SOCIETY OF PUBLIC HEALTH EDUCATORS

October 10, 1958

TO: ALL SOPHE FELLOWS

The attached manuscript was requested by your Board of Trustees and Program Committee (you might say Sol was "commissioned" to write it) to serve as a take-off point for what we hope will be a very lively discussion at St. Louis.

Sol's paper represents essentially his own views, "not necessarily those of the sponsors," and it is designed only to set up issues for frank examination--in some respects, in fact, Sol is serving as the "Devil's Disciple" and not necessarily voicing his personal views.

We urge each Fellow to carefully read the paper and consider its implications--note your differences, endorse your agreements...<u>be prepared to discuss the issues</u>, and to do so candidly and energetically with your colleagues in St. Louis.

See you Saturday a.m., October 25!

Howard Ennes,
President

For Discussion-Annual Meeting
Society of Public Health Educators
Sunday 10:00 a.m., October 26, 1958
St. Louis, Missouri

HOW WE SEE OURSELVES

CHANGING TIMES - CHANGING NEEDS

- S. S. Lifson

(What follows is an attempt to put on paper some of the problems and situations which we as health educators must consider for our continued growth as a profession. In accepting this assignment from the Program Committee, the writer understands that the ideas herein contained will form the basis for discussion among his SOPHE colleagues.)

Health educators are among the more recent additions to the public health team. In the space of 25 years we have seen a strong growth of the profession. Health educators are being employed in ever larger numbers by health departments and voluntary health agencies. In more recent years a tendency has been growing to also employ health educators in industry, in hospitals and other medical care settings, in professional associations, in community planning groups, and in trade organizations. Administrators and others are becoming more familiar with what health educators can contribute toward achieving agency-directed goals in public health.

But with this growth in numbers and in recognition have also come problems. Some of these problems we health educators have created for ourselves. Others have been thrust upon us.

Early in the organized development of public health in this country it was recognized that the people had to be informed about health problems if they were ever to be solved. Providing information about these problems was the main if not the only objective of health education efforts at that time. The health officer - occasionally with the assistance of someone skilled in the use of language - was the person who carried the major responsibility for such information efforts. Great reliance was placed upon the written word as a means of bringing about changed health behavior on the part of the citizens of the community.

Later a few leaders in public health began to talk about doing more than just making information available about health problems. They stressed the need of getting citizens in the community to take a more active part in helping to develop public health programs. They also stressed the need of educating individuals to accept responsibility for their own health behavior.

These developments took place in official health department programs. At the same time, two other efforts aimed at the same objectives were taking place. For one, the voluntary health agency was developing. This represented the beginning of the modern movement which brings together the professional health worker and the layman in a common endeavor to do something constructive about a particular health problem. The National Tuberculosis Association was the pioneer in this new development.

One of the principal efforts of such voluntary health organizations was directed toward educating the individual and the community as to what could be done about the problem interest of the agency. Here, as with the official health agency, we see the beginning of organized health education efforts directed at agency objectives.

The other new development was that taking place in school programs. Here stress was being placed upon the need for educating young people in the rules of health, so that they might progress sufficiently to achieve a higher health status than their parents.

The above statement is, of course, a much compressed version of the early developments in health education in this country. But it serves to point out the major emphases of the times: Health departments offered some information to the public about health problems. Voluntary health agencies represented a citizen effort to do something about particular health problems. School health represented the beginning effort to improve the curriculum so that young people would be educated for healthful living.

At the time all this was taking place there were no trained health educators as we know them today. People skilled in the use of language were the health educators of the day.

As public health continued to develop in official health departments and voluntary health agencies, various experiments were undertaken to find better ways of doing the health education job. For example, campaigns were organized to attack vexing problems. This was the beginning of community organization. The organizing was done from among the "leaders" of the community. These leaders were people of substance and status. They knew what was best for "The People" and attempted to set up situations which would enable "The People" to participate. When "The People" didn't respond as the leaders thought they should have, the need was seen to study the reasons why they didn't participate.

When community organization came into the picture professional personnel were employed to carry out organization purposes. These people had to have a different orientation than that required to write information material.

In the meantime, school health was developing. Courses were being organized to prepare health education teachers and to strengthen the health education background of all teachers. The first efforts at an organized curriculum for graduate students in public health were taking place at M.I.T. The developments in the teachers' colleges and at M.I.T. represent the first academic efforts to prepare personnel for job responsibilities in health education.

Since these early developments progress has been relatively rapid. Professional health education has reached a high level. The social psychologists and other social scientists have helped us advance our knowledge of how to work with people. Our understanding of the role of information and publicity has been sharpened and clarified.

As more and more health educators have been employed our concept of the health educator's job has broadened. Now we see that he must be a jack-of-all-educational-trades.

