

Entrepreneurship in Health Education and Health Promotion: Five Cardinal Rules

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Eddy, J. M. and Stollefson, M. L. (2009). Entrepreneurship in health education and health promotion: Five cardinal rules. *Health Promotion Practice, 10*(3), 333-341. DOI: 10.1177/1524839907300805

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Abstract:

The nature of health education and health promotion (HE/HP) offers a fertile ground for entrepreneurial activity. As primary prevention of chronic diseases becomes a more central component of the health and/or medical care continuum, entrepreneurial opportunities for health educators will continue to expand. The process used to design, implement, and evaluate health promotion and disease prevention has clear articulation with entrepreneurial, marketing management, and other business processes. Thus, entrepreneurs in HE/HP must be able to utilize business process to facilitate creative, new HE/HP business ideas. The purpose of this article is to weave theory and practical application into a primer on entrepreneurial applications in HE/HP. More specifically, the authors meld their prospective experiences and expertise to provide background thoughts on entrepreneurship in HE/HP and develop a framework for establishing an entrepreneurial venture in HE/HP. Five Cardinal Rules for Entrepreneurs in HE/HP are proposed.

Keywords: entrepreneurship; health education; health promotion

Article:

The nature of health education and health promotion (HE/HP) offers a fertile ground for entrepreneurial activity (Berne, 1993; Bookbinder, 2001; Westerfield, 1987; Witherspoon, 1998). Entrepreneurial opportunities are prevalent and increasing in HE/HP as more emphasis is directed toward primary prevention of chronic disease. Opportunities include program applications that span a continuum which ranges from health risk assessments to substance abuse cessation and stress management programs (Westerfield, 1987), and further on to computerized dietary assessments (Hensleigh, Eddy, Wang, Dennison, & Chaney, 2004), evaluation consulting (Berne, 1993; Bookbinder, 2001), and the design of entire health education programs using distance education technologies (Eddy & Bartee, 1999; Eddy, Donahue, & Chaney, 2001).

Changes in social, political, and regulatory factors and advances in instructional technology have led many health educators to think about becoming entrepreneurs. As primary prevention of chronic diseases becomes a more central component of the health and/or medical care continuum, entrepreneurial opportunities for health educators will continue to expand (Bookbinder, 2001; Westerfield, 1987; Witherspoon, 1998). The process used to design, implement, and evaluate health promotion and disease prevention has clear articulation with entrepreneurship, marketing management, and other business processes (Eddy, 2006; Eddy et al., 2001). Business and health education applications use formative evaluation, needs assessments, and other data-gathering techniques to develop two-way circular communication channels which determine the values, needs, and preferences of customers (in business applications) and students, clients, or participants (in HE/HP applications). The process to design business and HE/HP applications (e.g., products, programs, and services) is an art and science that requires knowledge of key design processes and the real world to forge successful application. Often, this level of HE/HP expertise is not found in business and community health organizations and thus may be outsourced to HE/HP entrepreneurs (Bookbinder, 2001; Witherspoon, 1998). To this end, many HE/HP expert providers have established entrepreneurial business operations to meet these emerging needs.

The purpose of this article is to weave theory and practical application into a primer on entrepreneurial applications in HE/HP. More specifically, we meld our prospective experiences and expertise to provide background thoughts on entrepreneurship in HE/HP and develop a framework for establishing an entrepreneurial enterprise in HE/ HP. Five Cardinal Rules for Entrepreneurs in HE/HP are proposed. The lead author developed an entrepreneurial-focused small business in 1991 to provide worksite health promotion programs to corporations and other health organizations. Since 1991, this business has worked with 10 different corporate and governmental entities and has generated more than US \$8.7 million dollars in revenue to support teams of health educators, other health professionals, and related support personnel to conduct these entrepreneurial activities. It is important to note that in the early years, this small business yielded a slim profit margin (about 5% to 7% of gross revenue). It became apparent to the lead author that it is difficult for new entrepreneurial enterprises to yield high profit margins while growing and developing a business idea. After the 3rd year of operation, this corporation yielded

