

Appendix A

ORGANIZATIONS PARTICIPATING IN THE HEALTH EDUCATION PROFESSION IN THE TWENTY-FIRST CENTURY PROJECT

ORGANIZATIONS PARTICIPATING IN THE HEALTH EDUCATION PROFESSION IN THE TWENTY-FIRST CENTURY PROJECT*

AMERICAN ASSOCIATION FOR HEALTH EDUCATION (AAHE)

1900 Association Drive,
Reston, VA 20191
Phone: 800/213-7193

The mission of the American Association for Health Education (AAHE) is to advance the profession while serving health educators and other professionals who strive to promote the health of all people. AAHE is a membership organization representing 7,500 health educators and health promotion specialists and is the oldest and largest health education association. AAHE is one of six national associations in the American Alliance for Health, Physical Education, Recreation, and Dance, which is divided into six multiple state geographical sub-organizations called districts.

AMERICAN COLLEGE HEALTH ASSOCIATION (ACHA)

P.O. Box 28937
Baltimore, MD 21240-8937
Phone: 410/859-1500

The American College Health Association (ACHA) strives to be the principal advocate and leadership organization for college and university health. By providing advocacy and representation, education, research, service, and communication, the association enhances the ability of its members to improve the health of all students and the campus community. ACHA's membership comprises 2,500 individuals and 925 institutions, and includes 11 regional affiliated organizations.

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

800 I Street, NW,
Washington, DC 20001-3710
Phone: 202/777-2742

The American Public Health Association (APHA) is the oldest and largest organization of public health professionals in the world, representing more than 50,000 members from over 50 occupations of public health. APHA has 2 principal sections of membership devoted to health education:

Public Health Education & Health Promotion Section (APHA-PHEHPS)

The mission of the Section, which includes some 3,500 members, is twofold: (1) To be a strong advocate for health education, disease prevention and health promotion in all activities of the Association; and (2) To set, maintain, and exemplify the highest ethical principles and standards of practice on the part of all professionals and disciplines whose primary purpose is health education, disease prevention, and/or health promotion.

School Health Education & Services Section (APHA-SHES)

This section works independently with other APHA substructures and external organizations toward the improvement of early childhood, school and college health programs. The Section was established in 1942 and has 381 members.

AMERICAN SCHOOL HEALTH
ASSOCIATION (ASHA)

7263 State Rte 43,
P.O. Box 43,
Kent, OH 44240
Phone: 330/678-1601

The purpose of the American School Health Association (ASHA) is to promote the health and well-being of the school-aged child through the development of comprehensive school health programs. These programs provide learning experiences for the child and his/her family so that the individual becomes capable of intelligently directing his/her own behavior. This purpose is accomplished in the school setting through organized programs in health science instruction, school health services, and healthful school environment, ASHA was established in 1927 and has 3,000 members.

ASSOCIATION OF STATE AND
TERRITORIAL DIRECTORS OF
HEALTH PROMOTION AND PUBLIC
HEALTH EDUCATION (ASTDHPPE)

750 First St., Suite 1050,
Washington, DC 20002
Phone: 202/312-6460

The Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPE) promotes the quality practice of health education and health promotion as core disciplines of public health practice, and advocates for quality health education and health promotion programs and strategies to address the nation's leading health problems.

ASTDHPPE is an affiliate of the Association of State and Territorial Health Officials and has 65 members, including each state, territory, and Indian Health Service area.

COALITION OF NATIONAL HEALTH
EDUCATION ORGANIZATIONS (CNHEO)

[http://www.hsc.usf.edu/~kmbrown/
CNHEO.htm](http://www.hsc.usf.edu/~kmbrown/CNHEO.htm)

The Coalition of National Health Education Organizations has as its primary mission the mobilization of the resources of the Health Education Profession in order to expand and improve health education, regardless of the setting. The Coalition facilitates national level communication, collaboration and coordination among the member organizations and provides a forum for the identification and discussion of health education issues. The Coalition comprises eight national health education organizations as its members.

ETA SIGMA GAMMA (ESG)

200 University Ave.,
Muncie, IN 47306
Phone: 800/715-2559

Eta Sigma Gamma is a national professional health education honorary dedicated to the elevation of standards, ideals, competence, and ethics of professionally trained men and women in the Health Education discipline. The honorary emphasizes teaching, service and research in health education. Currently, there are 3,200 ESG members in over 100 chapters throughout the United States.

**NATIONAL COMMISSION FOR HEALTH
EDUCATION CREDENTIALING, INC.
(NCHEC)**

944 Marcon Blvd., #310,
Allentown, PA 18109
Phone: 888/624-3248

The mission of the National Commission for Health Education Credentialing, Inc. is to improve the quality of health education practice through the establishment, implementation and maintenance of a certification process for health education specialists and through the promotion of scientific, ethical and state-of-the-art programs of professional preparation and continuing education. NCHEC has certified over 6,200 individuals since 1989. The National Commission for Health Education Credentialing, Inc. is the only organization certifying the competency of individuals practicing in the field of health education. NCHEC is not a membership organization. Rather, its constituency is comprised of those practitioners who are committed to the profession and committed to the highest level of performance by maintaining skills, knowledge and competencies to practice health education in the 21st century. While NCHEC is most supportive of the work of the professional organizations for serving health education, its mission and purpose is distinguishable. As such, its contributions to Setting the Stage are different but play an integral role in assuring quality in the practice of health education.

**SOCIETY FOR PUBLIC HEALTH
EDUCATION, INC. (SOPHE)**

750 First Street, NE, Suite 910,
Washington, DC 20002
Phone: 202/408-9804

The Society for Public Health Education (SOPHE) is an independent international professional organization founded in 1950 to provide leadership to the profession of health education and to contribute to the health of all people through (1) advances in health education theory and research; (2) excellence in health education practice; and (3) promotion of public policies conducive to health. SOPHE has more than 4,000 national and local members in 21 chapters covering 26 states and 25 foreign countries.

**SOCIETY OF STATE DIRECTORS OF
HEALTH, PHYSICAL EDUCATION AND
RECREATION (SSDHPER)**

1900 Association Dr.,
Reston, VA 20191-1599
Phone: 703/476-3402

The mission of the Society of State Directors of Health, Physical Education and Recreation is to provide leadership in facilitating and promoting initiatives to achieve national health and education goals and objectives. It was founded in 1926. Membership in the Society is open to state education agency directors and coordinators in comprehensive school health and physical education, and categorically funded programs such as HIV/STD prevention, safe and drug-free schools, and nutrition education.

*As of September 1, 2000

Appendix B

NAMES OF ALL INDIVIDUALS WHO PARTICIPATED

HEALTH EDUCATION FOR THE 21ST CENTURY PARTICIPANT LIST

The following health education professionals participated in The Health Education Profession in the 21st Century initial meeting (June 1995), the Progress Report (October 1997), and/or the continuing discussions resulting in this report. Each represented one of eight organizations in the Coalition for National Health Education Organizations, U.S.A. (CNHEO), Eta Sigma Gamma, or the National Commission for Health Education Credentialing, Inc. (NCHEC).

Diane Allensworth, Ph.D., CHES

*Nancy Allen, MPH, CHES

Evelyn E. Ames, Ph.D., CHES

*Elaine Auld, MPH, CHES

*Cynthia Blockson, M.Ed., R.D., L.D., CHES

*Kelli McCormack Brown, Ph.D., CHES

*Ellen Capwell, Ph.D., CHES

William B. Cissell, Ph.D., CHES

*Vicki Cleaver, Ed.D.

*Peter A. Cortese, Dr. P.H., CHES

William Datema, MS

*Martha DuShaw, Ph.D., CHES

Stuart Fors, Ph.D.

Susan Giarrantano, Ed.D., CHES

*Barbara Giloth, Dr. P.H., CHES

*Fern Walter Goodhart, MS, CHES

Audrey Gotsch, Dr. P.H., CHES

Nell H. Gottlieb, Ph.D.

*Barbara Hager, MPH, CHES

*Lenora Johnson, MPH, CHES

Cynthia Jorgenson, Dr. P.H.

*Wanda Jubb, Ed.D., CHES

*Cathy Kodama, MPH

Cheryl Lackey, MPH, CHES

*William Livingood, Jr., Ph.D., CHES

*Sandy Nichols Mazzacco, M.Ed.

Robert J. McDermott, Ph.D.

*Nancy Miller, M.Ed., CHES

Kathleen R. Miner, Ph.D., CHES

Joanne Mitten, MHE

*John Moore, Ph.D., CHES

*Ann E. Nolte, Ph.D., CHES

*Larry Olsen, Dr. P.H., CHES

*Susan Radius, Ph.D., CHES

Marilyn Schima, Ed.D., CHES

*Becky J. Smith, Ph.D., CHES

Carol Soha, Ph.D., CHES

Marlene Tappe, Ph.D.

*Mark Temple, Ph.D., CHES

*Mae Waters, Ph.D., CHES

*Robert Weiler, Ph.D.

Valerie A. Welsh, MS, CHES

Katherine Wilbur, M.Ed., CHES

*Susan Wooley, Ph.D., CHES

* These participants represented their professional organizations during the conference calls from 1996-2000.

Appendix C

ORGANIZATION CONTRIBUTIONS AND PROGRESS TOWARD MEETING THE 21ST CENTURY RECOMMENDATIONS

AMERICAN ASSOCIATION FOR HEALTH EDUCATION

Professional Preparation

- Strengthen professional preparation programs: undergraduate, graduate, advocacy, and recruit diverse students.

—AAHE has several major projects focused on strengthening professional preparation programs and mentoring health education preparation in historically Black colleges and universities and Hispanic serving institutions. They include:

(a) HIV Prevention and Comprehensive School Health Education Project 1999-2004 to promote increased professional preparation for HIV prevention and health education in HBCUs and Hispanic serving institutions.

(b) AAHE has convened a Teacher Education Task Force to develop new teacher education standards for basic and advanced level health education standards to submit to the National Council on Accreditation of Teacher Education in 2001. These new performance based standards will be the basis for accreditation of health education teacher preparation programs/units.

(c) AAHE/SOPHE Graduate Standards for Health Education professional preparation were completed in 1997.

(d) AAHE and SOPHE convened an advisory committee to consider issues of quality assurance in professional preparation in January 2000. The report of the advisory group was a recommendation that the two groups jointly convene a Task Force on Professional Preparation Program Accreditation. That Task Force was convened in the Fall of 2000. They are charged to complete their work by 2003.

