SOPHE: At the Intersection of Education, Policy, and Science and Technology

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Good morning and welcome to this 49th Annual Meeting of the Society for Public Health Education. I thank this year's national vice-presidents, Bruce Simons-Morton and Collins Airhihenbuwa, and their merry band of SOPHE colleagues on the national planning committee, for the remarkable effort they have mounted on our behalf to create this year's annual meeting.

I also want to recognize and thank Elaine Auld—that leading lady of SOPHE and one of the best association executives in this country—for working so hard to ensure that the daunting logistics of the program would be coordinated with the care and precision for which Elaine has become legendary.

I am, moreover, equally grateful to the many sponsors for this year's meeting. I especially want to thank the Centers for Disease Control and Prevention, without whose generous conference support grant this annual meeting would not be possible.

Thank you, Larry Green, for your warm and stirring tribute to Bill Griffiths. Bill was indeed a wonderful human being, a man of many qualities. I know that Bill would have been deeply touched by your kind words.

II

This is the first annual meeting we have convened in the nation's capital since SOPHE relocated here in 1995. And while the annual meeting makes its return, so do many of us for whom Washington holds many memories and for whom Washington has always held—for better or for worse—the promise of progress.

I was a 25-year-old graduate student at the University of Illinois when I attended my first SOPHE annual meeting. It was here in Washington, in November of 1977—21 years ago. It was a formative time for me and I remember it well because, earlier that year, my father experienced a serious illness that required costly medical treatment, which he

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could not afford. The crisis led me to write an unsolicited essay about the high costs of medical care that was published on the Op-Ed page of the *New York Times*.[1] Jimmy Carter, who was president at the time, read my article and later instructed Dr. Peter Bourne, then special assistant to the president for health affairs, to meet with me. So, I went to the White House and met Peter Bourne.

In retrospect, that brief meeting—in which I proffered my perspective on what had emerged as a popular political debate about how best to finance health care for all Americans—was a defining moment for me. It was defining because it taught me at an early stage of my career that even I had a chance to make a difference. In short, I came away inspired. I can only hope that there is at least one student or new professional here this morning for whom Washington and this meeting will perhaps provide as much inspiration as I found as a young graduate student 21 years ago.

Much, of course, has changed in the many years following that visit to our nation's capital—much has changed in Washington, much has changed in the world, and much has changed in health education and in this marvelous organization we affectionately call SOPHE.

- Twenty-one years ago, the science base for health education—which was more craft than profession—was only beginning to emerge. Today, at the edge of the 21st century, we can point with pride to a cumulative body of scientific evidence that demonstrates the power of health education to influence health status.
- Twenty-one years ago, we could only imagine a credentialing system that would place health educators on a par with other professionals. Today, health education has been strengthened immeasurably by a national certification effort whose almost decade-long implementation continues to transform professional preparation and practice.
- Twenty-one years ago, health educators had no formal professional occupational recognition within our federal government. Today, for the first time in history, not only is health education recognized as an essential public health function, but health educator will also be defined and codified as a distinct occupational category by the U.S. Department of Labor.
- Twenty-one years ago, opportunities for talented health educators to develop their leadership skills were limited. Today, 12 extraordinary health education professionals are pursuing advanced leadership development after having been named this year as fellows to the first Public Health Education Leadership Institute, which is being sponsored by SOPHE and the Association of State and Territorial Directors of Health Promotion and Public Health Education. And speaking about leadership, for the first time in our history a health educator—Audrey Gotsch—will assume the presidency of the American Public Health Association.
- And 21 years ago, front-line health educators, whose work had often gone unnoticed, could only dream of having a publication dedicated to practice. Today, I am pleased to announce that SOPHE is about to launch one of the most ambitious initiatives it has undertaken: starting next year, publication of a peer-reviewed journal that will be devoted solely to health promotion practice.

