Utilizing a Multi-level Approach to Support Advocacy Efforts in the Advancement of Health Education

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Abstract
Advocacy is an integral component of health education. Although the use of advocacy is continually cited in the literature as an essential and crucial factor in the success of health intervention strategies, the gap between what health education practitioners know they should do and what they actually do still exists. The purposes of this article are threefold: 1) to propose an ecological approach to advocacy efforts; 2) to provide selected examples of approaches to health advocacy that have worked in the field; and 3) to provide practical guidelines on how health education practitioners can participate in advocacy efforts. This article intends to bring attention to individual, social, and environmental factors that support advocacy efforts in the advancement of the profession.

Article:
The role of advocacy in health education has evolved into an integral component of the health education process. According to the World Health Organization (WHO), public health advocacy is a "combination of individual and social actions designed to gain political commitment, policy support, social acceptance, and systems for a particular health goal or program." Public health advocacy also has been described as the efforts needed to change health-related conditions within a community. For the purpose of this article, the authors take a broader view of the term health education advocacy and define it as any educational, organizational, political, community, social, and/or economic effort designed to advance the health education profession.

For decades, scholars in the field of health education have emphasized the need and the importance of incorporating advocacy into the practice of health education. Since the late 1970s, numerous authors have recognized that public health advocacy creates an important mechanism for health educators to meet and attain health and health education needs, concerns, and resources for health programs and services. In addition, it was during this time that advocacy and policy development were considered units of professional practice in health promotion, and health educators were called to engage in the advocacy and policy dimensions of health education practice.

Today, the call for practitioners and researchers in the field of health education to engage in and conduct advocacy activities is greater than ever. The Responsibilities and Competencies for Health Educators as developed by the National Center for Health Education Credentialing, Inc. (NCHEC) reflect the necessary skills needed by entry-level health educators entering the field, and the Responsibilities and Competencies have been revised to include responsibilities, competencies, and sub-competencies related to health advocacy. It is also important to mention that other initiatives, such as "The Health Education Profession in the Twenty-First Century: Setting the Stage" conference, "The Panel on Health Education in the 21st Century," and the annually conducted Health Education Advocacy Summit, sponsored by the Coalition of National Health Education Organizations (CNHEO), emphasize the importance of advocacy as a key player in promoting and enhancing health and in the advancement of the health education field. Additionally, the National Health Education Standards for Students indicates the importance of equipping future health educators with advocacy skills. Lastly, it is important to point out that health advocacy was deemed important enough to be defined by the 2000 Joint Committee on Health Education and Promotion Terminology. (Figure 1.)
Public health advocacy is an essential role and responsibility for health education practitioners and researchers alike. However, the approach to advocacy can vary depending on the agenda of the practitioner or the researcher. The purposes of this article are threefold: 1) to propose an ecological approach to advocacy efforts; 2) to provide selected examples of approaches to health advocacy that have worked in the field; and 3) to provide practical guidelines on how health education practitioners can participate in advocacy efforts.

ADVOCACY'S ROLE IN AN ECOLOGICAL PERSPECTIVE
The ecological perspective is a conceptual framework that has evolved within the public health, health education, and health promotion fields. The interest in utilizing an ecological approach in order to understand the role that lifestyle behaviors play in preventing or causing chronic disease has been developed from many historical trends of ecological analysis of behavior within the field of psychology. According to the Social Ecology Model (SEM), an ecological model proposed by McLeroy, Bibeau, Steckler, and Glanz, behavior is believed to be determined by an array of factors, including: intrapersonal, interpersonal, institutional, community, and public policy factors.

The application of this multilevel ecological perspective to health education has helped to increase health educators' role in policy advocacy, which corresponds to the public policy level in the ecological model; however, policy development is only one type of advocacy. Advocacy in health education can be as simple as advocating for the mission of the profession which, in broad terms, is to enhance the health of the public; therefore, it is important to know that advocacy activities can be incorporated into any health educators' daily work. It is the intent of this article to describe how health educator's can utilize all the levels within the ecological perspective in order to advocate on behalf of the profession to promote health and to advance the field.
Advocacy at the Intrapersonal Level

Intrapersonal factors are specific characteristics of the individual, such as knowledge, attitudes, behaviors, skills, etc. Advocacy at this level is defined in this article as any learning experience that better prepares the health educator to promote healthy behaviors, advance the profession, and enhance global advocacy efforts.

