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**sustainable solutions  
for health equity**

# PROMOTING HEALTH EQUITY BY EDUCATING KEY STAKEHOLDERS

## A GUIDE FOR SOPHE CHAPTERS

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## Acknowledgement

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*Promoting Health Equity by Educating Key Stakeholders: A Guide for SOPHE Chapters*

Society for Public Health Education

10 G St. NE, Suite 605


Washington, DC 20002

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## About the Chapter's Guide to Promoting Health Equity

### PURPOSE

This Guide was developed as a tool for the Society for Public Health Education (SOPHE) Chapters and their partners in educating key stakeholders on health equity promotion. This guide provides technical assistance to SOPHE Chapters. The purpose is not and should not be considered a list of SOPHE's recommended or endorsed strategies. It is a tool, in response to the needs of its Chapters to educate key stakeholders in promoting health equity among those communities facing health inequality in their state or region.



For a comprehensive list of SOPHE's endorsed programs and initiatives, visit:  
<http://www.sophe.org/programs.cfm>

### DISCLAIMER

It is important to note that this guide is not intended to outline lobbying strategies, policy change mechanisms, or lobbying venues, nor is it an endorsement of using federal or foundation funding in lobbying activities. This guide is a tool to help Chapters and other organizations in effectively educating key stakeholders in health equity promotion. CDC cooperative agreement funding to SOPHE and its Chapters cannot be used for lobbying activities. Lobbying includes any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or body (Figure 1). Users of this document should be aware that every funding source has different requirements governing the appropriate use of those funds. Under U.S. law, no Federal funds are permitted to be used for lobbying or to influence, directly or indirectly, specific pieces of pending or proposed legislation at the federal, state, or local levels. Organizations should consult appropriate legal counsel to ensure compliance with all rules, regulations, and restriction of any funding sources.

**Figure 1**



Source: Guide to Effectively Educating State and Local Policymakers, 2012

SOPHE Chapters and their partners using this guide are to understand clearly the differences among educational, advocacy, and lobbying activities (Figure 1). Chapters and their partners must always refer to the rules, regulations, and laws governing lobbying activities in their local municipalities, state or region, and national non-profit, governmental, and corporate sectors. **This guide does not constitute legal advice.**



For more information on the do's and don'ts of 501(c)(3) organizations, visit:  
[http://bolderadvocacy.org/wp-content/uploads/2012/10/The\\_Connection\\_paywall.pdf](http://bolderadvocacy.org/wp-content/uploads/2012/10/The_Connection_paywall.pdf)

In addition, Chapters must pay careful attention to activities that would be considered political rather than advocacy or lobbying activities. Engaging in prohibited political activities has very serious consequences, such as loss of tax-exempt status.

## OBJECTIVES

After reading this guide, users should be able to:

1. Describe the issues of health disparities and health inequity and the role that SOPHE Chapters play in working to reduce health disparities and health inequities in their state or region



## Introduction

### ABOUT THE SOCIETY FOR PUBLIC HEALTH EDUCATION

The Society for Public Health Education (SOPHE) is a 501(c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research, excellence in professional preparation and practice, and advocacy for public policies conducive to health.

SOPHE is the only independent professional organization devoted exclusively to health education and health promotion (SOPHE Board of Trustees Mission, 2010). Members include diverse behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4000 National and Chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

### ABOUT SOPHE CHAPTERS

SOPHE's 20 Chapters span more than 30 states, western Canada, and northern Mexico, and provide "boots on the ground" linkages for continuing education, partnerships, networking, and advocacy at the state/local levels (SOPHE Board of Trustees Chapters, 2010). SOPHE's House of Delegates provides technical assistance and capacity building to strengthen Chapters' impact. Chapters must meet National SOPHE requirements, although they are autonomous in governance and financial structure. Most Chapters are sustainable 501(c)(3) organizations, but all are state incorporated to operate within their state or region. On average, Chapters have 80 members, offer continuing education programs for state/local health professionals, and convene 2 membership meetings annually. Furthermore, Chapters must be re-designated every 5 years and provide an action plan in conformance with National SOPHE's strategic plan. This Chapter outreach is complemented by SOPHE's connections to some 250 professional preparation programs in health education and public health around the country.

## Understanding the Issues



### THE NEED TO ADDRESS HEALTH DISPARITIES

The US Department of Health and Human Services, Office of Minority Health has stated that “changing health outcomes for many of the United States’ racial and ethnic minorities, the poor, and other underserved populations is a critical need” (US DHHS, OMH, 2012). The existence of health and health care disparities in the United States is indisputable (US DHHS, OMH, 2012). Considering that the likelihood of adverse health outcomes for any of these various populations is often greater when the individuals are from racial or ethnic minority populations, the goal to achieve health equity, or the attainment of the highest level of health for all people, should be the main priority for not just public health, but the nation (US DHHS, OMH, 2012).

SOPHE has been committed to eliminating health disparities and achieving health equity. The evidence of SOPHE’s commitment can be found in its history, mission, resolutions, and track record of highly-regarded programs and products impacting the nation, state, and community levels. SOPHE has had rich, lengthy partnerships with governmental and non-governmental organizations to promote health equity and to advance the application of evidence-based practices to improve community health, particularly with the REACH (Racial and Ethnic Approaches to Community Health) and Health Communities programs as well as SOPHE’s new Sustainable Solutions for Health Equity Project cooperative agreement.

SOPHE Chapters also share this commitment to eliminate health disparities. In fact, SOPHE Chapters are vital to the successful execution of National SOPHE’s activities and initiatives in health equity promotion. With 20 Chapters each serving diverse communities and populations, it is important that Chapters not only prioritize health equity promotion, but also, establish a clear directions in the implementation of the activities and initiatives related to health equity promotion. This publication serves as a



guide on health equity promotion to supplement and enhance all the laudable work done by SOPHE Chapters and their partners.

