Through the Looking Glass: The Opportunity for a Unified Vision for SOPHE 38th SOPHE Presidential Address

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INTRODUCTION

In the words of Patrick Henry, "I know of no way of judging the future but by the past." I have chosen as my window on the past to review all the previous 37 SOPHE Presidential Addresses. Perhaps this might help us escape Santayana's curse: "those who cannot remember the past are condemned to repeat it."

It is my intent to review briefly some relevant historical foundations, describe the present challenges and opportunities, and anticipate the possible future scenarios for SOPHE in relation to credentialing. My thesis is that a new future is at hand for SOPHE, an opportunity to shed ourselves of the preoccupation with health educ*ators* and to turn our attention toward health educ*ation*, as we said we wanted to do 18 years ago. This opportunity is provided by the creation of the National Commission on Credentialing of Health Educators, a commission that represents all health educators (not just public health educators) and one that can relieve SOPHE of the reluctant burden she has carried at least since she changed her name from the Society of Public Health Educators to the Society for Public Health Education in 1971.

In assessing these remarks, it must be remembered that when SOPHE was founded it was the Society of Public Health Educators with the mission "to promote, encourage, and contribute to the health of all people by encouraging study, improving practices, and elevating standards in the field of public health education." In the early years, there was a concerted focus on health educators, rather than on health education and a sophisticated effort to project manpower needs and training requirements for public health educators.

This focus on the professional health educator began to broaden and in 1971 the name of the organization was changed to the present Society for Public Health Education and the mission was officially changed to read "to promote,

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encourage, and contribute to the advancement of the health of all people through education."

This change was made to better reflect the broadening concerns of an increasingly diverse membership and a growing interest in social action, community organization, and public policy. Scott Simonds made a particularly salient observation of this change when he noted in his 1971 Presidential Address that young people coming into the health education profession appeared to be less concerned with issues of professionalism and more concerned with important personal and social values. He also warned, however, that with the broadening concern of SOPHE towards issues of health education (and not the health educator), "if SOPHE does not continue to speak for health educators and their concerns as an aspiring profession, who will do so?" This point remained until the recent formation of the National Commission on Credentialing, as SOPHE remained the only national professional association for health education that is not under the control of other professions.

Thus, in the early 1970s, SOPHE began to open up its membership to accept all those practicing in the profession, regardless of professional preparation and practice. We are now being asked to support an organization and credentialing process that returns us to where we began, our foundation. This new organization will play a role in the continuing education of health educators and the accreditation of training programs, in addition to certifying individual health educators. What are the implications of these actions for SOPHE? What posture should we assume as a professional association?

Should we change our by-laws and membership criteria and once again become an elite professional society for only those who meet specific training and experience requirements? Specifically, should we revise our membership criteria and accept only Certified Health Education Specialists? Should we continue on our current path and be an association focused on health education and less concerned about the needs of professional health educators and focus more on the practice of health education and its advocacy? Or, should we capitalize on the creation of the National Commission, free ourselves of our obsession of where someone was trained, and embrace the opportunity of becoming the premier national organization exclusively and independently committed to the promotion of the health of all people through education.

To better understand these issues and impending decisions, it is helpful to have an appreciation of the historical development of SOPHE. I believe this best can be done by reviewing the Presidential Addresses of the Society. In preparing these remarks, the challenge has been not to provide a litany of trivia and historical anecdotes, but rather to try to identify concepts and insights that survive the test of time. We can learn from the wisdom of our founders.

In SOPHE's first presidential address in 1951, Dr. Clare Turner called for an improvement of the professional standards of health educators as a way of achieving a definition of health which very much resembled the one promulgated by the World Health Organization years later.

In the second presidential address in 1952, Dr. Mayhew Derryberry identified the following threats to the profession in his address entitled "Health Education Looks Ahead":

- systematized and packaged thinking
- "over administrative" structures versus dynamic programs

- health education jargon
- habituated behavior
- an over emphasis on research at the expense of practice

In the third presidential address in 1953, Levitte Mendel called for the establishment of chapters to enable SOPHE "to extend its services to a greater number of health educators."

In 1954 in Buffalo, Lucy Morgan's Presidential Address was entitled, "Health Educator—Focus for the Future." I was four years old. In this speech she called upon SOPHE "to develop a sound national program in health education and to implement this program with action." She went on to ask "In an effort to sell health education could it be that we have sacrificed the qualified health educator in order to get along with our co-workers? If everybody does health education, why health educators?"

