

# Index

## A

ACHA-National College Health Assessment (ACHA-NCHA), 329

Achievable (reachable) outcome objectives, 126–127

Action (or behavioral) objectives, 124

Action plans: comparing Gantt chart to, 162; description of, 154–155; documenting activities needed to execute strategies, 156–157

Adaptation-fidelity balance, 137–139

Administrative (or process) objectives, 123–124

Adult learning styles, communication and, 115

Advisory boards: definition of, 22; health promotion role of, 22–23

Advocacy: American Hospital Association's patient, 357; communication related to, 187–192, 195–197; description of, 182; engaging participants for change and, 295–302; examples of successful health policy, 185–187; forming alliances and partnerships for, 192–194; key terms related to, 188; legalities of, 190–191; methods used for, 194–199; as professional responsibility, 184–185; technology role in, 199–200. *See also* Change

Advocacy agenda: creating a

program, 183–184; description of, 182–183

Advocacy organizations, 189

Advocates: health promotion, 23; patient, 343

African Americans: educational attainment, 32; people below poverty level (2006), 31. *See also* Minority groups

Allensworth, D. D., 3, 29, 313, 393

Alley, K. B., 181

Alumni and donor relationships, 250

American Academy of Family Practice, 350

American Cancer Society, 395

American College Health Association (ACHA), 329–330

American Diabetes Association, 350

American Hospital Association (AHA), 356–357

American Medical Association (AMA), 48

American Public Health Association (APHA), 195, 199

Americans with Disability Act (ADA), 31

Ammary-Risch, N. J., 203

Anderson Cancer Center, 344, 346–347, 355

Annual giving, 250

Anonymity issue, 287

Applicant screening grid, 169

Appropriations, 188, 190

Area Health Education Centers (AHECs), 405–406

Asian Americans: educational

attainment, 32; people below poverty level (2006), 31. *See also* Minority groups

Assessment: capacity, 95–96; family needs, 145; PRECEDE-PROCEED model on, 72–74. *See also* Needs assessment

ASSIST (American Stop Smoking Intervention Study for Cancer Prevention), 193–194

Association for Community Health Improvement, 404–405

Attitude construct, 61–62

Audience segmentation, 214

Auld, M. E., 3

Authorizations, 187–188

## B

Balance sheet, 172

Behavioral (or action) objectives, 124

Behavior/behavioral factors: construct of, 61–62; objectives for changed, 124; race/ethnic differences in health and, 37; social cognitive theory on, 65. *See also* Health behaviors; Risk behaviors

Believe in All Your Possibilities program, 226–227

Bill (P.L. 101–535), 186, 187

Blacks: educational attainment, 32; people below poverty level (2006), 31. *See also* Minority groups

Blogs, 196–197

Blood-borne exposure, 359

- Blue Cross and Blue Shield Association, 386
- Board members' fundraising responsibilities, 252–254
- Bontempi, J.M.B., 153
- Brown, K. M., 203
- Budgets: basics of, 173; challenges related to, 175–176; four primary expense categories of, 173–174; issues related to developing, 171–172; monitoring the, 174–175; program evaluation costs and, 284–285; resources available for, 173; school, 239–240. *See also* Program funding
- Butterfoss, F. D., 393
- C**
- California Occupational Safety and Health Administration, 376
- Campaigns: 5 Million Lives Campaign, 354–355; fundraising, 250; mass media, 215; 100,000 Lives Campaign, 354; VERB media, 216
- Canadian Centre for Health Promotion, 10, 11
- Canadian Health Workplace Council, 378–379
- Cancer Patient Education Network (CPEN), 343, 350
- Capacity assessment, 95–96
- Career opportunities: community health promotion program, 414–417; corporate health promotion center director job description, 388–389; credentializing health educators, 303–306; health care organization opportunities for, 344–345, 361–363; related to wellness, 361, 385, 386, 387; school health promotion opportunities for, 334–335; workplace health promotion, 385–389. *See also* Health care professionals; Workforce
- Carryover (or roll-forward), 175
- CAS Professional Standards for Higher Education, 329
- Cash flow statement, 172
- CDC evaluation framework, 267–268
- Center for the Advancement of Collaborative Strategies in Health, 353–354
- Centers for Disease Control and Prevention (CDC): community preventive services task force by, 375–376; CPHP (Centers for Public Health Preparedness) of the, 408–409; evaluation framework approach by, 267–268; evidence-based intervention sources from, 133; health message materials available through, 222; Healthier Worksite Initiative (HWI) by, 374; on indicators of youth well-being/predictor of adult health outcomes, 315; Meals on Wheels partnership with, 297; program funding available from, 235; Project REACH of, 39, 44; school health guidelines of, 96; School Health Index conducted by, 95–96, 326; on school health promotion collaboration, 319; SHPPS conducted by, 325–326; six risk behaviors identified by, 314; on top ten public health advances, 185, 394–395; VERB media campaign run by, 216; YRBS conducted by, 324–325
- Centers for Public Health Preparedness (CPHP), 408–409
- Certified health education specialist (CHES), 303–306
- Certified in public health (CPH), 305
- Champions: within funder organization, 248–249; health care organization health promotion, 360; health promotion advocacy by, 23
- CHAMPUS, 238
- Change: catalyzing and mastering, 292–295; engaging participants and building support for, 295–302; resistance to, 294. *See also* Advocacy; Health problems; Health promotion programs
- Change theory, 58
- Characteristics of effective health education curriculum, 326–327
- Chen, H.-S., 121
- Chen, W. W., 121
- Chicago Neighborhood Housing Services, 296–297
- Children's Safety Network (CSN), 409–410
- Circular evaluation model, 280–281
- Client fees, 236
- Coalitions: change engagement of, 297–299; description of, 297; guidelines for successful, 298–299. *See also* Partnerships
- Cole, S. L., 291
- Collaborative and cooperative agreements, 236–237
- College students. *See* Universities
- Commercial marketing, 78–80
- Commitment to quality performance, improvement, and continual evaluation, 351
- Committee on Quality of Health Care in America, 352
- Communication channels, 214–216
- Communication plans: step 1: understand the problem, 212–213; step 2: define objectives, 213; step 3: learn about intended audiences, 214; step 4: select communication channels/activities, 214–216; step 5: develop partnerships, 217; step 6: conduct market research, 217; step 7: implement, 217–218; step 8: review tasks and timeline, 218; step 9: evaluate the plan, 218, 219–220
- Communication theory, 67–68. *See also* Health communication
- Communities: community mobilization focus on, 70–71; crisis putting program on hold, 166–167; definition of, 20; engaging in addressing health issues, 39, 44; health promotion programs in, 20–21; school health promotion and role of, 318, 321. *See also* Online communities
- Community communication channels, 215
- Community empowerment, 301–302
- Community health organizations:

- career opportunities in, 414–417; challenges of, 410–414; local health department services, 240, 397–401; posting health promotion jobs, 416; services of, 401–403; types of, 396
- Community health promotion programs: barriers to, 414; career opportunities in, 414–417; challenges of, 410–414; community health organization services, 401–403; description of, 394; factors contributing to success of, 413–414; history and example of local, 394–396, 399; local health department services, 240, 397–401; resources and tools for, 404–410
- Community mobilization, 70–71
- Community organizing, 301–302
- Community outreach, 346
- Community preventive services task force, 375–376
- Community readiness model, 77, 78, 83
- Community Tool Box (CTB), 405
- Comprehensive work site health program: developing, 379–382; implementing and evaluating, 385
- Concept development, 222–224
- Concepts: constructs developed from, 58–59; description of, 58; diffusion of innovations model, 69; health message, 222–224; key for health promotion programs, 83
- Confidentiality: privacy of patient health information, 358–359; program evaluation issue of, 287
- Consensus building, 114, 293
- Constructs: definition of, 59; social cognitive theory, 65–66; theory of planned behavior and reasoned action, 61–62
- Consumer groups, 362
- Content validity, 103
- Continuous program improvement, 285–286
- Coordinated school health programs, 317–319, 324
- Core competencies of health promotion, 17–18
- Core funding, 237
- Core values of health promotion, 17
- Corporate health promotion center director, 388–389
- Cost sharing, 236
- Council for the Advancement of Standards in Higher Education, 329
- Council on Education for Public Health (CEPH), 305
- Council on Foundations, 285
- Counseling services, 318, 321
- Cover page (evaluation report), 276
- Credentializing health educators, 303–306
- Cross-cultural staff training: health disparities relationship to, 45; improving, 45–47
- Crossing the Quality Chasm*: report (IOM), 352–353
- Crosson, K., 341
- Cues to action, 61
- Cultural competence: definition of, 45–46; training to improve, 45–47
- Cultural differences: evidence-based interventions and, 136; health disparities related to, 45–47
- Cultural relevance issue, 266
- Cultural sensitivity, 46
- Culture: definition of, 45; understanding differences related to, 45–47, 136
- D**
- Dake, J. A., 91
- Dale-Chall formula, 103
- Data: online sources of health/health promotion, 330, 331–332; qualitative, 97, 275–276; quantitative, 97, 275–276
- Data analysis: comparisons to state and federal data, 110; comparisons to subgroups, 110; needs assessment, 108–114; program evaluation, 274
- Data collection: needs assessment, 96–97; program evaluation, 274; publicly available health data sources for, 108–109
- Delphi technique, 101
- Development staff (or officers): description of, 249; fundraising responsibilities by, 249–252, 253
- DHHS. *See* U.S. Department of Health and Human Services (DHHS)
- Diabetes: health education plain language strategy for, 211; race/ethnicity health disparities related to, 36
- Diffusion of innovations model, 68–69
- Direct lobbying, 191
- Dissemination: expenses related to, 174; needs assessment, 114–115; online resources for, 280; program evaluation, 274, 276–280
- Doctors Back to School program (AMA), 48
- Donor and alumni relationships, 250
- E**
- EAPs (employee assistance programs), 377, 379
- Ecological health perspective: catalyzing change through understanding of, 292–293; description of, 5; levels of influence, 6; PRECEDE-PROCEED model assessment of, 73–74
- Educational level: health disparities and, 31; improving graduation rates among minority groups, 50. *See also* Health education
- Electioneering, 190
- Electronic surveys, 102
- Employee assistance programs (EAPs), 377, 379
- Employee Health Services Handbook*, 377
- Environmental factors: health disparities addressed through, 37, 49–50; race/ethnic differences in health and, 37; social cognitive theory on, 65
- Environmental health: definition of, 95; indicators of, 94
- EPA (Environmental Protection Agency), 407–408
- EPHS (ten essential public health services), 400–401, 417

