In my previous column, I reflected on the importance of mentors in honor of one of IUHPE-NARO’s leading lights, Dr. Florence Fiori. You may recall that Dr. Fiori was a former NARO regional director and former member of the IUHPE Board of Trustees (as it was called then). In July, we lost another major contributor to NARO and IUHPE, Robert Brick Lancaster.

In 2012, Brick retired from the U.S. Centers for Disease Control and Prevention (CDC) after 20 years of distinguished service. At the time of his retirement, he was serving as Senior Advisor in the Office of Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. He previously served in numerous health promotion and health education leadership roles for CDC.

Many of you likely knew of Brick’s contributions to IUHPE. He served as the Regional Vice-President for North America from 2001-2007, spanning the global conferences in Paris, Melbourne, and Vancouver. He was also an active member of the Society for Public Health Education (SOPHE) and Association of State and Territorial Directors of Health Promotion and Education (ASTDHPPE, now the Directors of Health Promotion and Education), serving in both organizations as a national officer. As you will read more about Brick’s many accomplishments later in this newsletter, I would like to use this opportunity to share more about him as a colleague and friend. I first got to know Brick well through SOPHE and DHPE in the late 1990s. I was serving as Executive Director of what was then known as the Society of State Directors of Health, Physical Education, and Recreation, a sister organization of both SOPHE and DHPE.

Well known within both groups, Brick introduced me to many national leaders in health promotion and education. As he did for innumerable other colleagues, he connected us partly because he could visualize the future benefits from our collaborations,

(continued on page 4)

UN Sustainable Development Goals (SDGs)

“World leaders have an unprecedented opportunity this year to shift the world onto a path of inclusive, sustainable and resilient development” - Helen Clark, UNDP Administrator

At the United Nations Sustainable Development Summit on 25 September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030.

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XXII IUHPE World Conference on Health Promotion

Conference theme: “Promoting Health and Equity”
Date: May 22-26, 2016
Location: Curitiba, Brazil
For more information, please click here.

View the preliminary program schedule here.

Discounted registration extended until January 15, 2016 Click here.

Conference Subthemes:
- Ethical and cultural imperatives in interventions that promote health and equities.
- Urban changes to make differences locally, paying attention to emerging voices.
- Health in all policy and intersectional action: innovations in theory, evaluation, and research.
- Pathways to achieve sustainable and healthy human development on a global scale.
- Creating shared research questions to bridging the research/practice gap

CONFERENCES, TRAININGS, AND EVENTS

7th Annual International Conference on the Health Risks of Youth
Date: January 6-9, 2016
Location: Cancun, Mexico

SOPHE 2016 Annual Meeting
Date: March 30-April 1, 2016
Location: Charlotte, NC

2016 Annual CUGH Global Health Conference
Date: April 9-11, 2016
Location: San Francisco, CA

24th International Conference on Health Promoting Hospitals and Health Services
Date: June 8-10, 2016
Location: Connecticut, USA

8th Nordic Health Promotion Research Conference
Date: June 20th-22th, 2016
Location: Jyvaskyla, Finland
Ageing Nepal

Ageing Nepal is a relatively new project that focuses on health care of the elderly. Indeed, health care of the elderly in Nepal has been a significant problem, and health care and hospital services for the elderly have been limited. However, because of the Ageing Nepal Project there have been significant improvements in the care for the elderly.

The Mission of Ageing Nepal: Empowerment of elders and promotion of their rights; to generate research-based information to help policy makers and planners; produce trained human resources in the field of Gerontology and Geriatrics; take proactive measures against abuse and exploitation of elders; and work as watch-dog to safe guard the interests of the ageing population. Therefore, the primary goals include: Providing training programs and information on how to provide health care for elderly family members; Improving health care of the elderly in hospitals; Preventing abuse of elderly family members; Preventing the neglect of disabled elderly; Conducting radio program to help reach a wider audience to make them aware of ageing problems and program in the country’s vision.

Current personnel and positions in Ageing Nepal include: Krishna Murari Gautam, Founder and Chairperson, responsible for many of the improvements and currant activities of the program; Bhumidatta Poudel, Programme Coordinator; Prakash Gautam, Finance and Administrative Manager; Miss Sanju Magar, Program Officer. I was recently asked to serve as the International Consultant/Advisor for the Aging Nepal Project.