- Standardize accreditation of programs.

—AAHE works on program standards and accreditation through:

(a) Maintaining membership as the specialty organization for Health Education in the National Council on Accreditation of Teacher Education (NCATE).

(b) Jointly sponsoring the SOPHE/AAHE Baccalaureate Program Approval Committee and process.

(c) Supporting the work of the Council for Education in Public Health (CEPH) and the involvement of health education personnel within the process.

(d) See item above regarding the AAHE/SOPHE Task Force on Program Accreditation.

- Strengthen health educators' knowledge of the competency framework and the commonalities of responsibility across health education settings.

—AAHE continues to base NCATE standards on the generic role responsibilities and competencies. Both the basic and advanced level of NCATE standards for health education will be based upon the generic role responsibilities and competencies by 2001.

—AAHE is participating on the Advisory Committee for the NCHEC Competency Update Project and has committed financial support for the project. AAHE has requested that the responsibilities and competencies document which results from the 1999-2001 update be held in joint ownership with a joint copyright agreement. The purpose of this is to ensure application in all settings.

- Define the body of knowledge of health education: (a) integrate body of knowledge/skills into accreditation processes.

—The American Association for Health Education is participating with the NCHEC, Inc. and other professional organizations to complete the Competency Update Project to reverify or revise the defined role of health educators at the entry and advanced levels. The results of this work will be shared through the AAHE/NCATE accreditation process, the CEPH accreditation process, and the SOPHE/AAHE baccalaureate approval process.

—In 2000, AAHE convened a Teacher Education Task Force to redesign the Health Education NCATE Standards at the basic level of university preparation and to construct a set of standards for the advanced level. These new standards will be presented to NCATE in 2001 for consideration and adoption.

- Define the body of knowledge of health education: (b) establish consistencies across university programs.

—Please refer to the responses for 2D92) above.

—In addition to defining the body of knowledge of health education within professional preparation—AAHE is working to define the body of knowledge for health education for nonspecialist learning within institutions of higher education.

- Seek health education requirements for all teacher education students.

—In 2000 NCATE formally introduced and passed a standard which requires some level of teacher preparation in health education for all elementary school teacher education candidates. This will go a long way toward accomplishing the above objective when it becomes implemented across the country.

—AAHE is working collaboratively to accomplish this through our HIV and Comprehensive School Health Education Project 1999-2004. Partners in this work

include the National Middle School Association, the Council for Exceptional Children, and the American School Health Association.

Quality Assurance

- Maintain a uniform code of ethics

—AAHE participated with the development of the uniform code of ethics and endorsed the joint code of ethics in August 1999. The organization will (a) distribute the code during the next few years, (b) AAHE published the code in the July/Aug. issue of the *Journal of Health Education*, (c) make reference to the code as appropriate, and (d) use the code as the basis of programming in the area of ethics in health education.

- Define: (a) core components of health education programs, model standards for health education programs.

—AAHE has several activities in this area:

(a) The CUP Project verification/redefinition of the generic role is endorsed and supported by the American Association for Health Education. The results will be used by AAHE and other groups for establishing the core components of health education professional preparation programs.

(b) AAHE and the National Middle School Association collaborated in 1998-99 on developing the core competencies for middle school teachers in health education. These have been published and are being distributed to Colleges of Education.

(c) AAHE is striving to initiate a project to define the health education standards for learning within general education at the university level.

- Define: (b) core competencies for health education preparation programs and accreditation.

(a) The American Association for Health Education and Society of Public Health Educators joined together to develop the Graduate Standards for Health Education Professional Preparation, which has now been shared with the National Commission for Health Education Credentialing, Inc. Both CEPH and NCHEC had a representative working with the Graduate Standards Task Force.

(b) AAHE has currently convened a Teacher Education Task Force to update and revise the core competencies for health education preparation programs in teacher education. The results of their work will be disseminated as revised AAHE/NCATE standards in 2002.

- Include health education competencies in standardized assessments

(a) In the fall of 1999, AAHE nominated 14 health educators to serve on the committee of the National Board for Professional Teaching Standards which will develop a master teacher examination for health education teachers. Several of the AAHE nominations were selected to serve. AAHE has worked closely with the NBPTS to ensure that there will be a separate examination for health education master teachers.

(b) AAHE and a number of other organizations supported and participated with the CDC/DASH-CCSSO Project on the State Collaborative for the Assessment of Student Standards (SCASS) in Health Education. AAHE members and staff participated in a variety of developmental meetings during the project. In addition AAHE has provided complimentary advertising regarding the availability of the product which resulted from the project.

- Develop and model standards for health education programs.

—AAHE has provided the leadership in the establishing of model guidelines and competencies for health education in:

(a) Schools (k-12)—student health education standards

(b) Teachers in Elementary—*Health Instruction Responsibilities and Competencies for Elementary Classroom Teachers*. Developed in collaboration with the American School Health Association.

(c) Teachers in Middle School—*Responsibilities and Competencies of Teachers of Young Adolescents for Promoting Healthy Development*. Developed in collaboration with the National Middle School Association, the Council of Chief State School Officers, the American School Health Association, and the American Association of School Administrators.

(d) For Health Education Specialists in Schools—*Guidelines for AAHE/NCATE Review of Health Education Basic Level Programs*. Promulgated through the National Council on Accreditation of Teacher Education (NCATE).

Research

- Promote health education professionals with skills for structuring programs and research that will demonstrate the efficacy of health education.

—AAHE provides continuing education through the *Journal of Health Education* and other professional development courses focused upon translating research into practice.

—The AAHE Research Coordinating Board (RCB) has the translation of research into practice as one of its primary goals. The RCB conducts research presentations and poster sessions at the annual meeting.

- Promote the acceptance of applied research in peer-reviewed journals.

—AAHE's *Journal of Health Education* is a practitioner journal, which focuses on translating research into practice even though it is a peer-reviewed journal.

- Disseminate research information to practitioners.

—AAHE disseminates research to practitioners through the *Journal of Health Education* and a variety of books and CEU publications. Recently developed CEU publications have been topically focused compilations of articles. Topics include evaluation, history, philosophy, and other areas.

Advocacy

- Establish a health education political action committee.

—AAHE established a new advocacy committee in 1998 and an advocacy web site in 1999 as part of the AAHE/AAHPERD web site. The web site provides a convenient, state of the art email tracking and response system to Federal legislation. In 2000, AAHE offered the use of this response system to all of the organizations in the Coalition of National Health Education Organizations. We hope to be able to provide a vehicle for the collaboration of all national health education federal legislation efforts.

- Provide health education political action advocacy kits

—AAHE currently has two advocacy kits available. One is focused on issues at the K-12 district level in School Health Education and the other focuses on health education professional preparation in school health education. Both are disseminated through the AAHE/AAHPERD publications catalog and system.

- Provide opportunities within the elected leadership and on professional committees for new professionals and students.

—Increase involvement in political process/enhance political action for health education.

—AAHE is financially supporting the Joint Health Education Advocacy Summit annually. In addition, AAHE is supporting a cadre of members/leaders to attend the summit.

—AAHE participates with the AAHPERD Leadership Development Conference annually which provides advocacy training and "on the Hill" visits for all newly elected president elects of the state, district, and national associations within AAHPERD. AAHE provides the leadership in health education for AAHPERD advocacy efforts.

—In April 1999, AAHE conducted an Advocacy workshop for members at the National convention. Such training is anticipated to be repeated at the convention periodically.

—Since 1978, AAHE has administered the Health Education Action Link (HEAL) Network which is a federal legislation response group of 300-400 individuals. Members are periodically invited to sign up to be a part of the HEAL network. In addition, participation with the network is offered to the elected leadership of all of the member organizations in the Coalition of National Health Education Organizations.

- Develop a multi-organization strategy plan to include building alliances with other peripherally related professions.

—AAHE invites other organizations within AAHPERD and within the Coalition of National Health Education Organizations to identify legislation to be tracked on the new AAHE legislation web site. In addition, AAHE belongs to 20 coalitions, which support a variety of legislative initiatives related to health education and promotion.

- Place more emphasis on primary prevention/early intervention.

—The American Association for Health Education Board of Directors has selected the following policy as its primary advocacy objective: “to obtain third party reimbursement for certified health education specialists as they provide health education services.” The AAHE Advocacy Committee was asked to bring forth a plan of action for the attainment of this objective in early 2001.

—In 2000, AAHE leadership formally supported an initiative put together by Michael O’Donnell, publisher of the *American Journal of Health Promotion* to: (a) make health promotion a more central component of the health care system in the U.S., and (b) to greatly increase the amount of funding provided for research in health promotion and dissemination of that research.

Promoting the Profession

- Establish a common code of ethics.

—A unified code of ethics was completed in 1999 based upon the AAHE code and the SOPHE code. The AAHE Board approved the unified code in August 1999. It was published in the *Journal of Health Education* in July/August 2000.

- Clarify and distinguish Health Education vis-à-vis health promotion and other related professions. Identify positive and appropriate interface.

—AAHE convened and funded the work of the 2000 Joint Task Force on Health Education and Promotion Terminology. The committee will address the definition of health promotion and its relationship to health education. Their report is due for publication in early 2001.

- Enhance the knowledge and meaning of health education professionals (generic, role delineation, program framework, commonality across sites).

—American Association for Health Education (AAHE) will be redefining the National Council for the Accreditation of Teacher Education (NCATE) Teacher certification standards for health education through convening a Teacher Education Task Force in 2000-2001. In addition, AAHE will submit Advanced Level standards for health education for the first time. The new standards will be proposed to NCATE in draft form for public comment in 2001.

—AAHE is planning to partner with several other national organizations to define the standards for the preparation of non-health education specialist-university level students. It is anticipated that this work will be completed in 2001-2003 and that it will lead to a curriculum and assessment framework for university level students outside the major of health education.

- Develop a profile of health education profession’s demographics.

—AAHE continues to build data via the biannual survey of professional preparation programs in the U.S. Those programs have completed an expanded survey since 1990. The original survey has been completed for more than 20 years. The Directory information from the 2000 survey will be published in the *Journal of Health Education* in early 2001.

- Describe the state of the profession (demographics, area of practice, preparation, salary)

—AAHE continues to build data via the biannual survey of programs and to support all additional research that accomplishes this objective.

- Provide pre-service and in-service training to other health professionals regarding health education.

—The American Association for Health Education is actively providing leadership for in-service and pre-service in school health education to elementary, middle school, and special education teachers as well as secondary specialists in health education.