- Epidemiology, 73
- Equity. *See* Health equity
- Ethical program evaluation, 286–287
- Ethnicity. *See* Race/ethnicity differences
- Evaluation: communication plan, 218, 219–220; PRECEDE-PROCEED model on, 74–75; program staff, 169–171. *See also* Program evaluation
- Evaluation design: CDC evaluation framework, 267–268; description of, 271–272; options and types of, 272–274; PRECEDE-PROCEED model, 281–283; RHRD example of, 279
- Evaluation feedback loop, 280–281
- Evaluation highlights: description of, 277; RHRD program example of, 278–279
- Evaluators: finding and selecting, 283; internal versus external, 283–284
- Evidence-based interventions: balancing fidelity and adaptation, 137–139; core component for substance abuse prevention, 138–139; description of, 132–133; identifying appropriate, 133, 136–137; incorporated into patient-focused health promotion, 349–350; Web site pages on, 134–135
- Executive summary: evaluation report, 276–277; grant proposal, 243–244; needs assessment, 114
- Experiment design, 272, 273
- F**
- Face validity, 103
- Facebook, 300
- Fagen, M. C., 153
- Families: needs assessment of individual, 145; school health promotion and role of, 318, 321
- Family feedback loop, 145
- Family-centered health promotion programs: description of, 348–349; four core concepts of, 349; resources for, 352–357. *See also* Patient-focused health promotion programs
- Federal Register*, 241
- Fees for services, 236
- Fertman, C. I., 3, 233
- Fidelity-adaptation balance, 137–139
- The Fifth Discipline* (Senge), 294
- Fiscal management: budget development and, 173–175; challenges related to, 175–176; issues related to, 171–172. *See also* Program funding
- Fiscal year, 176
- 5 Million Lives Campaign, 354–355
- 501(c)(3) organizations, 190, 191, 396
- Flesch-Kincaid formula, 103
- Focus groups, 100–101
- Formative consumer research, 214
- Formative evaluation: description of, 262; PRECEDE-PROCEED model use of, 265
- Foundation funding, 236
- “Four W’s” rule, 125–126
- Fourney, A., 259
- Funders: grant proposal focus on meeting needs of, 246–247; maintaining relationships with, 247–249
- Fundraising: benefits of, 250–251; board member responsibilities for, 252–254; development staff strategies for, 249–252; as funding source, 237
- G**
- Galer-Unti, R. A., 181
- Galway Consensus Conference Statement, 16–18
- Gantt chart: comparing action plan to, 162; description of, 161–162, 164; educational activities on abbreviated, 163*fig*
- Garcia, C., 341
- Gay-Straight Alliance Network, 298–299
- Gender differences: evaluation design on participant, 272; health disparities and, 30
- Geographic location factor, 33–34
- GIS (geographic information system), 111
- GLBT (gay, lesbian, bisexual, and transgender), 34
- Goals: health program policy, 142–143; program, 123. *See also* Objectives
- Grant proposals: identifying funding sources and opportunities for, 241–242; meeting funder’s needs focus of, 246–247; overview of contents, 244–245; overview of issues related to, 240–241; technological process of writing, 245–246; writing process for, 242–245
- Grants: definition of, 235–236; writing proposals for, 240–247
- Grassroots lobbying, 191
- Grim, M., 57
- Grizzell, J., 313
- Gross, T., 57
- Group communication channels, 215
- Guide to Community Prevention Services, 133
- Guide to Developing a Workplace Injury and Illness Prevention Program with Checklists for Self-Inspection* (State of California), 376
- H**
- Hard funding, 237
- Hatcher, M. T., 393
- Health: characteristics of, 4–5; dimensions of, 93–95; ecological perspective of, 5–6; mental, 93–95; online sources of data on, 330, 331–332; *Ottawa Charter for Health Promotion* (1986) definition of, 4; physical, 93–94; rationale for promoting in schools and universities, 314–315; spiritual, 94–95; WHO’s definition of, 4. *See also* Health status
- Health behaviors: interpersonal level foundational theories on, 64–67; intrapersonal level foundational theories on, 60–64; population level foundational theories on, 67–71; supporting and improving, 49. *See also* Behavior/behavioral factors; Risk behaviors
- Health belief model, 60–61
- Health care: addressing access to, 48; disparities in, 8, 30–50
- Health care organizations: career opportunities in,

- 344–345, 361–363; challenges for programs in, 357–361; characteristics of effective programs in, 345–352; evolving role of programs in, 342–345; health promotion programs offered by, 19–20; local health departments, 240, 394–395, 397–401; resources for programs in, 352–357; services provided by, 342; types of community, 396. *See also* Organizations
- Health care professionals:**  
blood-borne exposure of, 359; credentializing health educators, 303–306; health care organization opportunities for, 344–345, 361–363; school health promotion opportunities for, 334–335. *See also* Career opportunities; Staff
- Health communication:**  
adult learning styles and, 115; advocacy, 187–192, 195–197; attributes of effective, 205, 206; Believe in All Your Possibilities approach to, 226–227; concepts, messages, and materials for, 68, 218, 221–227; definition of, 204–205; developing communication plan, 212–218; diffusion of innovations model on intervention, 68–69; health literacy promoted by plain language, 207, 210–212; in health promotion programs, 205–212; message development and pretesting, 217, 218–227; school health promotion jargon for, 333; technology improving, 199–200. *See also* Communication theory
- Health disparities:** health promotion program role in improving, 8; specific population groups and, 30–37; strategies to eliminate among minorities, 38–50
- Health education:** career opportunities in, 363; characteristics of effective curriculum of, 326–327; coordinated school health programs for, 317, 320; description of, 303; health promotion role of, 15–18; PRECEDE-PROCEED model assessment of, 73–74. *See also* Educational level; Health promotion
- Health Education Curriculum Analysis Tool (HECAT),** 328
- Health equity:** health promotion of, 10, 17; Healthy People initiative goal of, 13–14; strategies to improve, 38–50
- Health insurance:** career opportunities in, 363; differing benefits packages through, 238–239; employers being priced out of, 383; health promotion programs reimbursement by, 237–238, 239; minority group gap in, 382
- Health Insurance Portability and Accountability Act (HIPAA),** 358–359
- Health literacy:** description of, 205–207; factors contributing to, 207; NALS on U.S. population with, 208–209; plain language strategies to increase, 207, 210–212; populations most likely to have, 208
- Health messages:** concepts of, 222–224; conducting market research to refine, 217; developing and pretesting, 218, 221–227; tailoring, 68
- Health needs assessment:** conducting a, 97–98; promoting, 98–99
- Health problems:** communication plan understanding of, 212–213; diabetes, 36, 211; HIV/AIDS health disparities, 37; infectious diseases, 8–9; preventing, 7, 49, 128–129, 375–376. *See also* Change; Interventions
- Health promotion:** community, 394–417; core competencies of, 17–18; definition of, 15–16, 303; historical context for, 8–10; Lalonde report (1974) on, 8, 9, 12–13; online sources of data on, 330, 331–332; rationale for schools and universities, 314–315; social marketing of, 77–80; strategies and interactions of, 10, 12; in universities and K-12 schools, 18–19, 316–336. *See also* Health education
- Health promotion program decisions:** developing policies and procedures, 139–145; using evidence-based interventions, 132–139; goals and objectives, 123–127; on interventions, 127–131; mission statement, 122–123; selecting materials, 131–132; transitioning to implementation, 146–147
- Health promotion programs:**  
building consensus for shaping, 293; communication plan developed for, 212–218; community, 394–417; components of, 16; comprehensive work site, 379–382, 385; creating an advocacy agenda for, 182–184; creating and supporting, 122–148; designed to eliminate health disparities among minorities, 38–50; functions of, 4; interventions implemented by, 6–7; models and key concepts for developing, 83; patient-focused, 342–364; planning models for developing, 71–84; policies and policies for, 139–145; preventing root causes focus of, 7–8; priority populations of, 7, 21; program participants, 91–116; 238–240; return on investment in, 19, 372, 384; settings of, 18–21, 238–240; sustainability of, 147, 306–308; workplace, 370–389. *See also* Change; Implementation; Stakeholders; Theories
- Health promotion for school staff,** 318, 321
- Health protection:** components of, 377; history of, 371; trends in, 372
- Health Resource and Education Trust,** 405
- Health Resources and Services Administration (HRSA),** 45, 406
- Health services:** community health organizations, 401–403; disparities in access to, 8, 30–50;

