



NARO NEWS

NORTH AMERICAN REGIONAL OFFICE

NARO VICE PRESIDENT'S MESSAGE

EDITORIAL BOARD :

Elaine Auld
Bojana Beric
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Emily Fisher
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INSIDE THIS ISSUE :

Civil Society	3
Student Corner	3
Resources and Funding Opportunities	4
Conferences, Trainings, and Events	4
News & Announcements	5
Advocating for Girls' Rights	5
At Your Fingertips	6
CDC Updates	7
UN Updates	8
School Health Promotion	8
Ebola Resources	9
Internships, Jobs, & Fellowships	9
NARO Headquarters	10

In my summer column, I shared my view that one of the most important issues that any board or advisory committee can address is that of priority setting. I also shared four priority areas that your IUHPE-NARO Regional Committee has decided should be our main areas for work for the coming two years and the rationale for each of the four areas. To refresh your memory, they follow:

- *Membership:* Recruit new members and retain current members
- *Professional Development:* Provide high-quality professional development for members
- *Partnerships:* Engage in strategic representation and partnership opportunities
- *Infrastructure:* Develop the infrastructure of NARO



Bill Potts-Datema

Now, I'm asking for your help to make each of these priorities turn into reality. During our most recent bimonthly call, we settled on subcommittees for each priority. Each group is made up of a subset of our Regional Committee. The priority group members include:

- *Membership:* Hope Corbin, Emily (Fisher) Hennessy, and Larry Olsen
- *Professional Development:* Brian Hyndman, Dan Laitsch, Doug McCall, Larry Olsen, and Elinor Wilson
- *Partnerships:* Bojana Beric, Hope Corbin, Marti Rice, Keiko Sakagami, and Sean Slade
- *Infrastructure:* Elaine Auld, Deb Deatruck, Emily (Fisher) Hennessy, Dan Laitsch, Bill Potts-Datema, and Marti Rice

Each subcommittee has been charged to develop one or two priority projects for the coming year. We will meet together during our bimonthly calls to discuss the plans for each group.

I know that our subcommittees would all greatly appreciate hearing your ideas for projects and other ways that we can fulfill these priorities. Please feel free to contact me (pottsdatema@gmail.com) or anyone else on the NARO Regional Committee if you have thoughts about these four priorities or how we might best implement them. Your ideas are central to our efforts to continually strengthen our work.

In future columns, I will share the outcomes of those discussions and again invite your participation in their development.

(continued on page 2)

NARO VICE PRESIDENT'S MESSAGE CONTINUED FROM PAGE 1

Finally, I would like to share a few thoughts about the most recent public health crisis in the headlines, the Ebola outbreak in western Africa. I am constantly amazed by the dedication, courage, and skill of health care workers on the front lines of this epidemic. Their selfless service represents public health at its best – a deep desire to provide the best care possible for each individual coupled with a passion for improving the health of populations. As news organizations in North America focus on the few cases that have spread beyond Africa, I am reminded of the depth and breadth of suffering that thousands of people and families in Guinea, Liberia, Sierra Leone, Nigeria, and Senegal are experiencing from Ebola, as well as the those who have suffered from other outbreaks during the decades since the disease was identified. I am also reminded of the suffering caused by other major epidemics, including HIV, polio, influenza, smallpox, plague, and others. I was recently investigating the 1918 influenza pandemic, which researchers estimate killed between 50-100 million people worldwide. Some of my ancestors died in that pandemic.

The critical nature of health promotion and education becomes even clearer as the effort to contain this latest outbreak continues. One of the most important strategies available to contain the spread of any disease is the transmission of knowledge and skills. Individuals must learn what they can do to remain safe from infection, and health care workers must know and practice procedures that allow them to treat the sick safely. The most important is the trust and confidence built in individuals, families, and populations who remain safe from infection because of their education contributes to lessening fear and panic, building peace and stability in communities and countries. Our profession's work remains as important as ever.