TABLE 1
Common Traits of Entrepreneurs

Self-motivated	Facilitator
Networked	Problem solver
Decision maker	Team builder
Visionary	Synthesizer
Energetic	Creative
Motivated	“Get it done better” attitude
Envision success	Driven by vision
Persistent	Seldom feeling satisfied
Dogged determination	Risk taker
Innovator	Communicator of ideas
Strategic thinker	Confident
Resilient	Tolerance of ambiguity
Internal locus of control	Pragmatic
Molds ideas into action	Savvy
Passionate	Customer focused

SOURCE: Adapted from Barringer and Ireland (2006); Rubino and Freshman (2005); Witherspoon (1998).

more healthy profit margins (approximately 15% to 20% of gross revenue) for the next 10 years. Profits were distributed among owner and employees. The lead author has no formal training in business management, marketing, and entrepreneurship yet has learned business applications ostensibly on the job through trial and error. However, because this business was successful, the lead author has often been asked to provide workshops and programs on entrepreneurship in HE/HP.

The coauthor is a PhD student in health education with a bachelor’s degree in psychology and a master’s degree in health education. Throughout the coauthor’s graduate program, he has completed coursework in entrepreneurship, marketing, and business management (taught by senior faculty from one of the leading business schools in the nation), which has provided him with state-of-the-art business-related knowledge and skills. The synergy of these experiences serves as the basis for this discussion of entrepreneurial activities in HE/HP.

WHO SHOULD BECOME AN ENTREPRENEUR?

There are several myths about entrepreneurs, such as entrepreneurs are (a) risk takers; (b) born, not made; (c) blessed with good fortune; (d) young and dynamic; and (e) primarily concerned with revenue generation (Barringer & Ireland, 2006). In general, entrepreneurs are self-motivated problem solvers and decision makers with an interest in taking an idea or innovation to the marketplace (Kuratko & Hodgetts, 2004). Table 1 provides some traits often used to describe successful entrepreneurs. If you have some or all of these traits, seeking entrepreneurial activities may be your strong suit.

WHY PROFESSIONALS BECOME ENTREPRENEURS

Health professionals may seek to become entrepreneurs for many reasons: the desire to be one's own boss, the need or desire for flexibility in scheduling work times, the ability to pursue ideas and income in a creative manner, and so on (Barringer & Ireland, 2006; Kuratko & Hodgetts, 2004). For many, a primary reason for becoming an entrepreneur rests with the satisfaction of using one's own style and creative acumen to take a concept and work it to design an effective product or service that is unfettered by the constraints often found in larger organizations and institutions. We often hear about the person who made a fortune with an entrepreneurial activity, yet the average entrepreneur usually makes no more than other professionals doing the same kind of work with the same level of responsibility.

THE NATURE OF ENTREPRENEURSHIP

Inventors differ from entrepreneurs (Kuratko & Hodgetts, 2004). An inventor creates something new, whereas an entrepreneur assembles and then integrates all the resources needed (i.e., money, people, business plan, etc.) to operationalize an inventive idea, product, or service into a viable business. The essence of entrepreneurial behavior emanates from identifying opportunities and putting useful ideas and services into practice (Barringer & Ireland, 2006). This integration of ideas into practice inherently requires creativity and lateral thinking (i.e., thinking outside