- Health services (*continued*)  
 EPHS (ten essential public health services), 400–401, 417; fees for, 236; health care organization provided, 342; local department, 397–401; promoting health of community senior citizens, 402–403; school setting, 318, 320, 323–324; United Way of the Capital Region, 410, 411. *See also* Public health
- Health status: behavior and changes in, 15; indicators of, 10; Lalonde report on, 8, 9, 12–13; understanding how to change, 293; youth indicators for predictors of adult, 315. *See also* Health
- Health-promoting universities, 319, 322
- Healthier Worksite Initiative (HWI), 374
- Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*: Lalonde report foundation of, 8, 9, 12–13; updated versions of, 13
- Healthy People 2010*: effective healthy communication described in, 205, 206; on racial/ethnic health disparities, 35–37
- Healthy People 2020: action model to achieve goals of, 14–15; advocacy goal of, 185; health disparities goals of, 51; prevention objectives of, 379
- Healthy school environment, 318, 321
- HECAT (Health Education Curriculum Analysis Tool), 328
- Hispanic (or Latino) population: educational attainment of, 32; percentage below poverty level (2006), 31. *See also* Minority groups
- HIV/AIDS health disparities, 37
- Hook (letter writing), 195
- Housing options, 49
- Hurricane Katrina, 401
- I**
- Immunizations, 37
- Impact evaluation: description of, 263–264; PRECEDE-PROCEED model, 74–75
- Implementation: budgeting and fiscal management of, 171–176; challenges of, 164–167; communication plan, 217–218; Gantt chart to guide, 161–164; health program policy, 143–144; using health theories and planning models for, 80–84; logic model for, 155–161; moving from planning to action planning, 154–155; planning for challenges of, 164–167; program evaluation, 263–287; transitioning to program, 146–147. *See also* Health promotion programs; Staff
- In-kind contributions, 236
- Income differences, 31
- Income statement, 172
- Indicated preventive interventions, 129
- Indicated preventive strategies, 130
- Individual factors: race/ethnic differences in health and, 37; social cognitive theory, 65
- Individual-level certification and licensure, 303, 304
- Infant mortality, 37
- Infectious diseases, 8–9
- Infrastructure funding, 237
- Innovation in Prevention Award, 373
- Institute for Family-Centered Care, 357
- Institute for Healthcare Improvement (IHI), 354–355
- Institute of Medicine (IOM): on credentialized public workforce, 303; *Crossing the Quality Chasm*: report by, 352–353; efforts to improve quality of care by, 352–353; on lesbian health disparities, 34; obesity evaluation framework of, 268–271; preventive interventions identified by, 128–129; on recruiting minorities to medical schools, 48; *To Err Is Human*: report by, 353; *Who Will Keep the Public Healthy? Educating Public Health Professionals in the 21st Century* by, 408; *Who Will Keep the Public Healthy?* report by, 185
- Institutional review board (IRB), 286
- Institutionalized racism, 37, 38
- Insurance. *See* Health insurance
- Integrated (or mixed) evaluation methods, 266
- Intended audience, 216
- Intention construct, 61–62
- Interactive media, 215–216
- Interdisciplinary, collaborative approach, 350–351
- Interest groups, 362
- Internal Revenue Code (IRS), 396
- Internalized racism, 38
- International Conference of Health Promotion (1986), 4
- Interpersonal communication channels, 214–215
- Interpersonal level: foundational theories of, 64–67, 81; health promotion at the, 5, 6
- Interventions: deciding on program, 127–131; evaluation of RHRD program, 278–279; evidence-based, 132–139; MATCH model on, 71, 75, 76, 83; PRECEDE-PROCEED model on, 71, 72–75, 83, 262, 281–283; preventive, 128–130; using theory to plan multilevel, 82; treatment, 130–131. *See also* Health problems
- Interventions mapping: health promotion programs use of, 75–77; key concepts for, 83
- Interviews: focus groups, 100–101; key informant, 99–100; of staff applicants, 169, 170
- Intrapersonal level: foundational theories of, 60–64, 80; health promotion at the, 5, 6
- J**
- Jack, L., Jr., 57
- Jakarta Declaration on Leading Health Promotion into the 21st Century* (1997), 9–10
- Joint Commission, 349–350
- Jones, C. P., 29
- K**
- K-12 schools. *See* Schools (K-12)
- Kaiser Permanente, 343, 386
- Key informants: description of, 23;



