Health Educators Literate in Policy for Kentucky (HELP-KY)

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EXECUTIVE SUMMARY:

Even though health departments have historically focused on individual behavior change in their efforts to improve the health status of our state, little progress has been made in moving the needle toward improved health outcomes for our Kentucky communities and our state as a whole. The goal of our Kentucky Public Health Leadership Institute's (KPHLI) "Health Educators Literate in Policy for KY" (HELP-KY) team was to determine the involvement of health educators at local Kentucky health departments in activities that influence health policies and environmental change. This is of utmost importance since it has been demonstrated that focusing on behavior change at the policy level is crucial to the improvement of health outcomes [1, 2]. In addition, several reports including the Institute of Medicine's *Who Will Keep the Public Healthy?* [3] and the National Health Educator Competencies Update Project (NHECUP) [4] recognize the increasing responsibilities of health educators in policy, law and advocating for health and health education.

In pursing "HELP-KY's" ultimate objective of empowering health educators to make policy level health changes we were able to survey health educators at local Kentucky health departments and determine the barriers that need to be overcome and the knowledge and training that will be required to build their capacity in the arena of health policy and advocacy. Information obtained from the survey will inform future trainings and systems changes to address the barriers currently faced by health educators. Within our KPHLI project timeframe our team began the development of a resource kit, available on CD, for health educators addressing these identified needs. Decreasing barriers for health educators to engage in advocacy and environment change will fulfill many Essential Public Health Services and other national health goals by providing the opportunity for health educators across Kentucky to play a pivotal leadership role in impacting the development of public health policies and improving Kentucky's currently poor health indicators.

INTRODUCTION/BACKGROUND:

A 2008 report from the United Health Foundation ranked Kentucky 14th in worst health status in the nation based on health indicators including: personal behaviors, community and environment, public health policies and clinical care[5]. While this ranking improved from 8th in 2007 to 14th in 2008, Kentucky consistently ranks low on national reports for health outcomes such as overweight/obesity (50th)[6], cancer deaths (50th)[5], percent with all teeth extracted (50th)[6], smoking prevalence (49th)[5], preventable hospitalizations (49th)[5], cardiovascular deaths (44th)[5] and diabetes (43rd) [5].

These rankings underline the need for behavioral changes within Kentucky's population, and challenge public health professionals to use new and different approaches to affect behavior change. The Socio-Ecological Model provides a theoretical framework for describing individual change by recognizing that personal lifestyle choices are made within the context of relationships and environments that can actively support or obstruct personal behavior change. In this model, the social environment is conceptualized in five spheres, or levels, of influence including: (1) social structure, policy, and systems; (2) community; (3) institutional/organizational; (4) interpersonal; and (5) individual [7].

“Health educators work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that promote healthy living and prevent diseases and other health problems”[8]. Improving health has traditionally focused on individual behavior change strategies. More recently, health educators are encouraged to shift the focus toward policies that influence health in individuals’ physical and social environments. Stokols et al. point out that working with individuals to affect behavior is difficult and resource consuming, while interventions that influence policies and group-level behaviors can in turn affect individual-level behaviors among a much larger group of people and thus be more resource efficient[9].

Policies are rules that affect health behaviors of people in their: Workplace (e.g., corporate policy); Community (e.g., church, school, neighborhood, built environment); City, State or Country (e.g., public policy) [10]. Advocacy is one way to systematically alter public health policy and infrastructure[11]; however, it is not typically a component of health educators’ preparation and training[12, 13]. It is widely known that health educators’ job responsibilities do not include lobbying, but there are many important distinctions between advocacy and lobbying. Public education equates to advocacy and that is precisely the job responsibility of health educators and all tax exempt social service organizations[14].

Several national public health organizations have called for public health professionals to be active in advocacy and policy change. For example, The Essential Public Health Services provide a framework for public health activities that should be undertaken in all communities, and includes policy development as one of three core functions of public health. In addition, the National Commission for Health Education Credentialing, Inc. (NCHEC) outlines seven Responsibilities and Competencies for health educators, and includes “advocating for health education and health,” and, “influence health policy to promote health,” within Responsibility VII[15].

In exploring various areas in which to target efforts through a Change Master Project, our group, “HELP-KY,” wanted to investigate why Kentucky continues to rank low in health outcomes despite the best efforts of public health professionals. As needs increase and resources dwindle in our current economy, the group decided to research approaches that health educators could employ to get the best value for the time and resources being spent on public health interventions.

Since many of the health education approaches utilized by health educators in Kentucky are individual-based strategies, such as health fairs, the group decided to investigate the health educators’ role in policy and environmental change. Specifically, we wanted to find out what role, if any, the local health departments’ health educators were playing in advocating for policy and environmental change, what barriers they faced, and what support they needed to take a more active role in these issues in their communities. Our efforts were fueled by other discussions occurring regarding policy and environmental change. The Kentucky Department for Public Health was in the process of applying for CDC grants that encouraged strategies for policy and environmental change. In addition, there were some advocacy efforts occurring. For example, Tobacco Coordinators at local health departments were active with advocacy efforts for clean indoor air ordinances; the Partnership for Fit Kentucky was pushing for policy and environmental change around physical activity and nutrition issues; the Foundation for a Healthy Kentucky was interested in providing advocacy trainings; and various non-profit organizations

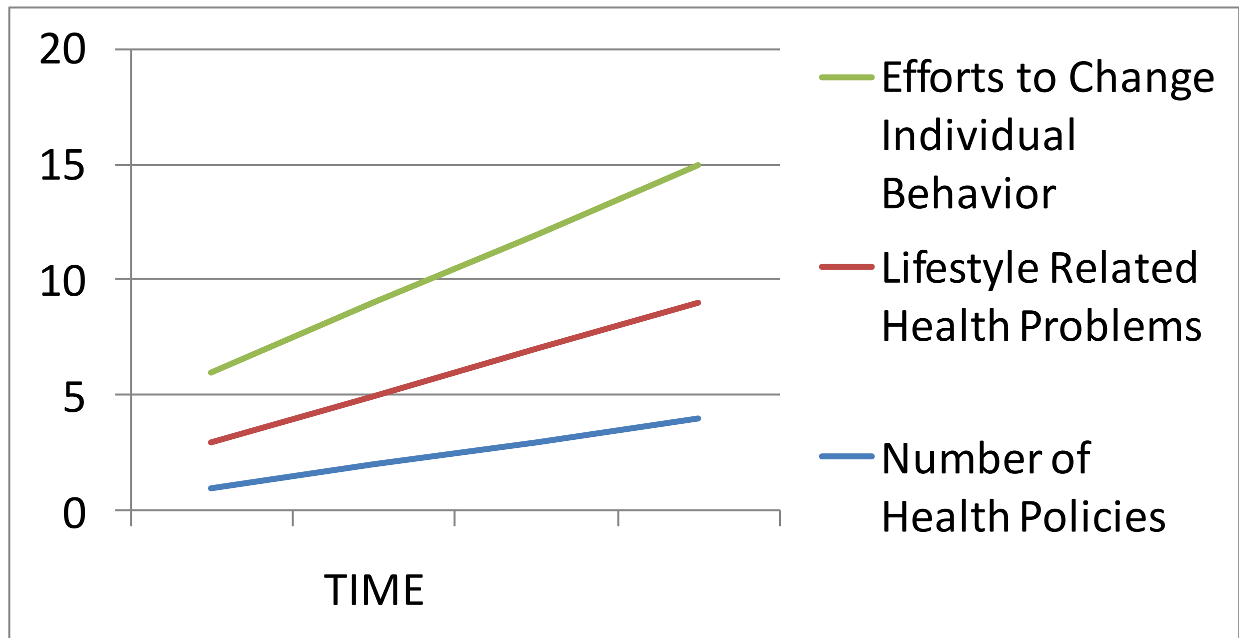
were advocating for their specific causes. Taking all of this into consideration it seemed an opportune time to further explore these issues.