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CIVIL SOCIETY

My First Official Mission Visit with WGG

By Divya Shah

Attending The Working Group on Girls (WGG) Task Force on Advocacy meetings over the past few months has been a great opportunity for me to learn more about the work that this active group of girls' advocates does for the right of the girl-child worldwide. Advocacy committee meetings take place on the first Thursday of every month. The discussions are focused on the progress that is being made on girls' issues. Advocating for girls is done in a variety of ways: following the work and publications of commissions, high-level meetings, and the Third Committee of the General Assembly and UN agencies. The central themes for advocacy focus include: empowering girls, educating girls, and ending violence against girls.

Over the past few months, members of the Advocacy Committee (Task Force) have been working to schedule meetings with the Member States Permanent Missions to the United Nations. The purpose of these Mission visits is to provide advocates the opportunity to speak about girls rights with diplomats representing their governments at the UN. Members of the advocacy task force sign up for mission visits and select a mission to visit. While contacting the Mission, the volunteer introduces themselves and the organization and schedules a meeting to talk about a certain focal point. After a meeting date has been set, usually 2-3 additional members accompany the person to the Mission visit.

Recently, Bojana Beric, Beth Adamson, Candy Murias,



and I arranged and attended a visit to the European Union (EU) Delegation to the United Nations. The meeting took place at the EU Delegation's office, on Third Avenue, in New York City, not far from the UN headquarters. During the visit we met with

Helen Kaljulate and Pit Koehler of the Human Rights and Social Affairs Committee. The meeting began with introductions around the table. We introduced ourselves and the WGG and the organizations we represent at the WGG. Then we provided the handouts about the WGG, including: brochures, the talking points, the *Action for Girls – the newsletter*, and *“What Girls Want in a Post-2015 Agenda”*, and a sheet with the themes WGG focuses on.

This was WGG's third visit to the EU Delegation since 2011 when they became official representatives of European Union at UN. During the meeting we discussed health issues, such as female genital mutilation (FGM), elimination of violence in relation to girls and boys, along with the post-2015 agenda, CSW 59 session preparations, and the Girl Orientation Day. We also invited the EU Delegation to join us for an event during CSW 59. Overall, the meeting was very productive with discussion about girls' rights, health issues, and WGG activities. After the meeting, a follow-up thank you letter was sent to the EU Delegation along with electronic copies of the documents that we presented during the meeting.

The WGG continues to schedule visits with Permanent Missions to advocate for girls rights. Upcoming mission visits to the following Member States have been scheduled: Zambia, Nigeria, Paraguay, and Finland.

STUDENT CORNER

By Robyn Wiebe

Research and Policy Liaison, Campus Health

University of British Columbia's Okanagan Campus

Attending, presenting, and/or volunteering at a conference is an exciting opportunity to network, build relationships, and develop new knowledge. *The 2015 International Conference on Health Promoting Universities and Colleges: 10 Years After the Edmonton Charter*, is an opportunity for students and non-students to share their work, and learn about the current practices of settings-based health promotion in institutions of higher education from leaders in the field from around the world. The conference experience provides an environment for interested individuals to engage with one another through a dynamic, innovative, and collaborative process, which will also lead to the development of a new charter and plan for action, building from the 2005 *Edmonton Charter For Health Promoting Universities and Institutions of Higher Education*.

All interested are encouraged to attend this exciting conference in the beautiful Okanagan Valley of British Columbia, Canada, including academics, researchers, decision-makers, practitioners, and administrators. However, student representation is key. Who better than students can speak to what makes a health-promoting campus experience and environment? Whether studying full-time or working while in school, students often spend the majority of their time on campus. Students know what is happening on their campuses, and what policies and practices make for a health-promoting institution of higher education. Additionally, getting involved in the conference will give students the opportunity to create relationships and networks, and grow their scholarly practice. To get involved or learn more about the conference, please visit the conference website [here](#).