- needs assessment interviews  
with, 99–100
- Koop, C. E., 193–194
- L**
- Lalonde report (1974), 8, 9, 12–13
- Laws/legal issues: appropriations,  
188, 190; authorizations,  
187–188; health advocacy,  
190–191. *See also* Legislation
- Leadership: catalyzing and  
mastering change, 292–295;  
engaging participants and  
building support, 295–302;  
enhancing program impact  
and sustainability, 306–308;  
ensuring competence through  
credentialing, 303–306
- Leading by Example: Leading  
Practices for Employee Health  
Management*, 373
- Learning disciplines, 294
- Legislation: Americans with  
Disability Act (ADA), 31; HIPAA  
(Health Insurance Portability  
and Accountability Act), 358–  
359; Nutrition Labeling and  
Education Act (1990), 186, 187–  
188. *See also* Laws/legal issues
- Legislators: advocacy lobbying,  
190–191; advocacy meetings  
with, 197–198
- Letter to the editor, 194–195
- Library of Congress, 187
- Life expectancy, 394
- Lightner, C., 185
- Lincoln Industries Wellness  
program, 372–373
- Linear evaluation model, 280
- LinkedIn, 300
- Linnan, L., 369
- Lobbying, 190–191
- Local health departments: brief  
history of, 394–395; health  
promotion funding for, 240;  
health promotion programs in  
small, 399; organizational chart  
of, 399; services of, 397–401
- Logic models: description of, 155–  
157, 160; on outcomes, 160–  
161; for preventing initiative of  
tobacco use by young people,  
159; on program inputs and  
activities, 160; schematic, 158
- Lynch, S., 57
- M**
- McLin, C., 57
- Mail surveys, 102
- Major gifts, 250
- Making Your Workplace Drug Free: A  
Kit for Employers*, 376–377
- Mamary, E., 259
- Managed care organizations, 363
- March of Dimes, 186, 395
- Market research, 217
- Mas, F. S., 29
- Mass fundraising, 251
- Mass media campaigns, 215
- Master certified health education  
specialist (MCHES), 305
- Mastering change, 292–295
- MATCH model: description of,  
71, 76; key concepts of, 83;  
multilevel approach to, 75
- Matching funds, 236
- Maternal and Child Health  
Bureau (HRSA), 409
- MCH (state maternal and child  
health) programs, 409
- M.D. Anderson Cancer Center,  
344, 346–347, 355
- Meals on Wheels, 297
- Measurable outcomes, 126
- Media: advocacy and relationship  
with, 198–199; interactive,  
215–216; mass media  
campaigns, 215; PSAs (Public  
service announcements) made  
through the, 196; selecting  
communication activities and,  
214–216
- Medicaid, 238
- MediCal, 238
- Medical care factors, 37
- Medical career education  
programs, 363
- Medical technology careers, 362
- Medicare, 238
- Mental health: definition of, 93,  
95; indicators of, 94
- Mental illness, 93
- Mental models, 295
- Messages. *See* Health messages
- MIA (medically indigent adult)  
programs, 238
- Mickalide, A. D., 233
- Minority groups: health disparities  
among, 30–37; improving  
graduation rates among, 50; lack  
of insurance coverage and benefits  
of, 382; program strategies to  
eliminate health disparities  
among, 38–50. *See also* Population  
groups; *specific group*
- Mission statement, 122–123
- Mixed (or integrated) evaluation  
methods, 266
- MkNelly, B., 259
- Monitoring budget, 174–175
- Mothers Against Drunk Driving  
(MADD), 185–186
- Multilevel interventions: MATCH  
model approach to, 71, 75, 76,  
83; using theory to plan, 82
- N**
- National Adult Literacy Survey  
(NALS), 208–209
- National Assessment of Adult  
Literacy (NAAL), 209
- National Association of County  
and City Health Officials  
(NACCHO), 397, 404
- National Association for the  
Study and Prevention of  
Tuberculosis, 395
- National Board of Public Health  
Examiners (NBPHE), 305
- National Breast Cancer Coalition,  
343
- National Cancer Institute (NCI),  
193, 343–344
- National Cancer Institute's  
Research-Tested Intervention  
Programs, 274
- National Commission for Health  
Education Credentialing, Inc.  
(NCHEC), 303, 305
- National Foundation for Infantile  
Paralysis, 186
- National Health Education  
Standards, 327–328
- National Institute of Diabetes and  
Digestive and Kidney Diseases,  
243, 245

- National Institute for Occupational Safety and Health (NIOSH), 372, 377–378
- National Institutes of Health: grant proposals made to, 241, 243, 245; program funding available from, 235; PubMed database created by, 133
- National Library of Medicine, 133
- National Patient Safety Foundation (NPSF), 356
- National Public Health Performance Standards Program (NPHSP), 406–407
- National Registry of Evidence-Based Programs and Practices (NREPP), 133, 134, 274
- National Science Foundation, 241
- National Worksite Health Promotion Survey, 380
- Navy and Marine Corps Public Health Center (NMCPHC), 355
- Needs assessment: conducting a health, 97–98; defining, 92–97; factors in decisions on actions after, 113; family, 145; primary data methods and tools for, 99–106; promoting, 98–99; reporting and sharing findings of, 108–115; secondary data methods and tools for, 106–108. *See also* Assessment
- New Deal, 8
- New York City Health Department smoke-free policy, 139, 140
- Newspaper editorials, 194–195
- Nonprofit sector funding, 235
- Nutrition Labeling and Education Act (1990), 186, 187–188
- Nutrition services in schools, 318, 320, 323–324
- O**
- Obesity evaluation framework (IOM), 268–271
- Objectives: action (or behavioral), 124; defining communication, 213; outcome, 124; process (or administrative), 123–124; program, 123, 124–127; SMART, 125. *See also* Goals
- Observable outcomes, 126
- Occupational Safety and Health Administration, 19
- Office of Minority Health, 35, 39
- Office of Rural Health Policy (ORHP), 34, 406
- 100,000 Lives Campaign, 354
- O’Neill, T., 186
- Online communities: advocacy through, 199; change engagement by, 300–301; health communication through, 215. *See also* Communities
- Online health/health promotion data, 330, 331–332
- Op-ed articles, 194–195
- Operating funding, 237
- Ordinances (municipal), 187
- Organizations: 501(c)(3), 190, 191, 396; managed care, 363; resistance to change by, 294; SHDs (state health departments), 193. *See also* Health care organizations; Schools (K-12)
- Ottawa Charter for Health Promotion* (1986), 4, 9
- Outcome evaluation: description of, 264–265; PRECEDE-PROCEED model, 75
- Outcome objectives: achievable (reachable), 126–127; description of, 124; measurable (or observable), 126
- Outcomes: logic models on, 160–161; objectives, 124, 126–127; PRECEDE-PROCEED approach to evaluating, 75
- Outreach program, 300
- P**
- Participants: change by engaging, 295–302; fees for services to, 236; privacy and confidentiality of, 287, 358–359
- Partnering with Patients and Families to Design a Patient and Family-Centered Health Care System: Recommendations and Promising Practices* (2008), 350
- Partnership for Clear Health Communication, 356
- Partnership for Prevention, 375, 379
- Partnerships: advocacy, 192–194; change engagement of, 296–297; communication plan, 217; critical change roles of, 294. *See also* Coalitions
- Patient advocates, 343
- Patient Safety Awareness Week (PSAW), 356
- Patient-focused health promotion programs: characteristics of effective, 345–351; evidence approach to practice of, 349–350; evolving health care organization, 342–345; four core concepts of, 349; interdisciplinary approach to, 350–351; principles of, 341; resources for, 352–357. *See also* Family-centered health promotion programs
- Patients: HIPPA privacy protections for, 358–359; improving quality of care for, 352–353; safety of, 356
- “A Patient’s Bill of Rights,” 357
- Patientsafety-L, 356
- Peabody, K. L., 369
- PEARL model, 113–114
- Perales, D., 259
- Perceived barriers, 61
- Perceived behavioral control, 61–62
- Perceived benefits, 61
- Perceived severity, 60
- Perceived susceptibility, 60
- Personal factors. *See* Individual factors
- Personal mastery, 294–295
- Personally mediated racism, 37, 38
- Personnel. *See* Staff
- Physical education, 317, 320
- Physical health: definition of, 93; indicators of, 94
- Plain language technique: diabetic education using, 211; example of need for, 207; example of text before and after using, 210; health literacy improved through, 210–212
- Planned gifts, 250
- Policies: description of, 141–142; developing effective program, 139; documentation of, 139–140;