### NATIONAL STAKEHOLDER STRATEGY

In order to have effective health equity promotion activities and initiatives that improve the health of their respective communities, organizations must first strategically plan on how to educate those key stakeholders. Key stakeholders are individuals, groups, or institutions likely to be affected by a proposed activity or initiative (either negatively or positively), or those who can affect the outcome of an activity or initiative (Participation and Social Assessment: Tools and Techniques: Compiled by Jennifer Rietbergen-McCracken and Deepa Narayan, World Bank, April 1998). Key stakeholders can also be those individuals who ultimately hold the decisions to affect policy. In this guide, *policy* refers to a law, regulation, procedure, administration action, incentive, or voluntary practice of organizations in all sectors—governmental, corporate, and non-profit (Appendix A).

Chapters and their partners can work to promote health equity by educating key stakeholders on policy that promotes health equity. Health disparities are influenced by policies, systems, and environments that can either be favorable or disruptive to the public's health. When key stakeholders, especially decision makers, establish policies, systems, and environments that support health equity, the greatest impact in ending health disparities can be achieved.

The goal of every health equity promotion plan must be based on identified health issues, objectives, and goals established by the local communities in their state or region. The activities of this plan set the framework for prioritizing strategies to address the social determinants of health, which are major factors of health disparities. The National Stakeholder Strategy supports the theoretical context for change model focused on the social determinants of health. The social determinants of health are significant factors that can influence change model, and, therefore, should be strategically incorporated into an organization's or coalition's plan on promoting health equity. The model provides a general road map to ensure that individuals, organizations, and coalitions stay focused while implementing incremental steps that lead to the end of health disparities (U.S. Department of Health and Human Services, 2011). The implementation of these

strategies by organizations and coalitions can impact the health inequities in the communities of their state or region.

Through collaborative partnerships, organizations such as SOPHE Chapters can formulate a health equity promotion plan that incorporates the National Stakeholder Strategy goals:

<b>National Stakeholder Strategy Goals</b>	
<b>Goal 1: Awareness</b>	Increase awareness of the significance of health disparities, their impact on the state/local region, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations
<b>Goal 2: Leadership</b>	Strengthen and broaden leadership for addressing health disparities at all levels
<b>Goal 3: Health System and Life Experience</b>	Improve health and healthcare outcomes for racial, ethnic, and underserved populations
<b>Goal 4: Cultural and Linguistic Competency</b>	Improve cultural and linguistic competency and the diversity of the health-related workforce
<b>Goal 5: Data, Research, and Evaluation</b>	Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes

Source: US DHHS, OMH (2011)

Overall, SOPHE Chapters' objectives in educating key stakeholders on health equity promotion should be to (1) develop, implement, and evaluate a health equity promotion plan to increase Chapter activities that address health disparities; (2) expand collaborative partnerships to increase awareness and knowledge among key stakeholders; and (3) train key stakeholders and health educators about policy, systems, and environmental change to address health disparities (e.g., diabetes education).

## CHAPTERS' ROLE IN ADDRESSING HEALTH DISPARITIES

SOPHE's 20 Chapters offer a network of opportunities for professional development, collaborative partnerships, and health equity promotion initiatives and activities. Chapters play a vital role in effectively communicating the policies (governmental, corporate, and non-profit) that support population health. Chapters'

ability to build capacity to promote the implementation of evidence-based activities for addressing health disparities is critical to understanding the social determinants of health. Strengthening the field of health education and educating key stakeholders on evidence-based and cost-effective policies that promote health are measures that Chapters can take to reduce health inequities and improve health outcomes locally at their state or region.

In effectively educating key stakeholders to promote health equity, Chapters will need to (Guide to Effectively Educating State and Local Policymakers, 2012):

- Identify, define, and anticipate public health problems or opportunities
- Apply the science and evidence base to inform policy decisions
- Inform and educate key stakeholders
- Train others in effective health equity/health disparities promotion communications
- Develop and implement media communications strategies targeted to various audiences about health policies
- Assess current public health law against evidenced-based recommendations
- Build coalitions of key stakeholders
- Evaluate the return on investment of current proposed policies

### RECOMMENDED CHAPTER ACTIVITIES

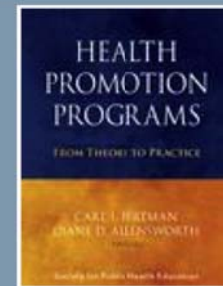
Chapters should address racial and ethnic population's health disparities by focusing on disease or other health concern prevention and management. For example, diabetes is the sixth leading causes of death in the United States (Centers for Disease Control and Prevention, 2011). About 10 percent of the nation's adults ages 20 and older have diabetes, and 37 percent of those with diabetes are aged 65 and older (Centers for Disease Control and Prevention, 2011). In focusing on increasing public awareness of racial and ethnic health disparities, Chapters can establish collaborative partnerships to engage key stakeholders on diabetes disparities and other related health concerns. SOPHE Chapters are encouraged to convene educational forums and workshops on the latest evidence-based disease and risk behavior trends, and policies. By conducting

“train-the-trainer” educational forums and workshops, Chapters can reach at least 100 health educators and community members annually.

Chapters must also demonstrate leadership on chronic disease prevention and policy in their state or region. By providing technical assistance to local health educators and organizations and building collaborative partnerships with other organizations and state partners, Chapters can effectively communicate with key stakeholders in their area. Diverse partnerships to address health disparities expand strategies and resources for racial and ethnic populations.