Depending upon the administrative setup of his employing organization, the health educator will be expected to:

1. handle the news functions of his agency - these may cover news about his agency and about the health problems of concern to his agency

2. develop and use printed educational materials of all kinds

3. develop and use audio-visual aids of all kinds

4. handle the inservice education program for his agency

5. serve as educational consultant to other operating divisions of his agency

6. initiate community organization which will involve local citizens in studying health problems, planning to meet these problems, and establishing programs to cope with them

7. initiate efforts toward evaluating the effectiveness of the educational program

8. represent his agency in community planning for health improvement

9. work with schools and colleges on the improvement of school health

10. work with professional associations in the development of improved professional education

11. work with civic and service organizations in the development of health education programs for their members

12. work with industries in the development of in-plant health education programs

13. work with hospitals and other medical care facilities in patient and family education

14. initiate organized efforts for the face-to-face dissemination of information about important community health problems

These are some of the areas in which the health educator is now expected to assume responsibility. Clearly, the health educator's job has become a complex one, demanding skills and experience covering a wide range of abilities. Truly a jack-of-all-educational-trades, he must be able to handle language, know how to work with people, know how to develop, produce and use educational materials of all kinds, know how to plan within an organization, study the community, evaluate his efforts, arouse citizen interest in health problems, guide community efforts to do something about them, and give support to inservice efforts of other professional associates. He must do all this and more - run a movie projector, set up an exhibit, see that the mimeograph machine is operating, see that an adequate system is set up in the supply room, and answer letters and telephone calls from citizens in the community about an infinite variety of problems.

We perhaps should wonder whether the nature of health education today is too complex for one person to be able to perform all functions as a true professional. It may very well be that the personality of the person adapted to community organization is quite different from that of the person adapted to informational and media work.

Varied Background vs. Specific Training

Health education as a profession is relatively new. What we do as health educators has evolved over recent years. Our job today is a more complex one than it would have been 40 years ago, 25 years ago, or even 5 years ago. By its very nature, health education attracts people with very varied backgrounds who naturally tend to set widely different values on the various phases of health education.

The only standard requirement for preparation of public health educators is a graduate year in a school of public health. In this one graduate year the public health educator is expected to acquire not only a background in public health, but also his professional preparation as a public health educator. Just as one example, the individual who comes to this year of graduate effort with no preparation or background in education is working under a tremendous handicap.

Internship vs. Full Responsibility

The demand for health educators has been heavy during the past five to ten years. Many times the health educator just completing his MPH work is offered a job with a health department or voluntary health agency where he will be expected to carry all health education responsibilities. He will be without direct technical supervision from someone trained and experienced in health education even though he will have administrative supervision. This puts a tremendous burden on the individual. It may well account for some comment by health officers and others that the health educator "didn't deliver."

We all need an internship period during which we really learn our jobs. Should we pass up a good job opportunity for a longer period of supervised work at lesser pay? The health educator's job demands mature judgment. Maybe at times we get into difficulty because of the need to prove to our employer that we are really well equipped and yet deep down we know we lack the experience upon which to base a mature judgment.

This too may account for our attitude when some other member of the organization - not a health educator - is given some educational responsibility. We fail to realize that if every member of the organization does a good educational job in discharging his responsibilities our own job will be easier and we will be moving closer to our ultimate goal.

Limited vs. Broad Responsibility

Employers have varying concepts of what health educators should do. Sometimes the health educator finds himself too restricted in scope, functions and relationships. Sometimes his relationships with the public are so broad that he needs special care to build up the status of the administrator and the agency rather than his own. Not all health officers get their preparation in a school of public health that also prepares health educators. The health

officer's main interest may be in publicity and information activities. In this situation the health educator must face realistically the job that will be expected of him, and decide whether he will accept the position, knowing that his community organization work will be limited.

On the other hand, such a position can present a challenge to the health educator. By doing well those jobs expected of him, he may be able to gradually broaden the range of his responsibility. He also can help the administrator, after a time come to see health education as more than publicity and information.

The recent report on the Educational Qualifications of Health Educators adopted by the APHA is an expression of support by the public health profession for broadened responsibility. Can we meet the challenge of this report? I think we can, but it will require considerable effort by all of us.

Routines vs. Expansion

We are in an expanding field. The environment in which we work is becoming more complex. Research is giving us new insights into how communities are structured, how individuals and groups interact, how social action results, and how people can be motivated to seek a healthier way of life.

We must expand with the newer knowledge as it is acquired. We must experiment to see how research findings can be applied in health education.

The routines of health education are important, but leadership is also needed to see that more effective educational methods are used by all agencies interested in improving the health of the community. As members of a growing profession let us find ways within our society to meet the challenges which confront us.