- elements of effective, 142–144.  
*See also* Program procedures
  - Political power, 301
  - Population groups: aging of U.S. workforce, 380–381; evidence-based interventions across range of, 136; GLBT (gay, lesbian, bisexual, and transgender), 34; health disparities and specific, 30–37; local health department services by size of, 398; most likely to have health literacy, 208; percentage of U.S. employed, 370. *See also* Minority groups
  - Population level: foundational theories of, 67–71, 81; health promotion at the, 5, 6
  - Positive development strategies, 129
  - Poverty level, 31
  - Power analysis, 104
  - Pre-experimental design, 273, 274
  - PRECEDE-PROCEED model: formative evaluation as part of, 262; introduction to, 71; key concepts of, 83; phases of, 72–75; program evaluation using, 281–283
  - Press conferences, 196
  - Pretesting messages: benefits of, 225–226; description of, 221; example of, 226–227; process and steps for, 221–225
  - Prevention: community preventive services task force for, 375–376; improving access to, 49; interventions related to, 128–129; primary, secondary, and tertiary, 7
  - Price, J. H., 91
  - Primary data: definition of, 96; needs assessment, 96, 99–106
  - Primary prevention, 7
  - Priorities: establishing, 111–114; process for determining health, 112
  - Priority populations: definition of, 21; health promotion program focus on, 7
  - Privacy of patient health information, 358–359
  - Private sector funding, 235
  - Process evaluation: description of, 262–263; PRECEDE-PROCEED model for, 74
  - Process (or administrative) objectives, 123–124
  - Processes of change, 64
  - Professional association careers, 362–363
  - Professional preparation program accreditation, 303–305
  - Program evaluation: costs of, 284–285; data collection and analysis for, 274, 275–276; description of, 260–262; designs for, 271–274, 278; evaluation highlights, 277–279; frameworks used for, 267–271; implementing, 263–287; reporting, 274, 276–280; terminology related to, 265–266; types of, 262–265. *See also* Evaluation
  - Program funding: fundraising component of, 249–252; grant proposal for, 240–247; maintaining relationships with funders issue of, 247–249; program participants and setting factors of, 238–240; sources of, 234–238; working with board members on, 252–254. *See also* Budgets; Fiscal management
  - Program objectives: description of, 123; writing, 124–127
  - Program outreach, 300
  - Program participants, 238–240
  - Program procedures: description of, 144–145; suggestions for effective, 145. *See also* Policies
  - Program sustainability, 147, 306–308
  - Project REACH, 39, 44
  - Promoting Health/Preventing Disease: Objectives for the Nation* (1980), 12–13
  - Psychological power, 301
  - Psychological services in schools, 318, 321
  - Public funds, 235
  - Public health: CDC on top ten advances in, 185, 394–395; EPHS (ten essential public health services) of, 400–401, 417; successful health policy advocacy in, 185–187. *See also* Health services
  - Public Health Foundation (PHF), 407
  - Public Health Training Centers (PHTCs), 408
  - Public Law (P.L.) 101–535, 186, 187
  - Public policy, 292
  - Public sector funding, 234
  - Public service announcements (PSAs), 196
  - PubMed database, 133
  - Pulliam, R. M., 181
- ## Q
- Qualitative data: description of, 97; example of nutrition program evaluation, 275–276
  - Qualitative methods: cultural relevance impact on, 266; evaluation using, 265–266
  - Quality of care: IOM three-phase approach to, 352–353; patient-focused health promotion commitment to, 351–352
  - Quality of life: Canadian Centre for Health Promotion's, 10, 11; health promotion program for improving, 8
  - Quantitative data: description of, 97; example of nutrition program evaluation, 275–276
  - Quantitative methods: cultural relevance impact on, 266; evaluation using, 265
  - Quasi-experimental design, 273, 274
  - Questions: key informant interview, 100; program evaluation, 277. *See also* Survey questionnaires
- ## R
- Race/ethnicity differences: educational attainment by, 32; evidence-based interventions and, 136; health disparities related to, 34–35; people below poverty level by, 31; projected percentage growth in U.S. labor force by, 381; projected U.S. population (2010 and 2050) by, 36; strategies to eliminate health