Focusing Questions:
Why despite our best efforts to change individual behavior does Kentucky continue to rank low in health outcomes?

Why are there not more health policies attempting to increase healthy behaviors?

Behavior Over Time Graph:
The behavior over time graph below (Figure 1) shows that while lifestyle related health problems such as, smoking, obesity and sedentary lifestyles, have increased so have public health efforts to change individual behavior. However, also pictured is the fact that our efforts to change individual behavior are not resulting in the intended decrease in lifestyle related health problems. To the contrary and despite our best efforts, lifestyle related health problems continued to increase. In the health area of tobacco prevention evidence shows that increasing health policies, such as tobacco taxes, does have the intended effect of decreasing teen smoking rates[16]. Therefore, it is also important to note in this graph that health policies have not been applied to other lifestyle related health problems where improvements in health indicators are also critically needed.

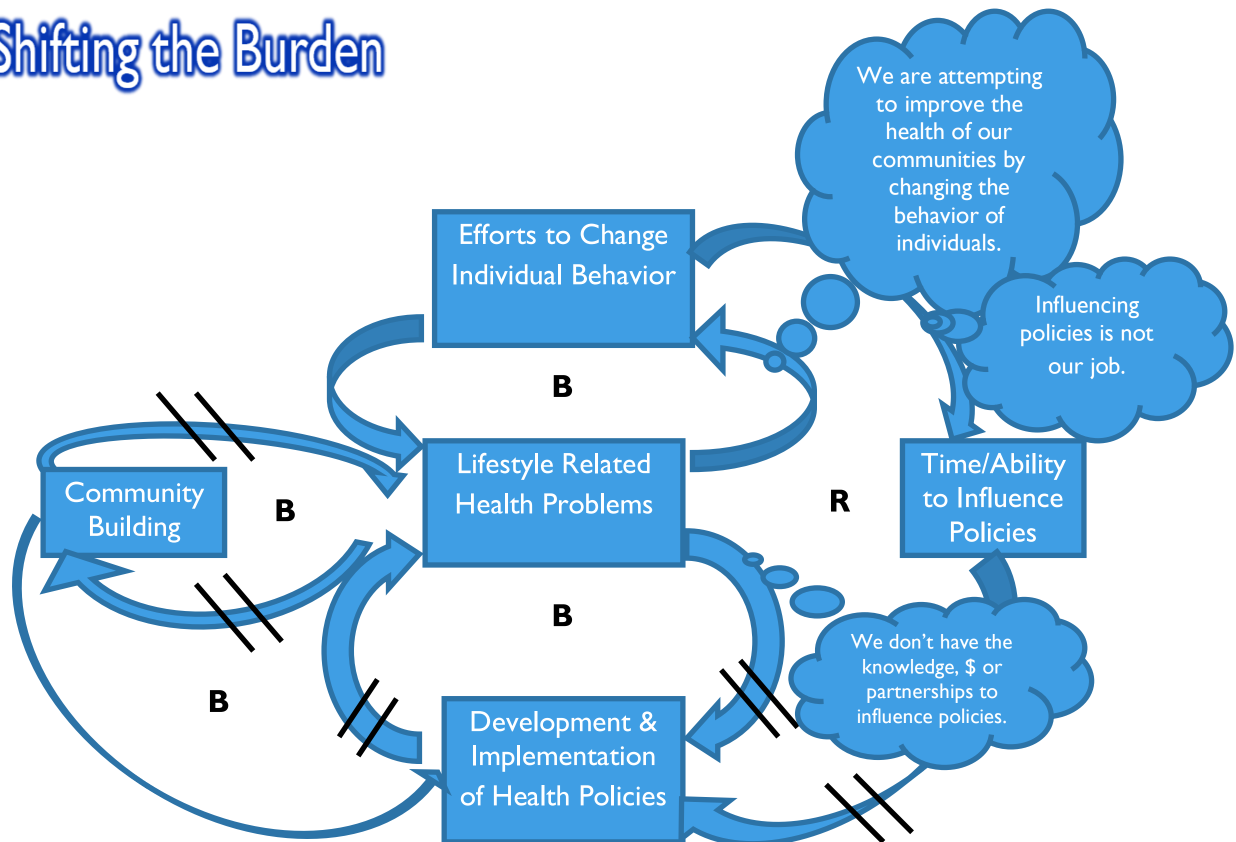
Figure 1: Behavior Over Time Graph



Causal Loop Diagram:
Using systems thinking the causal loop diagram below (Figure 2) shows that the problem addressed by "HELP-KY" was various lifestyle related health problems and the quick fix health educators have typically relied on has been efforts to change individual behavior. Research

shows that the long term and more effective solution to improving lifestyle related health problems should be complimenting and encouraging individual behavior change efforts through the development and implementation of health policies that can be accomplished through community building[9]. However, the causal loop diagram identifies that time/ability to influence policies is needed by health educators to implement this long-term solution. Also inhibiting the long-term capability of health educators is the deeply held mental model that "we are attempting to improve the health of our communities by changing the behavior of individuals." The other mental models depicted in Figure 2 such as, "implementing policies is not our job" and "we don't have the knowledge, money or partnerships" necessary to implement policies also explain why health educators are not more engaged in attempts to influence the development and implementation of health policies.