One of the first Steps to incorporating an ecological approach to advocacy is for the health educator to equip his or herself with the appropriate knowledge and skills to engage in health-promoting and -enhancing advocacy efforts. The initial step, and arguably the most important one, calls for health educators to familiarize themselves with key documents, such as the Responsibilities and Competencies for Health Educators, the Code of Ethics for the Health Education Profession, and Healthy People 2010. As stated by the fourth President of the United States, James Madison, and quoted by Lawrence W. Green in the opening of his 1987 AAHE Scholar's Address, "knowledge will forever govern ignorance; and a people who mean to be their own Governors must arm themselves with the power which knowledge gives." By knowing and understanding the information and the skills emphasized in each of these key health education documents, health education practitioners and researchers will have a clear understanding of the roles and responsibilities of the field of health education and health promotion, which is crucial in order to advocate for the field.

Secondly, it is important for health educators to stay abreast of current legislation that affects public health and health education. This involves becoming informed of the legislation and policies established within local, state, and national levels.

Health education associations, such as the American Public Health Association (APHA) the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE), have made it a priority to keep their members alert and updated on legislation affecting health education at the national level. These health associations serve as an information resource by providing relevant information on their websites regarding national legislation affecting the public's health and health education (Figure 2).

It also is important for health educators to understand that other credible resources are available to provide accurate information regarding specific public health issues, and these resources are easily accessible to interested practitioners and researchers. One such resource is the Health Education Advocate website (http://healtheducationadvocate.org). This is an advocacy website, supported by the collaborative efforts of the Coalition of National Health Education Organizations (CNHEO), to advocate for public health legislation and health education funding. The Health Education Advocate provides a central source of advocacy information to health educators in order for more proactive roles to be taken by practitioners and researchers to engage in the advocacy activities that help to enhance the public's health. The site enables users to search the status of specific bills, send emails to their Congresspersons, access health resolutions and policy statements of sponsoring organizations, identify advocacy training opportunities, and provides tips for working with the media. The time-worn phrase that "all politics is at the local level" holds meaning for health education advocacy as well. It is important that health educators know how local issues impact health education, have an appropriate attitude on the need for advocacy at the local level, and have the skills to advocate locally.

Shaping attitude is an important role in the professional preparation and continuing education of health educators. Shaping positive attitudes on the need for advocacy to advance the health education profession is a difficult but important task. This can be accomplished by placing an additional emphasis on incorporating advocacy into professional preparation and continuing education programs. In addition, skill-development activities have been shown to shape positive attitudes and an increased self-efficacy toward advocacy efforts among health educators. These skill-development activities may include, but are not limited to, the following: participating in advocacy trainings at organizational conferences; seeking out advocacy resources on successful letter writing, coalition building, and dealing with key policymakers; and becoming familiar with the media outlets in your community and knowing how to make the best use of those outlets to enhance your advocacy initiative.
**Advocacy at the Interpersonal Level**

Interpersonal factors are characterized by any "formal and informal social network and social support systems, including the family, work group, and friendship networks." The definition of advocacy on the interpersonal level involves engaging in social networking activities in order to advance the health education profession. Several ways to advocate on this level involve networking among other researchers and practitioners in the field, becoming involved in health education organizations, and participating in online discussion boards or listservs, such as the Health Education Directory (HEDIR), which can be joined by signing up at [http://www.hedir.org](http://www.hedir.org). Keeping up through organizational and professional discussion boards keeps individuals informed of what is occurring in the field, allows for the dissemination of successful innovative strategies being utilized in the profession, and allows the participant to develop a clear understanding of the advances in the profession and how these advances can be clearly articulated in a unified voice to others outside the field. Health educators are very good when it comes to talking among themselves about what advances have been made within the field; however, it is important for health educators to develop a unified vision of the profession in order to send a clear message to others outside the field in an attempt to advocate for the profession. Advocacy on the interpersonal level involves mobilizing family members, peers, co-workers, and others to support health education and actively advocate for health and health education concerns and issues. Some examples of advocacy on the interpersonal level includes, but are not limited to, employees' efforts to promote safe workplace practices, family letter-writing campaigns in support of school health education, and Boy/Girl Scout campaigns in support of an issue.