RESOURCES AND FUNDING OPPORTUNITIES

JSPS Research Fellowship in Japan (Extramural)**Application Deadline:** March 15, 2015Global Infectious Disease Research Training Program (D43)**Application deadline:** July 29, 2015Limited Competition: Planning Grant for Fogarty HIV Research Training Program for Low-and-Middle-Income Country Institutions (D71)**Letter of intent due:** 30 days before application deadline.**Application deadline:** July 30, 2015Planning Grant for Global Infectious Disease Research Training Program (D71)**Application deadline:** July 29, 2015.Limited Competition: Fogarty HIV Research Training Program for Low-and-Middle-Income Country Institutions (D43)International Research Ethics Education and Curriculum Development Award (R25)(PAR-13-027)**Application Deadline:** May 22, 2015

CONFERENCES, TRAININGS, AND EVENTS

XXII IUHPE World Conference on Health Promotion**Date:** May 22-26, 2016**Location:** Curitiba, BrazilFor more information, please click [here](#).

Conference theme: "Promoting Health and Equity"

Conference Subthemes:

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

The 6th International Conference on Fetal Alcohol Spectrum Disorder**Date:** March 4-7, 2015**Location:** Vancouver, British Columbia, Canada6th Annual CUGH Conference Mobilizing Research for Global Health**Date:** March 26-28, 2015**Location:** Boston, MASOPHE 66th Annual Meeting – Blazing a Trail for Health Education and Health Promotion**Date:** April 23-25, 2015**Location:** Portland Hilton, Portland, Oregon6th International Meeting on Indigenous Child Health**Date:** March 20-22, 2015**Location:** Ottawa, Ontario, CanadaGlobal Health & Innovation Conference - Unite for Sight, 12th Annual Conference**Date:** March 28-29, 2015**Location:** New Haven, CT, USA

NEWS AND ANNOUNCEMENTS

Nobel Peace Prize 2014:

Congratulations Malala Yousefzai!

Malala Yousafzai, a 17-year-old Pakistani girl has continued to appeal importance of education to girls and has impressed the people in many parts of the world.

Watch Malala's acceptance speech of the Nobel Peace Prize [here](#).

"The bullet cannot stop my actions."



Congratulations Kailish Satyarthi!

Kailish Satyarthi, a grassroots activist, who has led the rescue of over 78,500 children slaves and pioneered programs for their education and rehabilitation. In 1980, he gave up his career as a civil engineer to help the millions of children forced to work in horrible conditions in India.



ADVOCATING FOR GIRLS RIGHTS

Stand Up for Girls: Education is a Human Right, not a Privilege!

By Xing Li, Masters of Public Health candidate
Long Island University's Brooklyn Campus



I stand by all girls, advocating for their right to education. Girls are often mistreated and regarded as property rather than as human beings. They are usually the victims of discrimination. In many instances, girls are excluded from almost all rights that boys are entitled to. A boy is more likely to get an education, while a girl's opportunity of ever going to school is closer to none.

Education is a human right, not a privilege! Human rights reflect a global moral conscience in human dignity. Human rights are the foundation for freedom, justice and peace in the world. They are inherent to all human beings, regardless of one's nationality, sex, ethnic, color, religion, language, or any other status. Human rights are rights that everyone is supposed to be born with; they cannot be given or taken away. The right to education should be guaranteed for all, without any discrimination, especially against girls.

Article 26 of the Universal Declaration on Human Rights (UDHR) specifically states that, "everyone has the right to education," but is that the case for girls? It further states, "education shall be free, at least in the elementary and fundamental stages." Is this true for most developing countries?