Figure 2: Causal Loop Diagram



10 Essential Public Health Services/National Goals Supported:

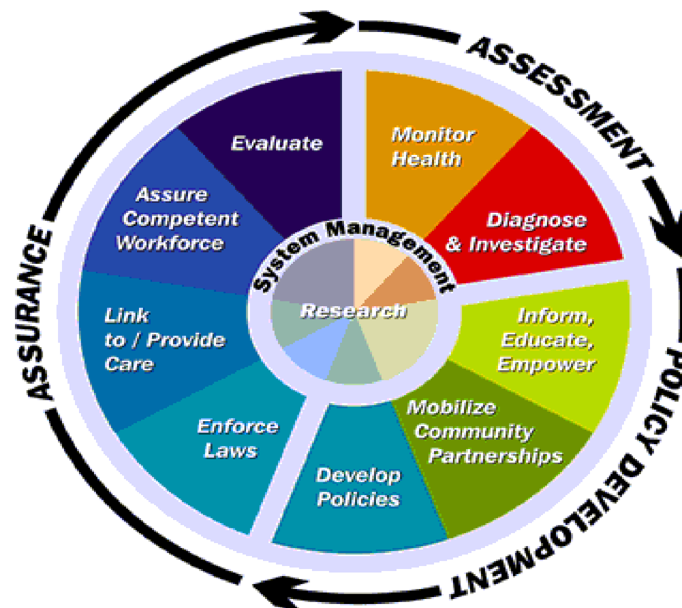
This project supports the following Essential Public Health Services[17]:

Essential Public Health Service #3: Inform, educate and empower people about health issues. Empowering health educators to actively participate in policy and environmental change as a population-based approach to informing, educating and empowering others about health issues will provide a larger impact on health outcomes.

Essential Public Health Services #4: Mobilize community partnerships to identify and solve health problems. Engaging partners in policy and environmental change will enhance the capacity to reach health impact goals by improving community connections and coordinating activities.

Essential Public Health Service #5: Develop policies and plans that support individual and community health efforts. Health educators who actively participate in policy and environmental change will engage in the development of policies and plans that support individual and community health efforts.

Figure 3: 10 Essential Services and Core Functions of Public Health



Fulfilling each and every Essential Public Health Service is especially important is this approaching time of voluntary national accreditation for both local and state health departments. In order to meet these public health accreditation standards health departments will have to document the provision of each of the essential public health services[18]. Empowering health educators to take a more active role in essential public health services related to advocacy and policy through community partnerships will be advantageous to this accreditation process. In preparation for accreditation and for quality improvement purposes many local health departments, state health departments and boards of health have been conducting the National

Public Health Performance Standards Program (NPHPSP), which also evaluates the provision of the 10 essential public health services by the entire local public health system, including health education and policy development efforts at local health departments[19]. Moreover, the NPHPSP is included in another national initiative with the goal of public health improvement, Mobilizing for Action through Planning and Partnerships (MAPP), which also reinforces health department accreditation[20]. Utilizing all health department staff will obviously be vital to the completion of any quality improvement efforts and health educators, with support and training, should be active in these efforts.

In addition, this project supports the following National Goals:

Healthy People 2010 Objectives. Each of these listed objectives has the potential of being influenced by health educators who are more actively involved in policy and environmental change. In addition, Healthy People 2010's systematic approach to health improvement states, "Developing and implementing policies and preventive interventions that effectively address these determinants of health can reduce the burden of illness, enhance quality of life, and increase longevity." It is further elaborated that "policies and interventions can improve health by targeting factors related to individuals and their environments, including access to quality health care."[21]

> **8-20. Increase the proportion of the Nation's primary and secondary schools that have official school policies ensuring the safety of students and staff from environmental hazards, such as chemicals in special classrooms, poor indoor air quality, asbestos, and exposure to pesticides.**
>
> **27-12. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.**
>
> **15-31. Increase the proportion of public and private schools that require use of appropriate head, face, eye, and mouth protection for students participating in school-sponsored physical activities.**
>
> **22-8. Increase the proportion of the Nation's public and private schools that require daily physical education for all students.**
>
> **27-11. Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.**
>
> **27-19. Eliminate laws that preempt stronger tobacco control laws.**
>
> **15-24. Increase the number States and the District of Columbia with laws requiring bicycle helmets for bicycle riders.**
>
> **27-13. Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites.**

Healthy Kentuckians 2010 Objectives. Like the Healthy People 2010 Objectives these objectives also have the potential of being influenced by health educators that are more actively involved in policy and environmental change. Healthy Kentuckians 2010 also states that it

"provides direction for individuals to change personal behaviors and for organizations and communities to support good health through health promotion policies."[22]

3.15. Increase to 100 percent the proportion of schools with tobacco-free environments including all school property, vehicles and at all school events.

3.16. Increase to 100 percent the proportion of worksites that prohibit smoking or limit it to separately ventilated areas.

3.17 Increase to 51 percent the proportion of food service establishments that prohibit smoking or limit it to separately ventilated areas.

3.21. Increase the proportion of localities that adopt ordinances and/or policies to restrict tobacco use.

American Public Health Association objective: Advocate for healthy people and communities. The strategic plan includes: Improve effectiveness of policy and advocacy[23]. Empowering health educators to engage in activities that influence health policy translates to them advocating for healthy people and healthy communities.

Centers for Disease Control and Prevention's Health Protection Goal, Healthy People in Healthy Places: The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities[24]. Encouraging Health Educators to influence health policies and the built environment will make the places where people live, work, learn and play healthier and safer.

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

"HELP-KY's" project objective is empowering health educators to engage in activities that influence health policies. In order to accomplish this long-term objective it was necessary to also have the objectives of determining the extent to which health educators are currently involved in health policy, advocacy and environmental change. We also wished to identify the barriers faced and potential training methods needed in these areas.

By focusing on these objectives we were able to deliver a survey allowing health educators at local Kentucky health departments the opportunity to give their input into the role they play when influencing health policy. By identifying the education and training needed by health educators when attempting to influence health policies we were also able to deliver a CD as a health policy and advocacy resource kit.

METHODOLOGY:

Participants

A total of 125 participants were recruited from local health departments in Kentucky. Of these, 105 participants were identified by the Kentucky Department for Public Health as holding one of the following classifications: Health Educator I, Health Educator II, Health Educator III, Health

Education Coordinator or Health Education Director. Additionally, 20 individuals from independent health departments in similar classifications were identified by administrators in those settings.

