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nclosing some of the earliest documents
OPHE or about Health education which
d dig out of my files.

es they might be used in the next SOPHE
auction at the Mid-year Conference in
do. Some of our current, younger members
interested in bidding to acquire them.

are not many of these documents floating
elsewhere. If you cannot use them for
action, please, return them to me.

Due to the success and enjoyment of this event, the Resource Development Committee has decided to have another Silent Auction at the Midyear Scientific Conference in Colorado next year. To make the next auction an even greater success, we need your help to begin collecting items now. If you have authored a book, possess documents on the history of SOPHE and/or health education or work with a company that produces products of interest to health educators, we welcome your donation. For all SOPHE Chapters, another donation of a small bag or basket containing foods from your region is greatly appreciated. (Food items, especially local wines, garnered some of the highest bids.) Make the SOPHE 50th Anniversary auction one to remember! Items should be sent to Linda Lass-Schuhmacher, 7 Cherry Street, Lexington, MA 02421

*1st Presidential
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WHITHER HEALTH EDUCATION?

First Presidential Address

CLAIR E. TURNER, President

San Francisco, California

October 1951

Mr. Chairman and Fellows of the Society of Public Health Educators: You and I are part of a new and important professional movement in public health which demands the highest quality of loyal service from all of us. It is, therefore, with humility as well as an appreciation of the honor that I present the address of the first President of the Society.

Whither health education?

It is no longer a question of *whether* health education. You have decided that in the affirmative. For many of us that was once a very real question.

Thirty years ago today the first school of public health to train public health educators was offering the first such graduate course to the first two students. The initial M.I.T. studies of the value of health education, which had been approved by Professor Sedgwick, had grown into a one-year program of graduate training in health education at the Harvard-Technology School of Public Health under the executive board of Rosenau, Whipple, and the speaker, who had taken the place made vacant by the sudden death of Professor Sedgwick. At that time many persons questioned whether health education was a distinct professional field.

Today the number of schools of public health has increased threefold. They have been accredited on the basis of professional standards. All of them give instruction in health education and most of them train public health educators.

The acceptance of this new profession by public health administrators and by the public itself has been more rapid and complete than its most sanguine proponents dared hope thirty years ago. Voluntary health agencies have pioneered in health education and have continued to carry distinctive programs.

Health education in governmental agencies has expanded tremendously. Under the able leadership of Dr. Derryberry, the

U. S. Public Health Service has built a health education program which is an integral and indispensable part of its activities. Directors of Health Education in State Health Departments have expanded their programs and have met together annually for the exchange of professional experiences. Local Health Officers have come to feel that the health educator is a needed staff member in even the minimum-size health department.

Internationally, the Preamble to the Constitution of the World Health Organization declares that "The extension to all peoples of the benefits of medical, psychological, and related knowledge is essential to the fullest attainment of health" and that "Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people." One of the functions of the World Health Organization, as expressed in its Constitution, is "to assist in developing an informed public opinion among the peoples on matters of health." In 1949 WHO established a Section on Health Education of the Public comparable to its other major sections.

The importance of health education has been recognized because it mobilizes public support for sound health programs; because it facilitates and improves the quality of the person-to-person health education activities, the proper function of all public health workers; because it uses effectively the important tools of mass communication; and especially because it develops active people's participation in community study, planning, and action. Public health education helps people to help themselves to health.

It is sound philosophy that government should do for the people only those things which they cannot do for themselves. Not all—but many—health problems may be solved either by direct government services or by stimulating and guiding the people to assume the health responsibilities themselves. The latter procedure may be slower than direct health service, but it is less expensive and its benefits are more lasting. We cannot attain the maximum in public health—within budgetary limitations—without securing healthful living on the part of the people.

Public health education and voluntary public effort for health improvement reduce health costs. They are contrary to a philosophy of unlimited service. The latter philosophy—if we want

action—was one of the factors which led to the nationalization of medicine in England. The people are unwilling to give it up partly, at least, because they feel that they are getting something for nothing. But whatever its advantages and disadvantages—for it has both—eminent public health authorities in London have pointed out that health departments have shrunk and that people are less interested in looking out for their own health since they can get free medical service. State medicine has not resulted in health education of the public by the physician. In fact, British physicians have publicly stated on several occasions that they are so busy with sick people that they are not willing to have well people come to them for advice. Public health education moves, on the other hand, toward the maintenance of vigorous health and the avoidance of disease.

