

1955

THE JOB AHEAD (FOR SOPHE)
—An Assessment

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Just five short years ago, in October, 1950, SOPHE was formally organized with the adoption of a constitution and bylaws. In the brief period since then, we have seen evidence that the small group who took the initiative in forming SOPHE were correct in their concept that a Society of Public Health Educators was needed. Our lack in numbers in no way reflects on our beginning influence as a spokesman for public health educators. You have all heard of our testimony before the Magnuson Committee, of our role in the Council of National Organizations of the Adult Education Association, of our work with the Sub-Committee of the APHA Committee on Professional Education considering the educational qualifications of public health educators, of our testimony before the New York City Civil Service Commission which helped to revise and reclassify the public health educator positions in the New York City Department of Health, of our representation and participation in the work of the International Union for Health Education of the Public, of our representation in the Conference on Aging, of our participation in the Health Careers Project of the National Health Council, of our participation in the National Conference for Cooperation in Health Education to mention those that come most readily to mind.

There seems to be a growing recognition on the part of our co-workers in public health and medical care that health education is one of the prime tools to be used in helping individuals, families and communities to help themselves to a more healthful way of life. Each of us, as a public health educator, plays a role in our individual situations to help further an understanding of the contribution which a public health educator can make in helping our colleagues

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in public health achieve the goals toward which they are directing their energies. This places a considerable responsibility upon each one of us. But, it also, it seems to me, places an even greater responsibility upon our professional society to be represented in those circles and upon those projects which are concerned with programming in public health and medical care.

During the past five years we have buried ourselves in trying to refine the structure and orderly operation of our Society. Now that we have revised our Bylaws to cope with some pressing problems which have arisen and also now that we have a Manual of Procedures which should make it easier to keep our lines straight in discharging our responsibilities to the Society as officers, and committee chairmen, it is time to let these matters rest for a *period of time* couple of years and get on to problems which have greater professional significance.

Professional Education

We have made a real start through our committee work and annual meeting programs on the problems facing us in professional education. We have just begun to crystallize our thinking as a Society in this regard. Our Committee on Professional Education has been invited to comment on the Health Education Report prepared by a committee of the Schools of Public Health. With the need for qualified public health educators increasing as indicated by job opportunities for such personnel, the Society is faced with coming up with recommendations on how this need can be met. Are we ready to recommend the development of undergraduate curricula for public health educators? My own view is that we cannot rely upon the graduate curriculum to provide the annual increment of public health educators needed. What can we as a Society do to help develop the undergraduate curriculum so that a student, upon completion of this experience, will be qualified for a beginning job as a public health educator? What role will we in the Society play in providing the encouragement, guidance and inspiration to such students to go on for graduate preparation after a period of experience on the job? How can

ve as a Society capitalize and make fullest use of the opportunities inherent in Health Careers Horizons as a means of interesting young people in public health education as a profession. Are we up to meeting this challenge for recruiting and finding ways to guide likely prospects upon the educational road to public health education? I think we are, but I don't think that we can accomplish much going as we are at present, from one annual meeting to the next talking about the same problems. Are we willing to take some vigorous steps now which will lead to plans for accomplishing this end?

Planning within our Society is important. We must first come to agreement upon what we think important. We are not alone in this, though. We must also work with other professional associations and organizations so that a program which results is not looked upon as one of self-interest, but has the agreement, support and approval of our colleagues in public health. Competition for available man power is increasing and becoming more intense. Let us, in the coming year, quadruple our efforts as a Society to work through this problem with specific plans and recommendations.

Publications

Since our organization in 1950, we have talked much about a publication which would serve as a professional publication in public health education. At one time, we had an excellent report submitted by a committee which studied this problem. At present, there is no one published source for articles on public health education. As a growing profession, literature dealing with our profession is necessary and essential not only for our membership but for the far larger group outside our Society who are interested in public health education. For some reason, those of us who profess to know something about communication, have not utilized to the fullest what we profess to know about it. Written contributions to the literature are extremely hard to elicit from public health educators.

A journal on public health education has long been needed. Can the Society devise some means for bringing such a professional journal into being? Should we examine what other professional associations have done? The Society for the Psychological Study of Social Issues, for example, got off to an excellent start because it devised a means for publishing its journal. An editor was appointed. He worked with an editor for each issue who in turn worked with a committee who were the contributors to the issue. Our field is such that it can be broken up into various problems and committees put to work to develop material on each. A definite outline of problems to be covered would need to be developed. This would then become the table of contents to be covered by the various issues of the journal. Such a journal should have good sales outside our Society and should be self-supporting after it once became known.