Of the total respondents 3.8% indicated their Area Development District (ADD) as Purchase, 3.8% as Pennyrile, 7.5% as Green River, 12.5% as Barren River, 10% as Lincoln Trail, 3.8% as KIPDA, 20% as Bluegrass, 5% as Lake Cumberland, 13.8% as Northern KY, 2.5% as Cumberland Valley, 6.3% as Kentucky River, 1.3% at Gateway, 0% as Buffalo Trace, 0% as FIVCO, 2.5% as Big Sandy and 7.5% of individuals indicated that they did not know their ADD. Participants were also asked to identify their educational background and 47% indicated either an undergraduate or graduate degree in health education, health promotion or other public health degree. The remaining participants (53%) indicated either some college education or undergraduate and graduate degrees in other areas of study. In addition, 13.7% of the responding health educators are Certified Health Education Specialists (CHES). The majority of respondents (40.2%) have 1-5 years of experience in public health education, 27.5% indicated 6-10 years of experience, 22.5% have more than 10 years of experience and 9.8% have less than 1 year of experience.

Procedure

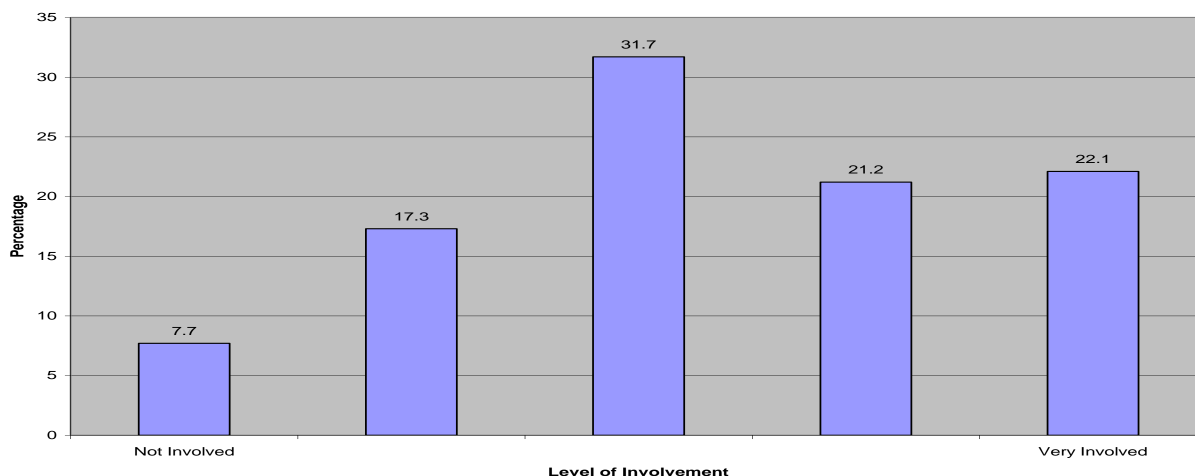
University of Kentucky Medical Institutional Review Board approval was obtained to contact participants via e-mail (Appendix 1) and invite them to participate in a 13-question anonymous survey. The survey was launched by Surveymonkey.com on December 17, 2008 and data were collected for 4 weeks. A reminder e-mail was sent to participants 2 weeks into data collection. Before completing the survey participants were required to indicate their consent to take the survey. Appendix 2 provides a copy of this survey along with the acquired results.

The survey questions were concerning the present and future role of health educators in health policy and environmental change. Survey questions were designed to elicit the extent to which health educators were currently involved in activities that influence health policy. We also hoped to identify particular health areas that needed attention, barriers experienced by health educators and any education or training that health educators needed in order to influence health policies.

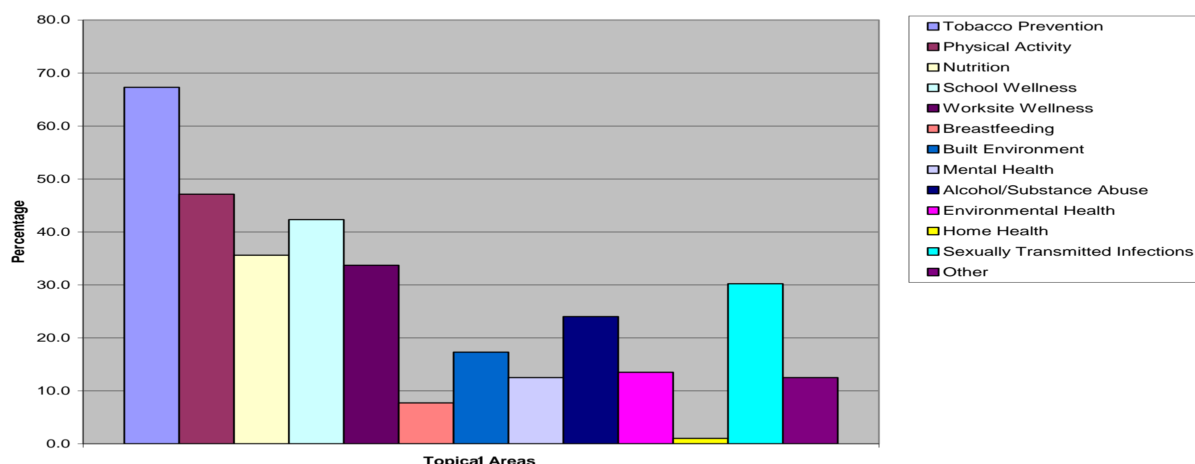
RESULTS:

Of the 125 individuals invited to participate in the survey, 102 completed the survey in its entirety for a response rate of 81.6%. An additional nine health educators began the survey, but did not complete it.

Overall, respondents reported a range of involvement in influencing health policies. 22.1% stated they were “very involved,” and 7.7% indicated no involvement. The majority of respondents (31.7%) indicated that they were at the mid-level of involvement in these activities (Chart 1).



Respondents were also involved in a variety of topical areas. Of those who indicated they had at least some involvement in activities that influence health policy, the top three most common topical areas included: tobacco prevention (67.3%); physical activity (47.1%) and school wellness (42.3%). Chart 2 illustrates the range of topical areas in which health educators are involved.



Only 3% of respondents currently involved in activities related to influencing health policy indicated no barriers in their work. The greatest barriers experienced by health educators currently involved in these activities include lack of funding (52.7%), lack of time (48.4%), lack of community interest (42.9%) and personal knowledge about policy and environmental change (22%). In addition, 19.8% of respondents believed that government employees are not permitted to engage in activities that influence health policy; 15.4% indicated that their supervisor discourages or will not permit them to engage in such activities and 8.8% said the activities were not in their job description. Chart 3 illustrates the barriers faced by health educators currently involved in activities related to influencing health policy.