According to UNICEF, worldwide, nearly 58 million primary school-ages children are not in school and girls constitute over 50% of that. Only 30% of all girls are enrolled in secondary school. An estimated 250 million children are illiterate and cannot do basic math, more than half of whom are girls. Greater than 60% of the illiterate young people in the world are women because they were not given an education as girls. The average sub-Saharan African girl from a low-income, rural household gets less than two years of schooling compared to the average sub-Saharan African boy who gets to complete a full primary education. Since schools are usually not free in many developing countries, parents cannot afford the tuition or cost of uniforms. Whenever parents are faced with such social, economic or financial barriers, they often chose to invest in their son's education and not their daughter's. This shows how in many countries, sons are favored more than daughters. Unsafe travel over long distances to and from school and the lack of separate outdoor toilets for girls are among other reasons believed to be why millions of girls are forced to stay out of school and denied an education. Nevertheless, these are just excuses used to prevent girls from attending school.

If girls are provided an education, it will help the break the cycle of poverty. In turn, this can create transformational changes within communities and societies. There are numerous reasons why an education for a girl is important.

MDGs # 2 and 3 are specifically to ensure that by 2015, every child will be able to complete primary school, and that gender disparity be eliminated at all levels of education. As we are nearing 2015, many children, especially girls, are still not able to get an education. More work and actions need to be done to decrease the number of girls not in school.

Let us not forget that on October 9, 2012, an innocent girl named Malala was shot by the Taliban on her way home from school for speaking out on the importance of education for girls. Few months ago, hundreds of Nigerian schoolgirls were kidnapped for going to school. Despite some progresses made, we need to work even harder to stop the discrimination against girls, so that there will be no gender inequality and that all girls are allowed the education they deserve.

In closing, I quote the words of actress and humanitarian Audrey Hepburn, "A quality education has the power to transform societies in a single generation, provide children with the protection they need from the hazards of poverty, labor exploitation and disease, and given them the knowledge, skills, and confidence to reach their full potential."

AT YOUR FINGERTIPS

By Divya Shah

Reducing Beverage Calories Nationwide - America's Beverage Companies Announce Commitment

President Bill Clinton announced a [landmark agreement](#) with the American Beverage Association, The Coca-Cola Company, Dr Pepper Snapple Group, and PepsiCo to reduce the consumption of beverage calories across America. Since 2006, there has been a reduction of beverage calories shipped to schools by 90 percent. The commitment now is to reduce beverage calorie consumption, but this time for all Americans. Read more [here](#).



Media-Smart Youth: Eat, Think, and Be Active! ®

Media-Smart Youth is an interactive program that helps youth ages 11 to 13 better understand the media and how it can influence their health. Developed by the National Institutes of Health, the free curriculum includes 10 lessons that combine media literacy and youth development principles with federal nutrition and physical activity recommendations. For more information: Visit the [Media-Smart Youth website](#), watch the video “[What is Media-Smart Youth?](#)”, order [free program materials](#), sign up for [Media-Smart Youth e-updates](#). Questions? Contact the Media-Smart Youth team at MediaSmartYouth@mail.nih.gov or 1-800-370-2943

Preventing Chronic Disease

This collection includes eight articles written by *Communities Putting Prevention to Work* awardees that focus on implementation or evaluation of healthy retail initiatives. The collection is supported by a commentary. Read more [here](#).



Supplement: Preventive Medicine – Communities Putting Prevention to Work

This collection includes nine articles written by CPPW awardees that focus on implementation or evaluation of a range of interventions including those related to preventing tobacco use and smoke exposure and preventing obesity through encouragement of health eating and active living. This supplement includes a summary article commentary. The links to the individual articles are below:

- 1) [Communities putting prevention to work: Local evaluation of community-based strategies designed to make healthy living easier](#)
- 2) [The implementation of a participatory manuscript development process with Native American tribal awardees as part of the CDC Communities Putting Prevention to Work initiative: Challenges and opportunities](#)
- 3) [Building mutually beneficial partnerships to improve physical activity opportunities through shared-use efforts in under-resourced communities in Los Angeles County](#)
- 4) [Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity](#)
- 5) [Overweight and obesity among low-income women in rural West Virginia and urban Los Angeles County](#)
- 6) [What is “community health”? Examining the meaning of an evolving field in public health](#)
- 7) [Student receptivity to new school meal offerings: Assessing fruit and vegetable waste among middle school students in the Los Angeles Unified School District](#)
- 8) [The effect of a trail use intervention on urban trail use in Southern Nevada](#)
- 9) [Nutrient content of school meals before and after implementation of nutrition recommendations in five school districts across two U.S. counties](#)
- 10) [Use of tobacco retail permitting to reduce youth access and exposure to tobacco in Santa Clara County, California](#)



CDC UPDATES

By Elaine Auld

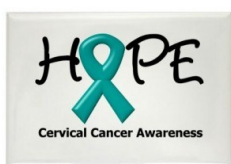
CDC Report Shows Motor Vehicle Crash Injuries are Frequent and Costly

The [Centers for Disease Control and Prevention](#) (CDC) reports that more than 2.5 million people went to the emergency department (ED) – and nearly 200,000 of them were hospitalized – because of motor vehicle crash injuries in 2012. The [Vital Signs](#) report found that lifetime medical costs for these crash injuries totaled \$18 billion; \$8 billion for those who were hospitalized. To read more, click [here](#).



CDC reports that about eight million women 21 to 65 years of age have not been screened for cervical cancer in the past five years.

The Vital Signs report found that more than half of new cervical cancer cases occur among women who have never or rarely been screened. For the report, CDC researchers reviewed data from the 2012 Behavioral Risk Factor Surveillance System to determine women who had not been screened for cancer in the past five years. They analyzed the number of cervical cancer cases that occurred during 2007 to 2011 from CDC's [National Program of Cancer Registries](#) and the National Cancer Institute's Surveillance, Epidemiology and End Results Program. Cervical cancer deaths were based on death certificates submitted to the [National Vital Statistics System](#). To learn more about cervical cancer screening, click [here](#). To learn more about HPV vaccine recommendations, click [here](#).



Tobacco Use Among Middle and High School Students — United States, 2013

Tobacco use is the leading preventable cause of disease and death in the United States, and nearly all tobacco use begins during youth and young adulthood. Among U.S. youths, cigarette smoking has declined in recent years; however, the use of some other tobacco products has increased (3), and nearly half of tobacco users use two or more tobacco products (4). Data from the 2013 National Youth Tobacco Survey shows that more than 1 in 5 high school students (22.9%) and more than 1 in 20 middle school students (6.5%) reported currently using tobacco. Read more [here](#).



CDC - REACH - success stories - Minority Serving National Organization's (MNO)

By Nicolette Warren

Six minority serving national organizations proudly release a new booklet showcasing their efforts to close the health disparities gap experienced by racial and ethnic minority groups. Entitled, *Racial and Ethnic Approaches to Community Health (REACH) Minority Serving National Organization's (MNO) Success Stories: How Six Minority Serving National Organizations are Working to Decrease Disparities*, the booklet shares the experiences of the national groups and provides guidance to others committed to eliminating racial and ethnic health disparities through capacity building, education, policy and systems changes, and access to care for improved disease prevention, treatment and management. The booklet is available free online http://www.sophe.org/sophe_reach_success_web_final.pdf. 1) Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), For more information, click [here](#). 2) The Black Women's Health Imperative. For more information, click [here](#). 3) The Inter-Tribal Council of Michigan. For more information, click [here](#). 4) The Joint Center for Political and Economic Studies and its PLACE MATTERS teams (local affiliates). For more information, click [here](#). 5) The National Council of La Raza's (NCLR) Institute for Hispanic Health. For more information, click [here](#). 6) The Society for Public Health Education's (SOPHE) Health Equity Project. For more information, click [here](#). 7) More about REACH [here](#).