To be sure, these developments have not occurred by chance and would not have occurred were it not for the assiduous efforts of many. Indeed, they have occurred, in large measure, because of the courage, the vision, and the enduring commitment of many in

this room. Your desire to improve the public's health, your desire to build a profession, and your desire to make a difference have made possible these and many other developments in education, policy, and science and technology, which this annual meeting celebrates. And your contributions have placed us at the intersection of those endeavors to use each strategy to improve the public's health.

Having been honored to serve as SOPHE's president, I understand better than ever what you and your accomplishments have meant to our profession. I understand how profoundly our field has been shaped by the many talented people assembled here today.

One need only view the work and accomplishments of our three 1998 SOPHE Distinguished Fellows to see just how far we have come.

- Florence Fiori—daughter of Columbia University, now doyenne of SOPHE—the first woman to direct a bureau of the U.S. Public Health Service, whose leadership has not only helped shape the nation's health policy in maternal and child health but also provides a poignant role model for the many women in this audience;
- Michael Eriksen, whose elegant research on the technology of behavioral intervention in smoking has contributed so much to the science base and conceptualization of public health policy underlying our nation's tobacco prevention and control programs; and
- Robert Patton, whose service as the only health educator to be elected to high political office—a representative in the Tennessee Statehouse—has extended the reach and influence of education and legislative advocacy.

It has been the imagination of each—imagination, which, wrote Emily Dickinson, "lights the slow fuse of possibility"—that has placed health education and SOPHE squarely at the intersection where education, policy, and science and technology converge. If we have learned anything from their pioneering work, as well as that of others, it is that no single technology, no single strategy, is sufficient to improve the public's health. Indeed, what we have learned is that it is the consistently creative combinations of education, policy, and science and technology—often cast in what we like to call the ecologic framework—that have proved most potent in bringing about improvements in population health.

III

But while I and others can use the late Hod Ogden's favorite rhetorical device of pointing with pride to this legacy, we can also view with some alarm the daunting challenges ahead—challenges that are being shaped dramatically by rapid change in response to the reexamination, reform, and reordering of our social institutions, and what has been called the peaceful, but nonetheless revolutionary, molting of American society.[2]

I am no oracle, but as we approach the end of this remarkable century, the years ahead promise to be a time of extraordinary change and extraordinary challenge. Saying that is nothing new or prophetic; I know you have heard it before. But what may be new is the emerging consensus among many experts that what is happening in the delivery and financing of health care is symbolic of the larger reordering of priorities in America.

All of America's social institutions—education, health care, and government, even the modern presidency—are now being reshaped for better or for worse. All of these social

institutions represent the battlegrounds for some of our nation's most fundamental cultural, social, and political disagreements.[3]

At the very heart of these disagreements is the enduring dilemma of our democracy: How to protect the public good while we preserve private right.

Whether we are debating the wisdom of banning cigarette smoking in California's public bars, debating whether we should require motorcycle riders in Illinois to wear safety helmets, or debating the adequacy of gun control in Indiana, the fundamental issue underlying these debates is how we maintain the exquisitely delicate constitutional balance between the public good and the individual's right to pursue unfettered freedom.

Garrett Hardin's classic article, "The Tragedy of the Commons," published in *Science* in 1968, stands perhaps as the best example of this dilemma.[4] Hardin used the simple but powerful parable of farmers grazing cattle on the village commons to explain the problem of population control and individual choice. In doing so, he showed that in the absence of regulatory or normative cultural constraints, most individuals will maximize their personal utilities. In this case, the individual farmer enhances his personal gain by simply getting more cows to graze on the commons. The result, however, is less than optimal for society. Eventually the commons are destroyed by the overgrazing and the economic well-being of all is jeopardized.

The point of Hardin's elegant parable is that individual choice can often place both ourselves and others in grave peril. It is the essential parable of our times because it describes the quintessential American dilemma of private right versus public good. More important perhaps, it also illustrates the fundamental problem of miscalculation in human behavior that inevitably can lead to human misery.[5]

It is no wonder that Garrett Hardin's parable endures. Because the important questions really are: What do we do when no easy technical solutions exist to solve complex social problems? Does freedom on the commons ultimately result in ruin for all? And how can we use education most effectively to preserve the social order? These are the questions at the core of all public health problems. These are the questions that health educators face every day.