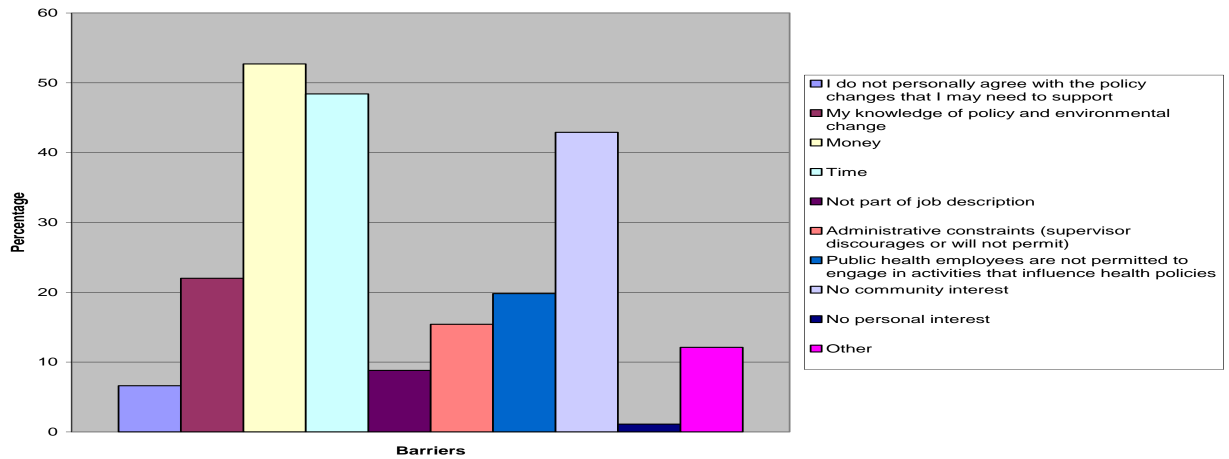
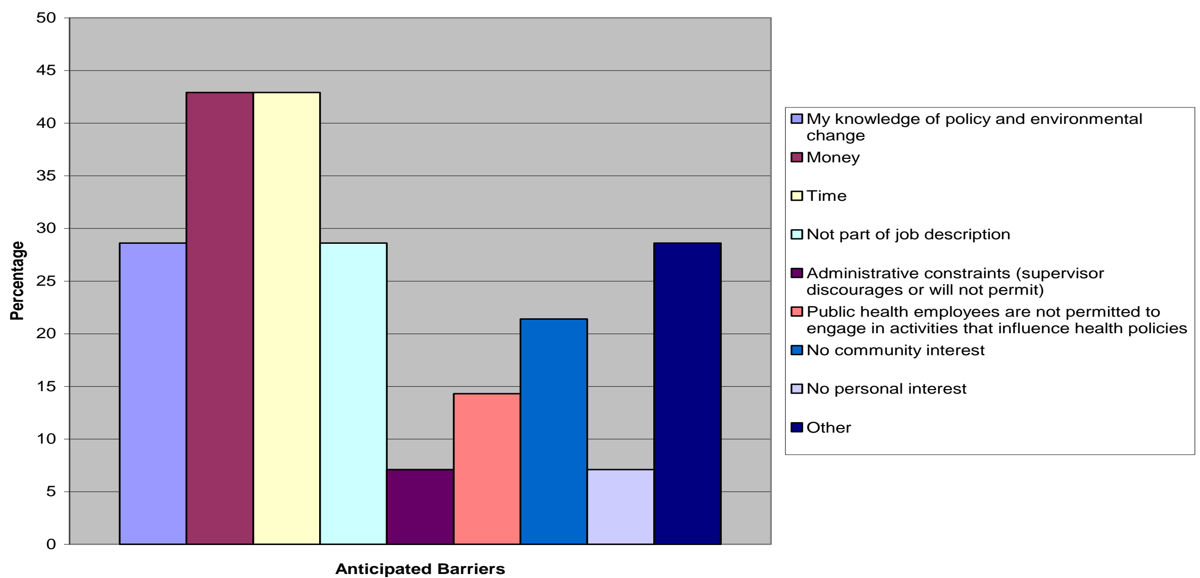
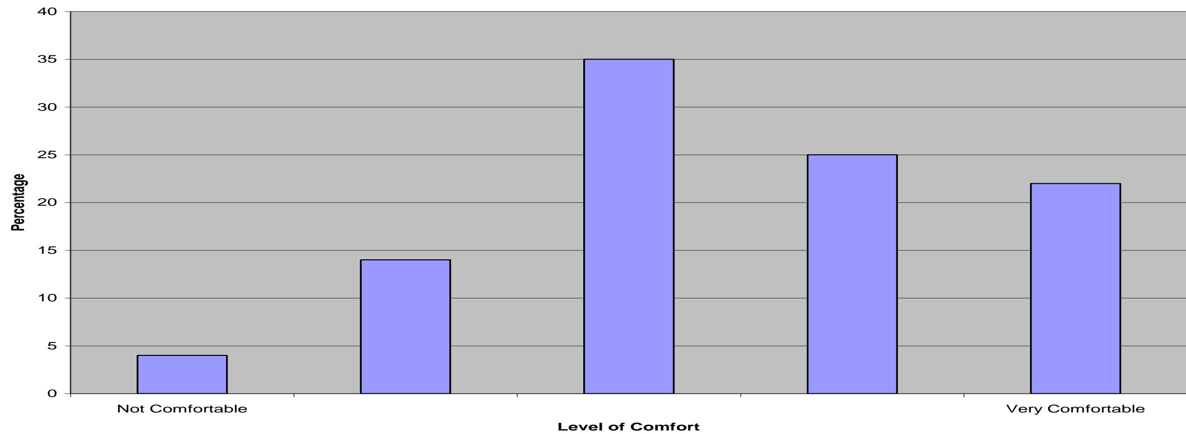


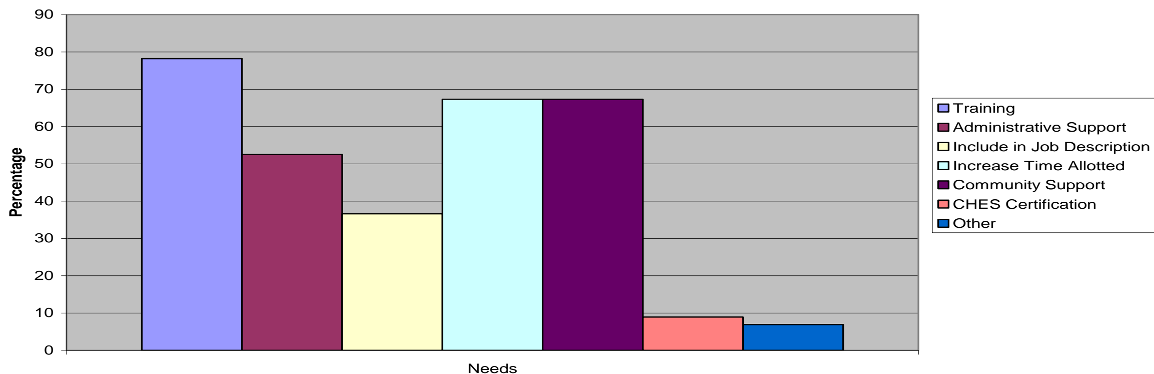
Chart 4 illustrates the anticipated barriers of health educators who are not currently involved in activities that influence health policy. The top two anticipated barriers identified, lack of funding (42.9%) and lack of time (42.9%) are similar to those identified by health educators currently engaging in policy influencing activities. However, those not currently involved in policy influencing activities report higher percentages of anticipated barriers related to personal knowledge of policy and environmental change (28.6%) and the activities not included as part of their job description (28.6%).