—AAHE is currently seeking methods to provide high quality health education in-service education to teachers who are assigned to teach health education but do not meet minimal teaching requirements in health education within their state.

- Encourage state, local employers to hire health educators for health education (e.g., CHES in job descriptions)

—AAHE is collaborating with the following professional societies: AACTE, CCSSO, NASBE, NASBA, NMSA, AAFED, United Negro College Fund, and others to:

- (a) begin or enlarge health education professional preparation programs in historically black colleges and universities and Hispanic serving institutions,
- (b) be aware of health education professionals and their knowledge and skills, and
- (c) encourage the employment of health educators at the school and university levels.

—AAHE has collaborated with the Coalition of National Health Education Organizations to modify a brochure for prospective employers on why to hire health educators. AAHE will be producing copies of that brochure for distribution.

- Encourage other professionals to look to health education for consultation, training, and professional preparation of health education practice.

—The American Association for Health Education is working with a wide variety of national education and accrediting organizations to ensure this result. Please see the list above. In addition, AAHE is working with a variety of government agencies and private corporations to provide our health education members as consultants and trainers.

Dynamic/Contemporary Practice

- Recruit minorities/diverse students into the profession.

—For the past four years, AAHE has been actively working in this area through:

- (a) Developing a Minority Involvement Committee which has transitioned into a MultiCultural Involvement Committee.
- (b) Providing programming at the annual convention focused on issues related to multicultural involvement.
- (c) Developing one of the AAHE HIV/CSHE project goals to work with Historically Black Colleges and Universities and Hispanic Serving Institutions in 1999-2004. The purpose of this work is to encourage the development of (1) enhanced HIV prevention education and (2) health education professional preparation on those campuses.

AMERICAN COLLEGE HEALTH ASSOCIATION

Professional Preparation

- Recruit and train grassroots health educators
- Strengthen professional preparation programs; e.g., graduate, advocacy, recruit diverse students
- Strengthen mentoring of young professionals

—ACHA Health Ed Section members, working on college campuses, have as one of our highest priorities the recruitment, training, and support of peer health educators who serve as grassroots health educators. One of our primary objectives is to expose students to public health education as a field of endeavor. Particular emphasis is on recruiting and training diverse students. Through our campus-based work, and through our organization's efforts, we emphasize support and training of young professionals. At our Annual Meeting this year, there were a number of continuing education sessions focusing on the issues of new professionals in the field.

- Promote certification and increase number of CHES

—Through the ACHA Continuing Education committee, the Section puts extensive time into ensuring that the Association's Annual Meeting provides high-quality opportunities for health educators to maintain their CHES certification.

- Educate about technology—part of continuing education and professional preparation programs
- Provide inservice training/continuing education for health education professionals on emerging technology
- Include in continuing education and professional preparation programs increased understanding and ability to analyze future trends and impact on health education practice

—ACHA's premier event is the Annual Meeting, which brings together several thousand college health professionals, campus administrators and students to promote expertise, share ideas, and identify cutting-edge strategies. This year, the Annual Meeting in Philadelphia emphasized

continuing education in utilizing appropriate technologies for health education; and strategic planning skill-development for analyzing future trends in the field.

- Reinforce pride and commitment in professional preparation and encourage active involvement in professional organizations.

—The Section primarily focuses on recruiting new members to ACHA. This year, special strategies focused on increasing the diversity of section membership.

Quality Assurance

- Define core components of health education programs, model standards for health ed programs
- Define body of knowledge/skills of health education

—In 1996, the Executive Board of ACHA initiated a Task Force on Health Promotion in Higher Education to develop quality improvement indicators for health promotion in higher education communities. In previous years the Task Force engineered an extensive process to draft standards of practice for health promotion in higher education. This draft is currently being reviewed, and should be widely available within the year. The draft Standards are organized into five major areas, and specify that effective practice in higher education:

- (1) Has leaders who demonstrate a capacity for community-based health promotion planning;
- (2) Integrates with and commits to the mission of its institution;
- (3) Uses a collaborative process;

(4) Demonstrates cultural competence and inclusiveness in working with multicultural populations and demonstrates competence in addressing the issues of diversity and health; and

(5) Utilizes informed, data-driven decisions.

This will continue to be a strategic priority for ACHA, and the Health Promotion section, into the future. After finalizing the Standards, the Task Force will build a set of stepped indicators that will assist colleges and universities in using the Standards.

Research

- Assure translation of research to practice and practice to research
- Demonstrate the efficacy of health education
- Promote health ed professionals with skills for structuring programs and research to demonstrate the efficacy of health education

—All three of these priorities are part of our ongoing mission for Section members through training and case studies during our Annual Meeting. At the most recent annual Meeting, several papers emphasized the importance of health education research and described model research projects.

Advocacy

- Seek representation . . . diverse groups in communities

—This is a high priority at ACHA, both for people within the profession and in our communities. In 1996, the Executive Board of ACHA initiated a Task Force on Health Promotion in Higher Education to develop quality improvement indicators for health promotion in higher education communi-

ties. This year, the Task Force drafted standards of practice for health promotion in higher education. One of the key standards states that “effective practice in health promotion in higher education demonstrates cultural competence and inclusiveness in working with multicultural populations and demonstrates competence in addressing issues of diversity and health.” This will continue to be a strategic priority for ACHA, and the Health promotion section, into the future. After finalizing the Standards, the Task Force will build a set of stepped indicators that will assist colleges and universities in using the standards.

- Provide opportunities within the elected leadership and on professional committees for new professionals and students

—As college health educators, we also support the career development and training of undergraduate and graduate students through our work on campuses (recruiting and training peer educators, hiring interns, teaching undergraduate public health courses) and within the Association.

- Take steps to establish partnerships with other professions engaged in research, and teaching within universities, business, organizations, health care, schools
- More emphasis on primary prevention/early intervention.

—ACHA is a multidisciplinary organization, so ACHA Health Ed members, through work on committees, in Association leadership (we recently elected the first Health Educator as President of the Association!), and our papers at the Annual Meeting, are establishing partnerships with other college health disciplines. Through these mechanisms, we work to infuse the concepts of community health, social justice, and health education principles within the practice of college health.

Promoting the Profession

- Provide a description of the body of knowledge of health education
- Educate employers about the profession of health education
- Describe the current state of the profession

—In 1996, the Executive Board of ACHA initiated a Task Force on Health Promotion in Higher Education to develop quality improvement indicators for health promotion in higher education communities. In previous years, the Task Force reviewed and analyzed the current role and scope of health promotion and education in higher education. This year, the Task Force engineered an extensive process to draft standards of practice for health promotion in higher education. This draft is currently being reviewed and should be widely available within the year. The draft Standards are organized into five major areas and specify that effective practice in higher education:

- (1) Has leaders who demonstrate a capacity for community-based health promotion planning;
- (2) Integrates with and commits to the mission of its institution;
- (3) Uses a collaborative process;
- (4) Demonstrates cultural competence and inclusiveness in working with multicultural populations and competence in addressing issues of diversity and health; and
- (5) Utilizes informed, data-driven decisions.

This will continue to be a strategic priority for ACHA, and the Health Promotion section. After finalizing the Standards, the Task Force will build a set of stepped indicators that will assist colleges and universities in using the standards.

- Provide pre-service and in-service training to other health professionals regarding health education
- Encourage other professionals to look to health education
- Develop a cadre of health educators to consult with media.

—ACHA's premier event is the Annual Meeting, which brings together several thousand college health professionals, campus administrators, and students to promote expertise, share ideas, and identify cutting-edge strategies. Over the past two years, the Health Education Section has sponsored programs for other health professionals about the profession of health education, and for health educators on working with the media.

- Establish a common code of ethics.

—The Section has reviewed, edited, and plans to disseminate the code of ethics throughout the Association (ACHA) and at individual campuses.

- Enhance the knowledge and meaning of health education professionals.

—(See action under the first set of goals, above, relating to the ACHA Task Force.)

- Promote credentialing of professionals (licensure, certification)

—Through ACHA Continuing Education committee, the Section puts extensive time into ensuring that the Association's Annual Meeting provides high-quality opportunities for health educators to maintain their CHES certification.

Dynamic/Contemporary Practice

- Use contemporary technology and methodology
- Disseminate practice strategies within, between, and among professional associations, practitioners
- Encourage health education organizations to use emerging technologies
- Establish a resource clearinghouse

—This year, the ACHA's Annual Meeting in Philadelphia emphasized continuing education in utilizing appropriate technologies for health education. In addition, college health professionals are extensively involved in one or more listserves for exchange of information and practice strategies.

- Develop and adapt technology to disseminate health information and health discovery
- Establish nonprofit foundation for health education technology and marketing
- Link consultants to companies developing products

—ACHA members are perennially involved in many projects in consultation and/or partnership with organizations and companies designing technological strategies for college student health education.

- Foster community vision that health promotion is their concern
- Encourage participation of health education in community-wide health education planning, implementation, evaluation

—ACHA members consider the college/university campus as our "community" and have prioritized for the Year 2000 extensive networking and professional communication with other organizations representing other members of our community (e.g., National Association of Student

Personnel Administrators and other college administrator groups) to ensure that health issues are considered a vital part of the campus community.

- Recruit minorities/diverse students into profession

—ACHA Health Ed Section members, working on college campuses, have as one of our highest priorities the recruitment, training, and support of peer educators who serve as grassroots health educators. One of our primary objectives is to expose students to public health education as a field of endeavor. Particular emphasis is on recruiting and training diverse students. Through our campus-based work and through our organization's efforts, we emphasize support and training of young professionals. At our Annual Meeting this year there were a number of continuing education sessions focusing on the issues of new professionals in the field.

AMERICAN PUBLIC HEALTH ASSOCIATION

Public Health Education and Health Promotion Section (APHA-PHEHPS)

Professional Preparation

- Program Committee reviewed over 300 abstracts and planned 20 scientific sessions, 10 posters and 2 round tables for the APHA annual meeting; worked with APHA to assure availability of CHES contact hours for members.
- Section leadership participated as mentors in APHA Student Caucus sponsored mentoring program.

Advocacy

- Contributed to planning and implementation of Health Education Advocacy Summits as organized by SOPHE; these meetings included both training and visits to the Hill of members of national health education organizations and other active members.
- Worked with grassroots advocacy staff to organize broadcast email to Section members urging them to write congressmen supporting various legislative initiatives linked to health education.
- Submitted Section comments to APHA on Health People objectives.
- Managed Care Committee collaborated with SOPHE to develop a managed care resolution focusing on health education.
- Continued development of a Section advocacy network.