There is another value in health education outside the health field itself. It strengthens grass roots participation in government. Experience in some of the countries which were once world powers but which have been in a declining economy for many centuries shows that they are almost completely without local government. All power is concentrated in the national capitol, remote from the village people. Working efficiency of the over-staffed government agencies is low. Local problems get little understanding or sympathy. The closer government is to the people, the stronger is democracy. The more remote government is from the people, the greater are the dangers to freedom. Public health education moves in the right direction by enlisting democratic participation in local government.

Yes, public health education has made a place for itself; but whither *now*? What of the problems ahead? And what of the people who are to solve them?

As a Society we have many immediate problems.

Like every new professional society we must further smooth out our organizational and operative procedures. Our present committee activities need to be extended and broadened. New projects await implementation. Our procedures must be adapted to our peculiar needs. Perhaps we are at the moment in the neonatal state of the newly-founded college which announced that "Beginning next Monday morning it will be a tradition on this campus to observe certain rules."

What will be our most helpful relationship to the Public

Health Education Section of the American Public Health Association? That is the great open forum where everyone interested in health education can come together, where other sections of the Association can be brought into joint session for joint planning and better understanding, where sessions and institutes can be developed for those whose contact with public health education is either new or only one phase of their professional responsibility. We must see that this Society, which can serve our profession in many ways which the APHA cannot, works most harmoniously and effectively with the Public Health Education Section.

How can we develop most helpful relationships with school health education? Public health education is clearly a distinct professional area. It is as distinct from school health education as obstetrics is from pediatrics. It has its own techniques and fields of activity. Yet, public health education and school health education serve the people of the same community. We may not be able to help school health educators in such problems as the standardization of professional training; but we can and should seek every way possible to work cooperatively with them in the development of unified, community-wide programs.

Leaders in school health education recognize the distinct interests of this Society and some of them have expressed the hope that our membership will be limited to those who are concerned with health education of the public. They are as interested as we that school health education and public health education shall establish those relationships which will be most beneficial to the whole community. Perhaps the time has come when we can form a joint committee with the Health Section of the American Association for Health, Physical Education, and Recreation to work on this problem.

The relationships of the public health educator to other professional workers in the employing health agency are important. Because of the public health educator's extensive contact with the public, a sound and well-understood relationship with the public health administrator is most essential. Inter-staff relationships are gradually working themselves out; but perhaps the Society can assist.

What are our proper international responsibilities and relationships? Public health education is one avenue toward inter-

national understanding. It is an important phase of the expanding world program of fundamental education. It is a vital factor in world health.

As you know, the French took steps last May for the formation of an International Union for Health Education of the Public. Yet nowhere outside North America are there well-organized programs for training public health educators in schools of public health. Some schools in South America are teaching health education but not yet through such extensive and organized programs as those of the United States. The British are working on such a curriculum, and the French are interested in the possibility of developing such a course. Other parts of the world are beginning to develop brief institutes in public health education.

In general, the rest of the world has not yet firmly established the concepts of public health education which have developed in the Western Hemisphere. This was made evident during the Paris meeting of the International Union last May, where several speakers referred to public health education as "a new specialty of medicine" and confused "public health education" with general "public health training." We should remember, in this connection, that many parts of the world are without such non-medical professional workers as our nutritionists, bacteriologists, and sanitarians, as well as health educators. In those areas physicians are the only professionally trained people in the field of health.

The International Union for Health Education of the Public is seeking to develop an alliance of health educators around the world and a relationship with the World Health Organization similar to that of the International Council of Nurses, the World Medical Society, and other groups. The member organizations of these other international associations are the professional societies in the various countries. In public health education only the United States has a professional society. Therefore, the International Union is seeking to develop a national committee in each of these other countries which will be composed of public health educators or administrators of public health education in the various nation-wide official and voluntary health agencies. Our relationships with the International Union will help to determine the kind of professional workers who will do health

education around the world and the rate at which programs of health education will develop.