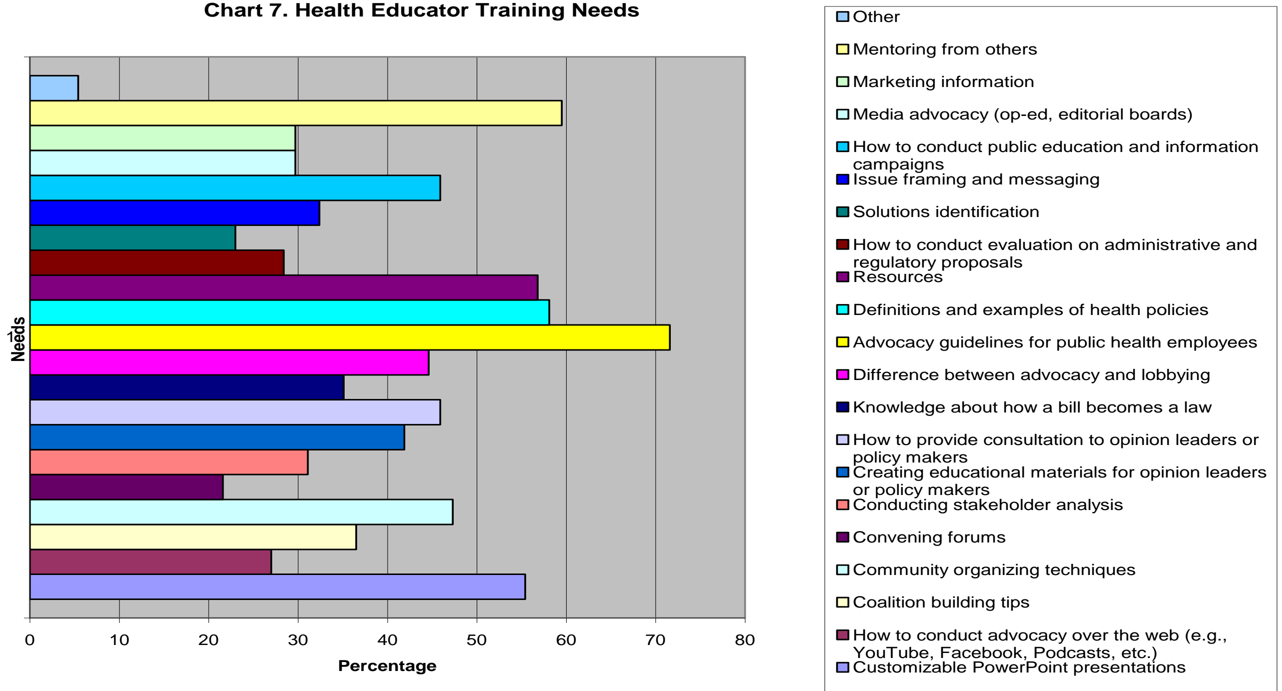
Only 22% of respondents indicated that they were “very comfortable” engaging in activities that influence health policy (Chart 5). The majority of respondents indicated a comfort level at the mid-point of the scale.



When asked what would facilitate health educator involvement in activities regarding policy change, 78.2% indicated training. Other factors facilitating more health educator involvement in influencing health policy included: time allocated for these activities (67.3%); community support (67.3%) and supervisor support (52.5%). Chart 6 illustrates health educators' needs in facilitating their involvement in activities related to health policy.



The majority of respondents (83.8%) indicated face-to-face training as their preferred method of training. Chart 7 illustrates the training desires of health educators, with 71.6% stating that the training should include advocacy guidelines for public health employees and 59.5% indicating a desire for mentorship in this area. Our results further suggest that there is much ambiguity surrounding health policies since 58.1% indicated that trainings should also include basic definitions and examples of health policies.



Further analysis of the data indicates no trends based on years of experience or education of respondents.

CONCLUSIONS:

Based on the Socio-Ecological Model improved health rankings, an intended outcome of all public health institutions, can be expected if behavior change is approached from both the individual and policy level[7]. The purpose of this Change Master Project is to empower health educators at local Kentucky health departments to approach behavior change from the policy level. Our continued poor health rankings and health outcomes prove that continued and increased work at the policy level is integral to improving the health of our communities and our state. Health educators have expertise in many health topics and should be able to influence health policies by advocating and educating policy makers and mobilizing community coalitions to improve the health and wellness of the public. Health educators are well suited to integrate health policy decisions with the individual behavior change efforts they are already leading.

These survey results indicate a public health need in Kentucky regarding health educator involvement in advocacy and policy change. Health educators, through national public health organizations and as professionals with a stake in improving health outcomes, are expected to advocate for policies that will increase healthy lifestyles. However, our results show that health educators within local health departments in Kentucky face many barriers when trying to do so, including ambiguity about their capacity as government employees to affect policy.
The results of our "HELP-KY" survey show the need for trainings that will increase the involvement and comfort level of health educators in activities that influence health policies. The survey results also demonstrate that the topical areas of health that are currently being addressed through advocacy and policy need to be expanded beyond tobacco prevention,

physical activity and school wellness. Trainings for health educators need to help them overcome the largest identified barriers: lack of funding, time, community interest and personal knowledge about policy and environmental change. Administrative support and a lack of clear advocacy guidelines were also identified as needs and therefore also need to be addressed in future policy and advocacy trainings. Based on our survey findings "HELP-KY" developed a health policy and advocacy resource kit for health educators, which is available on CD from any of the authors. While just a beginning, this resource kit provides guidelines and tips for health educators interested in influencing policy in any area of health.

Future Recommendations

Our survey results provide a very clear basis for the type of policy and advocacy training needed by health educators as well as the training methods that would be the most beneficial and yield the greatest improvement in health outcomes. Future efforts in this arena should consider face-to-face trainings and mentorship for continued support and education as well as clear examples and definitions of health policies. There are many complex issues and trends faced by public health and in order to meet the challenges they pose it is crucial that health educators and all public health professionals play a role in health policies and advocating for health. The Partnership for a Fit Kentucky recently published, "Shaping Kentucky's Future: Policies to Reduce Obesity," a document that provides examples of physical activity and nutrition policies that will be a helpful resource for those interested in pursuing policies related to obesity prevention[25].