The primary role of the advisor will be to seek assistance (funding, supplies, and personnel) from both national and international health agencies and organizations for their assistance. Another important member with a major role in the Ageing Nepal project is Dr. Devi Shrestha, who served as a Health Educator in Nepal’s Ministry of Health. Another person with a major role in Ageing Nepal project is Bihari Krishna Shrestha, an Anthropologist and expert in community development, he has helped develop Ageing Nepal programs in various areas of Nepal.

An important step has been made by the Ageing Nepal staff -- collaboration with the Government of Nepal in developing training materials that health workers could use to help train family members on how to care for the elderly in the family. Another encouraging sign is that health care of the elderly and the development of effective training programs is not only a concern in Nepal; it is becoming a major concern in many countries. For an example, Switzerland was the most successful in the 2015 Global Age Watch Index. As the Ageing Nepal project continues to develop it is anticipated that Nepal will also be very successful in the development and implementation of programs that provide health care for the elderly.

With a lifetime of hard work, senior citizens of today deserve a dignified life, and care for the old should not be as a charity from the younger generation but as the right of their own. Today’s youth should be able to plan for their happy old age and today’s elders should get identified and cared for in a life full of happiness. It is the vision of Ageing Nepal that elders in Nepal will have such an environment with facilities and services to suit their personal need, capacity, and taste.

Get involved in the 2016 IUHPE World Conference!

By Emily Hennessy, Mariana Sanmartino, Hope Corbin

The IUHPE Student and Early Career Network, ISECN, will have many opportunities for student involvement at the 2016 IUHPE World Conference. Our first opportunity is through our accepted sub-plenary session, “Art as a Tool and Bridge for Health Promotion”. This session examines the role of art in breaking through cultural barriers and connecting people. With this session, we wish to transcend language barriers and facilitate cross-cultural communication by offering health promotion content in a variety of ways that can be understood from multiple senses (sight, touch, sound). During this session we will showcase health-promoting projects from ISECN members and health promotion practitioners worldwide representing the use of art in a number of health-promoting, global contexts for inspiration and dialogue. We will also facilitate an interactive component of the session where participants can actively engage in learning about art for health promotion together. We would love your involvement as a presenter or a facilitator for this session!

We are awaiting acceptance of other ISECN sessions, including an ISECN information session and a skill-building workshop, but if you are interested in participating in any of our conference activities, please contact Emily Hennessy (Emily.a.hennessy@vanderbilt.edu) or Sara Rodgers (sara.rogers54@gmail.com).
(continue from page 1)

and partly because, as he used to say, he “liked seeing good people get together.”

Over the years, Brick became not only an esteemed colleague, but also a dear friend. He had a quick mind and deep passion for our work in health promotion and education. He viewed our work as important far beyond the borders of the United States or North America. He knew that health promotion in other parts of the world could build support for the work at home as well. He revered the fields of health promotion and health education as noble callings.

Those who knew Brick will undoubtedly remember not just his quick mind, but also his quick wit. Brick was, simply put, hilarious. Of the hundreds of times that we worked and played together, I cannot recall a single encounter that didn’t involve laughter. He was part of a group of health educator wits who prepared lists of “maxims” for those who worked in the field. One of my favorites that I will always remember – and always associate with him – was what he called The Health Educator’s Prayer: “Be ever thankful for the despicable habits of others.” (Tell me you didn’t laugh when you read that.) Brick’s loss is painful. Though as I write, I’m smiling. It’s impossible not to smile when thinking of his professional and personal contributions.

At his CDC retirement ceremony, I was honored to present him a small gift from the many NARO colleagues who worked alongside Brick. It included a quote from William James that delightfully described one of Brick’s best qualities, his sense of humor. The quote reads, “Common sense and a sense of humor are the same thing moving at different speeds. A sense of humor is just common sense, dancing.” As you remember Brick, think of the many colleagues who give so much to your career. And think of those special few who also become good friends. Those connections are the legacy that Brick valued most.

School Health

Sanitation, Safety and Education Linkages

By Vinessa Gordon

UNICEF recently published a press release concerning access to hygiene, and how it can endanger the Sustainable Development Goals (SDGs). Lack of hygiene challenges the success of SDG # 6 that deals with the availability and sustainable management of water and sanitation for all. These two items greatly affect children, especially girls access to education.