In the fifth Presidential Address in Kansas City, Sol Lifson noted that there is growing recognition that health education is one of the prime tools to help individuals, families, and communities to help themselves to a more healthful way of life. Mr. Lifson outlined six objectives for health educators that are as true today as they were 33 years ago:

(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 these facilities and services that 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 medical or public health program is initiated.
(5) To help find measures for judging the effectiveness of public health education programs.
(6) To help develop curricula for the preparation of public health educators.

In the sixth Presidential Address in 1956, President Bill Griffiths departed from the previous Presidential Addresses and spoke about the development of a unified health education theory. His presentation was devoid of a discussion of SOPHE's growing pains and addressed the communications problems facing our profession. He called upon health educators to look at themselves as behavioral science practitioners. President Griffiths spoke of opinion leaders and the development of a unified theory of health education which blended mass media, community organizations and interpersonal networks to influence behavior. This was over thirty years ago.

The 13th Presidential Address was given in Kansas City by Jeannette Simmons and was entitled, "Reflections on Fulfilling our Professional Responsibilities." Dr. Simmons observed that the ability to make judgements differentiated between professionals and technicians.

In 1966 in San Francisco, Jerome Grossman's address was entitled, "Health Education—Cool Medium in a Hot World." In this presentation he cogently noted that we must not only link theory to practice, but also practice to purpose.

He attempted to place health education into a larger context—one that involved an open society, with a broad definition of health, with control returned to the individual.

The 21st Presidential Address in 1971 of Scott Simonds was entitled, "The Life Space of the Health Education Profession." President Simonds was the first to evoke the quote of William Hazlitt, "Man is the only animal that laughs and weeps; for he is the only animal that is struck by the difference between what things are and what they might have been." Dr. Simonds went on to note how it was impossible to examine a profession without being struck by this difference, the difference between reality and promise.

Beverly Ware's 25th Presidential Address was entitled, "New Spokes in the Wheel . . . Or a New Wheel." In this address, Dr. Ware struggled with the role of the health educator and the factors which have influenced the current relationship between SOPHE and the practice of health education.

In the 26th Address, President Helen Cleary, who later provided the initial leadership for the credentialing effort, first articulated the need for credentialing and of the inadequacy of just accrediting training programs in her speech "Charity Begins at Home." In her meetings with chapters during her year as President, Dr. Cleary identified four concepts which appeared to be associated with successful practice:

(1) a sense of a common purpose,
(2) provision of a support system,
(3) provision of role models for new professionals,
(4) awareness of the need for continuing education.

The 29th Presidential Address was Sigrid Deeds infamous Chinatown presentation and was entitled, "SOPHE at the Crossroads." Dr. Deeds used an organizational development perspective to view the future of SOPHE. In her remarks, Deeds was extraordinarily accurate in identifying the actions and trends which would influence health education over the next decade. Many of the concerns she raised, such as lack of involvement in federal decision-making, the possibility that SOPHE may have its role usurped by organizations it helped create, still exist and continue to plague SOPHE and the profession.

In this same address, President Deeds pointed out the same problem with membership structure that we have today. Ten years ago, less than half of our national members belonged to chapters and many chapters were composed of primarily chapter-only members. How have things changed? She also noted the problem SOPHE has with size, "Right now it seems that we are at an awkward stage—no longer small and homogeneous, but not large enough for impact." This issue is also still with us today.

The 32nd Address was wide-ranging and given by Richard Windsor in Montreal. In his presentation, Dr. Windsor addressed the changing market for health education services and called for an increase in rigor in health education research.

The 34th address was given by Larry Green and entitled "What is SOPHE if not an Open Society." This presentation focused on the unification of the health education profession and was originally entitled "The Paradox of Increasing Responsibility and Declining Influence: What is SOPHE Besides

Small." Again, a theme of the appropriate role of SOPHE was the topic for the Presidential Address. Dr. Green noted in his presentation that SOPHE is the only autonomous group representing health education, but has only 5% of the market share of health educators. He provided a dramatic counterpoint to the call for exclusivity and restrictiveness of SOPHE, by beckoning Dorothy Nyswander's call of an "Open Society" and analyzing the changes in the health problems that have accompanied the 20th century, leading us to a time when the traditional standards of public health, as represented by an MPH degree, are not the only standards that should define quality in health education today.