- Race/ethnicity (*continued*)  
 disparities related to, 38–50;  
 understanding health context  
 of, 37–38
- Racism, 37–38
- RE-AIM evaluation framework,  
 268, 269
- REACH 2010 Charleston  
 and Georgetown Diabetes  
 Coalition, 44
- REACH communities, 39, 44
- Reachable outcome objectives,  
 126–127
- Reagan, R., 198
- Referrals: change through,  
 299–300; definition of, 300
- Reliability: evaluation, 266; test-  
 retest, 103
- Reports: needs assessment,  
 114–115; online resources  
 for posting, 280; program  
 evaluation, 274, 276–280
- Research-Tested Intervention  
 Programs (RTIPs), 133, 135
- Research-to-practice translation, 294
- Resistance to change, 294
- Return on investment, 19, 372, 384
- Revenue, 235
- Risk behaviors: CDC identification  
 of six, 314; relationship  
 between grades and, 315.  
*See also* Behavior/behavioral  
 factors; Health behaviors
- Robert Wood Johnson  
 Foundation, 284
- Roe, K. M., 153
- Roll-forward (or carryover), 175
- Roosevelt, R. D., 186
- Root causes: addressing health  
 disparities, 48–50; prevention  
 of, 7–8
- S**
- SAM (Suitability Assessment of  
 Materials), 132
- SAMHSA's Workplace Web site,  
 142
- Samples: sampling bias and,  
 105–106; selection of, 103–106
- School budget, 239–240
- School Health Index, 95–96, 326
- School Health Policies and  
 Programs Study (SHPPS),  
 325–326
- School Health Profiles survey, 325
- School-level health promotion:  
 challenges of, 330–334; current  
 status of, 18–19, 316–324;  
 evolving role of, 316; funding  
 of, 239–240; initiatives for,  
 322–324; rationale for, 314–  
 315; resources and tools for,  
 324–330; for staff, 318, 321
- Schools (K-12): creating culturally  
 inclusive, 145; creating healthy  
 environment of, 318, 321;  
 health needs assessment of,  
 95–96; health promotion career  
 opportunities at, 334–336; health  
 promotion in, 18–19, 316–334;  
 number of students in U.S.,  
 314; relationship between risk  
 behaviors and grades, 315. *See  
 also* Organizations; Universities
- Science Education Partnership  
 Award (SEPA), 48
- Secondary data: definition of, 97;  
 needs assessment, 106–109
- Secondary prevention, 7
- Selective preventive interventions,  
 129
- Selective preventive strategies,  
 129–130
- Self-efficacy: health belief model  
 on, 61; social cognitive theory  
 on, 66; transtheoretical model  
 on, 64
- Self-referral, 300
- Senge, P., 294
- Senior citizen health promotion  
 services, 402–403
- Services expenses, 174
- Settings (health promotion  
 program): different types of,  
 18–21; as funding factor, 238–240
- Sexual orientation, 34
- Shared vision, 295
- SHDs (state health departments),  
 193
- Sheu, J.-J., 121
- Sleet, D. A., 291
- SMART objectives, 125
- SMOG, 103
- Social capital: components of, 292;  
 definition of, 66
- Social cognitive theory, 64–66
- Social Foundations of Thought and  
 Action: A Social Cognitive Theory*  
 (Bandura), 64
- Social health: definition of, 95;  
 indicators of, 94
- Social marketing: differentiating  
 commercial and, 78–80;  
 health promotion, 77–80; key  
 concepts of, 83
- Social network and social support  
 theory, 66–67
- Social networking: advocacy  
 through online, 199; change  
 through outreach and, 299–  
 300; health benefits of, 66
- Social networking sites:  
 advocacy through, 199; health  
 communication through, 215
- social power, 301
- Social services in schools, 318, 321
- Social support: definition of, 66;  
 subtypes of, 67
- Societal factors: education levels,  
 31, 50; health disparities and,  
 37; poverty levels as, 31
- Special event fundraisers, 250–251
- Spiller, K. A., 233
- Spiritual health: definition of, 95;  
 indicators of, 94
- Staff: action plan and Gantt chart  
 and role of, 165–166; budget  
 expenses related to, 173–174;  
 community organizing by,  
 301–302; cross-cultural training  
 of, 45–47; ensuring competence  
 through credentialing, 303–306;  
 evidence-based interventions  
 and role of, 136–137; fundraising  
 by development, 249–252, 253;  
 health promotion for school,  
 318, 321; hiring considerations  
 for, 168–169; hiring interviews  
 of applicants, 169, 170;  
 implementation challenges  
 related to, 166, 167; program  
 referral by, 300; recruiting and  
 mentoring diverse, 47–48;  
 training, coaching, managing,  
 and evaluating, 169–171;  
 work-life balance and wellness