UNICEF reports that hand washing with soap is low in many countries, which contributes to diarrheal disease, pneumonia and mal-nutrition. Diarrheal disease is the second leading cause of death children under 5 years of age, and the leading cause of malnutrition in children in the same age group. This disease is both treatable and unavoidable, if sanitation needs are met. Lack of sanitation in schools prohibit girls from continuing their education. In schools where the bathrooms are inadequate, girls are often forced to miss classes during their monthly cycles. Girls need private sanitary facilities to change and dispose sanitary napkins as well as places to wash hands and remove stains from clothing. Being in school during their monthly cycle puts them at risk for harassment or rape.

Sanitation has become a serious barrier to successful education in girls’ lives. Safety for girls and sanitation are very closely linked. If a woman or girl child does not have access to proper bathroom facilities, she will eat and drink less as a safety precaution, to prevent rape and harassment. Defecating and urination outside, during the day puts women and girls at risk; this risk also exists during the night when women who do not have access to adequate facilities, relieve themselves.
Funding Opportunities
1. Education and Youth Development in Baltimore – applications are accepted on an ongoing basis
2. Tackling Drug Addiction – applications are accepted on an ongoing basis
3. Screening, Brief Intervention and Referral to Treatment Health Professions Student Training – deadline January 4, 2016
10. Occupational Safety and Health Education and Research Centers – deadline October 18th, 2016

Toolkits
1. The connection between Health and Housing toolkit
2. Eliminating Violence Against Children: An Indicator for Success Advocacy toolkit
3. CDC Toolkit: Raise Awareness about Immunization
4. Adolescent Health: Think, Act, Grow (TAG)

Training Modules from the Consortium of Universities for Global Health
1. Global Climate Change and Health
2. Interactions Health and Wealth
3. Emerging and Reemerging Viral Infectious Diseases
4. Trade Related Aspects of Intellectual Property Rights: Protecting patents or patients.

Internships, Jobs, and Fellowship

Internships
UN - Management and Program Analysis
UN – Social Sciences, I
UNAIDS
SOPHE Student Internship Summer

Jobs
CDC
Supervisory Public Health Advisor

CDC
Public Health Analyst

WHO
Deputy Executive Director

Fellowship
1. Charles B. Rangel International Affairs Fellowship Program - deadline January 13th, 2016
2. CDC/CSTE Applied Epidemiology Fellowship Program – deadline January 13th, 2016
4. CDC Steven M. Teutsch Prevention Effectiveness Fellowship – deadline January 22, 2016
5. Dr. James A. Ferguson Emerging Infectious Disease Fellowship – deadline January 31st, 2015
8. Health Systems Integration Program - deadline February 17th, 2016
NEWS AND ANNOUNCEMENTS

By. Laura Ross

Journal of Public Health Management & Practice Releases Supplement on Health Equity

In collaboration with the Association of State and Territorial Health Officials, CDC is excited to announce the publication of a special supplement to the Journal of Public Health Management & Practice focusing on health equity. As defined by the U.S. Department of Health and Human Services, health equity is the attainment of the highest level of health for all people. Population-level factors, such as the physical, built, social, and policy environments, can have a greater impact on health outcomes than individual-level factors. The root causes of health inequity can be directly linked to a failure to address these population-level factors. In addition, linkages between science, policy, and practice are critical to achieving health equity. This publication aims to further cross-cutting efforts that advance the science and practice of health equity in public health. The supplement captures lessons learned through the annual State of Health Equity at CDC Forums related to data and measurement, program elements and implementation, policies that support health equity, and the infrastructure needed to ensure health equity is integrated across programs. There are case examples from state health departments and insightful commentaries and editorials that raise questions, issues, and opportunities to enhance impact.

The special supplement is available through the Journal of Public Health Management & Practice.

By. Vinessa Gordon

NCHEC releases New Companion Guide

There is a new companion guide for individuals studying for the Master Certified Health Education and Certified Health Education Specialist Exams. This new guide contains all the new Competencies and Sub-competencies in health education; and will come into effect for the April 2016 MCHES exam and the October 2016 CHES exam.

By. Vinessa Gordon

Sierra Leone has stop the Ebola transmission

It has been forty-two days since a new case of the Ebola virus has arise, in Sierra Leone. Forty-two days marked two incubation cycles for the disease, this is truly something to celebrate as tragedy has been in the area since May of 2014. Ebola has taken over 3,500 lives and infected more than 8,500 people. With the support of the World Health Organization (WHO), Sierra Leone will be under a 90-day enhanced surveillance until February 2016. This new system will help in early detection of new cases. The WHO will keep support staff in Sierra Leone to aid in capacity building during this time of transition from controlling the outbreak to monitoring and surveillance.

