

"New Spokes in the Wheel ... Or a New Wheel"

SOPHE Presidential Address

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by

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Twenty five years in an organization's life - a silver anniversary - is a time to acknowledge the past and to express gratitude to those individuals who got SOPHE here. This evening is a tribute to what can be done without full time management, with only limited membership involvement, with financial constraints restricting the activities undertaken, with inadequate visibility and with problems of communication. Our organization has defied all the rules of institutional behavior, the principles of bureaucracy, Parkinson's Law, and even Murphy's Law. To my predecessors in this office, I express our appreciation for bringing us to tonight; they acquitted themselves well.

Now, where are we? We are in the center of a gathering storm over health care when economic factors are overriding and when we have seen that more dollars and more people will not a solution make. Just recently, the U.S. Office of Education reported results from a study conducted by the

University of Texas indicating that over 20 per cent of the U.S. population is functionally incompetent to maintain good health. Think of the money that has gone into our education systems! And think also of all our efforts to help people help themselves!

It is clearly acknowledged by most of us that at the present time health education is back on center stage as a necessary component of any health care delivery system. Articles appearing recently from such widely diverse sources as Public Interest and New England Journal of Medicine have paid special attention to health education as essential to both health and the delivery systems for health care.

Last summer legislation specific to health education had some success in Congress. There is even a mandate for health education in the new "National Health Planning and Resource Development Act of 1974". A new National Center for Health Education has been established.

There is now a focus for health education in HEW, the Bureau of Health Education in Atlanta.

Increasingly, health education has become or is being considered a funded benefit by third party payors in health care delivery.

Patient education is receiving considerable attention in hospitals

and health maintenance organizations all over the country, and new programs are emerging faster than one can keep up with the developments.

Grants allocating large sums of money to develop community education programs have been awarded by the National Cancer Institute and the National Heart and Lung Institute.

The growing attention to education in health can be taken to mean that at long last the importance as well as the potential of health education continues to be realized. One might then ask does more attention to the educational component in health mean that there has been more attention as well to the professional practice of health education?

The answer is YES. SOPHE especially has taken on this responsibility. Increasingly, the organization has been actively concerned with all of these events both to emphasize the importance of professionally trained health educators and to support, to reinforce, to legitimize, to criticize and to sanction proposed changes and developments concerning the practice of health education.

But where is SOPHE heading - in which directions? To address this question I must return for a moment to the title I have used to-

night, "New Spokes in the Wheel ... Or a New Wheel". If we consider SOPHE to be the hub, and the ~~rim of the wheel to be~~ health education, the spokes are the components tying the two together. Something is wrong with the old wheel. The spokes, those components between health education and SOPHE, are no longer fitting and the rim is pulled and pushed out of shape. Why?

Interest of consumer health education in health care delivery has been rapidly increasing. Concerns with the rising costs of providing medical care, the proper utilization of needed services by consumers, problems in adherence to medical regimens, the need to have understanding as part of informed consent, the need to help consumer help themselves, the rise of malpractice suits - these are some of the forces influencing the development of consumer health education.

Where is the health educator in all these areas and what are the health educators doing? Many are there, and the wide variety of what is being done by professionally trained health educators is rather startling. It ranges all the way from educational program planning with multidisciplinary teams of health professionals to teaching families behavior modification

techniques.

Legislation specific to health education introduced in Congress This year has ranged from an emphasis on a Federal focus to specific programs designed to influence the advertising and insurance companies with respect to enhancing consumer information programs. The thrust of activities with respect to legislation has caused our organization to become more responsive to legislative happenings and to directing our efforts toward influencing political processes, especially on the national level. Concurrently, members of the profession of health education, especially those who are also SOPHE members, have become more aware of what is happening and often have become directly involved in legislative matters. But a polarization has also taken place between those who think we have not moved fast enough to respond, and in fact have challenged the reactive stance of SOPHE, and those who would have us stay on the periphery of political processes, the activists versus the humanists, perhaps. Such clashes have created sharp divisions in the membership with respect to the means utilized to achieve goals.