**Advocacy at the Institutional Level**

Institutional factors include "social institutions with organizational characteristics, and formal (and informal) rules and regulations for operation." Advocacy at the institutional level is defined as efforts conducted by health education institutions and organizations to promote health and to advance the health education field. There are many different types of organizations within the United States that work to enhance the public's health. These organizations include governmental agencies, community-based organizations, corporations, universities, and advocacy groups.

Specifically, the role of health organizations in advocacy has evolved into a more vocal and prominent role. Professional organizations of health (including the American Public Health Association, the Society for Public Health Education, the American School Health Association, and the American Association for Health Education) function to advance the knowledge of and provide resources and support for advocacy efforts that promote health and advance the profession. These professional societies also have taken a clear stance on the importance of advocacy by incorporating and recognizing advocacy into their mission statements and organizational goals.

In addition to making strides in advocating for health and the profession on an individual basis, organizations have joined forces since 1972 in order to establish the CNHEO. The purpose of this coalition is to "facilitate national-level coordination, collaboration, and communication among member organizations; provide a forum to identify and discuss health education issues, formulate and take action on issues affecting the members' interest; serve as a resource for external agencies; and serve as a focus for the collaborative exploration and resolution of issues pertinent to professional health educators." The CNHEO has advocated on behalf of health educators on a myriad of issues including tobacco legislation, Healthy People 2010, and proposals to incorporate health educators as part of the Standard Occupational Classification (SOC) utilized by the Department of Labor and Commerce.
<table>
<thead>
<tr>
<th>Sponsoring Organization</th>
<th>Advocacy Website</th>
<th>Recent examples of advocacy initiatives supported</th>
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</thead>
<tbody>
<tr>
<td>Coalition of National Health Education Organizations (CNHEO)</td>
<td><a href="http://www.healtheducationadvocates.org">http://www.healtheducationadvocates.org</a></td>
<td>• Increased Federal Appropriations for: [Physical Activity &amp; Nutrition; Heart Disease, Stroke, and Cancer; School Health; and Eliminating Health Disparities]</td>
</tr>
</tbody>
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| American Association for Health Education (AAHE)                                     | [http://capwiz.com/aahe/home/](http://capwiz.com/aahe/home/)                  | Support statewide nutrition and physical activity programs and demonstration grants  
• Eliminating Racial and Ethnic Health Disparities  
• Promoting Healthy Behaviors Among Youth  
• Family Life Education Act and Abstinence-Only Programs |
| American College Health Association (ACHA)                                            | [http://www.capwiz.com/acha/home/](http://www.capwiz.com/acha/home/)            | HELP America Act  
• STOP Underage Drinking Act  
• Campus Care and Counseling Act  
• Communities Combating College Drinking and Drug Use Act |
| American Public Health Association Public Health Education and Health Promotion Section (APHA PEHEP) | [http://www.apha.org/legislative/](http://www.apha.org/legislative/)            | Access to Health Care  
• Medicare Prescription Drug  
• Health Disparities  
• Rebuilding the Public Health Infrastructure |
| American Public Health Association School Health Education and Services Section (APHA SHES) | [http://www.apha.org/legislative/](http://www.apha.org/legislative/)            | Same as APHA PEHEP Section |
| American School Health Association (ASHA)                                             | [http://www.ashaweb.org/take_action.html](http://www.ashaweb.org/take_action.html) | N/A |
| Directors of Health Promotion and Education (DHPE)                                    | N/A                                     | N/A |
| Eta Sigma Gamma (ESG)                                                                | [http://www.bsu.edu/web/sga/advocacy.htm](http://www.bsu.edu/web/sga/advocacy.htm) | Voting is Healthy |
| National Center for Health Education (NCHE)                                          | N/A                                     | N/A |
| Society for Public Health Education (SOPHE)                                          | [http://www.sophe.org/public/advocacy_matters.html](http://www.sophe.org/public/advocacy_matters.html) | • Women's Health  
• Environmental Health (asthma)  
• Increased Federal Appropriations for: [Diabetes, Physical Activity & Nutrition, Heart Disease and Stroke, Cancer, School Health, Tobacco and Eliminating Health Disparities]  
• Obesity Prevention and Control, with a focus on diabetes prevention, physical activity and nutrition  
• Eliminating Health Disparities, with a focus on universal health care |
| Society of State Directors of Health, Physical Education, and Recreation (SSDPER)     | N/A                                     | N/A |