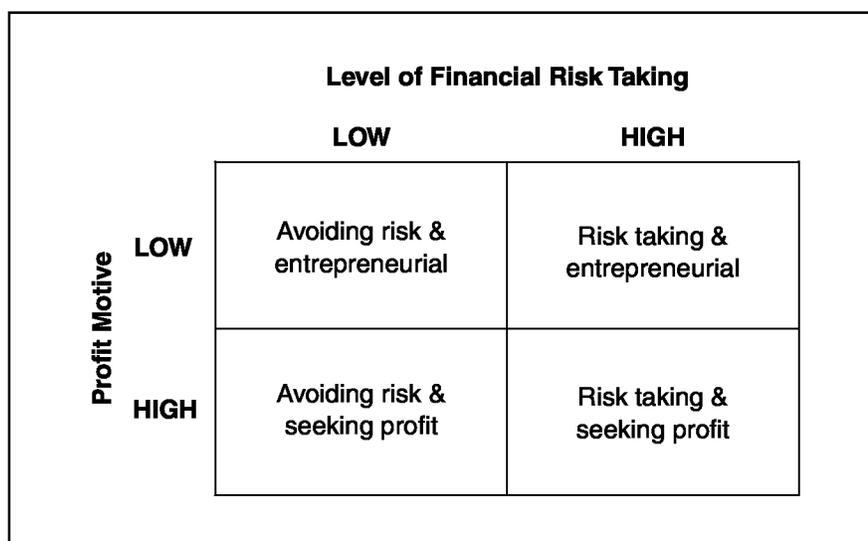


FIGURE 1 Typology of Entrepreneurial Styles
 SOURCE: Adapted from Monroy and Folger (1993).

the box), which typically involves a willingness to be innovative. Successful entrepreneurs possess an internal sense of control (Brockhaus, 1982; Gasse, 1985) and are able to create environments that support their business ideas (Edginton, 1992).

For example, the lead author's firm was one of many providers who were asked to bid on a request-for-application to conduct a comprehensive health promotion program for the employees of a large (7,200 employees) multisite company. The firm approached the task from a practice-based evidence approach that supported a traditional health education needs-assessment process to design and implement program activities. Other bidders proposed to examine medical cost data as a basis for program development. The idea of employee empowerment by including employees in the needs- assessment process to design a program resonated with the corporate decision makers, and the lead author's firm was awarded the project. In this example, thinking outside the box was using practice- based evidence rather than evidence- based practice to design, implement, and evaluate the program intervention. This example also highlights the need for entrepreneurs to communicate their ideas to clearly garner support (Rubino & Freshman, 2005), using persuasion or accommodation for their business ideas when necessary (Borins, 2000).

ASSOCIATED RISKS OF ENTREPRENEURIAL BEHAVIOR

Starting a new venture inherently involves some degree of risk taking. Because of this, entrepreneurs tend to evaluate risk very carefully from venture start-up through initiation (Kuratko & Hodgetts, 2004). Monroy and Folger (1993) did extensive research evaluating the typology of various entrepreneurial styles in an attempt to classify levels of risk incurred when undertaking new ventures. Financial risk was measured against level of profit motive, with the characteristic of risk coupled with both (see Figure 1). It was theorized that profit-seeking activity (entrepreneurial behavior) was directly related to the desire to maximize profit. As illustrated in Figure 1, entrepreneurs can vary in the relation between risk and financial return, which is dependent on level of profit motive and propensity to take on financial risk (Monroy & Folger, 1993).

Entrepreneurs face a number of different kinds of risk (Kuratko & Hodgetts, 2004), which can be grouped into four basic areas: financial risk, career risk, family and social risk, and psychic risk. To minimize these risks and others encountered during HE/HP entrepreneurial endeavors, it is suggested to comply with these Five Cardinal Rules of Entrepreneurship in HE/HP.

FIVE CARDINAL RULES OF ENTREPRENEURSHIP

Entrepreneurial activities in HE/HP are relative and contextual. Relative, in that much of what we do in HE/HP influences and is influenced by variable ^{human} conditions and social, environmental, and political factors (Eddy et al., 2001; McLeroy, Clark, & Simons-Morton, 1995). Intra-individual changes across time resulting from a wide range of personal, social, and environmental factors (such as maturation, marital status, conditions of employment, changes in the built environment, etc.) require a relative approach to HE/HP applications (Green & Lucie, 1996). Entrepreneurial activities are also contextual in that these activities occur within different organizational, community, and social structures, which are influenced by disparate written and unwritten policies, procedures, and norms. Therefore, the Five Cardinal Rules of Entrepreneurship in HE/HP discussed below should be viewed from this relative and/or contextual perspective.