Recommendations include an increased awareness regarding the role of government employees in advocacy and policy change. "HELP-KY" is planning to approach the Kentucky Health Departments Association, Inc. (KHDA), about developing guidelines and inclusive job descriptions for local health department health educators. Once guidelines are developed, we hope to have them included in the Kentucky Public Health Practice Reference (PHPR) Manual that outlines guidelines for local health departments in Kentucky.

Training recommendations include working with professional and non-profit organizations within Kentucky, such as the Kentucky Public Health Association (KPHA) or other non-profit groups, to provide training to local health departments on advocacy and policy change. This training should include an expanded discussion regarding the role of government employees and the difference between advocacy and lobbying activities in addition to other needs identified in the survey. Given the high percentages of health educators indicating the need for resources and ready-made materials (e.g. customizable PowerPoints), additional resources should be added to the "HELP-KY" resource kit as they become available. Making the tool kit available on-line will increase access to these resources and provide the ability to update as necessary.

It is further suggested that public health and health education curricula at Kentucky Universities be thoroughly reviewed to determine the extent of policy and advocacy training that is included in the professional preparation of public health practitioners. Increased education concerning behavior change at the policy level would be expected to result in a greater comfort level among health educators when engaging in activities that influence health policies and environmental change. This would be yet another avenue to improve the future public health of Kentucky. However, it is important to note that over half of the health educators (53%) responding to this survey did not have formal education relating directly to public health, health education or health

promotion. Therefore, another important impact of these results could be revisions to not only the job descriptions of health educators, but to the requirements for employment as a health educator. A large number of respondents (51%) who do not currently hold CHES certification indicated that were interested in obtaining this professional certification and 8.9% indicated that this would enable them to engage in activities that influence health policies. Encouraging and providing support for this certification would definitely fit within the context of a learning organization committed to improving the capacity of its employees and therefore the health of their communities.

Throughout this project, a number of discussions with national and state leaders indicated the importance of professional organizations as providing a lobbying voice to policy makers. Within the KPHLI timeframe "HELP-KY" began an informal search for professional organizations within Kentucky. Although not complete, the informal search revealed some key professional organizations for health educators that are represented in other states are not active in Kentucky (e.g. Society for Public Health Education – SOPHE). Further investigation regarding non-existent professional organizational groups within Kentucky is needed, and may result in the development of these organizations in Kentucky. In addition, a review of active professional organizations within the state and coordination of these organizations to actively lobby for "health in every policy" may prove useful in creating policies that change health behaviors within Kentucky residents.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Angela Deokar

The past year has been a challenging, rewarding and empowering experience for me. As someone who is relatively new to the Commonwealth of Kentucky, I enrolled in KPHLI to meet others working in public health and to get a better understanding of how the public health system works in Kentucky. The Change Master Project and the summits exceeded my expectations as they allowed for me to immediately apply the theories and concepts to my daily work. The personal assessments enabled me to identify my capabilities and opportunities for expanding my leadership skills. By completing the assessments, I was reminded that a successful leader is one who is self-aware and engages in lifelong learning. Our Change Master Project Team decided at the beginning of our project that we were going to expand our horizons by completing a project that was outside our traditional scope of work and would make a difference in public health in Kentucky and beyond. As we discussed our hopes and frustrations for public health and the system's capacity for leadership, the role of advocacy and environmental change in public health emerged as an area that would empower others to take a leadership role in their communities, workplaces and beyond. Choosing a topic that we were unfamiliar with posed many challenges because we had a large learning curve to overcome, and I am thankful to my team members, Judy Mattingly and Sarah Phillips, and our mentor Dr. David Dunn, for their dedication and support through our teamwork approach to this project. Throughout the project, we were exposed to policy makers, advocates and public health leaders in Kentucky and other states. Whenever we sought out assistance from these individuals, they were approachable and helpful and contributed a great deal of insight into our project and our personal leadership development. I want to extend a heartfelt thank you to them as well as to the KPHLI Staff and my colleagues for their support and encouragement over the past year.

Judy A. Mattingly

This year in the Kentucky Public Health Leadership Institute (KPHLI) has been challenging, mostly due to my exposure to new leadership ideas and my Change Master Project work on rapidly growing and cutting edge public health policy initiatives. KPHLI has allowed me the opportunity to not only develop my personal leadership skills, but also the leadership skills of all health educators in local Kentucky health departments in the arena of health policy, advocacy and environmental change. The research for our Change Master Project has lead me to have the belief and renewed hope that by empowering health educators to take leadership roles in health policy and advocacy that the poor health of Kentucky can be improved. I am extremely grateful for the wealth of knowledge provided to me from the entire KPHLI team, our mentor Dr. David Dunn and my "HELP-KY" team members, Angie Deokar and Sarah Phillips. I am also thankful to be a member of a learning organization such as the Franklin County Health Department that encouraged me to undertake this development opportunity and for the advice and encouragement from the Partnership for Fit Kentucky, the Foundation for a Healthy Kentucky, the Kentucky Department for Public Health and the Kentucky Health Department Association, Inc. The skills bestowed through KPHLI have undoubtedly expanded my capacity to understand, practice and ultimately improve public health. In addition, the personal assessments such as, the 360-Degree Feedback Instrument, the SocialStyle Self-Perception Profile and the BarOn Emotional Quotient Inventory provided unique insight into both my strengths and weaknesses allowing me to develop not only professionally, but also personally.

Sarah Phillips

The past year as a KPHLI scholar I've been educated, I've been challenged and I've been given the tools I need to be a leader in my public health career. I decided to enroll in KPHLI to not only expand my knowledge of public health but to hopefully learn more about myself. After each summit I left recharged and ready to use my new knowledge in my job. After each summit I felt inspired and full of ideas. Being a new hire in public health, KPHLI has shown me my potential as a public health educator. KPHLI has given me the tools that I need to make my career in public health fulfilling not only for me, but for my coworkers and my community. The literature provided by KPHLI was thought provoking and full of essential public health information. I can guarantee that throughout my career in public health I will continue to use them. Our Change Master Project had me completely out of my comfort zone. Since, I am not an employee of a state or local health department I really had to rely on my group members through project challenges. Not only did I face my own personal challenges with the project, my group also had challenges we had to overcome. My group members are two very talented and driven women who have taught me so much about public health through their own experiences. Having them as my teammates was an honor. Their experience, knowledge and perseverance helped us overcome the challenges that we were faced with when doing our Change Master project. I look forward to continuing our relationships as friends and teammates. I want to thank KPHLI for giving me all the wonderful experiences that I've had and for introducing me to my wonderful teammate.