It is in this context—and through a broad agenda for political, economic, and social change—that I believe modern health education must contribute its unique gifts if we are to achieve Jeremy Bentham's timeless notion of "the greatest happiness of the greatest number."[6] And what role health education should play to advance the health of the public in an astonishingly complex, interdependent, and global society is arguably one of the most pressing questions that we face as we prepare to close out a century of stunning human progress and enter another—one that has been called the Age of Possibility—that promises to be a century of ever greater change and challenge.[7]

IV

In addition, the demography of America is changing. Just look around this room. America is becoming more diverse. Although the Malthusians (like Paul Ehrlich) may have been wrong and the Cornucopians (like the late Julian Simon) may turn out to be right about the size of population, we face a different, if not equally important, set of challenges associated with the changing nature of population.[8]

There are dramatic shifts taking place in the racial and ethnic composition of the United States. We will see extraordinary changes in the next 25 years. For example, the U.S. Bureau of the Census projects that by the year 2020, the proportion of White

Americans will have decreased by 4%, while the proportion of African Americans, Asian Americans, and Latino Americans will have increased by between 1% and 6%.[9]

However, these are not the only significant demographic changes worth mentioning. What may turn out to be the most important change, and indeed a new challenge to public health, is that of the emerging cohort of young people—a large number of whom, some observers worry, are likely to constitute a new wave of incarcerated inmates if we do not begin to make changes in our schools and communities that can restore a sense of self-esteem and create a sense of common community purpose. Put another way, we must have the courage to make changes that result in greater educational and economic opportunities for young people if the many of them at risk are to have any chance of futures outside a criminal justice system that now warehouses well over a million people.

The challenge of this changing demography is to find ways of developing a greater understanding of the needs of a diverse population that we in health education will be obligated to address.

Moreover, to further complicate our task, America—many people argue—is losing confidence in established cultural authority. Whether it is education, law, or medicine, the decline of confidence in professionals and in professionalism over the last three decades is palpable. One need only witness the spectacle of debate over morality that has been unfolding in this contentious city and around the nation to understand the impact of breaching the public's faith.

Indeed, professionals like you will need to be not only responsive to these challenges but also capable of looking to the horizon to see where we should be going. That means we will need to demonstrate our professional integrity, our professional credibility, and our professional accountability. In short, we will need to show an understandably skeptical public that we have the vision to create the kind of contemporary health education practice that is not only efficient and effective but also morally defensible and rooted in our collective concern for social justice.

V

What, then, should SOPHE be doing? What can we do to meet these and other challenges ahead to ensure that we remain at the intersection of education, policy, and science and technology? I believe there are five directions in which we must go.

First, I believe we need to work together more effectively with others throughout the world to identify common goals and strategies that transcend our domestic American agenda. A case in point is the tobacco issue. SOPHE has partnered with a number of organizations whose interest has been to ensure that the next generation of young Americans will not be touched by the scourge of tobacco. But, what about the world's children? We have worked hard during the past year to influence the great American political debate on tobacco policy, and we have worked hard to influence the political process that has gone forward to shape a national tobacco settlement. Yet we cannot ignore the efforts by the tobacco industry to resist a political solution and diversify its markets to include other countries. We cannot ignore the industry's efforts to achieve the globalization of tobacco use now that domestic markets have begun to dry up. So, we need a global agenda for health education that is morally accountable and broadly responsive to the needs of people across nations, not merely our own. SOPHE must be at the vanguard of this effort.

Second, I believe we need to continue to stimulate health education scientists and practitioners to do better at demonstrating and documenting the links between the evidence

base and practice. In part, we can do this by recatalyzing the effort that began several years ago to establish a research agenda for public health education. At the same time, we must not leave to others the political task of garnering increased investments for health promotion. So, our challenge is clear—we must continue to create political interest in a public health policy whose science base for intervention is still emerging but whose economic base is still competing for a more equitable share of national resources.