Promoting the Profession

- Contributed to planning and implementation of the Health Education Advocacy Summits as organized by SOPHE; these meetings included both training and visits to the Hill of members of national health education organizations and other active members.
- Worked with grassroots advocacy staff to organize broadcast email to Section members urging them to write congressmen supporting various legislative initiatives linked to health education
- Submitted Section comments to APHA on Health People objectives.
- Managed Care Committee collaborated with SOPHE to develop a managed care resolution focusing on health education.

- Provided alerts to Section leadership regarding Public Health Week and Health Education Week; packets (developed by SOPHE and NCPHE) mailed to Section leadership.
- Provided review of proposals for resolutions and policy statements to APHA for appropriate inclusion of health education.
- Implemented annual health education materials contest.

Dynamic/Contemporary Practice

- Developed special interest group within the Section for those working in health communications to further enhance the Section's capacity to stimulate public support for public health.
- Managed Care Committee collaborated with SOPHE to develop a managed care resolution focusing on health education.
- Supported Section task force to obtain APHA mini-grant for the development of a Virtual Village of nationally recognized health promotion programs.
- Participated in session of American Psychological Association convened by APA Division of Community Research and Action to discuss interdisciplinary action in the public interest.

School Health Education and Services Section (APHA-SHES)

Professional Preparation

- We initiated a mentoring process for new professionals (e.g., first timers) at our national meetings. We try to meet our new members and send letters to all individuals noted as students who have joined our Section. We have also made a commitment that we will accept all student proposals

that are submitted for presentation consideration at the annual meeting of APHA. The proposals are critiqued by three experienced reviewers, and awards are presented to those who have the “outstanding student abstract” for that particular meeting.

- By accepting student abstract submissions for the national meeting and through a mentoring program, we try to develop relationships that will lead to a strengthening of the individual student’s commitment to joining and staying in the profession of health education. Students are recruited through various programs of professional preparation, particularly through courses offered within the various departments as a part of any general university requirements.
- We participate in APHA’s Technology Forum and try to encourage our members to submit what they are doing in the profession to use and apply the various technological advances that are occurring. These submissions are then submitted to the Technology Forum. We also publish innovative technology ideas in our section newsletter and have a representative to the HEDIR Advisory Committee.
- We have a system wherein new professionals, particularly students, have the opportunity to “connect” with a “seasoned professional” who will serve in a mentoring capacity for the new profession/student. The “seasoned professional” is urged to maintain contact with his/her “mentee” after the annual meeting has concluded, to serve as an “outside sounding board” for the individual.
- We are currently in the process of revising our initial position paper that was approved by the American Public Health Association nearly two decades ago. It is anticipated that this document will incorporate the results of the Joint Committee on Health Education Competencies (ASHA/AAHE), in which it is urged that all teacher

preparation students take a minimum of one 3-semester hour course (beyond simply a personal health course), in which concepts of teaching health education at the elementary level are included.

Quality Assurance

- Our section approved the code of ethics that was produced by the Ethics Task Force of the Coalition of National Health Education Organizations. A copy of the short form of that code was a “handout” on “parchment” during the 2000 annual meeting. A copy of the short form of the code was mailed to each of our current section members as well as to new members of the section.
- Several of our members serve as members of grant review panels for federal and state initiatives related to the health of the school-age child. These panels include such things as the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health.
- We have worked in Arkansas to accomplish the goal of requiring national credentialing to practice and specification in job description, and our members advocate within their respective programs and districts to have similar language included.
- Many of our members have been able to include this terminology within their promotion and tenure documents in the professional preparation programs in which they are employed.
- We serve on the committee of the National Board for Professional Teaching Standards, which will develop a master teacher examination for health education teachers. We are working with AAHE to ensure that there will be a separate examination for health education master teachers.

- The code of ethics was available at our exhibit at the annual meeting in 2000 and was mailed to all our members.

Research

- In selecting abstracts to be presented at the national meeting of APHA, those on the program planning committee look to see if the research abstracts that are submitted use research in practice and if there are practices that would lend themselves to good, rigorous, scientific research.
- Demonstration of the efficacy of health education is attained through several of the invited sessions we have presented at our annual meeting. Care is taken to have segments of our professional program that deal with the efficacy of health education, particularly within the school setting.
- Through participation on various listservs, as well as through the professional program we offer at our national meeting, we provide the latest research related to school health to our members. These individuals subsequently disseminate the information to their colleagues at the local level.
- Many of our members are employed in the university setting where they are continually conducting research. The results of this research are often presented at our annual meeting or are published in the professional literature.

Advocacy

- Based upon the Advocacy Summit that has been held, those from the Section who attend the Summit duplicate the information they receive and ensure that it is distributed to at least the leadership of the Section. It is hoped that these types of kits could be exhibited at our annual meeting.

- We have a process wherein these types of kits could be distributed at the local level. Higher policies preclude our developing such a kit. We do have input into the Parent Organization's Marketing plan, and advocate to ensure that health education is an integral part of that plan.

- As a section, we are committed to the development of leadership within our new professionals. We try, insofar as possible, to include student members on our annual ballot. We have been successful in having some students get elected to national office through these efforts.

- We participate in the Advocacy Summit, as well as the HEAL network. We have a legislative Chair, and that individual is charged with keeping all of us in touch with what is happening and how we, as individuals and as a section, can best be heard in relation to issues of interest.

- Several members are involved in the Advocacy Summit as well as in development of legislation at the local level. For example, getting CHES as a requirement for teaching health education in the public schools in Arkansas.

- We participate in the HEAL network.

- We have worked to influence legislators at the local levels to include health education in their legislative mandates in regard to school health. We have been successful in some cases (e.g., Arkansas, Florida).

- Several of our members are participating in community coalitions to influence local and state legislation to include health education as a part of the mandatory school curricular offerings. The work that was done in Arkansas and Florida are key examples of what can happen when we mobilize for action.

- We were active in the campaign to “save school health” as a part of Health People 2010. We wrote letters to key decision-makers urging them to retain school health as an integral part of the document.

Promoting the Profession

- A representative from the SHES Section was a part of the Ethics Task Force that developed the profession-wide code of ethics.
- Our delegate to the Coalition regularly reports to the section secretary the proceedings of the coalition and these are passed to the membership through our newsletter.
- We ensure that we are consistent in our use of the terminology and plan to participate in any work that is done to “revisit” the Joint Committee Terminology Document.
- We participate in the Competencies Update Project that is designed to examine the roles of entry and advanced level health educators, with specific attention being paid to the generic role of the health educator.
- Several of our section members are on the Board of Commissioners of the National Commission for Health Education Credentialing, Inc. We continually publish articles in our newsletter about the importance of credentialing for health educators.
- We work through our membership chair as well as our representatives to Intersectoral Council of APHA to ensure that others know that we, as health educators, do represent a separate and distinct discipline, in both our professional preparation, and in the work we do.

- We helped advocate for ensuring the identification of health education in manpower job classifications by writing letters in support of having Health Education as a separate occupational classification within the Standard Occupational Classification system used by the Department of Labor.
- We will work with other organizations to see that the goal of designating health education as a profession within the Bureau of Health Professions becomes a reality. It is our position that, as a profession, we need to work together to accomplish this goal.
- Through our membership roster, we would be able to assist in the development of this professional profile. It is possible that the Competencies Update Project will do a lot in this regard.
- Our leadership is continually striving to include “new professionals” in what they do, in terms of helping these new professionals (or students) learn what it means to be a leader, and how they, as individuals and groups, can assume positive leadership roles. We have a mentoring process in place (e.g., follow the leader) wherein students can “attach” to the leaders and follow them, not just for a day, but throughout the entire meeting. The “mentorship” is urged to continue after the meeting has concluded and many of the mentor/mentee relationships have continued through several years.
- Through our newsletter we continually inform our readership (both primary and secondary members in the section) of what is happening in health education, particularly as it relates to the health of the school-age child. We will also be posting this information on our website.

- Through our participation in various curriculum committees and such programs as the American Cancer Association Summer Institute, our members educate about and advocate for the profession of health education, particularly in having qualified health teachers teaching health education at the middle school and high school levels. Several of our members conduct district-wide inservice education programs in health education, that involve administrators from within the specific, as well as neighboring districts.
- We announce the availability of various materials through our newsletter, and will be making information about various resources available at our exhibit during the annual meeting of APHA.
- To get Health Educator recognized as part of the Standard Occupational Classification System, the goal of becoming listed in health manpower directory of health professions has been accomplished. Members of the section were intimately involved in that process.
- We continually advocate within school districts to employ qualified health educators to teach health at the middle school and high school levels, and offer inservice training programs for elementary school teachers, to increase their proficiency at integrating health education concepts into the elementary school curriculum.
- In many ways, the school health services program represents managed care in a microcosm. Those in school health service programs are encouraged to be cognizant of the role each of them plays in the education of any individual who presents for service from them. We distribute samples of materials that were developed by members of the section who work in these settings and will be expanding those distributions in the future.
- Many of our members participate in the various national health day (and month)

celebrations. They plan their curricular offerings to coincide with these days of recognition. Several of the members of the section have, in conjunction with classes they teach, developed and offered health fairs on the campuses of colleges and universities, within local school jurisdictions, as well as in the community at large.

- Our members contact health educators who work in community, university, and medical care settings to not only elicit their assistance in developing meaningful curricula, but also to establish community learning centers for students who may be interested in joining the health education profession.
- We develop health fairs in numerous school and community settings and have students participate in these fairs as either part of the professional preparation or as part of the community service learning component of their curriculum.
- We provide health education consultation in conjunction with the various health fairs that our members develop. In many cases our members oversee the educational information that is provided to participants in the various health screenings that are offered at the health fairs.

Dynamic/Contemporary Practice

- We instituted a “practitioner’s forum” at the year 2000 annual meeting. All our officers agreed to bring an innovative practice to present at that forum, and we actively recruited individuals to submit for the year 2001 program.
- We now have a “webmaster” who will oversee our website. We will be posting our newsletter electronically and will be putting information about available technology on that website as well. We work in conjunction with the “parent organization” in this regard.

- As new information becomes known to us, we include references to that information within our newsletter and soon will be adding that information to our web page. We also encourage our members to submit their job announcements not only to APHA but also to the Health Education Professional Resources (A Website for Health Educators) and to the HEDIR.
- We are continually recruiting for minority/diverse students to enter the profession of health education. Several of our members work in the public schools and they discuss the profession with their students and make recommendations to them in regard to programs of professional preparation. With the completion of a brochure in which the profession is detailed for prospective students, we will be making this brochure available at our exhibit at our national meeting.