Admittedly, this is only a selective review of some of the addresses made by our past presidents at annual meetings. Like any historical analysis, the sampling is biased by the availability of published or at least written documents. Nevertheless, it provides a snapshot of the past and a roadmap to the future. Preparing this talk has been a humbling experience, reading the words and in some cases poetry, of brilliant men and women.

CREDENTIALING

In reviewing these Presidential Addresses, I was repeatedly struck by how the concept of credentialing is consistent with the philosophy and principles of the founders of SOPHE. However, over the years, SOPHE has broadened and, as a result, credentialing has not been universally accepted. This raises the question whether credentialing is an idea whose time has past. Among the Presidential Addresses, some mixed sentiments have been raised about credentialing. I am left troubled by a continuing and nagging problem. How can a concept that is consistent with principles articulated repeatedly over a span of 40 years result today in conflict and ambivalence. I believe that the problem, our major hesitation about credentialing, is not with the concept but with the process.

In her Presidential Address in 1976, Helen Cleary first articulated the need for credentialing as a means of assuring quality in health education practice and called for the application of health education principles in the development of the health education profession. Many of the young health educators here today were still in high school, hardly on hand to participate in the process of planning for the credentialing procedures intended to support them. While sound health education principles were initially applied in the credentialing process, it is my opinion that they have recently been lacking.

Because of this opinion, I believe that it is necessary to have a full and open discussion of the credentialing process and for the leaders of this movement to continue to be open to the questions and sentiments of all health educators. It is good that the debate continues, if we believe the words of Hazlitt: "When a thing ceases to be a subject of controversy, it ceases to be a subject of interest."

In his Presidential Address, Scott Simonds quoted John Gardner who stated "Where human institutions were concerned, love without criticism brings stagnation, and criticism without love brings destruction. The swifter the pace of change, the more lovingly men must care for and criticize their institutions to keep them intact through turbulent passages."

Thus, in this light, I wish to offer some "loving criticisms" to a profession to which I am deeply committed. In meetings with SOPHE chapters and discussions with individual members, a number of important issues have been raised. Following are some of those issues:

Philosophical Issues

The question continues to arise, is credentialing in the best interest of the profession and is it the action necessary to promote the health of all people through education. Are we, as Jerome Grossman and Dorothy Nyswander have suggested, too concerned with professionalism at the expense of a concern for humanity.

In 1968, Past-President Grossman encouraged us to measure ourselves as a profession solely in terms of the purpose of the profession i.e., promoting the health of all through education. He went on to suggest that an obsession with the trappings of professionalism may actually serve at cross-purposes with the very reason for being a profession.

SOPHE members have commented that for many professions, credentialing may be of questionable value for assuring quality. With job standards, interviews, job descriptions, and accredited training programs available as quality controls, some ask, "What is the *problem* for which credentialing is the *solution*?" Other professional associations might ask with similar suspicion: Who are the fraudulent practitioners, or what are the fraudulent practices of health education, against which the public needs to be protected by credentialing?"

Issues Related to the Involvement of the Profession

Test Development

The test development process is another area in which health educators have had many questions and strong opinions. Will health educators be involved in the test development process? Can a test be developed which validly and reliably discriminates between qualified and unqualified health educators? Whose standards will be applied? Can those standards be measured by paper and pencil tests? We also know, however, that measures will seldom be developed until there is strong pressure on a profession to develop measurements of their practice.

Quality of the Process

As all of you know, health educators are trained to be very concerned with "process" and often, the quality of the process is as important as the actual outcome. For credentialing, SOPHE members look toward the National Society for guidance and recommendations. And many were surprised and dismayed to learn that the current elected SOPHE leadership had little input into the specifics

of the credentialing process and, when recommendations were suggested by the current officers of SOPHE, they were received, but not implemented. At the same time, all the members of the National Commission are members of SOPHE and some are former Presidents.

Decisions on Criteria for Qualifications

I received a letter from a health educator in Washington State who, while being supportive of credentialing, stated that "there are too many unanswered questions to know what credentialing means personally or professionally." It is also true, as Peter Cortese said, that we cannot wait until all the answers are in or we would never move forward.