Chapters who aim to improve written communications and social media outreach can utilize the *Media Guide for SOPHE Chapters*, developed by National SOPHE as a technical assistance tool for Chapters. Chapters are encouraged to share effective, up-to-date communication strategies to their members. Chapters should keep members updated with new developments in a variety of communication mediums such as newsletters, Facebook postings, and other virtual engagement tools (Twitter chat, live webinars, etc.). Additionally, SOPHE Chapters can host educational sessions at annual meetings. Chapters should establish a diverse network among its members, National members, and professionals representing governmental, corporate, or non-profit sectors at the local, state, or national level. One benefit of this includes securing a panel of experts on health policy and chronic disease for professional development opportunities. By developing media campaigns, Chapters can improve coverage of issues, policies, and programs in health disparities.

SOPHE Chapters can work to offer mini-grants for local health educators and organizations to conduct diabetes disparities educational sessions. In addition, Chapters could sponsor briefings to describe the problem and discuss how social determinants impact diabetes disparities among racial and ethnic populations. Chapters must work



*Health Promotions Programs* includes a chapter template focused on key organizational health promotion practices: identifying organizational key stakeholders, articulating challenges, assessing needs and assets, building evidence-based health education programs and services, funding budgeting, evaluation, advocacy, and professional development. This vital resource for faculty, students, and professionals provides the needed guidance and tools for a career in health promotion.

For more information about this publication, visit [http://www.sophe.org/Health\\_promotions\\_program.cfm](http://www.sophe.org/Health_promotions_program.cfm)



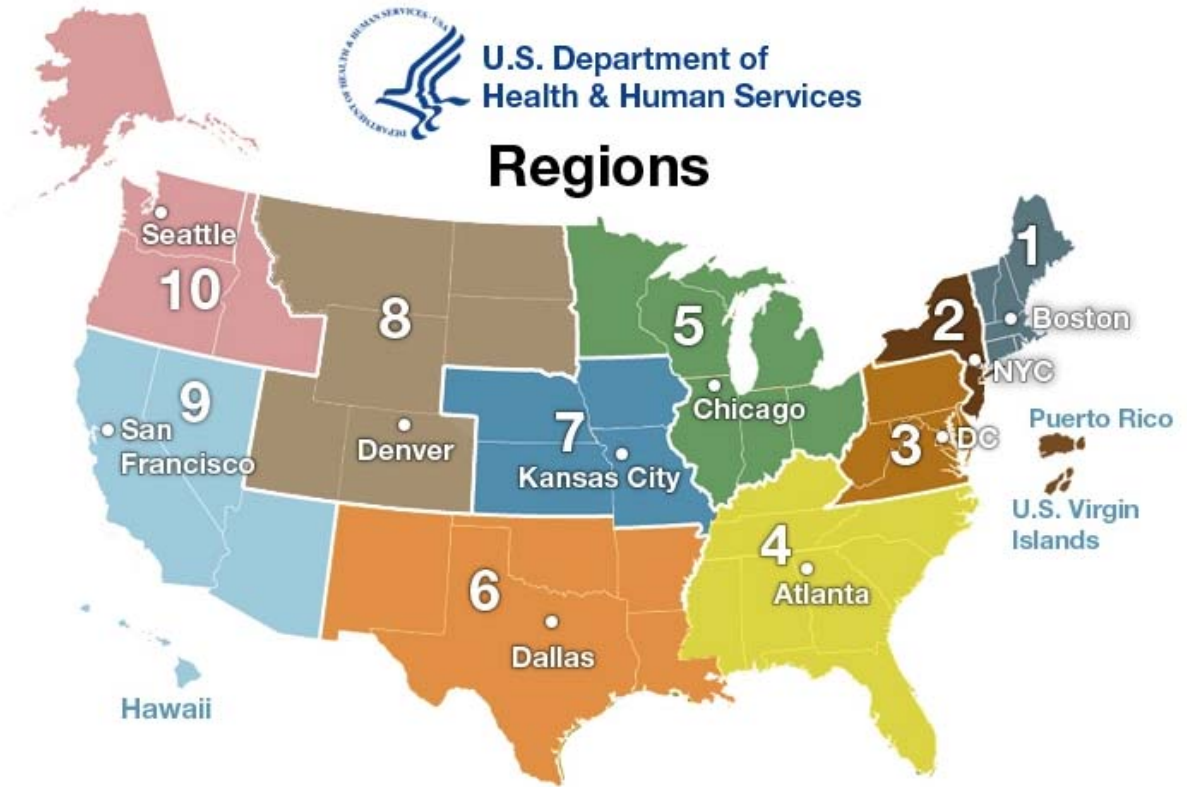
to educate key stakeholders in health equity promotion by introducing, co-sponsoring, and adopting proposed policy. In doing so, Chapters can address health disparities related to chronic diseases, and increase financial and other program resources at the state/local level for chronic disease prevention and wellness promotion. Chapters should encourage members to participate in the annual health education summit. Lastly, Chapters should work on developing effective, educational health equity promotional materials for health educators.