AMERICAN SCHOOL HEALTH ASSOCIATION

Professional Preparation

- Reduced rates are offered on membership and conferences for students and professionals during their first year out of school.
- Students may serve as monitors at a conference and receive free registration plus free membership for a year.
- As an authorized provider of CHES, opportunities are provided for members to earn continuing education credits at conferences, institutes, and through self-study opportunities.
- At a 1999 conference, a post-conference in-depth technology workshop was held.

- A summer institute includes in-depth workshops on the health education standards, using the standards in preparing instructional activities, using the standards in assessment, and using technology to help achieve the standards.
- Professional preparation is one of five key goals of the strategic plan adopted in 1998.
- A full-time director of professional development provides workshops, seminars, and presentations advocating quality health education throughout the United States, primarily to teachers and school administrators.
- A variety of materials for enhancing school health education, including the Standards, *School Health: Findings from Evaluation Programs*, 2nd ed., and a K-6 curriculum supplement, "Tell Me About AIDS," are available for purchase.

Quality Assurance

- Through a representative to CNHEO, we participated in the development of a code of ethics for health education.
- The national health education content standards are promoted as a key focus of our summer institutes.
- An article in the bulletin of the National Association of Secondary School Principals, on which we took a lead, articulated for school administrators what to look for in quality programs and in hiring health educators.
- We are collaborating with the American Cancer Society and National Middle School Association to develop competencies for school health coordinators.

Research

- Research is one of five goals in the strategic plan adopted in October 1998.
- The *Journal of School Health*, a peer-reviewed, indexed journal, is published 10 times a year.
- A recent publication developed with a grant from the Office of Disease Prevention and Health Promotion reviews over 50 school health programs that have undergone evaluation. The review includes a description of the program and the evaluation study, as well as commentary on the strengths and weaknesses of the research findings.
- Plans are being developed for an endowment that would support small research grants to students.
- A research council solicits and reviews proposals for research presentations at our annual conference. We present sessions and posters for both researchers and practitioners and encourage them to interact and attend various types of sessions.
- Our professional development institutes, presentations, etc., and our advocacy kit translate research findings into practical suggestions for practitioners.

Advocacy

- Advocacy is one of five key goals of the strategic plan adopted in October 1998.
- A legislative consultant was hired in January 1998.
- There is a “legislative tree” of members in each state who have agreed to serve as contacts for legislative alerts.
- Alerts are sent out about pending legislation at the federal level and occasionally state level to the “legislative tree” members on average of once a month.

- We have sent representatives to all three Health Education Advocacy summits.
- A pre-conference workshop on Advocacy training was conducted in October 1998.
- We sign on to various letters, etc.
- We have a system for adopting and updating resolutions, which then serve as the basis for making decisions about what legislative actions to support. The Resolutions are on our website.
- A sign-on letter was initiated which asked for reconsideration of the abstinence-only provision of the welfare reform legislation. Several other health education organizations signed the letter.
- An active Legislative Committee works with the legislative consultant to set legislative agenda priorities for the year.
- The Committee has a budget in our operating budget.
- An “Advocacy Kit for Comprehensive Sexuality Education in Schools” was produced.
- Programs on the Advocacy kit were presented and followed up with attendees to see whether they used it. Incomplete data showed that a large number of attendees used the materials to advocate for sexuality education in their local areas.
- As a participant on various advisory committees and coalitions, school health education is promoted. Examples include asking the National Institutes of Health to consider health education as well as science education as appropriate for funding, asking HRSA to look at school-based programs, working with the National Middle School Association to keep health as a focus.
- Submitted written and oral testimony in support of school health education for the Healthy People 2010 Objectives.

- Wrote an article for National Association of Secondary School Principals' journal on health education (and invited representatives of other health education organizations to contribute as coauthors).
- We respond to phone calls and e-mails of people needing help in defending or advocating for health education in their local schools.
- Participated in a social marketing working group to develop common language for promoting school health programs to various audiences—parents, school decision makers, community leaders, the business community.
- Developed a manual for marketing the concept of school health among one's peers within a school setting, as part of the social marketing working group.
- The executive director serves as the only health educator on the management team for a project to develop guidelines for school health and advocates for the education perspective with the physician and nurse members. She has recruited many health educators to serve on and lead various of the 14 expert panels.

Promoting the Profession

- As a member of the Coalition, our representative has contributed to the development of the Code of Ethics for the profession.
- We have agreed to serve as an agent for the Coalition.
- Changes to the School Health Programs and Policies instrument that will gather information about the status of health education in schools were reviewed and recommended.

- We are part of a social marketing working group developing messages for promoting school health, including health education, to various audiences.
- A manual was developed to help school staff promote school health, including health education, among their peers in schools.
- We serve as a meeting place where other school health professionals (especially school nurses, counselors, psychologists, and social workers) can learn about health education and interact with health educators.
- We answer inquiries from reporters about health education issues and our staff officers have been quoted in news pieces and interviewed on local radio shows.
- ASHA's executive director was interviewed on a live web chat about health education in schools through Web MD.
- We have established partnerships and working relationships with representatives of many non-health education professionals working in schools—science educators, administrators, health services providers, mental health providers, law enforcement and juvenile justice officers, and food service providers.
- We have working relationships with people working in the federal government as well as in many state governments.

Dynamic/Contemporary Practice

- An increasing number of presentations at our conference utilize new technology, such as Power Point and Internet connections.
- We have a web site and policies concerning our web site that allow our health educators section and various content-specific councils to link to our site.

- The 1999 conference included a post conference workshop on technology.
- Our summer institute format includes a block devoted to use of instructional technology.
- A school health listserv for members was initiated.
- Employee wellness programs in schools are promoted, especially through the work of the Director of Professional Development.
- We have consulted on a web-based health education curriculum for grades K-12 that is aligned with the health education standards and the health education assessment tool developed by the Council of State School Officers.

ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF HEALTH PROMOTION AND PUBLIC HEALTH EDUCATION

Professional Preparation

- For the last 17 years, ASTDHPPHE has coordinated with CDC/NCCDPHP to sponsor the National Conference on Health Education and Health Promotion. Several other health education organizations have joined us in the initiative including SOPHE and AAHE.
- We have included CHES credits through authorized providers for most of our recent training programs, including the National Conference on Health Education and Health Promotion, and our soon-to-be-released CVH Institute training website.
- ASTDHPPHE offers a series of post-conference training workshops that have targeted areas identified in our membership needs assessment.

- ASTDHPPHE coordinated four audio training conferences for state health departments which included arthritis, food-borne illness, tobacco issues related to the national litigation, and cardiovascular health.
- ASTDHPPHE provided CHES credit opportunity in conjunction with the Electronic Health Promotion Conference in 1999. The Electronic Conference provided up to 21 hours of CHES credits.

Quality Assurance

- ASTDHPPHE completed a review of the *Process Evaluation Manual: Coordinated School Health Infrastructure Development*, and provided recommendations to make the manual more effective.
- The Public Health Education Leadership Institutes, funded in part through ASTDHPPHE's federal grant funds, focuses on quality practice in health education.
- Coordination of CHES credits with our national meetings provides acknowledgment of NCHCEC as the certifying organization for the field, and provides opportunity for professional growth and development.

Research

- ASTDHPPHE collaborated with the National Center for Injury Prevention and Control and SOPHE to develop an injury prevention website for practice and research to highlight promoting the profession.
- ASTDHPPHE coordinated research on health policies implemented by the states in areas related to prevention and control of chronic diseases. This initial work focused on identifying and reviewing literature and fugitive sources on environmental change and policy initiatives.

- In 1996, ASTDHPPHE completed an assessment of state health departments on the impact of managed care practice.
- ASTDHPPHE coordinated an evaluation of the Process Evaluation Manual developed by CDC/NCCDPHP.

Advocacy

- ASTDHPPHE hired a legislative consultant in 1999 to assist the association develop a baseline understanding of advocacy principles among the membership and to develop advocacy tools for use by our members.
- The Association keeps the membership informed of key issues during legislative session by sending alerts about pending legislation at the federal level.
- ASTDHPPHE provides financial support for the Health Education Advocacy Summit, and represents ASTDHPPHE and participates in this event.
- ASTDHPPHE has an active Legislative/Advocacy Committee.
- ASTDHPPHE, as an association, has submitted written testimony regarding Healthy People 2010 Objectives, and has encouraged its members to provide individual comments.
- ASTDHPPHE has collaborated with other organizations to sponsor Congressional meetings on key topic areas including arthritis, cardiovascular disease, and nutrition and physical activity.

Promoting the Profession

- ASTDHPPHE has met with division directors at CDC and NHLBI to discuss health education initiatives to assist in their program goals. ASTDHPPHE has

developed working relationships with several federal agencies and are well represented in state government.

- ASTDHPPHE prints and distributes a publication entitled *Roles and Functions of Health Promotion and Health Education Units in State Health Departments*.
- ASTDHPPHE and SOPHE developed a Public Health Education Leadership Institute, now in its third year. During this third cycle, the Institute has expanded to include SSDHPER members.
- ASTDHPPHE cosponsored a meeting to discuss the professional preparation of health educators. The meeting was coordinated by Kristine Gebbe of the Columbia University School of Nursing and funded by the Robert Wood Johnson Foundation. The meeting report including the recommendations was distributed to the membership.

Dynamic/Contemporary Practice

- Developed and implemented the first Electronic Health Promotion Conference available for viewing from August 1999 through February 2000. Transcripts from our national conference were posted for viewing nationally and internationally and greatly broadened the reach of this training.
- An increasing number of presentations at our conference use new technology. We have also incorporated sessions on using new technology at the last three national conferences.
- ASTDHPPHE developed an award-winning web site in 1997. It provides a link for health educators to explore key public health issues.
- In conjunction with CDC/NCID, we have developed and posted FAQ sheets on over 70 infectious diseases. These have provided vital information for public health profes-

sionals as well as the public. These FAQ sheets have been translated and used internationally.

- ASTDHPPE designed a newsletter insert on physical activity and in conjunction with SOPHE a second newsletter insert on food-borne illness. These were distributed to other health education organizations and health partners for their own use and distributed to the membership.
- Collaborated with several CDC CIOs to assist in planning concurrent sessions for the National Conference to insure priority training in the areas of arthritis, prevention research centers, cardiovascular health, physical activity and nutrition, evaluation and policy development.
- ASTDHPPE convened several workgroups to focus on development of training in the areas of social marketing, cardiovascular health and public health leadership.