Once the journal is well underway, the Society should consider publishing a book on public health education. Such a book which should probably be titled "Readings in Public Health Education" could reflect the material covered in the journal and other sources. It could become the one definitive source for present day thinking on public health education. Such a publication would be useful as a text for students as well as those interested in making effective use of public health education. It would also serve to further establish the Society as a spokesman for public health education. ^{and} It would also help to provide status for the Society.

Our Newsletter has served a useful purpose by keeping us informed of the Society's affairs. Some attention has also been given to the goings and comings of our fellowship. We have not, as yet, been able to utilize the Newsletter as a source of information on programs, research and other aspects of our interest. The chairman of the Publications Committee and the Secretary have done us all a great service by attempting, through the Newsletter, to keep our interests in the Society alive. One real problem which faces the editors of the Newsletter is that of news-gathering. Here again, our fellowship shov

some reluctance to commit themselves to writing. Area reporters would help as would individual contributions.

Philosophy or Objectives

We have been much preoccupied, since our organization, with arriving at a philosophy of health education. Can we ever as a Society arrive at a philosophy which will be acceptable to us all? Isn't it rather that we may agree upon certain objectives and the role of the public health educator in working toward these objectives.

As I see it, we have essentially six objectives:

1. To help individuals learn how to accept responsibility for their own health and the health of their families.
2. To help communities learn how to accept responsibility for providing those facilities and services which are necessary for the achievement and maintenance of health.
3. To help those who provide health service to learn how to capitalize on their health education opportunities.
4. To help foster inclusion of public health educators in the planning phase before a program is initiated.
5. To help find measures for judging effectiveness of public health education programs.
6. To help develop curricula for the preparation of public health educators.

Are these the goals that we as public health educators are striving to accomplish? If they are, can we come to some agreement on the role of the public health educator in working toward these goals? If we can come to agreement on a set of objectives and the role of the public health educator in working toward these goals, then we have essentially stated our philosophy without getting philosophical.

This may seem like just so many words. But let us think a moment about this problem. As we analyse our fellowship, we find that many of us are the only public health educator employed by our agency. The full responsibility for furthering understanding about public health education and the role of the public health educator falls on our shoulders. Our public health colleagues may have ideas about us and what we should or shouldn't do which are diametrically opposed to ideas which we hold dear. We, as individual public health educators, feel alone; yet we are not alone. We are joined with many others who face similar situations in and out of our Society. It is within our Society, though, where our bonds can be strengthened best so that we can gain the support and that feeling of kinship which will sustain us in our life work.

Let us remember, too, that each of us has a different background of training and experience. This is probably one of our main strengths, but it also presents one of our main problems. We don't have one mold for all public health educators, and yet as far as our colleagues in public health are concerned, some would like for us all to be of one pattern. As thinking, responsible individuals, we cannot accept any such stereotyping. On the other hand, we must present some unified approach in terms of our objectives in public health education and within a rather broad framework some unified approach to our roles as public health educators.

Research

All of us have been encouraged by the various researches which different groups have undertaken which threw some light upon the reasons why people follow certain lines of health behavior. These researches have begun to lay a scientific basis for our program building in public health education. As a Society, we too have been concerning ourselves with research as it relates to our interests. Do we have a role to play in promoting research projects which will help find the answer to some of the more pressing problem? How deeply have we delved into motivation, into status and values as forces for influencing health behavior?

What tools are available to the average public health educator which can be used to ascertain beliefs, values, group structure, to mention a few, as an aid to program building? Should the Society attempt to secure funds which can then be used to initiate research? If the Society is not to become involved in research projects directly, what can the Society do to stimulate research to further help the public health educator understand the forces which can be harnessed for improved health behavior?

Between Annual Meetings

The founders of our Society envisioned an organization which would make it possible for each fellow of the Society to play an active and participating role in its work. This is still the hope and objective of our Society. Bringing this goal to realization is harder to accomplish than may have been first realized.

Participation is of three kinds, as officers and members of the Board of Trustees, as committee chairmen and members of committees and as members of some geographic group who come together for discussion of mutual problems. The first two categories are the direct responsibility of our Society. The third is strictly a voluntary effort. All three categories of participation are important. The first two relate more specifically to what our Society is able to do in the way of becoming our informed spokesman. The third category is what we do for ourselves to help ourselves become better equipped to fulfill our job responsibilities in public health education.

We face a real dilemma with regard to our Society committees and their work. Funds are not available to cover travel expense; therefore, the work is done by mail with but few exceptions. We who are educators are forced to resort to use a method which is probably one of the poorer educational methods, namely, correspondence. Can we find some device which would make it possible to appoint members of a committee from one locality so that they may find it possible to get together for face-to-face discussion?