CDC says "Take 3" Actions to Fight the Flu

1. Take time to get the flu vaccine.
2. Take everyday preventative actions to stop the spread of germs.
3. Take flu antiviral drugs if your doctor prescribes them.

For more information, click [here](#).



UN UPDATES

By Keiko Sakagami and Bojana Beric, IUHPE/NARO Representatives to the UN

NARO belongs to 'The Working Group on Girls' (WGG) - NGO committee Working at UN WGG is a well-known large coalition having members of over 80 national and international NGOs who work for UN goals focused on women and girls. WGG has especially been promoting human rights and social status of girls. As UN representatives of NARO, we participated to develop WGG's advocacy sheets with 10 issues: child marriage, domestic violence and girls, female genital mutilation (FGM), harassment, HIV/AIDS, rape, trafficking, son preference, honor killings, and girl child pornography. These sheets can be found [here](#). This year, with agreement of conclusions of the Commission on the Status of Women 58 (CSW58), WGG created a statement (position paper) for CSW59, which has focused on Beijing declaration and platform for Action and this event will be held in March 9th to 20th, 2015 at United Nations in New York. We are glad to report to our members that IUHPE has fully supported the statement and the name of IUHPE was included in the list of organizations endorsing the statement. Click [here](#) to read the full statement.



United Nations

The 65th Annual UN DPI/NGO Conference (8/27-29/14, NY Headquarter) Archive site. Click [here](#).

The 69th General Assembly Session (2014) - Meeting summaries and webcast. Click [here](#).

President Obama's speech at the U.N. General Assembly. Click [here](#).



SCHOOL HEALTH PROMOTION

CDC Update on Coordinated School Health and the New Whole School, Whole Community, Whole Child Model

By John Fodor and Bill Potts-Datema

The Coordinated School health and its eight components: 1. Health Education, 2. Physical Education, 3. Health Services, 4. Nutrition Services, 5. Counseling, Psychological, and Social Services, 6. Healthy and Safe School Environment, 7. Health Promotion for Self, 8. Family/Community Involvement are only effective if governed by all stakeholders from both school and community environments. More information and working descriptions of each may be found [here](#).

Key people you may want to invite to join the governing body, the School Health Advisory Council (SHAC) are from the school community: 1. Principal, Assistant Principal, 2. Physical Education teacher, 3. Health Education teacher, 4. Classroom teacher, 5. Student, 6. School nutrition services manager, 7. School counselor, 8. School Psychologist or Social Worker, 9. School nurse, 10. Bus driver, 11. Janitor or custodial worker, 12. Facility and maintenance staff, and from the local community: 1. Parent or other family member, 2. Community-based health care and social services provider, 3. Community health organization representative, e.g., American Cancer Society, 4. Local health department staff member.

They key step in the process, is to identify a coordinator for the SHAC team. Many schools have found that it is best to have someone from outside the school facilitate the SHAC process. Because they are removed from school politics, these individuals are neutral and can help the staff deal with internal conflicts. A SHAC coordinator should be: 1. A skilled group facilitator who can keep meeting participants on task while making them feel good about their participation, 2. An excellent listener who does not attempt to impose his or her own

opinions on the group, 3. An individual who is highly respected by all participants and by the school administration. Read more [here](#). Getting the support for the use of the SHAC from school administrators greatly improves overall commitment to completing the SHAC and implementing the School Health Improvement Plan, School, and district-level administrators can give the SHAC team the power to implement identified changes.

Furthermore, the **Whole School, Whole Community, Whole Child (WSCC) Model** expands on the eight elements of CDC's coordinated school health (CSH) approach and is combined with the whole child framework. CDC and ASCD developed this expanded model – in collaboration with key leaders from the fields of health, public health, education, and school health – to strengthen a unified and collaborative approach designed to improve learning and health in our nation's schools. Read more [here](#).



Changes in the focus of home economics classes

By John Fodor

From ASCD Smart Briefs Nov 7, 2014

Home economics is now focusing on nutrition education; not just on how to cook.