Another problem lies in the development of an adequate professional publication. We have found, in the last year, the need for a newsletter type of communication within our group. There is not sufficient opportunity at present for the publication of papers in our professional field. We should look into the possibility of making existing publications (like those from schools of public health and health agencies) available to our fellowship; but we must develop our own publication at the earliest possible moment even though at first it is small and inexpensively produced.

Again we have the problem of assisting in the development and coordination of research in such areas as the measurement of public reaction and health attitudes, the techniques of group work, and motivation through the media of mass communication. Research in these and many other fields is underway in our schools of public health and many valuable discoveries should be made available to our fellowship. Many studies can be carried out in the field by health educators who are now employed. We must work out mechanisms for making our maximum contribution to research.

Again there will be need for counsel among ourselves as new, serious, major problems appear over the horizon. For example, public health must soon consider population problems—qualitative and quantitative. The Ghost of Malthus seems to rise again.

Statistics shows that the world population has nearly quadrupled in the last 300 years. It has doubled in the last century. The population of the Western Hemisphere has doubled, and, in the United States, the number of aged persons has quadrupled in the last half century.

In the village of Sindibis, where I worked recently in Egypt, the Rockefeller Foundation and the Egyptian Government had been carrying on a public health demonstration over a three year period. Between 1948 and 1950 the general death rate per 1,000 population in the village of Sindibis had been reduced from 32 to 19.3. (Ours is less than 10.) Meanwhile the birthrate failed to drop, rising actually from 47 to 51. (Ours is 24.) If present knowledge of sanitation and preventive medicine is applied to

areas like this without a reduction in the birthrate, these countries will double their population every twenty to twenty-five years. Will humanity choose war, starvation, or some other means of population control?

Again there is the problem of improving the biological quality of human beings. As biologists you are well aware of the way in which the God of the Universe evolved man. You know how natural selection and the survival of the fittest have improved the quality of all species, including *Homo sapiens*. Today man has sharply reduced the effect of natural selection by saving the weak as well as the strong; but he has not undertaken the resulting responsibility of improving the quality of human protoplasm through more humane methods. Any contrast between persons of the strongest and weakest hereditary endowments—physical, mental, and emotional—forces eugenic considerations upon society.

We must work toward the day when every human being will be well, intelligent, physically vigorous, mentally alert, emotionally stable, socially reasonable, and ethically sound. For man to do less is to shirk a God-given responsibility. Yet at present we seem satisfied to think only of ourselves. We even hand each new-born baby a bill for \$1,800 representing his share in a growing national debt which we have built up in our own interest and which threatens even our free way of life.

I have chosen to emphasize the problems of eugenics and planned parenthood from among the many which hit squarely across the field of public health education because they are especially difficult. They run into considerations of mores, religious beliefs, groups prejudices, national survival, and the widespread pernicious and absurd fallacy that everybody is equal to everybody else physically and mentally instead of equal before the law. There are other problems like mental health, alcoholism, and the unconquered diseases, which challenge all the courage, skill, and effort we can muster. Man has enough knowledge to solve most of his problems of world population, disease control, housing, food supply, and human relations; but this knowledge of the few is far from the stage of public action by the many. Public health education must precede public action.

But let us turn from a consideration of the problems themselves to a consideration of the people who are to solve those

problems. What is the concern of this Society regarding the professional qualifications, ethics, and leadership of public health educators?

Our profession, like others, requires certain abilities as well as techniques. Public health education is an active process, operating through the leadership to be found in every community. It is not a process of merely throwing media of mass communication at the public—of pushing pamphlets past passive people. One of the public health educator's important functions is that of uniting groups within the community for coordinated and cooperative effort. This means that the successful health educator must have qualities of professional background, personality, and leadership which enable him to work effectively with community leaders in various health and welfare activities. To be successful he must also have creative imagination. How can we guarantee that public health educators will have these qualities?

Every profession must concern itself with professional qualifications and professional training. Your professional and economic status is affected by the quality of the people who follow you into the profession. Moreover, experience in the practice of the profession furnishes one of the best opportunities to evaluate the quality of its professional preparation.