1. Assess Your Capabilities and Limitations

Entrepreneurs cannot be all things to all people. In entrepreneurial endeavors, it is vital that you know what you can and what you cannot do with a high level of proficiency (Barringer & Ireland, 2006). For example, the lead author and his staff worked with several corporations on the design, implementation, and evaluation of primary prevention– focused employee health promotion programs using appropriate program- planning processes; yet, the lead author’s firm bid on and received a contract from a company to provide comprehensive health promotion services that included primary and secondary prevention services. Although the secondary prevention screening services were not in the firm’s realm of expertise, a “we can do it” attitude consumed the firm’s staff. The staff soon realized that their lack of expertise in secondary prevention-screening activities was taking time and energy away from what they did best: HE/HP primary prevention programming. This perceived lack of expertise was realized as the project staff (which consisted of professionals trained and credentialed in health education, nutrition and/or dietetics, and exercise physiology) became aware of the governmental regulations and related procedural requirements necessary to conduct many secondary screening procedures, especially those involving human fluids. Furthermore, the staff did not meet Clinical Laboratory Improvement Amendment (CLIA) guidelines. As a result, the firm subcontracted the medical screening services to a local hospital provider in the short term and then designed a program to allow employees receive age- and gender-appropriate medical screenings (e.g., blood pressure, cholesterol, mammograms, Prostate- Specific Antigens [PSAs], etc.) from their primary care physician. The point to be made here is that the firm assumed they could do everything and did not adequately assess their strengths and limitations.

The staff of the lead author’s firm then came to the realization that working long hours to retool did not necessarily make them more productive, rather it made them more tired and frustrated and also took time away from what they did best. The firm also came to the realization that it was not necessary to solely manage a wide range of tasks without assistance. Subsequently, the firm conducted the employee health promotion program for 13 years as an entrepreneurial endeavor, with a clear understanding that some activities needed to be contracted out to more skilled providers. This approach is congruous with the first law of strategy: lead from strength (Kuratko & Hodgetts, 2004).

2. Position Your Company on What You Do Best

With knowledge of your capabilities and limitations, you can begin to “position” your business product and/or service in the marketplace. A “position” is the image or niche that your product or service has in the marketplace (Pride & Ferrell, 2003). For example, a variety of health risk assessment (HRA) instruments are currently available in the marketplace and range in cost (approximately \$15 to \$75), length, ties to medical screenings, and outcome reports to individuals and organizations. If an entrepreneur wanted to introduce a new HRA into the marketplace, two important steps to position this product would be to (a) determine capability to develop a competitive HRA (what you do best) and then (b) determine how the HRA is unique (what this new HRA brings to a competitive market). This becomes the basis for your market position. The HRA could provide audio-tailored messages as output, or be linked to self-tests and/or medical screenings. Whatever makes the HRA unique will become the market niche and will establish the position promoted in subsequent marketing plans.

The development of a unique position takes time and effort. Some activities to establish and maintain your position in a community are knowing and staying ahead of your competition, making presentations to appropriate businesses and civil groups, distributing high-quality health communication pieces that support your position, writing for local publications, and creating satisfied customers. Providing an exceptional service or product brings repeat business, expands your opportunities, and positions your company as a leader in the community or field (Berne, 1993).