[Home economics changes to focus on nutrition, foodie trend](#)

Home economics courses -- now called consumer science -- have transformed to include nutrition education, the popular "foodie" culture, and aim to show more sophisticated cooking skills. This article highlights some of the reasons behind the changes, including students learning life skills and gaining possible employment in the food industry.

EBOLA RESOURCES

Organization	Resources	Organization	Resources
Centers for Disease Control and Prevention	<p>Ebola Last updated: January 22, 2015</p> <p>Ebola – Timeline of “What’s New” Last updated: January 22, 2015</p> <p>Morbidity and Mortality Weekly Report Last updated: January 15, 2015</p> <p>Guidance on Screening and Caring for Pregnant Women with Ebola virus disease for Healthcare Providers in U.S. Hospitals Last updated: January 9, 2015</p>	United Nations	<p>Situation Report – Ebola Last updated: December 12, 2014</p> <p>Ebola virus disease outbreak – overview of requirements Last updated: September 2014</p>
World Health Organization	<p>Ebola Fact Sheet Last updated: September 2014</p> <p>2014 West African Ebola Outbreak: Feature Map (March 2014 – November 2014) Last updated: January 2015</p> <p>Global Alert and Response: Ebola Response Roadmap – Situation Report Last updated: January 2015</p> <p>Ebola Treatment and Interventions Last updated: January 2015</p> <p>WHO’s contribution to the Ebola Response Last updated: December 2014</p>	Others	<p>University Hospitals of Geneva – Canadian Experimental Ebola vaccine is well tolerated by volunteers Last updated: December 2, 2014</p> <p>Vaccinations with VSV-ZEBOV have been suspended and will resume in early 2015 Last updated: December 11, 2014</p>
		Free Online Courses	<p>Ebola in Context: Understanding Transmission, Response, and Control. For more information, click here. London School of Hygiene & Tropical Medicine—Starts January 19, 2015</p> <p>Ebola: Symptoms, History, and Origin. For more information, click here. Lancaster University—Starts February 2, 2015.</p> <p>Understand Ebola and How you can avoid it For more information, click here.</p>

INTERNSHIPS, JOBS, AND FELLOWSHIP

Internships

Global Health Leadership. Click [here](#).

Access Campaign Vaccines Intern. Click [here](#).

Access HIV and Tuberculosis Policy Intern. Click [here](#).

Jobs

Global Health Corps—US Program Manager. Click [here](#).

Global Health Strategies - Manager, Talent Development, and Administration. Click [here](#).

Global Health Strategies - Vice President. Click [here](#).

Fellowship

[USAID Fellowship: Community Health Technical Advisor.](#)

Deadline: February 18, 2015

[FDA Tobacco Regulatory Science Fellowship.](#) Deadline: March 2, 2015.

NARO HEADQUARTERS

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.

DIRECTIONS FOR OBTAINING CREDIT:

- ◆ 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:

- ◆ The fee for *GHP* Self-Study Journal continuing education contact hours is \$20.00 per article for IUHPE members (who get GHP as benefit of membership). This fee is non-refundable.
- ◆ Non-IUHPE members = \$20 + cost of obtaining the article. There are 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>

HOW DOES THE TEST WORK?

Upon submission of the application to the IUHPE/North American Regional Office, you will be emailed ten multiple-choice test questions about the content of each articles approved for CHES/MCHES. You must complete the exam and email your responses back to IUHPE/NARO. 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.

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.

Global Health Promotion to Provide Self-Study CE Opportunities

ARE YOU CERTIFIED HEALTH EDUCATION SPECIALIST (CHES) OR MASTER CERTIFIED HEALTH EDUCATION SPECIALIST (MCHES) LOOKING FOR OPPORTUNITIES TO EARN CONTINUING EDUCATION CONTACT HOURS?

- ◆ 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 \$20 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,
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