*Examples taken from the corresponding organization's website*
As one can see, health professional organizations have made great progress in advocating for the goals of the profession; however, many challenges await the field in the future. According to Auld and Dixon-Terry, health education organizations need to work to sustain relationships built through advocacy efforts with Congressional representatives and their staff. Also, organizations need to develop clear, focused and narrower political objectives in order to increase the likelihood of political victory. Additionally, health education organizations need to mobilize their members to pursue better development of advocacy skills, along with providing financial support to maximize these advocacy efforts. Figure 2 provides the direct URL needed to access the member health education organizations' respective advocacy websites. Lastly, Auld and Dixon-Terry stress the importance of health organizations making long term commitments to advocacy. It is only through making such commitments that progress can continue to be made.

Advocacy at the Community Level

Within the ecological perspective, community factors are defined as formal or informal relationships established among organizations, institutions, and other informal networks with certain defined boundaries. According to McKenzie, Neiger, and Smeltzer, community advocacy is defined as "a process in which the people of the community become involved in the institutions and decisions that will have an impact on their lives." Therefore, any activities that help to establish the relationships between the community and other institutions is considered advocacy on this level. Advocacy at the community level has the potential to create support, inform the people, influence important decisions, and motivate and activate non-participants to be more responsive to health education and health promotion efforts.

The role of the health educator in community advocacy is to mobilize communities to become proactive about enhancing the health of their citizens. Traditionally, health educators have been the liaison between the community and professionals, and an extension to this role is not to represent the citizen groups in making health-related decisions, but to stimulate their participation in the process. One way to do this is through organizing community coalitions that endorse changes in the community, which will in turn enhance and influence health. Through such coalitions, the advocate's goal is to increase the capacity of the community to participate in determining the important health issues of the community and intervention strategies that best address these issues.

Media advocacy is another type of advocacy that can be utilized to advance social or public policy issues within a community. According to Weiner, media advocacy "can be used to shape public perception of community opinion leaders who directly influence policy makers, or it can be used to mobilize the community in general to impact policy makers and opinion leaders." Therefore, health education media campaigns can deliver health education messages effectively to the targeted community and can impact policy-making decisions. Methods in which to deliver the intended messages include: generating news stories, appearing on talk shows, writing letters to the editors and guest columns, meeting with newspaper editorial boards, and utilizing counter advertisements. It is the role of the health educator at the community level to engage actively in a variety of these media advocacy methods in order to increase public awareness, promote healthy behaviors, and to further the mission of the profession.

Advocacy at the Policy Level

Health education professionals are realizing that in order for efforts promoting health and improved quality of life to be successful, policy advocacy interventions are essential. The role of health educators in policy advocacy can be enhanced through the application of an ecological framework by particularly focusing on the policy level of the model. Health policy advocacy efforts are designed to gain political commitment and policy support in order to mobilize resources to support health issues and policies.

One of the activities related to public health advocacy is advocating for health-related policies on the local, state, and national level. The Healthy People 2010 document indicates the need for health education interventions to incorporate policy as a level of intervention. The objectives within Healthy People 2010 related to policy range from the need to establish health-related polices on the local level to the policies needed
on the national level. An example of a national objective that influences policies on the local level, and in this instance, primary and secondary schools, is Objective 8-20 of Healthy People 2010, which indicates the need to "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." In order to meet this objective and many others, health educators can utilize advocacy strategies to establish such policies within their professional setting. The use of such strategies is needed in order to reach the goals outlined within Healthy People 2010.