## Example Chapter Activities

Activity Area	Example	Benefits
<b>Training</b>	Train health educators on conducting HIAs (Community Commons, Robert Wood Johnson), which are used to evaluate the effects of a plan, project, or policy before it is built or implemented (CDC, 2012)	-Increase positive health outcomes and minimize adverse health outcomes by bringing potential public health impacts and considerations to the decision-making process for plans, projects, and policies that fall outside the traditional public health arena, such as transportation and land use (CDC, 2012)
<b>Collaborative Partnerships</b>	Establish collaborative partnerships with Office of Minority Health, 10 Regional Health Equity Councils (RHEC) (Figure 2) to engage key stakeholders to reduce health disparities based on the National Stakeholder Strategy	-Reduce duplication efforts -Improve Outcomes -Distribute resources to address health disparities (US DHHS, 2011)
<b>Technical Assistance</b>	Provide health educators and organizations with evidence-based chronic disease self-management programs, resources, and tools to reduce the burden of health disparities such as diabetes	-Self-management programs provide a great opportunity for health education. -Health education offers an affordable and effective approach to primary prevention and management -Health Educators provide cost-effective prevention and management in health care

Figure 2

Regional Health Equity Councils (RHEC) Map



## Getting Organized at the Chapter Level

(Adapted from the NAEYC Advocacy Toolkit)



### ASSESS RESOURCES

As part of a national organization, SOPHE Chapters are encouraged to work on health equity promotion initiatives and communications. Chapters have designated resources for their health equity promotion activities and initiatives and communications work in order to be intentional, strategic, and ready to act or react. The range of resources will vary among Chapters. But without planning for basic costs of educating key stakeholders in health equity promotion, it is difficult to be both intentional and strategic.

Things to consider:

1. Volunteer time and level of involvement
2. Cost of communications activities (e.g., mailing, email, and web management)
3. Meetings: travel, copies of materials, incidentals
4. Conference calls
5. Printing
6. Required registrations, filings and other forms
7. Seeking consultant services
8. Special events, such as a conference or community event

### DESIGNATED COMMITTEE(S)

It is critical that no single person makes all of the decisions and has the entire burden of the Chapter's health equity promotion activity and initiative efforts. Having a designated committee or committees to work on the issue of educating key stakeholders on health equity promotion improves the Chapter's credibility, and ensures diversity and

inclusivity of opinion, expertise, and experience. By making this committee(s) an integral part of the Chapter's work, and not a separate, unaligned part, Chapters can remain committed to their work to eliminate health disparities.

### Responsibilities of the Designated Committee(s):

- ✓ Plans and organizes the distribution of information and the activities relating to health equity promotion activities and initiatives
- ✓ Schedule regular meetings and communication
- ✓ Establish and review priorities for health equity promotion
- ✓ Establish and review an annual health equity promotion agenda—the current health disparities issues that the Committee(s) will focus on each year
- ✓ Create communication systems to keep their members, other Chapters, and the public aware of health disparities issues
- ✓ Create communications systems to alert members to contact key stakeholders at appropriate times
- ✓ Provide training and information at conferences and other venues sponsored by the Chapter
- ✓ Work collaboratively with person(s) responsible for public representation in speaking at functions, press, etc. on messages regarding health disparities issues

### Responsibilities of the Designated Committee(s) Chair(s):

- ✓ Delegates tasks and responsibilities to members of the committee that match their interests, abilities, and skills
- ✓ Coordinates communication systems
- ✓ Liaison to National SOPHE Committee(s)
- ✓ Liaison to other designated committees in other Chapters
- ✓ Facilitates committee in setting priorities and reviewing current programs on educating key stakeholders in health equity promotion each year
- ✓ Member of National SOPHE Committee(s) and participates in any national health equity promotion activities



## HEALTH EQUITY PROMOTION PROGRAMS

SOPHE and its Chapters' work of educating key stakeholders in health equity promotion is issue-driven, not politically driven. It is based on evidence-based research on what works to reduce health disparities. Being able to promote and respond to proposals with credibility is critical. As an issue-driven organization, SOPHE has evidence-based, peer reviewed position statements that form the framework for SOPHE's positions in health disparities and health equity issues.

## KEEPING MEMBERS INFORMED

Having united members is key to a Chapter's success in all its health equity promotion activities and initiatives. Messages and information must be consistent, accessible, and distributed widely, internally and externally in the Chapter among the Chapter members and public.

Internally, it is important that the Chapter's committee(s) on health equity activities and initiatives keeps the Chapter Board and members informed of its meetings and its decisions. Liaison with the Board and members should be a formalized process and clearly understood. Likewise, local chapters should keep National SOPHE abreast of key activities and initiatives regarding health equity promotion.

Internal communications—those with members—should be formalized as well. A designated person should have the responsibility of sending out information about health equity related issues. The centralization of this information dissemination is key so that mixed messages do not get sent to the members, who are vitally important to implementing grassroots activities on educating key stakeholders in health equity promotion.

Increasingly, most communication is done through email and listservs. SOPHE at the national level uses two forms of communicating updates for national health equity promotion activities and initiatives: (1) an email distribution that is open to all of its members; and (2) a listserv that serves more specific issues and topics under the Communities of Practice and various Committees. These communications mechanisms are established by most Chapters and have been the most efficient and speedy way to disseminate important information.

# SOPHE CHAPTER'S GUIDE TO PROMOTING HEALTH EQUITY

## TYPES OF MEMBERS

Understanding the dynamics of membership can help SOPHE Chapters maximize the efficiency within their organization.

<b>Member Type</b>	<b>Description</b>
<b>Leader</b>	A person who provides vision and keeps activities on educating key stakeholders on the health equity promotion effort on track
<b>Advisor</b>	A person who is willing to share their special expertise with fellow colleagues and targeted key stakeholders
<b>Researcher</b>	A person who can collect data and synthesize research reports into issue briefs and background papers
<b>Contributor</b>	A person who is willing to roll up his/her sleeves and participate in the nuts-and-bolts work of health equity promotion, from making phone calls to stuffing letters
<b>Friend</b>	A person who does not have time or resources to participate in every aspect of the planning and implementation of health equity promotion, yet who cares and can always be counted on to help when a push is needed

## ACTIONS THAT MEMBERS CAN TAKE

- ✓ Share research that supports effective and appropriate evidence-based health equity promotion activities and initiatives
- ✓ Join Chapter's designated committee(s) on health equity promotion
- ✓ Write to the editor of a newspaper or magazine
- ✓ Meet with a stakeholder to provide awareness on health disparities and health equity promotion
- ✓ Volunteer to assist Chapter in planning activities to bring awareness to the community on health disparities
- ✓ Collect data and research and work with other volunteers to develop a position statement on a critical health equity issue
- ✓ Speak at any key stakeholder meeting
- ✓ Conduct local, state, or regional surveys on health disparities and health equity

## CHAPTER'S INTENTIONAL, STRATEGIC STEPS TO HEALTH EQUITY PROMOTION

- ✓ Make it the Chapter's priority to educate key stakeholders in health equity promotion—organize discussion groups, visiting, e-mailing, writing letters or calling key stakeholders, helping to promote evidence-based policies on health equity promotion, etc.