The American Public Health Association, as you know, has a Committee on Professional Education and a Subcommittee on the Professional Qualifications of Public Health Educators. The committee has done its best, but a changing committee of a few individuals may not adequately represent a profession. Standards in public health nursing originate in the National Organization for Public Health Nursing and come to the APHA committee from that source. In the future it should be possible for this Society to bring to the Committee on Professional Education the recommendations of the profession itself for the gradual further improvement of standards of preparation for public health educators.

You are doubtless concerned with many questions in this field. To what extent is there or should there be a common requirement of professional knowledge? What are the differences in the training requirements in schools of public health at the present time? Should there be an open three-year path leading successively to a Master of Education, Master of Public Health, and a

Doctor's degree in education, public health, or philosophy? Is the time coming when six years of training after high school should be required for all public health educators, each student being soundly equipped for both public health education and school health education?

What is our obligation in providing field experience for graduate students and new workers? That problem is under study at the moment.

And what shall we do about recruitment? We do not have enough trained and able public health educators to develop the needed constructive, creative, health-producing local programs. State and national planning are ineffective without a multitude of functioning community programs. "C'est le dernier pas qui arrive." And the community is the last step—the delivery point.

Can we consistently get the highest levels of intelligence as well as the best possible training? We sometimes confuse intelligence with education. That is not strange. We Americans confuse many things. We confuse civilization with plumbing, name-calling with evidence, publicity with personal distinction, and excitement with happiness. We call things good merely because they are new. Wanting more wealth for everyone, we, in our confusion, overlook the fact that wealth has to be created and assume that it can be enacted by Congress. Yes, we recognize the importance of intelligence and we must not assume that education is the same thing. Higher education without higher intelligence produces persons who understand all the words but none of the sentences. We must concern ourselves with the recruitment of intelligence and aptitude as well as with the education of the person once he is recruited.

Again in the matter of professional qualifications, we must concern ourselves with in-service training. What kinds of meetings, conferences, sessions and materials are needed to keep our profession alert and up to the minute in subject matter, in educational philosophy, and in methodology?

And what of the problem of professional ethics? Every truly professional person cultivates the qualities of integrity and industry. He honors the man who is truthful, industrious, and honest. He abhors the liar, the lazy man, and the thief. The health educator, like other professional workers, is not primarily concerned with getting the most money for the least work. His

major objective is not to get more dollars for laying fewer bricks. For him, "Me First Street" is not the road to success. In fact, he is constantly securing recognition for others. The quality of his service is of first importance.

Consider the standards which the medical profession has set for the relationships within the profession and those between the physician and the patient. You know what the Hippocratic Oath and its recent Geneva revision mean to medicine. You know the Florence Nightingale Pledge and similar documents. It may be that a reflection of our standards in similar form would be desirable. In these days professional people acknowledge too infrequently the high purposes with which they practice their professions. If we were to have such an oath, perhaps it would be something like this:

HEALTH EDUCATOR'S OATH

As a member of the health education profession, I pledge myself to serve the health of the people. I will practice my profession with earnest sincerity, conscience, and dignity. I will not knowingly pervert or distort scientific truth; I will not bear false witness or spread hurtful rumor; nor will I, at any time, place private gain or personal preferment above the best interests of the public health. I will never allow consideration of race, religion, nationality, party politics, or social standing to reduce the high quality of my public service. I will be loyal to the administration and to the sound policies of the agency by which I am employed. I will make my contribution to the planning of constructive health programs. I will give due respect and gratitude to my teachers. I will regard the members of my profession as the members of my own family. These promises I make freely and upon my honor.

How will we develop the desired professional leadership? Through the maintenance of professional and ethical quality within the profession, by attacking vital problems vigorously and constructively, and by developing such a friendly, informal, fraternal, and professional spirit that every public health educator will become and will enjoy being a member of this Society.

No profession ever began with a finer group of persons, I be-

lieve. Those of you who have attended the meetings to date have established a degree of informality, fairness, honesty, integrity, and idealism which is the best beginning for cooperative work. At the same time you have recognized that every new professional organization must begin with a small nucleus and that there are equally valuable persons who were not in the organizing group.

Let us keep the present friendly informality as the Society grows. Let each of us try to know personally every other Fellow of the Society. A new profession especially demands cohesion, mutual help, and sacrifices for the good of the group. May we recognize and adhere to sound standards of professional relationships and public service! May the striving within this group be only that noble emulation of who best can serve and best agree!