ETA SIGMA GAMMA

Professional Preparation

- ESG provides mentoring of young professionals through special events such as ESG members working as Program Monitors at the annual ASHA conferences.
- *ESG Health Education Monograph Series* devotes one issue per year to students.
- ESG has provided every local chapter an advocacy teaching packet with help hints and PowerPoint slides to enhance advocacy knowledge and awareness among ESG members.

Quality Assurance

- To establish an ESG chapter, an application must be completed and the university which is applying must provide minimum

standards in order for an ESG chapter to be established at a university.

Research

- ESG provides several research grants to local chapters to conduct research that will be translated into practice.
- ESG provides approximately \$5,000 per year to local chapters to conduct health education research.
- Recipients of ESG research grants are strongly encouraged to write a manuscript and submit to *The Health Educator* or other health education journals.

Advocacy

- ESG has had several professional and student members participate in the Advocacy Summit.
- ESG published (Fall 1999) a special monograph issue on advocacy entitled "Approaches to Advocacy for Health Educators" (*The Health Education Monograph*, 17(2), 1999).
- ESG is providing special financial incentives to local chapters who participate in local, state, and national advocacy efforts.

Promoting the Profession

- ESG requested and became become a member organization of the Coalition of National Health Education Organizations.
- Continually initiating new chapters and new members, ESG is facilitating recognizing health education as an academic discipline. There are over 100 chapters throughout the US and over 3,200 ESG members.

- Approximately every two to three years, ESG publishes a listing of universities and colleges that offer degrees in health education, with a listing of faculty names, phone numbers, and email addresses, as well as interest areas.

Dynamic/Contemporary Practice

- ESG has a web page as well as a list-serve.

NATIONAL COMMISSION FOR HEALTH EDUCATION CREDENTIALING, INC.

Professional Preparation

- NCHEC will continue to work with professional preparation programs to assure that graduates meet the minimum criteria to qualify for certification in the field.
- NCHEC will work to ensure the highest level of practice by continuing to monitor the viability of the responsibilities and competencies that are used in the preparation, certification, and professional development of health educators. It has worked with partners in the competency update project (CUP) and will continue to provide leadership in this initiative.
- NCHEC will continue to work to implement policies and procedures to increase the number of organizations and agencies that provide continuing education activities for health educators.
- NCHEC will work to streamline processes to facilitate efficient acquisition of continuing education contact hours by certified health education specialist (CHES).

Quality Assurance

- NCHEC involvement in CUP affirms its commitment to assuring quality practitioners.
- NCHEC will continue to establish an infrastructure capitalizing on available technology in ways that facilitate the testing, certification, and continuing education activities.
- NCHEC will work to foster greater diversity in the methods used to deliver continuing education to practitioners including distance-based, electronic, and other non-print modalities.
- NCHEC will continue to set standards that assure the highest quality of programs for preparing, testing, certifying, and educating practitioners.

Research

- NCHEC will be involved in research efforts that support gaining a greater understanding of the needs of CHES and the profiles of health education practitioners in ways that yield data that can be used to advocate for the profession and its proper representation in the field of health services.
- NCHEC will be involved in research efforts, like those of the CUP, where a greater understanding of health education is needed to assure that the highest standards guide the testing and certification of practitioners.

Advocacy

- NCHEC has supported and will continue to support the Annual Health Education Advocacy Summit.

- NCHEC will work with professional organizations to increase the visibility of the field and advocate for its representation amongst other health professions in federal, state and local policies.
- NCHEC has agreed to support and advocate for third-party payment for health education services.

Promoting the Profession

- One of the paramount roles of the NCHEC is to promote the profession. Such promotion will be directed toward potential employers, policy makers, funding agencies, and health services agencies.
- NCHEC develops and distributes materials that promote the profession, the certification, and the health education professional.

Dynamic/Contemporary Practice

- NCHEC will continue to work toward alignment with other credentialing bodies, particularly those representing similar health professions.
- NCHEC will work over the next several years to develop a system of communication and information exchange that takes advantage of electronic advancements (web-based reporting systems, registrations, activity tracking, information retrieval, etc.)

SOCIETY FOR PUBLIC HEALTH EDUCATION, INC.

Professional Preparation

- SOPHE works to strengthen professional preparation programs by:
 - (a) The SOPHE/AAHE Baccalaureate Program Approval Committee contributes

to strengthening undergraduate professional preparation programs using a voluntary, quality assurance review process for programs in community health education.

(b) The AAHE/SOPHE Graduate Standards for Health Education for professional preparation were completed in 1997. In 1998, SOPHE and AAHE joined with NCHEC in publishing the standards, which were renamed the advanced-level competencies in health education. In 1999, the Council on Education for Public Health (CEPH) adopted the graduate competencies in health education, which will eventually be reflected in CEPH's program review standards.

(c) SOPHE and AAHE held an invitational meeting in January 2000 to consider issues of quality assurance in professional preparation. Included among the speakers were representatives of health administration, sports medicine, and other disciplines which provided insights on quality assurance mechanisms in their professions (hence, looking outside our profession at other discipline models). The advisory group recommended that the two organizations convene a Task Force on Professional Preparation Program Accreditation to develop a plan for a coordinated, comprehensive system of quality assurance in undergraduate and graduate professional preparation. The task force will hold its first meeting in January 2001 and is expected to present its recommendations to the SOPHE and AAHE boards by 2003.

- SOPHE works toward the goal of standardize accreditation of programs supporting the work of the CEPH, e.g., including CEPH on its annual meeting program, helping to recruit practitioners for the site review team, participating on occasional site visits.

- SOPHE is a member of the Competency Update Project and has contributed financially CUP's efforts to reverify the entry-level competencies and verify the advanced-level competencies.
- SOPHE helps draw students into the profession by.
 - Offering reduced rates for membership and meeting registration for full-time students in health education. Local universities are also engaged in meeting planning to help recruit students as room monitors and opportunities for reduced registration fees.
 - Developing an "Academic Anchors" program to help strengthen its connections to students in the profession. Thus far, the program has been piloted very successfully with MPH programs.
 - Developing a special marketing brochure to help recruit students as members in the organization.
 - Expanding its student scholarship programs. SOPHE has traditionally provided the Graduate Student Research Paper Award to recognize promising young investigators in health education. However, more recently SOPHE has awarded 5 additional scholarships for students: The Vivian Drenckhahn Scholarship (2) of \$1500 each to a graduate and undergraduate student in health education; the Unintentional Injury Fellowship (3) of \$1200 each for students pursuing projects to expand the science and practice of health education in unintentional injury. In 1999, SOPHE received a grant from the California Endowment to support scholarships for students/young professionals to attend its 1999 meetings. The majority of the scholarships were awarded to individuals of ethnic/minority status.
- As part of National Health Education Week, SOPHE developed a "Job Shadow Day Guide" to provide guidelines to health educators on inviting students into their workplace for a day.
- To help adapt health education curriculum to the evolution of the field and world, SOPHE and Johns Hopkins University School of Public Health published a paper "Health Education in the 21st Century: A White Paper" in 1998. This paper outlined current and anticipated societal changes and their expected impacts on health education; summaries of the paper have been published in SOPHE and AAHE journals. SOPHE also participated in a Robert Wood Johnson Foundation project that outlined competencies needed by the public health workforce in the new millennium.
- SOPHE and ASTDHPHE have provided a Public Health Education Leadership Institute since 1998, which focuses on visioning and the ability to analyze current impacts on the future of health education. The Institute, supported by CDC, WK Kellogg Foundation, and Sage Publications, was expanded in 2000 to include SSDHPER members. Thus far, some 50 mid-career professionals have participated, including members of academia. The fourth class will begin in Spring 2001.

Quality Assurance

- With the support of HRSA's Bureau of Health Professions, SOPHE began a project in Spring 1999 to examine the impact of health education credentialing on individual practice, organizations, and society at large. The results of this qualitative and quantitative study will be disseminated to health educators, employers, policy makers and others.

- SOPHE helped to develop a uniform code of ethics for the profession. It has published the code in its membership brochure as well as its journal, *Health Promotion Practice*, which includes a special section on ethical practice and research. The code will also be included in a special issue of *Health Education & Behavior*, to be published in fall 2001. SOPHE is also working with the CNHEO to pursue the possible endorsement of the code by the International Union for Health Promotion and Education. Ethics sessions also have been featured regularly at SOPHE Midyear and Annual Meetings.
- SOPHE took the lead in having the Departments of Labor and Commerce recognize “health educator” as a distinct classification in the Standard Occupational Classification (SOC) system; is now working with HRSA and other groups on implementation of the new SOC standards.
- In 1998, SOPHE and AAHE provided support to a study at the University of IL, Champaign-Urbana, to examine the attitudes and practices of health education program/department chairs with regard to credentialing; results published in the *Journal of Health Education*, August 1999.
- SOPHE adopted resolution in 1996 supporting credentialing.
- SOPHE staff and members regularly participate in CEPH site review teams for accreditation of schools of public health and MPH programs outside of schools of public health.

Research

- In 1999, SOPHE announced the launch of *Health Promotion Practice*, a new quarterly peer reviewed journal that promotes linkages between researchers in the academic and private sectors with health promotion and education practitioners.

The first volume was published in January 2000.

- SOPHE includes sessions on the circle of research to practice at both its Midyear and Annual Meetings.
- In 1998, SOPHE’s flagship journal, *Health Education Quarterly* was advanced to six issues per year and renamed *Health Education & Behavior*. It remains one of the most highly cited journals in the social sciences index. Ensure research that will provide better articulation of theory and practice.
- In 1995, SOPHE’s published a special issue of *Health Education Quarterly* on “Creating Capacity for Health Education,” which remains one of the best summaries of health education intervention efficacy to date. SOPHE’s Research Agenda Committee is working with the NCI, Council on Public Health Linkages, and other groups to update its health education research agenda.
- With support from CDC, SOPHE sponsored a special invitational meeting of researchers conducting qualitative research on community capacity and community resiliency; follow-up report is being developed.
- SOPHE has two awards, “Distinguished Fellow” and the “Student Research Paper Award,” which emphasize scholarly contributions to the theory base of health education.
- SOPHE cosponsored a conference in 1998, “Public Health in the 21st Century: Behavioral and Social Science Contributions” with the American Psychological Association and 12 other professional organizations to promote multidisciplinary collaboration of public health research involving the behavioral and social sciences. A book showcasing successful examples of integrated research presented at the meeting was published in December 2000.