3. Use Contemporary Business and Marketing Applications

Business plan development. Developing a successful business plan

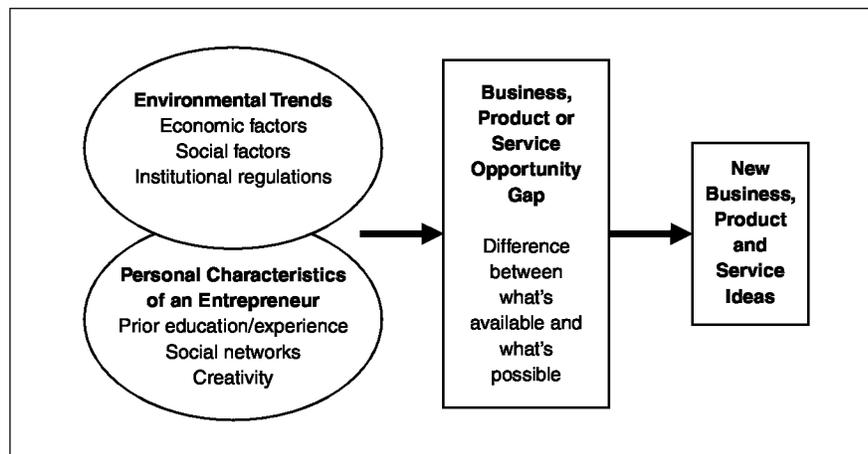


FIGURE 2 The Opportunity Recognition Process
SOURCE: Adapted from Barringer and Ireland (2006).

includes opportunity recognition, feasibility analysis, industry analysis, business model development, and strategic management (Barringer & Ireland, 2006). Articulating a business plan is an important step in entrepreneurial behavior, and it is important to realize that you risk a lot by not writing everything down and sharing your business ideas with others. Developing a viable business plan is discussed in depth elsewhere (Kuratko & Hodgetts, 2004, pp. 304-321). The formulation of a business plan allows other experienced colleagues to point out strengths and weaknesses in your business strategy and highlight additional opportunities for you to consider (Witherspoon, 1998).

Opportunity recognition. Before getting excited about a business idea, it is critical to determine whether your idea fills a need and meets the criteria for an opportunity. An opportunity is a gap between what is currently on the market and what the possibilities are for new or significantly improved products or services (Barringer & Ireland, 2006). It is created by a favorable set of circumstances, which generates a need for a new product, service, or business. An opportunity has four central qualities: It is (a) attractive, (b) durable, (c)

timely, and (d) anchored in a product or service that creates or adds value for its buyer or user (Barringer & Ireland, 2006).

Figure 2 illustrates the opportunity recognition process that pertains to HE/HP. As shown in the figure, there is a connection between an awareness of emerging trends and the personal characteristics of the entrepreneur because these two facets of opportunity recognition are interdependent. For example, in 1994, Michael Perko and Jim Eddy observed that the Occupational Safety and Health Administration (OSHA) was moving to require smoke-free workplaces, which mandated that companies design more comprehensive environmental tobacco smoke (ETS) policies (environmental trend). Perko and Eddy had prior experience developing smoking cessation programs and policies and had access to a network of key leaders in the worksite field (personal characteristics). Perko and Eddy seized this opportunity by submitting a Small Business Innovation Research (SBIR) grant application to the Office on Smoking and Health/ CDC (product and/or opportunity gap) to develop the manual (new product) titled Making Your Workplace Smoke Free: A Decision Maker’s Guide (Centers for Disease Control and Prevention [CDC], 1996), in concert with Dr. Harold Kahler, then Executive Director of the Wellness Councils of America. In this example, the opportunity recognition process, outlined in Figure 2, led to the funding and development of a new product in the workplace.

Barringer and Ireland (2006) suggested that conducting a feasibility analysis validates the need and potential for a product or service in the marketplace. Barringer and Ireland believed that all of the following four feasibility criteria must be met before proceeding in the development of a business plan:

- **Product and/or service feasibility:** Is the product or service generally appropriate for the marketplace? Does it adhere to ethical guidelines for the profession?
- **Industry and/or market feasibility:** What is the overall appeal of the market for the product or service being proposed? Is the product or service being introduced in a timely manner? Has a niche been established?
- **Organizational feasibility:** Are there sufficient resources to move forward in successfully developing a product or service idea? Is there space availability? Are quality practitioners available in the area to deliver health education and/or promotion services?