SOPHE has always spent much time and effort in providing leadership in the area of professional preparation and practice. The rapid

growth, especially over the past 5 to 10 years, of additional full time health education practitioners, namely health education aides and the Bachelor's level community health educator, has had an influence both on health education and the professional practice of health education.

The monumental task of developing guidelines for Bachelor's programs is an example of a SOPHE sponsored and funded undertaking in this area. Another is the concern with accreditation of Master's Programs and with developing a revised set of standards for practice. Issues arising from our efforts in the professional practice of health education have convinced the Board of the need to go yet much further; to examine the possibility of licensure or certification for health educators.

Our organization has been concerned also with the external views that exist of SOPHE and of health educators. Many of our fellow health professionals never have heard of either, while being aware of health education. More dismaying yet, if they do know about us, they sure don't think much of us or what we can do. Many of you in this room tonight have achieved degrees of status for yourselves that may be quite in-

dependent of being a health educator or a member of SOPHE.

What have we done to enhance our image as professionals?

There have been few contributions made to the body of written knowledge by practitioners. There is little solid evidence from health educators that health education works. There is scant display of scientific rigor in what we do in the practice of health education.

There are few who consider involvement with and contribution toward the growth and development of the profession as important to their own personal professional development. There are so few who consider professional preparation as only the first step in professional development.

Too little effort is placed on determining what we produce and how effective we are. We go to great efforts to find ways to influence consumers of services to be more responsible, but responsibilities to the professional practice of health education are quite narrowly defined.

I would be remiss if I did not say that those professional health educators who join SOPHE do so primarily for professional identification

and for the continuing education such membership provides. But what of those who don't join, or who fail to renew their membership or become inactive. What is the effect on our image when so many of us are no longer called health educator in our job title?

I have raised these issues to indicate the forces that are affecting the balance between the rim of the wheel and the hub, between the field of health education and SOPHE. How can we create a wheel that is in shape, that rolls smoothly?

First, the future of SOPHE, the hub, rests squarely with the future of health education practice by all health professionals as well as on the future of the professional practice of the health educator. Both must be addressed, and in balance.

Second, neither SOPHE nor the professional health educator is going to have much real impact on the forces affecting health education in health care delivery. We are caught up by these forces. The resurgence of interest in health education has occurred, not because of our efforts but almost in spite of them. Our task must be to learn

to anticipate change, to fight for the changes we know are needed, as well as to ride with the waves of change.

Third, whatever is wrong with SOPHE as an organization is wrong with the professional practice of health education itself. If SOPHE is trying to be all things to all members, it can just as easily be said that health educators are at the same time conducting a very wide range of professional activities in a variety of settings. They are trying to be all things in health education and perhaps that is the last thing they should be doing.

Perhaps what we should be doing is putting all of our energies and abilities into improving the practice of health education by all health professionals. We can do this by concentrating on planning and evaluating educational programs and activities, on training and on consulting, on continuing our quest for excellence in professional practice. We must learn to relate to our health colleagues than to consumers of services. The primary roles of the health educator must be to develop education skills among those who deliver health services and to become system change practitioners.

Are you worried over the survival of the professional practice

of health education, that it will not survive? I'm not. If it does not survive, it has lost its utility. It deserves its fate. If it does survive, it will be because the many problems and issues realistically are examined and resolved.

The key to the future of both SOPHE and the professional practice of health education is change. Efforts must be directed toward determining what is amenable to change, what is the potential for change and what will be effective in directing change.

Lippitt's jargon translates into our being able to decide the directions that will be most effective to take, temper these decisions with reality, and to hold ourselves accountable for our actions.

To those of you who want a "pat" answer, there is none to give. What SOPHE and health education has to look forward to is still more hard work over the next years ahead.

Tomorrow we begin our twenty sixth year. How significant an event this silver anniversary has been - will be for someone twenty-five years from now to judge. We either will have developed a new wheel or we will have brought the old one back in shape by working on the spokes.

Whatever the case, SOPHE remains the hub and health education the rim -
the spokes are up for grabs.