- SOPHE is a member of various coalitions (e.g., CDC Coalition, Friends of HRSA, Research! America, Health & Behavior Alliance), which help advocate for research funding for the social and behavior sciences and health education. Note that several of these coalitions also work to improve the constitution of federal panels that review research proposals to help ensure that such groups have behavioral scientists with appropriate training and thereby increase the likelihood that health education related projects are funded. One of the primary advocacy topics of the Health Education Summit since 1998 has been appropriations for health education-related programs, including research related to the behavioral and social sciences.

Advocacy

- SOPHE has taken the lead on organizing Annual Health Education Advocacy Summits since 1998. Examples of advocacy priorities include CDC appropriations, tobacco legislation, managed care/patient's rights, and school health education. In 1999 and 2000, several improvements from the first Summit were made: (1) development of web site to more widely disseminate advocacy fact sheets, registration information, and skill building tips to all CNHEO member groups and others; (2) expanded registration numbers from 40 to 55 and made registration scholarships available to 15 students; (3) expanded partnerships to new groups, e.g., National Education Association, American Cancer Society, Families USA; (4) periodic meetings and conference calls of CNHEO leaders and their advocacy chairs to share advocacy strategies throughout the year; (5) provided political action kits through web availability of information from Health Education Advocacy Summits and through mailings upon request to individuals who do not have web access.

- SOPHE was instrumental in organizing the health education community to advocate that "health educator" be recognized in the Dept. of Labor's Standard Occupational Classification. SOPHE is now working on implementation of this change in regulations. Significant progress made with the recognition of health educator within the SOC, which has provided clout for helping to advocate policy changes at the state/local levels.

- SOPHE has an active Advocacy Committee, comprised of 1 representative from each of its 21 chapters that meet monthly via phone calls to address advocacy issues, conduct continuing education/skill-building, and help develop strategies to implement SOPHE resolutions. SOPHE and its chapters have sent numerous letters to Congress on issues of importance to public health education. Chapters also have been ardent advocates for issues at the state level, e.g., The Arkansas SOPHE chapter was instrumental in getting state legislation to mandate CHES.

- SOPHE awarded Rep. John E. Porter its "Honorary Fellow" award in 1999 for Mr. Porter's leadership on appropriations for CDC and NIH during his tenure in Congress.

- SOPHE works to improve health education perception and need at the local and national levels by participating on various national groups (e.g., NIH National Asthma Coordinating Committee, NIH Cholesterol Education Program, Council on Public Health Linkages, United Nations Public Information Program). These groups provide opportunities to educate various disciplines about the contributions of health educators as well as shape the direction of national/international programs.

- SOPHE actively participated in the development of Healthy People 2010 goals and is now aiding in its implementation. SOPHE

worked as the CHES provider at the launch of the national HP2010 conference in January 2000.

- SOPHE's Board of Trustees includes a student representative as a full-voting member. This position is written into the bylaws and is appointed annually by the President, with nominations from chapters.
- SOPHE conferences—as well as state/regional conferences by SOPHE chapters—have included skill-building sessions and workshops that enable participants to develop needed skills to become more ardent advocates in their communities.
- A number of SOPHE members sit on local boards of health or have positions of prominence and influence in HRSA, CDC and other DHHS agencies. One SOPHE member is an elected official of the Tennessee legislature. Several SOPHE members have held high offices in APHA and other professional organizations. SOPHE encourages other members to take such steps by featuring the members in newsletter articles and as speakers at SOPHE conferences.

Promoting the Profession

- Since 1998, SOPHE has sponsored National Health Education Week annually with the National Center for Health Education and the Coalition of National Health Education Organizations. The week, which is held during the second week of October and recognized by DHHS, produces a guide to facilitate community health promotion initiatives around specific themes. The week helps to promote the profession as well as recruit health educators for community health promotion/education projects/initiatives.
- SOPHE is serving as the incubator for a new group, Council of MPH Programs in Community Health Education (CAMP), in

part aimed to bridge the gaps between public health researchers outside of schools of public health and practitioners.

- Through its Midyear and Annual Meetings, SOPHE seeks to attract nurses, dietitians, and social workers to educate them regarding health education; provides CE credits for those disciplines as an incentive to attend the meetings.
- SOPHE works to establish a connection with business by cosponsoring a conference in 1999 with the National Institute for Occupational Safety and Health, Occupational Safety and Health Administration, National Institute for Environmental Health, and other groups on workplace training and education. SOPHE will cosponsor its 2002 Midyear Scientific Conference with the Association for Worksite Health Promotion in Cincinnati. SOPHE is collaborating with the worksite wellness council of the Partnership for Prevention.
- SOPHE works to improve visibility of the health education profession and educate consumers on the appropriate expectation for health education by:
 - (a) Issuing periodic press releases on articles in *Health Education & Behavior*, which has resulted in pickup by the print and electronic media
 - (b) Publishing several new brochures to on careers in health education and the employer's guide to hiring a health educator, which are available on its web page. Many SOPHE chapters also have developed similar publications and marketed them regionally.
 - (c) In 1999, SOPHE expanded information contained in the National Health Education Week Guide to provide more "teachable moments" on what health education is and the occupation of health educator.

Dynamic Contemporary Practice

- SOPHE, including its 21 chapters, is the largest provider of continuing education contact hours per year, awarding 9,000-10,000 hours annually through meetings, distance learning opportunities, and self-study.
- SOPHE's Strategic Planning Committee and Open Society Commission are developing a strategy to recruit more minorities and diverse students into the profession. SOPHE has been tracking the gender and ethnicity of its membership since 1997. In 1999, SOPHE began receiving a grant from the California Endowment to fund 20 California undergraduate and graduate health education scholarships to attend SOPHE's Midyear and Annual Meetings. The majority of the scholarships were awarded to ethnically and racially diverse health education students.
- SOPHE supports the utilization of emerging technology by:
 - (a) Launching its website (www.sophe.org) in Fall 1998 and providing updates two times per month.
 - (b) Offering a variety of technologies to promote dynamic contemporary practice by its members and chapters: webcasts, videotapes from its Midyear and Annual Meetings, and electronic availability of self-study questions from its journals.
 - (c) Launching, in conjunction with ASTDHP-PHE and CDC's Division of Unintentional Injury, a web site for health educators on unintentional injury in Fall 1999.
 - (d) Providing two meetings per year, during which emerging technology has been featured as a subtheme for the last 6 or more meetings.
 - (e) Including a column in its newsletter that features new websites for health education-related information.

SOCIETY OF STATE DIRECTORS OF HEALTH, PHYSICAL EDUCATION AND RECREATION

Professional Preparation

- Worked with AAHE to prepare preservice policy guidance for institutions of higher education (IHEs) on preparation for middle school and high school teachers.
- Currently working with AAHE to implement policy guidance with state education agencies and IHEs in four pilot states.

Quality Assurance

Provided membership representation on groups working to assure quality in the profession.

Research

- Sponsored study: "Preparation for Middle School and High School Health Educators—Perspectives of Master Teachers."
- Promote sharing of research and data across and within state programs.

Advocacy

- Worked within the Coalition of National Health Education Organizations on issues of joint concern.
- Joined and actively participate in the CDC Coalition, an organization working to develop resources for the U.S. Centers for Disease Control and Prevention.
- Joined and actively participate in the Friends of HRSA, an organization working to develop resources for the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

- Joined and worked within a number of subject-specific coalitions, including Healthy People 2010, sun safety, bone health, violence prevention, etc.
- Joined with SOPHE and others to accomplish the annual Health Education Advocacy Summit.
- Developing SSDHPER Advocates, a subgroup of members and interested individuals who communicate and collaborate on health and physical education issues of importance to the Society's mission.
- Serving as an active member of the Nutrition and Physical Activity Resource Development group (NUPARD), working to improve resources for the CDC Division of Nutrition and Physical Activity (DNPA).
- Maintaining an active network of liaisons with 31 related national organizations.
- Communicated with state education and health agencies to ensure quality programs, such as letters encouraging support of health and physical education staff positions within agencies.
- Communicated with members, partner organizations, federal government agencies, and Congress regarding national health and physical education issues such as the reauthorization of the Elementary and Secondary Education Act (ESEA) and Physical Education for Progress (PEP) bill.

Promoting the Profession

- Assisted with publication of the "Directory of Coordinated School Health Programs" annually.

Dynamic/Contemporary Practice

- Hold an annual meeting for professional development including sharing across programs.

- Cosponsored the annual conferences of the CDC Division of Adolescent and School Health (DASH)
- Joining with SOPHE and ASTDHPPE to accomplish the Public Health Education Leadership Institute.
- Developing a technical assistance process to help state education and health agencies work closely together in states not currently funded for infrastructure by CDC-DASH.
- Hold an annual strategic planning meeting of Society leadership.
- Provided periodic trainings (2 to 3 per year) on issues of interest to the SSDHPER membership, including Process Evaluation Manual implementation training, negotiation skills, media skills, etc., often in collaboration with other organizations.
- Served an active role in developing national standards in health and physical education.
- Serving an active role in the State Collaborative on Assessment and Student Standards (SCASS)
- Serving actively in development of the Guidelines project of the American Academy of Pediatrics (AAP)
- Developed and disseminated "Putting the Pieces Together," including information on national standards and guidance documents in health and physical education.
- Revised and disseminated "Basic Beliefs," a document outlining the Society's position on health and physical education programs and policies.
- Helped develop the National Health Education Coordination Leadership Institute with the American Cancer Society.

- Assisted with development of publications such as “Health Is Academic,” “Implementing Health Education Standards,” and “Programs That Work: National Health Education Standards Analysis.”
- Developing materials on links between health and academic achievement.
- Developed a web site and electronic communications capabilities.
- Work in collaboration with other organizations to disseminate quality programs, such as the “Can We Talk?” parent education program from the National Education Association (NEA).
- Developing projects to disseminate and facilitate usage of CDC Guidelines for local education agencies.