However, more needs to be known about "health education emphasis" and who will be reviewing training and experience qualifications of applicants. I also received questions such as: "Why was 25 years chosen as the amount of experience necessary for a practitioner with a Bachelor's degree to be eligible for charter certification?" "Will a graduate program in behavioral sciences or health psychology be considered as having a health education emphasis?" "If I'm not sure about these questions, who should I ask?"

Impact on Minority Groups

The question remains, "how will credentialing improve practice; that is, how will it improve the health of all people through education?" If indigenous and minority health educators are squeezed out of the profession, does this serve our purpose, does it improve quality? Are they likely to have an alternative or second chance to enter the profession if they could not afford or gain admission to an accredited training program?

Education for Employers

"What I want to know about credentialing is whether being credentialed is going to help me with my career?" "What is being done to educate employers about the value of a credential?"

Recommendations on Credentialing

Based on the random survey of National SOPHE members, polling of each chapter, discussions at Chapter meetings, correspondence from past presidents and letters from interested SOPHE members, I have been able to draw a few conclusions.

While some members are strongly opposed to credentialing, the majority of SOPHE members are in favor of the concept, feel it is in the best interest of the profession and would personally apply for certification. Despite these con-

sistently favorable remarks, there is a level of dissatisfaction with the credentialing process. Repeatedly, SOPHE members have commented that the process appears to being done "to them" as opposed to "with them." This sentiment exists despite the fact that SOPHE was instrumental in the initiation of the credentialing process and that national SOPHE members have consistently supported the activities of the National Task Force.

The issue is too important to health education to be disregarded. Changes must be made to garner the support of the profession to make credentialing a success and to contribute to the development of qualified health educators and quality health education.

These remarks are not an attempt to derail the credentialing process; rather the intent is to create an environment where it can succeed. Thousands of health educators will be the ones to decide if credentialing is going to succeed. They will do it with their opinions and with their checkbooks, but only if they are informed and involved. As Woodrow Wilson said in 1916, "One cool judgement is worth a thousand hasty councils. The thing to do is to supply light and not heat."

WHAT IS THE VISION FOR SOPHE

There is an old proverb which states, "Where there is no vision, the people perish." To thrive, no, to survive, it is essential to anticipate and create the future and there are a number of questions which need to be answered and a variety of strategies devised.

A fundamental question remains. What is SOPHE? An organization for health education or for health educators? It has been both in its rich history, and what it will be in the future should be a deliberate decision. I would suggest that, with the establishment of the National Commission, many of the responsibilities associated with a professional organization, may no longer be performed by SOPHE. I further suggest that the functions being taken on by the National Commission are not a threat to SOPHE, but rather provide an opportunity.

Essentially, a group of our members have committed a decade of their lives and obtained the requisite resources to establish a viable credentialing system, something that SOPHE instigated, but would never have been able to accomplish on its own. I submit that SOPHE must use this opportunity to finally end its ambivalence as to whether it is an organization of health educators or for health education. In my opinion, this is the opportunity to become the health education organization of which we have always dreamed. An organization with a singular vision, expanded services, increased membership and paid professional staff. An organization which maintains and cherishes its multidisciplinary richness and the contribution of all professions which have contributed to the practice of health education.

If this can become a shared vision, then we should launch an intensive campaign to become the leading national health education organization. For example, we should aggressively establish a continuing education program using our chapter structure to be the premier provider of continuing education programs for the credentialing of health educators. We should continue our success

with *Health Education Quarterly* and at the same time assure that the needs of practitioners are met either through the *Quarterly* or through other publications. We should build upon our burgeoning legislative and advocacy activities so as to clearly and visibly influence national policy which impacts health education. What are some of the other steps SOPHE needs to take to become the "organization of choice?" We need to generate a "wish list" of services and activities that would increase the perceived benefit of a membership in national SOPHE. Clearly, we cannot achieve this vision overnight, nor can we accomplish our goals without resources and commitment. However, with a clearly articulated vision, we can obtain the necessary resources through an expanded membership base and other sources of revenue to provide those services and functions which best meet the needs of our members and increase the value of the organization.

I would like to conclude my reciting a quote that was on the wall at the reception hall of the John F. Kennedy Library: "All this will not be finished in the first one hundred days. Nor will it be finished in the first one thousand days, nor in the life of this administration, nor even perhaps in our lifetime on this planet. But let us begin."