It is important to note that the role of health educators in public health policy is crucial, because at times, public health policy is developed without any input from public health professionals or from the constituents that the policy affects. According to Wallack, Dorfman, Jernigan, and Themba, political agendas and public policies often respond to issues concerning profitability and special interests rather than the issues of public health and well-being. Therefore, it is of great importance that legislators and policy makers understand the function of health education and public health in order to make informed decisions throughout the policy-making process; and in order to achieve these results, health educators need to develop appropriate advocacy skills and actually use these skills to evoke social changes through the use of public policy. Several ways in which health educators can advocate on the policy level include contacting Congressional representatives, by writing letters, e-mail, or personal visits, to promote public policies that are conducive to enhancing health. Additional strategies will be discussed within the practical guidelines to advocacy section of this article.

EXAMPLES OF ADVOCACY APPROACHES THAT HAVE WORKED
It is evident that health educators are expected to advocate for their profession and for issues related to their profession. In doing so, the profession supports health education strategies that use advocacy for the promotion of healthy behaviors, programs, practices, and policies. Advocacy has played an integral role in numerous health promotion policy initiatives to influence individual, community, and political changes regarding many public health issues. The following examples are selected illustrations of how advocacy can be utilized to promote and enhance health. These examples portray how advocacy can create significant achievements in coalition development, foster environmental change within communities and institutions, and establish policy and legislation that supports health education efforts.

Advocacy Examples at the Institutional Level
The National Health Education Advocacy Summit, sponsored by the Coalition of National Health Education Organizations, is comprised of three days of meetings during which participants receive either basic or advanced-level advocacy training, participate in briefings on specific legislative issues by experienced professionals, and arrange and conduct visits—either individually or in state delegations—with members of Congressional representatives or other Federal officials in Washington, D.C.

The specific legislative issues the Advocacy Summit focuses on vary from year to year, and are selected by the Summit planning committee prior to the Summit. Specific issues that have been priorities in the past include: appropriations for the Centers for Disease Control and Prevention, including preventive health and health services block grants, tobacco prevention and control legislation, and school health programs; funding for the Minority Health and Health Disparities Research and Education Act; and reauthorization of the Elementary and Secondary Education Act. Regardless of the specific issues addressed, both the Summit advocacy training and the Congressional visits enable the health education profession to speak with a collective voice on priority legislative issues of vital interest to the health education community, often at a critical point in the development of each year's Federal budget. Figure 2 displays the organizations and groups that are involved in sponsoring the National Health Education Advocacy Summit.
<table>
<thead>
<tr>
<th>Level</th>
<th>Definition of Advocacy</th>
<th>Examples</th>
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| Intrapersonal| Any learning experience that better prepares the health educator to promote healthy behaviors, to advance the profession, and enhance global advocacy efforts | • Be familiar with key HE documents  
• Formulate philosophy of HE  
• Stay abreast of current legislation  
• Health Education Advocate  
• Present a united voice, common messages and advocacy for the lay person |
| Interpersonal| Engaging in social networking activities in order to advance the health education profession | • Network among peers  
• Get involved in HE organizations  
• Discussion boards/listservs  
• Build relationships with elected officials  
• Establish a health education political action committee |
| Institutional| Efforts conducted by health education institutions and organizations to promote health and to advance the health education profession | • HE organizations provide advocacy resources and support advocacy efforts  
• Provide health education political action advocacy kits  
• Establish health education public relations services (regular press releases, information on/about health education for the nation)  
• Conferences supporting advocacy skills  
• Health Education Advocacy Summit  
• Work within institutions such as worksites, schools, community organizations, etc. to advocate for health education |
| Community    | “A process in which the people of the community become involved in the institutions and decisions that will have an impact on their lives”  
  | | • Take steps to establish partnerships with other professions engaged in research and teaching within universities, business, organizations, health care, schools  
• Develop a marketing campaign to improve health education perception and need at the local and national level |
| Public Policy| Efforts that are designed to gain political commitment and policy support in order to mobilize resources to support health issues and policies | • Increase involvement in political process/ enhance political action for health education  
• Have health educators included in recommendations for policy/ legislative development as well as in developing and reviewing relevant policies/legislation  
• Develop policy leadership  
• Encourage health educators to work toward elected and appointed policy making positions |
Embrace Your Passion