Appendix D

MATRICES

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Professional Preparation</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Recruit and train grassroots health educators										
Strengthen mentoring of young professionals										
Strengthen professional preparation programs: undergraduate, graduate, networking, advocacy, recruit diverse students										
Identify strategy to draw students to the profession										
Standardize accreditation of programs										
Promote certification and increase number of Certified Health Education Specialists										
Provide in-service training/continuing education for health education professionals on emerging technology										
Establish mentoring programs										
Adapt curriculum to evolution of field and world										
Reinforce pride and commitment in professional preparation and encourage active involvement in professional associations										
Standardize the practice of the profession: within pre-service, field (within different settings), continuing education										
Educate about technology-part of continuing education and professional preparation programs										
Include in continuing education and professional preparation programs increased understanding and ability to analyze future trends and impact on health education practice										
Strengthen health educators' knowledge of the competency framework and the commonalities of responsibilities across health education settings										
Establish a health education training institute										

Priorities for 21st Century

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Professional Preparation</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Initiate cooperative agreements among accrediting bodies, employers, and Health Education programs in program policy and development										
Define the body of knowledge of health education: (a) integrate body of knowledge/skills into accreditation process										
Define the body of knowledge of health education: (b) establish consistencies across university programs										
Provide professional preparation in networking and advocacy										
Standardize professional preparation through accreditation of programs: (a) education about the benefits of accreditation										
Standardize professional preparation through accreditation of programs: (b) standardization of the curriculum										
Provide specialization beyond the entry-level: (a) Differences between levels										
Provide specialization beyond the entry-level: (b) Skills with specialization										
Look at other professions which have been successful (which may mean we reassess the definition of entry-level)										
Seek health education requirements for all preservice teacher education students										
Infuse the defined body of knowledge and information about the profession of health education in all health courses, public/allied health, and teacher education courses										

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Quality Assurance</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Maintain a uniform code of ethics										
Actively seek accountability from consumers										
Establish peer review panels and/or technical assistance teams										
Develop a mechanism for the systematic, continuous evaluation of the profession										
Define: (a) core components of health education programs, model standards for health education programs										
Define: (b) core competencies for health education preparation programs and accreditation										
Arrange for liability insurance options										
Define body of knowledge/skills of health education										

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Quality Assurance</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Standardize professional practice										
Require credentialing nationally to practice and have it specified in: (a) job description (Certified Health Education Specialist preferred)										
Require credentialing nationally to practice and have it specified in: (b) knowledge, abilities, skills required										
Require credentialing nationally to practice and have it specified in: (c) recruitment and retention										
Require credentialing nationally to practice and have it specified in: (d) requirements and guidelines for jobs										
Include health education competencies in standardized assessments										
Develop and adopt model standards for health education programs										
Include health education in monitoring teams/actions related to standards										
Participate in review boards										
Involve consumers in establishing quality assurance in health education programs										
Provide adequate resources										
Publicize the code of ethics										

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Research</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Assure translation of research to practice and from practice to research										
Create study groups between research and practice groups										
Develop a technical assistance program modeled after the extension service										
Establish training institutes/centers: theory-research-practice										
Establish a research institute think-tank with money										
Ensure research that will provide between articulation of theory and practice										
Demonstrate the efficacy of health education										
Promote health education professionals with skills for structuring programs and research that will demonstrate the efficacy of health education										

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Research</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Increase funding for health education research										
Seek funding of research relevant to health education and include health educators as the researchers										
Promote giving equal weight to action-oriented, inquiry research in promotion and tenure decisions in institutions of higher education										
Encourage institutions of higher education to actively support health education faculty involvement in applied research at the community level										
Promote funders encouraging faculty to be involved at the community level										
Promote the acceptance of applied research in peer-reviewed journals										
Disseminate research information to practitioners										
Involve health educators in health status research connection between outcomes and indicators										
Increase communication between and among researchers (data collectors) and health educators										

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Advocacy</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Establish national organizations to provide training to prepare advocacy speaker teams										
Verify a united voice, common messages and advocacy for the lay person										
Include congressional districts as part of national organization membership, and email addresses										
Establish a health education political action committee										
Provide health education political action advocacy kits										
Establish health education public relations services (regular press releases, information on/about health education for the nation)										
Develop a system for evaluating and recognizing friends of health education in state, national elected offices and sharing this information across health education national organizations										
Develop a marketing campaign to improve health education perception and need at the local and national level										
Define for the consumer the appropriate expectation for health education										
Market understanding within the profession: who and what we are, services we provide, and outcome of services										
Seek representation among and for diverse groups in communities										
Provide opportunities within the elected leadership and on professional committees for new professionals and students										
Increase involvement in political process/ enhance political action for health education										
Develop multi-organization strategy plan to include building alliances with other peripherally related professions										
Increase power, leverage, and money access to media (e.g., own cable station), board membership on multinational corporations										

Priorities for 21st Century

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Advocacy</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Take steps to establish partnerships with other professions engaged in research and teaching within universities, business, organizations, health care, schools										
Place more emphasis on primary prevention, early intervention										
Have health educators included in recommendations for policy/legislative development as well as in developing and reviewing relevant policies/legislation										
Include health education in appropriate legislation										
Establish legislative links for health education as a profession										
Connect profession with power brokers, create teams (for education, advocacy) of health educators with legislatures, community leaders—meeting, conferences										
Develop policy leadership										
Encourage health educators to work toward elected and appointed policy making positions (e.g., community action, multinational boards, school boards, education and health care reform, other professional organizations, state boards)										
Seek inclusion of the health education profession in legislative language										
Seek legislative mandates for comprehensive school health education										
Publicize the profession as a consumer advocate										
Address health education categorical funding (locally and nationally)										
Seek continued involvement by health educators in the creation of Healthy People and other documents										
Initiate state plans for health education with state departments of health and education										

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Promoting the Profession</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Coalesce health education groups and associations										
Break down the "camps" (MS, MPH, DrPH, PhD), increasing permeability										
Establish a common code of ethics										
Improve and strengthen credentialing beyond current entry-level credentialing and provide specialization										
Strengthen the CNHEO through improved communication between Coalition delegates and association members. Work toward united commitment (time, money, staff, resources)										
Clarify and distinguish Health Education vis-à-vis health promotion and other related professions. Identify positive and appropriate interface.										
Enhance the knowledge and meaning of health education professionals (generic, role delineation, program framework, commonality across sites)										
Promote credentialing of professionals (licensure, certification)										
Arrange for third party payment for health education										
Require credentialing nationally to practice										
Develop a unified professional association with staff and advocacy										
Recognize health education as an academic discipline										
Establish national job clearing-house										
Ensure the identification of health education in the manpower job classification										
Designate health education as a profession within the Bureau of Health Professions (definition of legitimate providers of health services)										

Priorities for 21st Century

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Promoting the Profession</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Provide a description of the body of knowledge of health education										
Educate employers about the profession of health education										
Establish an understanding of marketing within the profession: promote who and what we are, the services we provide, and the outcomes of these services										
Use a focused message for public relations, marketing about field and profession										
Establish criteria of health education impact for products, social policies (used in marketing, decision making)										
Enhance the profession, its accomplishments, its benefit, and the value of prevention over the cost of health care										
Connect with consumers and the media (e.g., <i>Consumer Reports</i> , <i>Rodale Press</i> , <i>Reader's Digest</i> , TV magazines, Consumer Research in the Public Interest, Food & Drug Administration, publishing boards)										
Educate media and corporations about profession (for recognition, used in decision making)										
Provide pre-service and in-service training to other health professionals regarding health education										
Develop a cadre of health educators to consult with media										
Establish health education consults with the media										
Increase health educators' access to media (own cable channel, national radio show in many languages and appropriate for many cultures)										
Establish recognition by key publics of trained health education spokespersons										
Identify well-known public spokespersons who speak out and support health education (national-macro, local-micro)										
Establish partnership with key leaders and power brokers at key sites (government, universities, business)										
Increase dissemination of information from organizations to users (Centers for Disease Control and Prevention, National Cancer Institute, National Heart Lung and Blood Institute)										

<i>Promoting the Profession</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Describe the current state of the profession										
Become listed in health manpower directory of health professions										
Become included in surveys regarding professions										
Encourage state, local employers to hire health educators for health ed. jobs (e.g., Certified Health Education Specialist in job descriptions)										
Initiate legislation and funding that require credentialed health educators to fill health education positions										
Encourage other professionals to look to health education for consultation, training & professional preparation on health education practice										
Health educators receive reimbursement for services										
Create role of health education in managed care (ombudsman)										
Organize coalitions in community to shape managed care										
Establish a national/state health education day/week/year										
Build coalitions and partnerships, networking-interpersonal relations										
Health education connects at current worksites (partnerships, relationships with other departments where other health educators work)										
Include international development teams for health education (Centers for Disease Control & Prevention, World Health Organization, WHO, World Bank, AAUW, PSR, NCJW)										
Establish linkages with other allied health programs										
Become a partner with other health care providers to make an impact on insurance providers regarding prevention										
Establish a connection within businesses, integration with Occupational Health and Safety										
Employee Assistance Programs, employee health promotion										
Promote the link between worksite programs (WELCOA, insurance benefits, Washington Business Group on Health, Schools of Business and Economics)										

Appendix D

<i>Promoting the Profession</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Work with unions & labor force in general so that reasons for and benefits of health education services are understood (create demand on behalf of the constituency)										
Seek partnerships with beneficiaries of health education service										
Establish a consumer focus: health education booth in malls-advice, health education messages on computer shopping networks										
Provide health education consultation for museums, theme parks, interactive displays										
Promote health educators being employed by recreation and vacation places										
Establish health education partnerships with gerontology										
Think like a competitor										

Priorities for 21st Century

I. Actions Needed within the Profession (actions are not prioritized)

<i>Dynamic/Contemporary Practice</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Use contemporary technology and methodology										
Establish technology clearing house										
Disseminate practice strategies within, between and among professional associations, practitioners										
Encourage health education organizations to utilize emerging technology										
Establish a resource clearing house										

I. Actions Needed External to the Profession (actions are not prioritized)

<i>Dynamic/Contemporary Practice</i>	ACHA	AAHE	ASHA PH&HP	APHA- SHES	APHA- PPHE	ASTDH	SOPHE PER	SSDH	ESG	NCHEC
Develop and/or adapt technology to disseminate health information, health discovery										
Establish a nonprofit foundation for health education technology and marketing										
Link consultants to companies developing products										
Link services and programs to health education classes										
Foster community vision that health promotion is their concern/issue										
Encourage participation of health educators in community-wide health promotion education planning, implementation and evaluation										
Recruit health educators for community health promotion/education projects/initiatives										
Recruit minorities/diverse students into profession										
Establish Employees-Employee Assistance Programs and worksite health promotion										