation of Public/Private Representatives: The Call to Action for Health Education in the 21st Century:	

Governmental Sector Representative:
Lawrence Green, Ph.D., MPH, Centers for Disease Control and Prevention
Non-profit Sector Representative:
Beth Stevenson, MPH, CHES, Director, Children and Youth Initiatives
American Cancer Society, National Home Office
Philanthropic Sector Representative:
C.J. Nickerson Ed.D, Nickerson & Associates, Former President of C.H.E.F.
For-Profit Sector Representative:
James J. Hummer, President & CEO, Whole Health Management

9:30am - 9:45am	Introduction of Meeting Facilitator and Charge to Small Groups	Ellen Capwell Sue Kirkland
9:45am - 10:00am	Break	

* Kelli McCormack Brown, Elaine Auld, Ellen Capwell, Ann Nolte, Larry Olsen, Susan Radius, Becky Smith, Mark Temple, (Evelyn Ames, Peter Cortese, Marty DuShaw)

10:00am -11:30am	Small Group Breakout Sessions: Examining the Opportunities for Health Education in the 21st Century & Proposing Solutions	
11:30am - 12:30pm	Small Group Reports; Discussion	Sue Kirkland
12:30pm -1:30pm	Lunch Sponsored by Toucan Ed and American Cancer Society	
1:30pm - 3:30pm	Small Groups Convene by Priority Area: Developing a New Shared Vision for Health Education	
3:30pm - 3:45pm	Break	
3:45pm - 4:15 pm	Small Group Reports	Sue Kirkland
4:15pm - 4:45 pm	Add comments to other groups and indicate priorities	
4:50 pm - 5:30 pm	Reconvene in small groups to consider comments of others & finalize list of recommendations	
5:30 pm - 6:00 pm	Facilitators meeting	

Dinner on your own

Sunday, March 17

7:30am - 8:00am	Continental Breakfast	
8:00am - 9:00am	Recap of Day 2; Charge for Next Actions	Sue Kirkland
9:00am - 10:00am	Small Groups meet to prioritize recommendations & Suggest who might be responsible for each action	
10:00am - 10:15am	Break	
10:15am - 11:00am	Small Group Reports and Discussion	Sue Kirkland

11:00am - 11:45am	**Meet as Association Representatives: Develop Action Plan for the Association**	
11:45am - 12:30pm	**Association reports, Evaluation of Meeting and Next Steps**	Ellen Capwell
12:30pm	Adjournment	

APPENDIX B

List of Participants

Coalition of National Health Education Organizations (CNHEO)
Second Invitational Meeting
Improving the Nation's Health Through Health Education: A Vision for the 21st Century
March 15 – 17, 2002 ♦ Sheraton Buckhead, Atlanta, GA

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