Health educators should embrace areas that they feel most passionate about. For some, that may involve nutrition and for others it may be sexuality education. It will vary from professional to professional. However, it is important to feel strongly about an issue in which you are advocating, as it will strengthen any argument that you make.

Use Advocacy Tools

There are a number of tools available to health educators that decrease the barriers to advocating. The Health Education Advocate (available at http://healtheducationadvocate.org) is a central, timely source of advocacy information related to the field of health education and health promotion. Also, organizations such as AANHE, APHA, and ACHA utilize a web program called CapWiz, which tracks pertinent health education legislation and enables the user to send a pre-written e-mail to their Congressperson supporting the organization's viewpoint. There are also web tools such as Thomas.gov, which enables a user to search all legislation that goes before Congress. The Health Education Advocate also maintains the links to all 50 state legislative websites (http://www.healtheducationadvocate.org/states/), so that users can search for legislation that is being discussed at the State level. Other tools that a successful advocate could use would include the media. The media is an effective tool that an advocate could use to foster awareness, change attitudes, and to keep the advocate's message in the public eye. Developing coalitions/community partnerships is another highly successful tool that an advocate could use in supporting a particular piece of legislation, creating public awareness about a particular issue, and rallying the community around a health topic.

Eliminate Your Fears

Many health educators are afraid to take a stance, due to either fear of appearing foolish or not having the vocal sentiment on their side. However, health educators have a responsibility to the profession (as written in the Code of Ethics and in the Responsibilities and Competencies for Health Educators) to advocate for policies that promote the health of the public. The way to minimize fears is to know the facts on the issue in which you are advocating. Know why you are advocating for the issue, know how it is going to affect the public, and be able to give key examples that support your advocacy agenda.

Make Time to Advocate

Many health educators do not advocate due to time constraints. This begs the question: if you are too busy to advocate for your passion, who will? Health education is a matter of importance and as professionals in the field, we must advocate for policies that will lead to an improvement in the quality of life for citizens in this country. Our adversaries to such policies will definitely make time for advocacy; therefore, we must make the time as well.

Assess Needs

Similar to a needs assessment that must be conducted to plan an effective program, a needs assessment must be conducted to aid in the planning of advocacy efforts. A health educator must have an idea of how much effort is going to be required to produce a change at any level. This may vary depending on the topic and the social environment surrounding the proposed activity. By having an idea of the surrounding circumstances, the health educator can be better prepared to plan their advocacy efforts.

Plan a Strategy

Planning a strategy for your advocacy efforts is key in conducting any type of advocacy initiative. The health educator, in some cases, may need to form a group or community coalition to advocate for an issue on a scale larger than one person is capable. However, regardless of the effort needed, it should be the goal of the health educator to keep the issue in the forefront of the public's attention. This can aid in recruiting others to join the health educator in their advocacy stance, and help to show the decision makers that these issues are of importance to the public. There are many activities, which require little time and resources, health educators can do to keep issues in the public's attention and to build a winning advocacy strategy. These include, but are not limited to, the following: writing letters to the editor, writing letters to policymakers, preparing a one-page fact sheet with local data on it for the decision makers, calling a decision maker, putting “local faces” on the issue at hand, issuing press releases regarding the issue, providing the media outlets with stories of people who have benefited or will benefit from the adoption or passing of your advocacy agenda, andLastly making contact with the decision makers on a personal level.
Advocacy Examples at the Community Level