- ✓ Keep informed: Sign up for communication on National SOPHE's and other Chapter's web sites; Read the newspaper and National SOPHE publications. Talk to others in the field and ask supportive key stakeholders to keep you informed about health disparities and health equity issues.
- ✓ Know the process: Understand certain health promotion activities and initiatives are introduced and enacted at the key stakeholder's respective non-profit, corporate, or governmental sector
- ✓ Express Chapter's views: As an organization representing health education professionals, the Chapter should have a clear understanding of the needs of underserved populations in their state or region, and should learn to effectively express the Chapter's views and opinions to the public and to key stakeholders
- ✓ Let others know: Contact key stakeholders, newspapers, join groups and networks, and become active in health equity promotion in your state or region
- ✓ Be visible: Attend meetings, hearings and visit key stakeholders at events they are hosting
- ✓ Show appreciation: Be sure to send a thank you message when key stakeholders have supported or responded to your requests. Consider ways to honor those who support important issues in health equity
- ✓ Watch the implementation: After the health equity initiative has been supported and established, Chapter's must continue to monitor its implementation, evaluating how it works, possible flaws, and if correction is needed or considered.
- ✓ Build rapport and trust: Be a reliable source of information for key stakeholders. Become familiar with them by researching their records and stances, professional background and interests. Keep channels of communication open.
- ✓ Educate your key stakeholders: Keeping key stakeholders informed on needs of health equity promotion, send articles, newsletters, and research about programs that promote health equity. Invite them to attend or speak at meetings, forums, conferences, workshops, and symposiums. Extend invitations to visit your Chapter's events.

### GETTING WHAT YOU WANT FROM KEY STAKEHOLDERS

1. Be strong and organized

The most critical thing you can do to gain influence is to build a large, well-organized membership. If well-organized, Chapters will have enough clout to be heard and to get support from key stakeholders.

2. Be knowledgeable about the issues  
Sharing firsthand testimony about the concerns the Chapter is working on builds your credibility, as does having sound research and bringing accurate information about potential solutions (what they cost, what outcomes will result, and how the solution will work).
3. Be direct and respectful  
If a Chapter doesn't ask directly for the specific support on health equity promotion, it becomes difficult to receive that specific commitment from a key stakeholder. The goal is accountability—you want the key stakeholder to publicly support that health equity promotion initiative. If you are disrespectful, you alienate the key stakeholder, the public, and Chapter members.
4. Be knowledgeable about the rules of the game  
It is a learning process, so it is fine to ask key stakeholders questions about the process, but the more the Chapter knows ahead of time about when and how decisions are made, the better impression the Chapter will make on key stakeholders.
5. Follow a disciplined protocol  
If possible, go with a team. Because when you bring a group:
  - Members feel more confident
  - A public statement is harder for key stakeholders to retract
  - It helps to have less confusion about what happened and what was really said
  - It helps develop the leadership and commitment of more Chapter members
6. Maintain formality  
One tactic that key stakeholders use to prevent individuals or organizations from holding them accountable is to encourage the individual or organization to relate to them in a personal way.
7. Plan your meetings to make sure there are clear goals, a clear agenda, and clear roles.

When meeting with a key stakeholder to determine whether the proposed health equity initiative is winnable, do so in a structured, organized way.

- Know exactly what you want to accomplish in the meeting.
  - Have a clear agenda.
  - Assign different members to roles based on their strengths.
  - Practice and prepare by role playing.
  - Have a briefing before the meeting to go over the goals, agenda, and roles.
  - Evaluate afterward to arrive at a common interpretation of what happened, learn lessons, and figure out next steps.
8. Dress professionally

## Engaging Members

(Adapted from the NAEYC Advocacy Toolkit)



Promoting health equity is about educating key stakeholders on health disparities and on activities and initiatives that promote health equity so that key stakeholders can be more responsive to issues affecting a large number of those affected by health inequity. This means bringing to attention the problems of health disparities in key stakeholders' respective communities and educating them on evidence-based solutions. Health equity promotion would require engaging members to seek support from key stakeholders by educating them on the issues of health disparities and health equity in their respective communities.

### Role of Health Educators

Chapter members consist of a variety of health educators in governmental, non-profit, and corporate sectors. Health educators who participate in SOPHE Chapters' "train-the-trainer" educational forums and workshops can be equipped with the tools and resources to conduct local training among sub-communities. Health educators are encouraged to implement at least three strategies and utilize evidence-based resources to educate key stakeholders about diabetes disparities. Local health educators should work to establish long-term relationships with key stakeholders, especially policymakers. Local health educators who work with health journalists and editorials can improve media coverage of health equity issues such as diabetes disparities.

By applying for SOPHE chapters' mini-grants and participating in training sessions, health educators can participate in planning committees/workgroups, and identify speakers for local events. Additionally, health educators should attend annual health education training sessions sponsored by the Coalition of National Health Education Organization. And through participation in meetings on key policy issues and the

utilization of evidence-based health equity promotion information from National SOPHE (i.e. SOPHE's advocacy plan), local health educators can work to promote health equity initiatives and activities to highlight health education and health promotion programs and research.