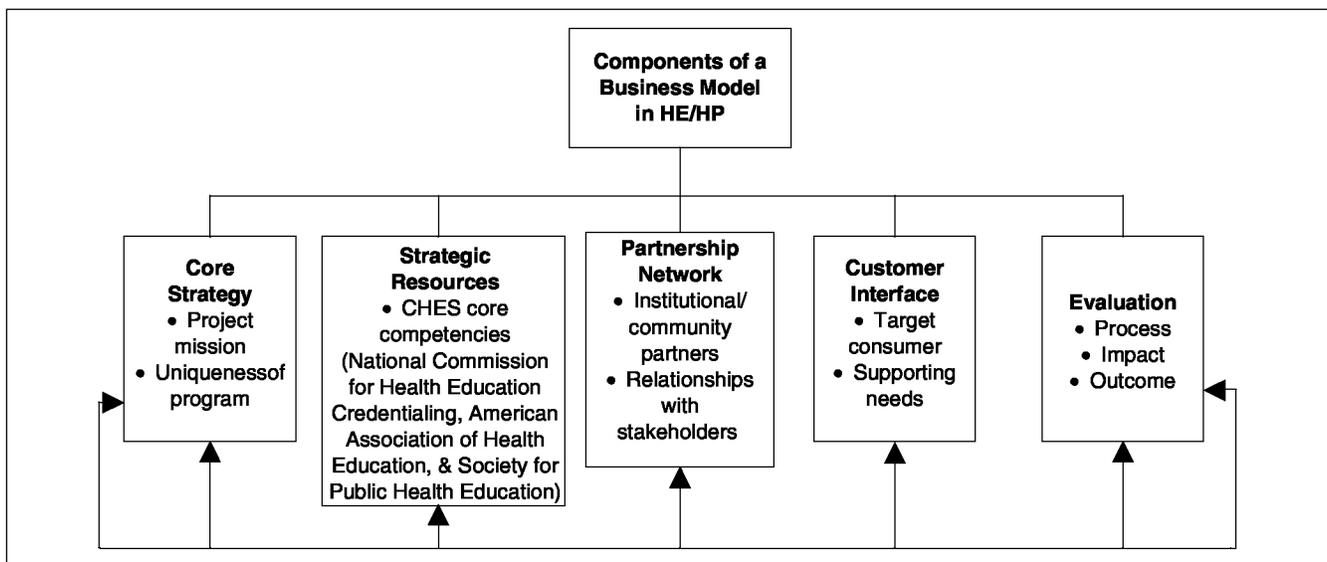


FIGURE 3 Components and Management of a Health Education/Health Promotion Business Model

SOURCE: Adapted from Barringer and Ireland (2006); Kuratko and Hodgetts (2004).

NOTE: CHES = Certified Health Education Specialist.

- **Financial feasibility:** Is there financial backing in place to “start up” your business idea? What can or will your market pay for your services? Is the cost of the product or service affordable in the target market?

Business model development. After conducting a feasibility analysis, a business model must be developed. A business model is your plan for how you will use your resources, structure your relationships, and interface with your stakeholders so that your program can sustain itself based on the profits it turns (Barringer & Ireland, 2006). There is no standard business model in HE/HP; in fact, it is dangerous to assume that you can be successful by simply copying the business model of another program, even if that other program is the industry leader. This is true because it is difficult to specifically determine how another program’s business model was used without understanding (a) the process that was used in the development of the program and (b) what resources were at the program planner’s disposal to develop the program. Health educators who create programs without conceptualizing well-crafted business models may think that they can succeed anywhere by merely using the same “canned” program for any situation; however, neglecting the need to focus on the “best process” approach to planning business and HE/HP applications often yields inadequate business plans, which fail to embody this “best process” orientation, thus yielding inadequate products and services.

The components of a business model include developing a core strategy, utilizing strategic and distinctive resources, building partnership networks with program stakeholders, and establishing an accessible customer interface (Barringer & Ireland, 2006) (see Figure 3). A program’s core strategy must be unique, and it must reflect the mission of the project. Partnership networks with key program stakeholders are crucial for your program to become “institutionalized” within your priority population (i.e., program becomes incorporated into the culture of your contracting institution). For example, a worksite cafeteria campaign to provide heart healthy entrees to employees must first be supported and promoted by corporate decision makers and upper- and mid-level management for healthy eating at lunchtime to become assimilated into the corporate culture of employees. Finally, a strong customer interface is essential for understanding and supporting the needs of your priority population. When you develop a working business model, you are able to continually evaluate if all elements of your program are working effectively in concert with one another.