The Healthy Communities Initiatives, along with the Coalition for Healthier Cities and Communities, strive to build consensus throughout communities regarding the health and the overall quality of life of the people living within those communities and how to influence health matters. As this initiative matures within many cities and communities across the United States, important advancements in health enhancing policy-making are occurring at both the county and state levels. Several success stories have emerged from the Healthy Communities Initiative that involves the development of new public policies, and these include the communities of Lancaster County (PA) and the State of California.32

In Lancaster County, the Healthy Communities initiative created a five-year-old partnership between the hospitals and health educators in the county to mobilize the citizens of the community to become more involved in improving their health. The county's participation in this health promotion initiative has led to sound partnerships among the government, businesses, civic organizations, and schools in order to influence public policy affecting the health of the county's citizens. The health educators within the initiative began to advocate for such policy changes, and the county has now established a Policy Plan that creates a healthy and sustainable community.32

In 1990, the health educators and participants in the California Healthy Cities and Communities campaign utilized funding from tobacco tax to sponsor an initiative to decrease harmful environmental tobacco smoke (ETS). The health educators involved in this initiative advocated for policies protecting citizens of the communities of California from ETS. The California Smoke-Free Cities initiative provided educational training to local officials regarding the harmful effects of ETS and, in turn, the local officials fought several battles against tobacco industries that resulted in the passage of a state law that banned smoking within workplaces. Through advocacy, health educators were able to articulate with a clear voice what types of policies should be in place to protect the individuals of the community from the harmful effects of ETS. Due to their efforts, policies were developed that helped to reshape the community into a healthier place.32

Advocacy Examples at the Policy Level

One role of advocacy in youth violence is to promote legislation that helps to protect youth from violent crimes. The utilization of advocacy as a prevention strategy against youth violence has resulted in the passing of laws on the local and state levels that restrict young people's accessibility to handguns and other firearms. The California Violence Prevention Initiative is an example of how advocacy efforts can result in changes of policy, community awareness, and media coverage on the issue. This health promotion campaign was a multi-level initiative, intended to reduce youth violence through policy development, activities, and action programs within the community, research, and public education. Due to the advocacy efforts in this initiative, California has employed gun legislation at both the local and state levels that have helped to decrease the amount of youth violence in the state.14
PRACTICAL ADVOCACY GUIDELINES FOR THE HEALTH EDUCATION PRACTITIONER

Advocacy is of great importance to the health education profession. Advocacy at each level of the ecological model supports the overarching goal of Healthy People 2010, which is to improve the quality of life of individuals regardless of race, gender, or socioeconomic status. The authors strongly believe that this connection has been made through research, but there has been a breakdown at the practice level. It supports the saying that "knowledge does not equal behavior" because we know, as a profession, that advocacy is "good" but still very few health education professionals become involved with advocacy efforts. Future research needs to be conducted to study exactly where this translation of research into practice takes place. However, in the meantime, Figure 4 presents some practical guidelines that will aid health education researchers and practitioners in being a successful advocate.

DISCUSSION

Advocating on all levels is an integral component of health education. Although the use of advocacy is continually cited in literature as an essential and crucial piece to many health intervention strategies, the gap between what health education practitioners know they should do and what they actually do still exists.2,3 The Martin Luther King, Jr. statement that "Our lives begin to end the day we become silent about things that matter" highlights the need for our advocacy efforts as health education researchers and practitioners. To this end, we must strengthen our advocacy efforts as a whole. Doing so will require a systematic process of preparing professionals with advocacy skills. Advocacy is not taught thoroughly in health education professional programs, and this leads to a low self-efficacy regarding advocacy, and creates misunderstandings of what advocacy is, how to go about it, what we can accomplish through advocacy, and why we must advocate.2,13,33,34

It is time that health educators (and the profession as a whole) embrace advocacy efforts, as advocacy is vital to ensure the advancement of the profession. With regard to this issue, former Surgeon General David Satcher stated, "We must advocate; we must dare to step inside circles that are unfamiliar to us as public health leaders."35 In saying this, it is time that all health educators become involved in advocacy and advocate on behalf of health education, because that is the only way we will advance as a profession.

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5. Henderson AC. The refined and verified role for entry-level health educators. Eta Sigma Gamma Monograph Series. 1982; 1.