- promotion for, 345. *See also* Health care professionals; Implementation
- Stages of change, 63–64
- Stakeholders: action plan and Gantt chart and role of, 165–166; CDC evaluation framework engagement by, 267; change as requiring engagement by, 293–294; definition of, 21; health promotion policy support by, 141; health promotion program, 21–23. *See also* Health promotion programs
- Standards of Practice for Health Promotion in Higher Education, 329–330
- State and Territorial Injury Prevention Directors Association, 410
- Steel Valley Coalition Against Drunk Driving, 297–298
- Subjective norm construct, 61–62
- Suitability Assessment of Materials (SAM), 132
- Supply expenses, 174
- Survey questionnaires: National Worksite Health Promotion Survey, 380; needs assessment using, 101–103; School Health Profiles, 325; Youth Risk Behavior Survey (YRBS), 324–325. *See also* Questions
- Sustainability: enhancing program impact and, 306–308; health promotion program, 147
- Systems thinking, 295
- T**
- Talking points, 194
- Tappe, M. K., 313
- Task Force on Health Promotion in Higher Education, 330
- Tax issues: 501(c)(3) organizations, 190, 191, 396; legalities of health advocacy and, 190. *See also* U.S. Internal Revenue Code
- Team learning, 295
- Technology: advocacy and role of, 199–200; grant proposal submission and related, 245–246; social networking, 199
- Telephone surveys, 102
- Ten essential public health services (EPHS), 400–401, 417
- Tertiary prevention, 7
- Test-retest reliability, 103
- Theories: constructs of, 58–59; definition of, 58; focus and key concepts of health promotion, 80–84; health promotion program implementation using, 80–84; in health promotion programs, 58–60; interpersonal level foundational, 64–67; intrapersonal level foundational, 60–64; multilevel interventions applications of, 82; population level foundational, 67–71; summary of focus and concepts of foundational, 80–81. *See also* Health promotion programs
- Theory of planned behavior and reasoned action, 61–63
- Time-bound objectives, 127
- Timelines: communication plan, 218; grant proposal, 242; program evaluation, 285–286; time-bound objectives, 127
- To Err Is Human*: report (IOM), 352
- Tracking measures, 261
- TRAIN (Web-based learning resource), 407
- Training: expenses related to, 174; professional development, 170–171; program staff, 169–171
- Transportation-health disparities factor, 49
- Transtheoretical model, 63–64
- Treatment interventions, 130–131
- Treatment (or intervention) group, 272
- Triple Aim initiative, 354
- U**
- United States: aging of workforce in the, 380–381; NALS on health literacy rates in the, 208–209; number of students in the, 314; percentage of workforce population in the, 370; projected percentage growth in U.S. labor force by ethnic group in, 381; projected population (2010 and 2050) by race/ethnicity, 36; regional and national blueprint strategies to eliminate health disparities, 42–43
- United Way, 237, 410
- United Way of the Capital Region, 410, 411
- Universal Patient Compact, 356
- Universal preventive intervention, 128–129
- Universal preventive strategies, 129
- Universities: educational standards for, 329–330; health promotion at, 316–334; health promotion career opportunities at, 334–336; number of students in U.S., 314; relationship between risk behaviors and grades, 315. *See also* Schools (K–12)
- University of Kansas's Community Toolbox, 195
- University-level health promotion: challenges of, 330–334; current status of, 316–319, 322–324; evolving role of, 316; initiatives for, 322–324; rationale for, 314–315; resources and tools for, 324–330
- U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), 355–356
- U.S. Census Bureau: on people below poverty level by race (2006), 31; on rural population, 33–34
- U.S. Chamber of Commerce and Partnership for Prevention, 372–373
- U.S. Department of Health and Human Services (DHHS): health care services in rural areas concerns of, 34; Health Resources and Services Administration (HRSA) of, 45, 406; Healthy People initiative (2020) of, 13–14; *Healthy People* series issued by, 8, 9, 12–13, 35–37, 51, 205, 206, 379; Innovation

- U.S. Department (*continued*)  
 in Prevention Award by, 373;  
 Office of Minority Health in  
 the, 35, 39; program funding  
 available from, 235; on ten  
 essential public health services  
 (EPHS), 400–401, 417
- U.S. Department of Labor, 15, 19
- U.S. Department of Veterans  
 Affairs, 343, 355
- U.S. Environmental Protection  
 Agency (EPA), 407–408
- U.S. government health care  
 careers, 362
- U.S. Internal Revenue Code, 396.  
*See also* Tax issues
- U.S. Office of Personnel  
 Management, 377
- V**
- Validity: content, 103; evaluation,  
 266; face, 103; survey, 103
- Variables, 59
- VERB media campaign, 216
- Vietnamese REACH for Health  
 Initiative Coalition, 44
- Villejo, L., 341
- Vision into Action: Tools for  
 Professional and Program  
 Development Based on Standards  
 of Practice for Health Promotion in  
 Higher Education* (ACHA), 330
- Volunteers: consumer and interest  
 groups, 362; fundraising role  
 by, 253; revenue through  
 contributions of, 237
- W**
- Ward, B., 91
- Web sites: advocacy organizations,  
 189; advocacy using social  
 networking, 199; American  
 Hospital Association, 357;  
 APHA, 199; Area Health  
 Education Centers (AHECs),  
 405; Association for Community  
 Health Improvement, 404;  
 Community Tool Box (CTB),  
 405; CPHP, 409; disseminating  
 evaluation report through, 280;  
 EPA (Environmental Protection  
 Agency), 407; evidence-based  
 intervention information,  
 134–135, 274; *Federal Register*,  
 241; on funding sources and  
 opportunities, 241–242; health  
 and health promotion data  
 sources, 330, 331–332; Library  
 of Congress, 187; NACHHO's  
 public health-related tools, 404;  
 National Cancer Institute's  
 Research-Tested Intervention  
 Programs, 274; NPHSP, 407;  
 Office of Rural Health Policy  
 (ORHP), 406; Partnership  
 for Prevention, 375; Public  
 Health Foundation (PHF), 407;  
 SAMHSA's Workplace, 142; State  
 and Territorial Injury Prevention  
 Directors Association, 410;  
 TRAIN (Web-based learning  
 resource), 407; United Way, 410;  
 Wellness Council of America, 374
- Weblog (blog), 196–197
- Wellness Council of America, 374
- Wellness/wellness committee:  
 Canadian Health Workplace  
 Council use of, 378–379; career  
 opportunities related to, 361,  
 385, 386, 387; challenges of  
 programs for, 379, 383, 384;  
 Lincoln Industries program  
 focus on, 372–373; movement  
 from fitness to, 370
- Whites: educational attainment,  
 32; people below poverty level  
 (2006), 31. *See also* Minority  
 groups
- Who Will Keep the Public Healthy?  
 Educating Public Health Professionals  
 in the 21st Century* (IOM), 408
- Who Will Keep the Public Healthy?*  
 (IOM report), 185
- Wieland, J., 369
- W.K. Kellogg Foundation, 284
- Workforce: demographic shifts  
 in the, 380–382; safety issues  
 for, 384–385. *See also* Career  
 opportunities
- WorkLife Initiative, 278
- Workplace health promotion:  
 career opportunities in, 385–389;  
 challenges of, 379–385; history  
 (1970 to present) of, 370–373;  
 resources and tools for, 374–379;  
 workforce demographic shifts  
 and, 380–382
- Workplaces: health promotion  
 programs in, 19; New York City  
 Health Department smoke-free  
 policy for, 139, 140
- World Health Organization  
 (WHO): health as defined by,  
 4; health promotion priorities  
 of, 16; health-promoting  
 schools concept of, 319, 322;  
*Jakarta Declaration* (1997) of,  
 9–10; natural disasters and  
 health statistics of, 33; Ottawa  
 Charter (1986) issued by, 4, 9
- Y**
- Youth Risk Behavior Survey  
 (YRBS), 324–325
- Z**
- Zambon, A., 203