## Educating Key Stakeholders

(Adapted from the NAEYC Advocacy Toolkit)



### WHO ARE KEY STAKEHOLDERS

Key stakeholders are individuals, groups, or institutions likely to be affected by a proposed project (either negatively or positively), or those who can affect the outcome of the project (Participation and Social Assessment: Tools and Techniques: Compiled by Jennifer Rietbergen-McCracken and Deepa Narayan, World Bank, April 1998). They are persons who might be involved or be impacted by the project. The stakeholder population can be broad, so narrowing the field to key stakeholders is a main objective of conducting a stakeholder analysis. The identification stage could start with the designated person, especially if he or she is familiar with current or potential stakeholders. Remember, the more involved stakeholders are in the project, the more likely a project will be successful.

### EXAMPLES OF KEY STAKEHOLDERS BY SECTOR

SECTOR	KEY STAKEHOLDERS
<b>Nonprofit</b>	Executives Board of directors Faith-based leaders Agency directors College deans Leaders in PTAs and other formally organized voluntary groups
<b>Corporate</b>	Executive suite: CEO, COO, CFO Board of directors Human resource directors Medical directors for a hospital, nursing home, health plan



	Editorial boards
	Property owners or managers
<b>Governmental</b>	Elected: governors, legislators, city council, school board Appointed: cabinet secretaries, advisory committees, judges Career: agency section heads, legislative staff, school administrators

Source: SOPHE (2012). Guide to Effectively Educating Key State and Local Policymakers

## ESTABLISH PRIORITIES

There are some periods of time in history when it is easier or more difficult to make progress in a certain priority of a Chapter. Health equity activities and initiatives development and advancement is often dependent in the context of the political, social, and economic climate of the state, community and nation. Determining specific priorities in a Chapter's health equity promotion agenda as it relates to the current climate to implement the activities and initiatives is often difficult without planning strategically beforehand. The chart below is to assist Chapters in developing specific priorities.

**Determining Health Equity Promotion Priorities – Short Term and Long Term**

Issue	Need (Date, Scope, Scale, Importance)	Political Environment (Government, Agency, Board, etc.)	Economic Environment (Source of Financing)	Social Environment (Awareness, Ease/difficulty, generating interest/support)	Capacity (Partners, resources, etc.)

## DEFINITIONS: CONCERNS, SOLUTIONS, AND ASKS

(Adapted from the Chapter Handbook by Stand for Children)

These concepts are important to keep in mind when choosing an issue to address, figuring out how to address issues, and articulating what you want from key stakeholders. Key stakeholders can be those individuals who can affect health equity promotion activities and initiatives and/or determine how funds can be spent.

**Concerns/Issues:** Specific problem with Health Educator Training

Example: Health educators have asked their SOPHE Chapters for assistance and training to conduct health impact assessments (HIAs) among the ethnic and racial minority and underserved populations in their respective communities.

**Solution:** A way to address a concern or issue

Example: Provide a HIA training workshops for health educators in the local area

**Ask:** A specific statement of something an organization wants done from a key stakeholders a by a set time frame

Example: SOPHE Chapter would seeks partnership with the key stakeholder's organization to conduct Health Impact Assessment training workshops for 30 health educators in the community and to help contribute a financial fund of about \$ for this workshop.

Use the following questions when figuring out whether a solution to a particular concern or issue is winnable.

### Potential Allies and Opponents

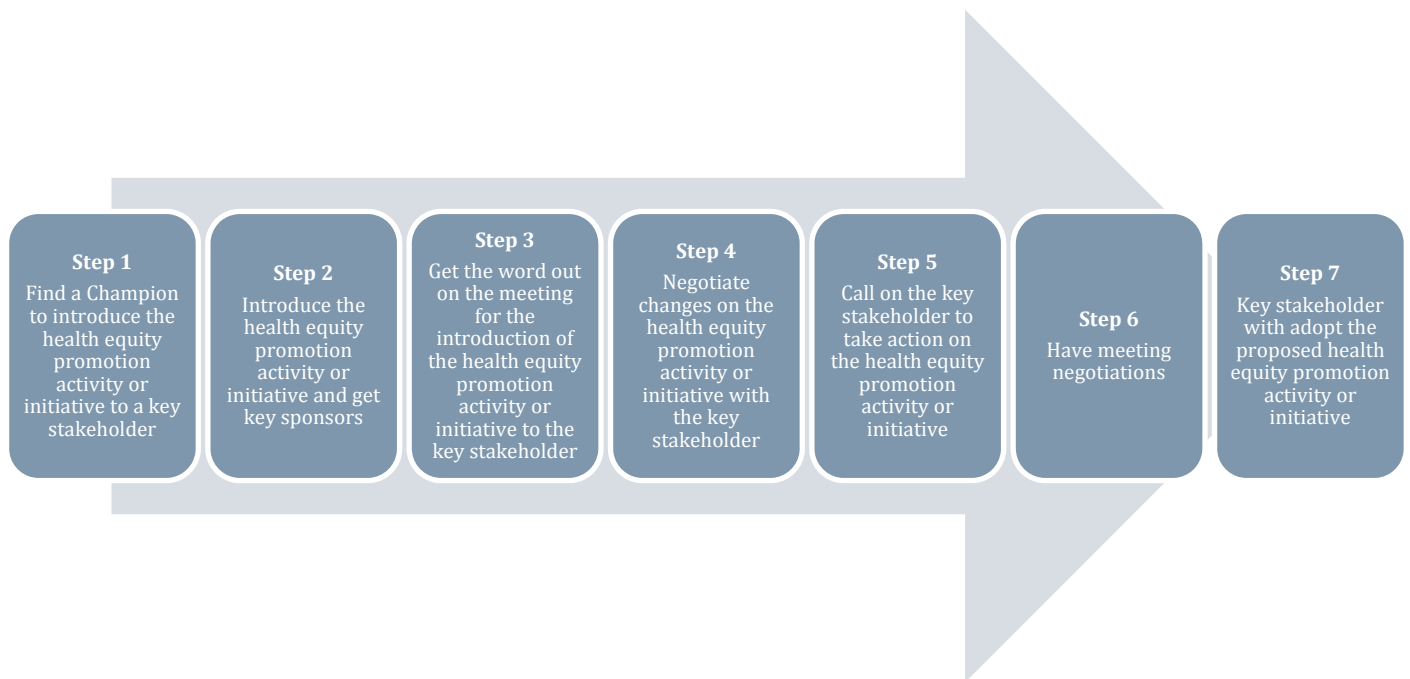
- Is there an ally with decision making power who will champion your solution?
- Can that ally win the support of other key stakeholders?
- Is there a key individual or group who is adamantly opposed to your solution?
- Are there strong allies in the community you might enlist?