It is my conviction that our fellowship is interested and willing to work on problems and projects provided we can find some way to make it possible for them to participate. This is a problem which the Society will need to study and find some solution.

One of my real regrets this past year has been that during the course of my travels about the country, I was only able to visit with one group of fellows, that in the San Francisco Bay Area. It was most gratifying to find that our fellows there were meeting, infrequently yes, but still meeting.

In New York, some effort was made to bring our fellows together for discussion. A few meetings took place, some crystallization of thought took place and a report was submitted which will be helpful in preparing an answer to the questions raised by the International Union for Health Education of the Public. Other groups must be meeting, but I have not had personal experience with them, which I do regret.

This is cited to indicate that our fellowship, where possible, do find it profitable to get together for discussion of mutual problems. Can such meetings of our fellowship be made part of our between annual meetings responsibility? Should SCPE attempt to formalize such groups? We have found in the past that many problems arise when regional or geographic groups become formalized. Can't such groups exist on an informal basis just so long as some one takes the initiative in the locality to issue the call to the meeting?

Health Education - International

Within the past few years, health education has had its most rapid development in countries away from our shores. Much of the success to date can be attributed to the outstanding contributions made by fellows of this Society. We can all have a strong sense of pride in what has been accomplished through the World Health Organization and through the International Union for Health Education of the Public.

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It is gratifying to realize that the ambassadors for health education who have gone forth from this country are having a tremendous influence upon public health programs in so many different parts of the world. What can we as a Society do to maintain our bond with our fellows who serve overseas?

Can we play a more active role than we have with the International Union? At its forthcoming Rome meeting in 1956, the International Union will consider statements on several problems, statements which have been prepared by representative groups in many different countries. Will our Society be represented at the Rome meeting with a statement? If SOPHE doesn't have a statement to present to the Rome meeting, are we making our contribution to further increased understanding about health education and public health educators? Will we be fulfilling our obligations to our fellows who are on foreign assignments?

Executive Secretary

Although we have had some successes during the past five years, our acceptance as a spokesman raises many knotty questions. Can we continue to function as we have through the volunteer efforts of our officers and committee chairmen? Can our officers give the time which is required if we are to progress further in making our influence felt in public health affairs? Having just completed a term as your President and having served at one time also as Secretary, it is my judgment that as a Society we must find some way of financing or securing the services of an executive secretary even if only on a part-time basis. Left to our volunteer efforts, many important opportunities for service are missed and the Society falls short of living up to its obligations. Our Secretary has done yeoman service against considerable odds. She has shown an ability and a devotion to service of the highest order. But, even with this high standard of service, our secretary cannot devote the time and effort which is needed to keep our internal affairs in order and also to do what is required to further our external relations. Scattered as we are geographically, and engaged in our full-time professional tasks related to our employing agencies,

we as a Society cannot expect to capitalize on opportunities to the same degree as we could if we had an executive secretary who could see to it that the Society was invited to participate.

Our finances come from the \$5.00 dues which our fellows pay, with some little extra from additional contributions from a few fellows. Should we consider raising our dues to \$10.00 per year and thus double our annual income? Even at best, this would mean approximately \$2,500.00 income per year. At our present rate of expense, we would have about \$1,200.00 left to pay a part-time executive secretary. It may be possible to obtain a part-time executive secretary for this sum from among our fellowship. Someone who doesn't need to work full-time and is willing to take on a part-time responsibility. This, at best, would be a stop-gap solution to our problem.

Would it be possible to so present our case to a foundation so that we could get financial support from such a source until we gained strength and solidified our position? Before we make overtures to a foundation, we must demonstrate that we are willing to contribute, to the best of our ability, to financing our work. Would a \$5.00 membership fee indicate that we were doing this to the best of our ability?

Conclusion

With all that needs to be done we are hard pressed to know just what should receive our attention first. We could put all our energies into obtaining an executive secretary; or we could attempt to function through our committee structure to cope with some of the needs as indicated; or we could throw up our hands and say that the task is just too difficult and too complicated. Knowing the fellows of this Society, the latter course is one which holds no interest for us.

My own feeling is that we should make a concerted effort to get a journal underway. With such visible evidence in hand, we should then bend our efforts toward securing an executive secretary. With such help we can then proceed to see what we can do to cope with the problems of professional education and recruitment.

The other phases of our interest are important but these three needs seem most important to me.

The job ahead is difficult, challenging, intriguing, worthwhile, and one which can mean much to all of us in furthering our prime interest, public health education. To our colleagues in public health, the Society of Public Health Educators has become something of a symbol.

Let us all accept the challenge inherent in the job ahead and demonstrate by example that public health educators are energetic, imaginative, creative public health workers who can make their professional Society a potent force for promoting public health.