AT YOUR FINGERTIPS

By Divya Shah

Nearly all contact lens wearers in national survey report risky eye care behaviors that can lead to eye infections

Almost all of 41 million estimated contact lens wearers in the United States may be engaging in at least one behavior known to increase their risk of eye infections, according to a report published by the CDC. Nearly one-third of contact lens wearers who participated in a national survey reported going to the doctor for red or painful eyes related to wearing contact lenses. More than 99% of survey respondents reported at least one risky behavior. Read more here.
Brick Lancaster (July 1949– July 2015) by Elaine Auld

Robert Brick Lancaster died on July 25, 2015 at his assisted living facility in Traverse City, Michigan. His battle with Alzheimer’s disease came to rest nearly three years after his retirement from CDC and just six days after his 66th birthday.

Brick grew up in Lincoln Park, Michigan as a ‘preacher’s kid’. He loved playing high school football and hoped to pursue that at Central Michigan University. By his sophomore year, however, he gave that up because of the academic demands of being a biology major. He received his Bachelor’s degree in 1971 and a Masters in Health Education shortly thereafter. He was a proud CMU alum and stayed connected to the university by living in his college town for 7 years following graduation, attending football games whenever possible, and traveling back to campus several times to be a guest speaker in health education classes. Brick was named as one of CMU’s top 100 influential alumni in the school’s history in conjunction with the university’s centennial celebration.

Long before the likes of Facebook and Linkedin, Brick was connecting people who had a similar passion and interest in various aspects of health promotion and disease prevention. Brick served as a SOPHE Vice President, and in 2001 was named a SOPHE Distinguished Fellow, the highest honor that SOPHE bestows to a member who has made significant advances to health education research and practice. In 2000, Brick was named Associate Editor of Health Promotion Practice’s column, the “Circle of Research and Practice,” which he edited for a decade with co-associate editor Kathleen Roe. Brick also served in leadership roles for the Association of State and Territorial Directors of Health Promotion and Public Health Education (now Directors of Health Promotion & Education), as well as six years as Regional Director of the North American Regional Office of the International Union for Health Promotion and Education.

Brick is survived by his wife Becky, daughter Amy, his son Mark, daughter-in-law Sarah, step-children, Audra and Jordan, his ex-wife, Mary Sue – and an endless circle of colleagues throughout the globe who enjoyed the special gifts of his laughter and friendship.

Annette LeMeitour-Kaplun by Lawrence W. Green

Most of today’s active members of NARO and SOPHE would not have had the opportunity to meet Annette LeMeitour-Kaplun. She was founder in 1958 of the International Journal of Health Education, which earned a preface in the first issue by the first Director-General of WHO. The journal was later renamed Hygie, and now has morphed into Global Health Promotion. These journals of the International Union for Health Education (now for Health Promotion and Education) were published in three languages—English, French and Spanish, and have been a large part of the living intellectual record of health education and health promotion internationally.

Even more specifically relevant to North America was her organizational work for IUHE in launching the fifth world conference on health education and health promotion. That conference, when she was Secretary-General of IUHE, was in Philadelphia in 1962. It drew representatives from 70 countries. In appreciation for that and her tireless work with the journal and other publications, SOPHE awarded her the Honorary Fellow award, its highest form of recognition for a Non-SOPHE member.
This award “recognizes a person who has made exemplary and lasting contributions to the field of health education and public health,” and it was the only one given by SOPHE in the 20-year span between 1953 and 1973.

Also appreciated in retrospect on this side of the Atlantic were Annette’s active roles during World War II in the French Resistance movement and as a second lieutenant in the French Army Women’s Corp. She served as French liaison officer to the U.S. Army in Paris. She was also co-founder and director of the Paris-American Christmas Fund and organized in 1945 a Christmas party for 6000 with gifts for 90 orphans. The United States recognized her work in 1947 by awarding her its Medal of Freedom, the nation’s highest civilian award.

Annette studied psychology, sociology and ethics at the University of Rennes in France. Later she studied health education at the London School of Hygiene. She served variably with the League of Red Cross Societies and the World Health Organization, editing and translating WHO expert committee reports on health education and health promotion. She and her husband, Sioma, hosted generously and elegantly many health educators who consulted or served on Expert Committees at WHO in Geneva. She collaborated with literally hundreds from around the world on editing, and with some by translating, their manuscripts for publication in the journal or in WHO official documents. She also organized the International Study Center for leaders of Young National Societies, with representatives in Asia, Africa and the Pacific.