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APPENDIX 1

INVITATION TO PARTICIPATE E-MAIL

Dear Health Educator: Our Kentucky Public Health Leadership Institute team invites you to take this short 13 question anonymous survey. Your help is greatly needed to acquire data concerning the current and future role of health educators in health policy and environmental change.

As a health educator at a local Kentucky health department you play a pivotal role in moving the needle toward improved health outcomes for your community and our state. Therefore, your input is vital to determine the involvement of health educators in activities that influence health policies and environmental change. We hope to identify health areas that need attention, barriers you experience and any education or training that you may need.

Please click on this link, http://www.surveymonkey.com/, to complete the survey that should take no more than 10 minutes. Every response or comment made will be taken into consideration.

Please complete the survey by January 31, 2008. Your candid and thoughtful reply is greatly appreciated!

Sincerely,

Angie Deokar, MPH, CHES
CDC Prevention Specialist assigned to:
Kentucky Department for Public Health

Sarah Phillips, BS
Patient Navigator
Norton Cancer Institute

Judy A. Mattingly, MA
Health Educator III
Franklin County Health Department

David Dunn, PhD
Professor
Western Kentucky University

APPENDIX 2

SURVEY and RESULTS

1. To what extent are you, as a health educator, involved in activities that influence health policies?

1 (7.7%)	2 (17.3%)	3 (31.7%)	4 (21.2%)	5 (22.1%)
Not Involved				Very Involved

2. In your role as a health educator, have you ever or are you currently influencing policy in any of the following areas of health? (check all that apply)

67.3% Tobacco Prevention
47.1% Physical Activity
35.6% Nutrition
42.3% School Wellness
33.7% Worksite Wellness
7.7% Breastfeeding
17.3% Built Environment
12.5% Mental Health
24.0% Alcohol and/or Substance Abuse
13.5% Environmental Health
1.0% Home Health
20.2% Sexually Transmitted Infections
11.5% Never worked and not currently working on health policies
12.5% Other: (please specify): ____

3. Do you believe that the following areas of health can be influenced by health policies? (check all that apply)

96.0% Tobacco Prevention
87.1% Physical Activity
81.2% Nutrition
84.2% School Wellness
74.3% Worksite Wellness
50.5% Breastfeeding
54.5% Built Environment
51.5% Mental Health
71.3% Alcohol and/or Substance Abuse
69.3% Environmental Health
38.6% Home Health
53.5% Sexually Transmitted Infections
9.9% Other: (please specify): ____

4. What is your comfort level engaging in activities that influence health policy?

1 (4.0%)	2 (14.0%)	3 (35.0%)	4 (25.0%)	5 (22.0%)
Not Comfortable				Very Comfortable

5. What barriers do you, as a health educator, currently experience when attempting to influence health policies? (check all that apply)

22.0% Knowledge
52.7% Money
48.4% Time
8.8% Not part of job description
15.4% Administrative constraints (supervisor will not permit)
19.8% Public health employees are not permitted to engage in activities that influence health policies
42.9% Community interest
1.1% My personal interest
3.3% No barriers
12.1% Other (please specify): ____

6. What barriers do you, as a health educator, anticipate experiencing if you were to attempt to influence health policies? (check all that apply)

28.6% Knowledge
42.9% Money
42.9% Time
28.6% Not part of job description
7.1% Administrative constraints (supervisor will not permit)
14.3% Public health employees are not permitted to engage in activities that influence health policies
21.4% Community interest
7.1% My personal interest
7.1% No barriers
0.0% I do not personally agree with the policy changes that I may need to support
28.6% Other (please specify): ____

7. What do you, as a health educator, feel is needed to enable you to engage in activities that influence health policies? (check all that apply)

78.2% Training
52.5% Administrative support
36.6% Job description that includes these activities
67.3% Time allotted for these activities
67.3% Community support
8.9% CHES certification
6.9% Other (please specify): ____

8. If you indicated training as a need, please check what you would like to be included in this training. (check all that apply)

55.4% Customizable PowerPoint presentations
27.0% How to conduct advocacy over the web (e.g., YouTube, Facebook, Podcasts, etc.)
36.5% Coalition building tips
47.3% Community organizing techniques
21.6% Convening forums
31.1% How to conduct stakeholder analyses

41.9% How to create educational materials for opinion leaders and policy makers
45.9% How to provide consultation to opinion leaders and policy makers
35.1% Knowledge about how a bill becomes a law
44.6% Advocacy vs. lobbying information
71.6% Advocacy guidelines for public health employees
58.1% Definitions and examples of health policies
56.8% Resources
28.4% How to conduct evaluation on administrative and regulatory proposals
23.0% Solutions identification
32.4% Issue framing and messaging
45.9% How to conduct public education and information campaigns
29.7% Media advocacy (op-ed, editorial boards)
29.7% Marketing information
5.4% Other (please specify): ______________________________

9. What training format(s) would you prefer? (check all that apply)

Preferences for Method of Training Format	1st Choice (%)	2nd Choice(%)	3rd Choice (%)
Face to face	83.8	7.4	8.8
Web based	14.6	46.3	39
CD	12.5	37.5	50
Video conference	12.5	43.8	43.8
Hard copy	4.3	30.4	65.2
Individualized technical assistance/coaching	12.5	62.5	25

10. How many years of experience do you have in public health education?
0 No experience
9.8% < 1 year
40.2% 1-5 years
27.5% 6-10 years
22.5% >10 years

11. What is your educational background (please check the highest level completed)?
0 <High school
0 High school diploma or GED
1.0% Some college
28.4% College degree in health education, health promotion, or other public health
37.3% Other college degree (please specify): ______________________
18.6% Graduate degree in health education, health promotion, or other public health
14.7% Other graduate degree (please specify): ______________________
0 Ph.D., DrPH or MD

12. Are you currently CHES certified?
13.7% Yes
51.0% No, but I am interested in obtaining certification
35.3% No, and I am not interested in obtaining certification

13. Please check your Area Development District (ADD).

3.8% ___ Purchase
3.8% ___ Pennyrile
7.5% ___ Green River
12.5% ___ Barren River
10.0% ___ Lincoln Trail
3.8% ___ KIPDA
20.0% ___ Bluegrass
5.0% ___ Lake Cumberland
13.8% ___ Northern KY
2.5% ___ Cumberland Valley
6.3% ___ Kentucky River
1.3% ___ Gateway
0.0% ___ Buffalo Trace
0.0% ___ FIVCO
2.5% ___ Big Sandy
7.5% ___ I do not know