### Political Dynamics

- Can you identify a potentially favorable majority on the decision making body? How many key stakeholders are you fairly sure would vote in support your Chapter? In opposition? How many are you unsure about?

- Is it feasible, given the size of your membership and the effectiveness of your partners, to persuade the key stakeholder you're unsure about to support your solution?
- Are there any of the key decision makers, particularly the ones on the fence, up for re-election soon?
- Did those key decision makers win by a large or small margin last time?
- Do you have enough members to be considered a factor?
- Is the decision maker an appointed ally whose boss is or could be encouraged to be supportive?

## INFLUENCING EACH STEP OF THE PROCESS



## Establishing Partnerships



There is power in numbers, and more resources too. SOPHE does not expect its Chapters to work on health equity promotion activities and initiatives alone. Every state and local community has other groups working on health equity issues. The task for Chapters is to seek out these other groups, find out about their particular focus, and forge strategic relationships when possible.

### BUILDING PARTNERSHIPS

Health equity promotion activities and initiatives can be most effective when groups work together in partnerships. The most powerful coalitions are often those that combine groups that are traditionally not seen as direct stakeholders in the health equity promotion effort.

When looking for groups to work with on a particular issue, committees handling the Chapter's health equity promotion activities and initiatives can discuss these questions:

- Who is already engaged in this issue?
- Who can bring additional resources (not just financial), clout, or expertise, to the effort?
- Has the committee reached out to groups beyond public health? Which individuals or organizations contacted will depend on the nature of the issue?

Effective coalitions are stable and formal. Regular meetings should be held, to share information, and keep everyone connected to each other and to the agenda. Every organization in the partnership should designate one or more representatives who will commit to attending these coalition meetings on a regular basis.

Choosing coalition partners is an important part of a strategic plan. A method of forming a coalition is to identify other groups that have some or all of the same interests. As long as there is some common objective shared by all the groups, the potential exists to form a coalition.

- One approach is to jointly develop and agree upon a mission statement and set of guiding principles for the coalition. All potential members must agree to these principles, even if there are differing opinions on specific issues.

### NONTRADITIONAL PARTNERS TO CONSIDER

- Leaders of target population
- Health care practitioners, law enforcement officials, and other professionals
- Community-based and faith-based organizations
- Business
- Labor unions

### CHECKLIST FOR CHAPTERS FORMING PARTNERSHIPS

- ✓ Ensure participation reflects Chapter priorities and policy program
- ✓ Ensure partnership reflects health equity needs/concerns
- ✓ Know what the Chapter's role in the partnership will be: lead, partner in message and strategy decisions, information dissemination
- ✓ Consider the resource allocation: Is every partnership equal in the amount of time, staffing, and materials development?
- ✓ Have designated persons represent the Chapter at partnership meetings and events so there is a visible, recognizable Chapter presence and voice

## Getting Out There



### MEDIA

When calling to attention a health equity promotion activity or initiative, Chapters need to know how to work with their local media to have their opinions transmitted widely. Being effective at this level involves strategy and a clear idea of what message you want to relay. Members of the media often have little time to learn a subject— SOPHE Chapters must serve as well-prepared experts on the issues you know best.

### TIPS ON COMMUNICATING WITH THE MEDIA

The first step in working with the media is recognizing those organizations, communities, and individuals who do not know about SOPHE or the existence of health disparities, and aren't aware of the benefits of promoting health equity. When people don't know about SOPHE, your Chapter's efforts are made even more difficult. The best way to build awareness of – and support for – your Chapter and issues of health disparities is through the media.

When communicating with the media, make sure you:

- ✓ Know what you want to say  
You won't get your message across if it's not clear in your own mind. Write down the two or three most important points you want to make. Keep them short and to the point.
- ✓ Say it well  
Reporters don't like boring quotes. Use a brief but powerful metaphor or anecdote. Back your message with data from credible sources.
- ✓ Say it clearly

Jargon is a barrier to communicating with reporters – and the public. Don't use shorthand terms or acronyms. Describe issues in everyday language.

✓ **Say it again**

When you find a clear and effective way to make your point, stick with it. Avoid getting in extended discussions about other details of early childhood education. To make sure a reporter gets your main message, stay on that message.

✓ **Become a resource**

Respect deadlines and provide good information (and if you can't, suggest others who can.) Reporters will learn they can rely on you in the future.

✓ **Reach out**

Reach out to reporters. Build relationships. It's important to respond when reporters call, but you also need to contact them proactively, suggesting issues and ideas they should consider for future reports.