Late in her life, Annette was president of Hearth-Handicap, an organization dedicated to raising the quality of life for the handicapped. She received the “Geneva Grateful” Award in her adopted Switzerland in 2002. In recognition of her humanitarian work in France and Switzerland she was also decorated in 2002 by the Government of France as Knight of the Legion of Honour, and again on her 90th birthday with the Legion’s Officer medal worn in the photo (below, courtesy her frequent collaborator, Rosemarie Erben).

Asked where she derives her energy for the generosity and continuous humanitarian work she has given, from her 1945 Christmas Party for World War II children to her professional contributions, to her continuing charities in Switzerland and France over another 70 years, Annette responded, it comes from love-- love she experienced as a child from her parents and love she found with Sioma!

**AT YOUR FINGERTIPS**

*By Divya Shah*

**Use of Tobacco Tax Stamps to Prevent and Reduce Illicit Tobacco Trade** illicit trade undermines tobacco control efforts and might contribute to health disparities. Comprehensive tax stamping policies could enhance U.S. efforts to reduce illicit trade, thereby increasing revenues as well as protecting public health and reducing smoking by stopping illegal cigarette sales. Read more [here](#).

**America’s schools make positive changes to create healthier school meals** most schools in the U.S are implementing healthy practices to help meet federal school meal standards by offering whole grains, more fruits and vegetables, and reducing sodium content. School meal programs are an important source of nutrition as students consume almost half of their daily calories at school. CDC researchers analyzed school-level data from the School Health Policies and Practices Study (SHPPS) for 2000, 2006, and 2014 to see how well schools are implementing practices related to the nutrition standards for school meals published by the U.S. Department of Agriculture in 2012. Read more [here](#).

**Million Hearts launches annual blood pressure control challenge** the U.S. Department of Health and Human Services today launched an annual challenge designed to identify and honor clinicians and health care teams that have helped their patients control high blood pressure and prevent heart attacks and strokes.
CURRENT EVENTS

(continued from page 1)

What are the Sustainable Development Goals (SDGs)?

The SDGs, otherwise known as the Global Goals, build on the Millennium Development Goals (MDGs), eight anti-poverty targets that the world committed to achieving by 2015. The MDGs, adopted in 2000, aimed at an array of issues that included slashing poverty, hunger, disease, gender inequality, and access to water and sanitation. Enormous progress has been made on the MDGs, showing the value of a unifying agenda underpinned by goals and targets. Despite this success, the indignity of poverty has not been ended for all.

The new Global Goals, and the broader sustainability agenda, go much further than the MDGs, addressing the root causes of poverty and the universal need for development that works for all people.

UNDP Administrator Helen Clark noted: "This agreement marks an important milestone in putting our world on an inclusive and sustainable course. If we all work together, we have a chance of meeting citizens’ aspirations for peace, prosperity, and well-being, and to preserve our planet."

The Global Goals will now finish the job of the MDGs, and ensure that no one is left behind.

History of SDGs Click here

Sustainable Development Goals

Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
Goal 3. Ensure healthy lives and promote well-being for all at all ages
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Goal 5. Achieve gender equality and empower all women and girls
Goal 6. Ensure availability and sustainable management of water and sanitation for all
Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Goal 10. Reduce inequality within and among countries
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
Goal 12. Ensure sustainable consumption and production patterns
Goal 13. Take urgent action to combat climate change and its impacts*
Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

AT YOUR FINGERTIPS

By Divya Shah

The Million Hearts Hypertension Control Challenge recognizes exemplary public and private practices and providers that achieve sustained hypertension control rates of 70 percent or above. The challenge was developed by the CDC in support of Million Hearts, an HHS initiative aimed at preventing 1 million heart attacks and strokes in 2017. Read more here.

Most US middle and high school starts the school day too early fewer than 1 in 5 middle and high schools in the U.S. began the school day at the recommended 8:30 AM start time or later during the 2011-2012 school year. Too-early start times can keep students from getting the sleep they need for health, safety, and academic success, according to the American Academy of Pediatrics. Read more here.
WORKING GROUP ON GIRLS UPDATES

By Keiko Sakagami and Bojana Beric

The International Day of the Girl promotes girls’ rights and highlights gender inequalities that remain between girls and boys. It is a UN observance that is annually held on October 11.