Third, it is becoming evident that the new computing and communication technologies are reshaping profoundly the nature of human intellectual activity. This new technology promises to link people through the Internet and the World Wide Web and forever change our concept of communication. But only one-half of our members have access to these new technologies. That means we need to find ways to support a renewed commitment to infrastructure in public health departments and other settings around the nation—creating a new "public health informatics"—that will expand both the access to and creative use of these technologies. If we are to transcend nationalism and accelerate the globalization of multidisciplinary problem solving that such electronic communication promises to facilitate, then we need just such an effort. To this end, SOPHE is playing a critical role in advocating that the year 2010 objectives include efforts to develop such infrastructure.

Fourth, I believe that while we have come to consensus on the value of a credentialing system in health education, we must now take bold steps toward strengthening it. We need to document the impact of such certification on professional preparation, professional employment opportunities, and professional practice. At the same time, we must address the growing need for the continuing education of currently employed public health educators if they are to possess the skills and capacity to meet the challenges being created by the breathtakingly rapid changes in society. SOPHE is now engaged in discussions with the Bureau of Health Professions about launching a research effort that would attempt to document the impact of certification. Moreover, we have begun this year to work with a number of leading practitioners of public health education around the country to identify and plan for the continuing education needs of those currently employed.[10]

Finally, if SOPHE is to fulfill its modern destiny as a potent intersectoral force—a force capable of shaping the national policy agenda as well as creating an international presence—then we must find new ways to enhance our financial base. If you have been reading my column in *News & Views* over the year, you will know that this has been my vision. Because what has become crystal clear is that we cannot sustain our important work, or our growth, without a vigorous resource development effort.

Happily, we have already made great progress this past year toward the goal of diversifying SOPHE's revenue streams. We have worked hard to renew our commitment to resource development by organizing a new standing committee whose expanded membership now includes prominent Americans from the private and voluntary sectors, government, and philanthropy. The hard work has paid off. This has been a banner year. We raised over $170,000 to support new initiatives that are consistent with SOPHE's strategic plan. For the first time in our history, SOPHE will launch a new individual-giving campaign to raise $50,000—a goal we expect to exceed by this time next year when SOPHE celebrates its 50th anniversary. It is a first step toward creating a culture of giving that is necessary if we are to continue SOPHE's renewal while maintaining the ever delicate balance between continuity and change.

Meeting these challenges will not be easy. But striving to meet them is not only central to creating SOPHE's future; it is central to the future of health education. I challenge each of you here today to commit yourselves—as did Bill Griffiths, as have this year's

Distinguished Fellow honorees, and as have many other SOPHE pioneers—to light that "slow fuse of possibility" that will ensure that the future of health education is bright and that SOPHE remains at the intellectual intersection of the field.

Because, in the end, it is all about you, all about what each of you can do in your own way to contribute to this collective enterprise we call health education. It is you who will need to make things happen.

Remember what Robert Kennedy who, quoting George Bernard Shaw, once said: "Some people see things and say, 'why?'; I see things and say, 'why not?' " My experience as president this year has reaffirmed for me what being a member of SOPHE is all about—it is all about seeing things and saying "why not?" Why not be a leader of your SOPHE chapter? Why not an endowment for SOPHE? Why not health for all?

VI

I want to close today where I began—on a personal note. I want to thank you for letting me be your president.

I have traveled the breadth of this country over the course of my year as president—from California to Massachusetts, from Minnesota to Texas. And at each turn, in visits to more than 10 SOPHE chapters both large and small, I have found the opportunity to work with members of SOPHE—particularly the students and new professionals, whose questions always seem the most unnerving—one of the most rewarding of my career.

So, I speak from my heart today when I say that this year has been a personal odyssey and an honor. Although I realize that today we live in a more sober world than that of 21 years ago, I shall forever be grateful to you for the chance to feel again like a young graduate student who only wanted to make a difference.

Tomorrow, I take my leave as your president, but I look forward to working with many of you in the years ahead, once again as a citizen of this wonderful organization we call SOPHE.