### WAYS TO REACH OUT WITH MEDIA

- ✓ Prepare a Pitch Story
- ✓ Write a Media Advisory
- ✓ Write a Press Release
- ✓ Write a Backgrounder.
- ✓ Write an Opinion-Editorial (Op-Ed)
- ✓ Write a Letter to the Editor
- ✓ Write a Radio PSA
- ✓ Use Social Media

### SOPHE'S MEDIA TOOLKIT

For more in-depth details on working with the media, visit SOPHE's [Media Guide for SOPHE Chapters](#)

[http://www.sophe.org/Sophe/PDF/Media Guide for SOPHE Chapters.pdf](http://www.sophe.org/Sophe/PDF/Media%20Guide%20for%20SOPHE%20Chapters.pdf)

### PUBLIC EVENTS

There are some days in the year that present natural opportunities for public awareness and public events such as community/state fairs, town hall meetings, chapter meetings,

and other conferences.

### NHEW

Since 1995, National Health Education Week (NHEW) has been celebrated during the third week of October. This celebration focuses national attention on a major public health issue and promotes consumers' understanding of the role of health education in promoting the public's health. During this week SOPHE's activities includes developing a toolkit and factsheets, providing tips and resources, hosting a webinar, and having twitter chat. This is an opportune time for Chapters to gain national and local recognition.

To access the latest information, resources, and toolkits on NHEW, visit

<http://www.sophe.org/NHEW.cfm>





### Examples of Health Equity Promotion Activities

In September 2009, the Centers for Disease Control and Prevention awarded SOPHE a five-year cooperative agreement as one of five national organizations to utilize its national outreach to expand and support the Racial and Ethnic Approach for Community Health (REACH) program (Warren, 2010). In this project, SOPHE is working with REACH Centers of Excellence for Elimination of Health Disparities and Action Communities by empowering its Chapters, national partners and community members to reduce diabetes and related risk factors among African American and Native American/Indian populations (Warren, 2010). Two SOPHE Chapters are sub-recipients of \$250,000 over five years to reduce health disparities. The two funded SOPHE Chapters are focused on: 1) Enhancing their leadership and partnership capacity to facilitate community action towards policy and environmental systems change to reduce health disparities, and 2) Improving the lives of American Indian/Alaska Natives and African Americans to develop tools, policies, and strategies that will improve the social conditions that are the root cause of health inequities, particularly related to diabetes (Warren, 2010).

Georgia SOPHE Chapter is expanding the capacity for policy, system and environmental change through continued coalition building in rural Jenkins County, Georgia (Warren, 2012). The Northern California SOPHE Chapter is addressing diabetes in American Indian/Alaska Native populations in the urban Bay Area of California by partnering with the Intertribal Friendship House (Warren, 2012). National SOPHE staff provides technical assistance to the funded Chapters and communities through monthly conference calls, site visits, materials development, and webinars (Warren, 2012).

In conclusion, SOPHE Chapters have the potential to be leaders in the communities by sharing resources, programs, and tools to address health disparities. Health educators offer the expertise to plan, implement and evaluate efforts to improve health outcomes. It is important for collaborative partnerships to develop health equity promotion plans to address health inequities.

## Appendix A

### Key Terms

#### ADVOCACY

Any activity designed to influence policy and legislation affecting health education and health promotion by providing a view with regard to a particular piece of pending legislation at the federal, state, or local level, executive branch policies, or asking other groups or persons to lobby

#### POLICY

A law, regulation, procedure, administrative action, incentive, or voluntary practice of organizations in the governmental, corporate, or non-profit sectors.

#### EDUCATION

Any activity designed to deliver factual information without expressing a value judgment and without reference to a specific policy or legislative action. Examples include providing data about program participants, briefing lawmakers about the evidence base for policy options, or organizing a nonpartisan discussion about a social issue.

#### HEALTH EDUCATION

A social science that draws from the biological, environmental, psychological, physical, and medical sciences (Spotlighting Diabetes Prevention, 2012). It aims to promote health and prevent disease, disability, and premature death through theory-based voluntary behavior change activities, programs, campaigns, and research (Spotlighting Diabetes Prevention, 2012). Health education is an essential public health service that requires the practice of three core functions of public health: assessment, policy development, and quality assurance (Spotlight Diabetes Prevention, 2012).

#### HEALTH DISPARITY

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial and/or

ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensor, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

### HEALTH EQUITY

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

### KEY STAKEHOLDERS

Individuals, groups, or institutions likely to be affected by a proposed activity or initiative (either negatively or positively), or those who can affect the outcome of an activity or initiative. Key stakeholders can also be those individuals who ultimately hold the decisions to affect policy.

### SOCIAL DETERMINANTS OF HEALTH

Examples include gender, socioeconomic status, employment status, educational attainment, food security status, availability of housing and transportation, racism, and health system access and quality

## Appendix B

### RESOURCES

Written information that is concise, brief and takes up only one issue at a time can be helpful in a Chapter's health equity promotion activities and initiatives. Giving information should not be the activity or initiative in itself—it is the tool for promoting health equity. Here are some data resources that Chapters can refer to when educating key stakeholders to promote health equity.

#### Issue Briefs

National SOPHE has published numerous position statements and issue briefs that Chapters and other organizations can utilize.

Health Disparities → <http://www.sophe.org/healthdisparities.cfm>

Health Equity → <http://www.sophe.org/healthequityproject.cfm>

#### State Fact Sheets

Kaiser Family Foundation State Fact Sheets → <http://kff.org/statedata/>

#### National and State Data Sources

NHANES → <http://www.cdc.gov/nchs/nhanes.htm>

Behavioral Risk Factor Surveillance System → <http://www.cdc.gov/brfss/>

Youth Risk Behavior Surveillance Survey →  
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Census Bureau → <http://www.census.gov/>

Centers for Disease Control and Prevention → [www.cdc.gov](http://www.cdc.gov)

## Appendix C

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