Marketing application. Many times, there is a misconception about what it means to “market” health promotion programs (Ballew, 1995). Marketing is not simply stating all the good aspects of a program and promoting the benefits people can get from the program (Andreasen, 1995). Kotler and Zaltman (1971) defined marketing as, “satisfying needs and wants through exchange processes.” The essence of marketing is developing satisfying exchanges from which customers and marketers benefit (Pride & Ferrell, 2003). Adopting a “marketing orientation” entails determining what customers want before even developing a product or service (Andreasen, 1994). This requires the initial generation of market intelligence and responding to this information before implementing programs or services.

A majority of health behavior change programs that we see today fail to adopt marketing orientations and focus on “selling” predeveloped programs that are considered “best practice.” This “sales orientation” represents an organization centered mind-set, which focuses on the needs and values of the organization primarily, rather than the needs and values of the people the program will serve (Andreasen, 1982). Experts in HE/HP recognize that the best way to get results is to start with evaluating the customer’s wants and needs, not blindly attempt to implement “canned programs.” Knowing who wants your product or service, how to get it to them, and how much they’re willing to pay for it are not luxuries, they are necessities (Witherspoon, 1998). If consumers buy into participating in a program, they are not necessarily affirming their belief in the program alone; rather, they are buying into the benefits and satisfaction that they think the program will provide (Andreasen, 1995). For this reason, it is important to have an intimate knowledge of the benefits and barriers your priority population perceives regarding your product or service.

4. Get a Good Support Team

One reason for becoming an entrepreneur is to be your own boss. Being your own boss allows you to pull together your own support team of professionals that you want to work with to bring your idea to market. Your

business team must share your vision for the HE/HP product and display many of the traits listed in Table 1. If your company is a small business, it is appropriate to hire key health professionals (health educators, dietitians, data management providers, etc.) on a contract labor basis and business support personnel (accountant, lawyers, etc.) on a fee-for-service basis.

Carefully determine the nature and scope of your support team. Your business plan will often tell you the types of staff you need to bring to the project to meet your business plan goals (Kuratko & Hodgetts, 2004). For entrepreneurial activities, it is often good to be “lean and focused,” Being lean prevents some of the long-term debt that may affect profitability in the future. Furthermore, a focused team helps you meet your stated goals more efficiently. As a rule, you should not hire friends and relatives unless they are the best people for the job. To avoid pressure from family and friends, develop a systematic process to add employees to your team. This process should include clear job descriptions, expectations, qualifications, and performance standards.

5. Strategically Manage Entrepreneurial Activity

Strategic management is important when formulating operational plans for HE/HP programs. The management of time, money, staff, energy, product, and work processes is not the exciting part of the business; however, it is as vital as selling yourself and your program (Witherspoon, 1998). Strategic management closely articulates with many of the processes used to implement and evaluate HE/HP programs. Strategic management involves continually and systematically examining the internal and external environments of your program (including strengths, weaknesses, opportunities, and threats to sustainability). This includes formulating short-range and long-range program strategies, objectives, and policies and implementing programs, budgets, and procedures. A program’s performance should continually be evaluated through continuous feedback channels linking all stakeholders throughout all steps of the management process (Wheelen & Hunger, 2000).

CONCLUSION

By following these five cardinal rules of incorporating entrepreneurial principles into HE/HP businesses, you are more likely to create a sustainable competitive advantage for yourself and your business. Entrepreneurs in HE/HP must be able to utilize business processes to facilitate creative, new HE/HP business ideas. Adhering to the entrepreneurial and marketing ideals presented in this primer will help to ensure that your entrepreneurial endeavors are more likely to be successful and profitable.

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