The International Day of the Girl Child gives people and organizations the opportunity to raise public awareness of the different types of discrimination and abuse that many girls around the world suffer from. On this day, many community and political leaders talk to the public about the importance of girls’ right to equal education and their fundamental freedoms. Various events are held to showcase the work that people are doing to empower girls through active support and engagement with parents, families, and the wider community.

Response from Working Group on Girls to the Synthesis Report of the Secretary General
The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet
News from IUHPE/NARO Headquarters & Global Health Promotion
By Elaine Auld, Suzanne Jackson and Mary Jane Tremethick

As of March 2013, each issue of IUHPE’s journal, Global Health Promotion, features two articles for continuing education contact hours for certified health education specialists (CHES) and master certified health education specialists (MCHES). Look for CHES/MCHES approved articles in the Table of Contents, which are asterisked (*). You may apply for CHES/MCHES continuing education contact hours from this journal for up to one year past the date of the journal issue. Dates of GHP issues are March, June, September, and December.

HOW DOES THE TEST WORK?
Access the multiple-choice test questions about the content of each article approved for CHES/MCHES online at the IUHPE/NARO website. Send a completed form and answers to the self study exam to IUHPE?NARO, along with your payment in US currency. The exam will then be graded and you will be notified of the exact number of credits earned. The scoring is as follows.

♦ 8-10 questions correct will earn 2 credits.
♦ 6-7 questions correct will earn 1 credit.
♦ 5 or fewer questions correct, there will be no credit earned.

DIRECTIONS FOR OBTAINING CREDIT:
♦ Read the Journal article and complete the self–study test.
♦ Mail or fax this application form to the IUHPE/North American Regional Office.
♦ Please print or type all information on the form below.
♦ Omission of any information requested will result in failure to process your registration.
♦ Include your signature where requested.

FEES:
♦ SPECIAL PROMOTION TO DECEMBER 31, 2015: The fee for GHP Self-Study Journal continuing education contact hours is $10.00 per article for IUHPE and Non-IUHPE members. The fee is non-refundable.
♦ IUHPE members get the journal as a member benefit. Non–IUHPE members can get the journal via 3 options:
  ⇒ You can join IUHPE as individuals or Institutions to get access to the journal. See http://www.iuhpe.org/index.php/en/membership/categories for more information about IUHPE membership options.
  ⇒ Individual articles are available for immediate purchase online at http://ghp.sagepub.com
  ⇒ Access through a library that subscribes to the journal. For library subscription options visit http://www.sagepub.com/journals/Journal201894/subscribe

Name: ____________________________ CHES #: ________________ MCHES #: ________________
Current Position (Title): ____________________________ Organization: ____________________________
Billing Address: ____________________________

Phone (W): ________________ Phone (H): ________________ Fax: ________________
Email: ____________________________

Please indicate which article credit is being applied for as follows:

Title of Article(s):
Author’s Name(s):
Journal Date(s), Volume(s), and Number(s):

Payment must be provided in US Dollars: Check #: ___________ Money Order: ___________

Signature: ____________________________ Date of Request: ___________

Send check/money order in U.S. dollars made out to IUHPE/NARO, along with this application, to: IUHPE/NARO, 10 G Street, NE, Suite 605, Washington, DC 20002, USA. IUHPE/NARO is approved as a multiple event provider of continuing education contact hours by the National Commission for Health Education Credentialing, Inc.
As of March 2013, Global Health Promotion, in conjunction with the North American Regional Office of IUHPE (NARO), is pleased to offer continuing education contact hours (CECHs) for individuals who are CHES and MCHES. NARO has been designated as a multiple-event provider of CECHs by the National Commission for Health Education Credentialing, Inc. (NCHEC).

To receive these credits, you can access articles that are eligible for CECH credits as designated with an asterisk (*) by the GHP Editor in Chief. Send the CHES Registration Form (in the journal and on the IUHPE/NARO website) into the NARO office. Once you have paid a $10 fee/article, you will receive a set of 10 multiple choice questions about the article. Your responses will be reviewed and scored, and the number of correct answers will determine the number of CECHs you receive. If you pass the exam, you will receive a certificate of completion, documenting the CECHs.

Now you have an opportunity to earn CECHs in the comfort of your own office or home!

For questions or further information, contact:
sopheintern@sophe.org or
Elaine Auld, NARO Co-Director (eauld@sophe.org)