Thank you for your support and thank you very much for your work on behalf of SOPHE and public health.

ACKNOWLEDGMENTS

It always seems to take a village to help me do something like this. Thus, I need to thank several people whose comments and suggestions have been enormously valuable in preparing this presidential address. They include my SOPHE colleagues, Elaine Auld, Mary Grenz Jollah, Jody Benton Lee, Clarence Pearson, Kathleen Roe, and Bruce Simons-Morton, for their ideas about form and substance; my colleagues at Teachers College, Merrilyn Gow and Gabriella Oldham, for reading and editing early drafts; my teaching and office assistants, Joyce Gottlieb, Ray Marks, and Kerrin Kaschak, for doing background research and checking the accuracy of citations; and the students of my social policy and prevention course, Herman Charles, Elizabeth Gordon, Lesley Green, Theresa Guerriere, Claudia LaTouche, Michal Lavin, Cecilia Linares, Mariana Negrao, Floyd Phillips, Keiko Sakagami, Vincent Sideli, and Michael Williams, for allowing me to use valuable seminar time for rehearsal and then for gleefully offering their critical review. I also thank James Malfetti, emeritus professor, and Darlene Winter for their early and, as

usual, thoughtful advice. Finally, I would be remiss if I did not thank my wife, Andrea, and our son, Jason, for patiently enduring endless hours of my musing about this while they were engaged in trying to "manage" the New York Yankees through the playoffs and to the sweetest of World Series victories.

References

1. For my essay on the high costs of medical care, see J. P. Allegrante, "Well, Who Needs Life Savings?," *New York Times*, 27 April 1977, 35.
2. See also R. D. Kaplan, "Travels into America's Future," *Atlantic Monthly*, August 1998, 37-61, for a thought-provoking discussion of the "molting" of America and how the rise of regionalism is globalizing our economy and, in so doing, transforming our nation. Also, see Kaplan's book, *An Empire Wilderness: Travels into America's Future* (New York: Random House, 1998).
3. No one is more eloquent when speaking on this topic than my colleague, Arthur Levine, president of Teachers College, from whose public statements I have drawn for this phrasing.
4. See Garrett Hardin's indispensable article, "The Tragedy of the Commons," *Science*, 13 December 1968, 1243-1248.
5. I have begun to think about Hardin's delightful parable and how the picoeconomics underlying it might help inform our understanding of health behavior. For a discussion, see J. P. Allegrante and M. F. Roizen, "Can Net-Present Value Economic Theory Be Used to Explain and Change Health-Related Behaviors?" which appeared as an editorial in *Health Education Research* 13 (September 1998): i-iv.
6. Although the political thought of Jeremy Bentham is controversial, his somewhat ambiguous phrase "the greatest happiness of the greatest number" is seductive and continues to endure. See Jeremy Bentham, *An Introduction to the Principles of Morals and Legislation* (Oxford: Clarendon, 1996).
7. The phrase is Bill Clinton's. See Bill Clinton, *Between Hope and History: Meeting America's Challenges for the 21st Century* (New York: Random House, 1996).
8. For those not familiar with this long-standing debate, I am referring here to the now famous bet that the ecologist Paul Ehrlich and the economist Julian Simon made some years ago about the impact of population size on the earth's resources. I will not divulge the outcome of the wager, but I think the reader will find it surprising. See John Tierney's article, "Betting the Planet," *New York Times Magazine*, 2 December 1990, 52, for the answer.
9. It is estimated that the increase for non-White minorities will be 1.4% for African Americans, 2.5% for Asian Americans, and 6% for Latino Americans. See J. C. Day, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050*, U.S. Bureau of the Census, Current Population Reports, P25-1130 (Washington, DC: Government Printing Office, 1996).
10. For a report examining the continuing education needs of the currently employed public health education workforce, see J. P. Allegrante, R. W. Moon, E. Auld, and K. M. Gebbie, *Preparing Currently Employed Public Health Educators for Changes in the Health System* (New York: Columbia University School of Nursing, 1998).