S.O.P.H.E. and the Quality of Life

CAROL N. D'ONOFRIO

Mrs. D'Onofrio was president of the Society of Public Health Education from 1971 to 1972. She is acting chairman of the Health Education Program and acting assistant professor at the School of Public Health, University of California, Berkeley, where she is also a candidate for the degree of doctor of public health. Tearsheet requests to Mrs. Carol D'Onofrio, Earl Warren Hall, University of California School of Public Health, Berkeley, Calif. 94720.

Improving the quality of life through helping relationships is a fundamental goal of professional activity. Nevertheless, the pressures of daily problem-solving make it all too easy to overlook this criterion in evaluating professional work. When this happens, "quality of life" becomes little more than a broad and rather vague concern—or more recently, a convenient catchphrase to embellish speeches with a note of idealism. The issues and dilemmas of achieving real quality of life thus are avoided, for these are neither readily identified nor resolved.

At its 1971 annual meeting, the Society for Public Health Education began to probe deeply beyond the cliche for operational meanings of quality of life and related professional responsibilities. This series of articles represents a further exploration of the concept and its implications for health education. While the results of these efforts reaffirm basic principles which have long guided the profession, they also throw into sharp relief the gaps which exist between reality and ideals of human dignity, self-determination, and informed decision making. The question thus confronts health educators squarely: what are you doing to improve the quality of life?

Having stimulated this self-examination by its members, the society can do no less than consider the question itself. In fact, since SOPHE is its membership, this step is inevitable.

Accelerating concern about SOPHE's actual and potential impact on the quality of life has been apparent for some time, although the jigsaw pieces of evidence did not immediately reveal a theme. Nevertheless, the election of two black presidents in recent years invited a call to arms, while a considerable liberalization of eligibility requirements for membership tacitly recognized the need to expand the core of professionals with similar interests. Suggestions of operational goals for SOPHE in the 1970s clearly indicated primary interest in external issues, and even analyses of internal needs of the organization pointed to outreach as a solution. In 1970, the membership voted to reincorporate the society with a new name and statement of purpose, thus formalizing its primary emphasis upon health education of the public rather than upon internal professional affairs. Through this action, the membership identified SOPHE's role as an extension of that performed by health educators themselves—that of a change agent working to "promote, encourage, and contribute to the advancement of the health of all people through education." Since neither health nor education are ends in themselves, but both are essential to realization of the human potential, this purpose is directly related to im-

provement of the quality of life.

In seeking to fulfill its aim, SOPHE has experimented with a variety of approaches. It rallied to support the work of the President's Committee on Health Education, mobilizing consumer and provider witnesses to plan and participate in its regional hearings and to continue joint followup efforts afterwards. It presented testimony on the educational aspects of national health programs to the House Ways and Means Committee and is preparing an expanded position paper on this issue. Through its committees and chapters, SOPHE has and is assisting community institutions and groups to plan and evaluate educational components of health programs, to initiate demonstration projects, and to develop effective training curriculums. In addition, some SOPHE chapters have conducted or are planning health education workshops for other health professionals and related disciplines, including those entering new careers.

While these activities represent some tangible ways in which SOPHE can contribute to improving the quality of life through education, they also present the society with a number of dilemmas.

Not the least of these concerns SOPHE's limited resources for responding to the many opportunities and needs which it is encountering. With the exception of a part-time executive director and secretary, the society's work is carried out completely by professional volunteers—the majority of whom hold demanding paid positions at which they work into the evening and weekend hours. Since these efforts are strategic to the massive health education efforts needed in the nation today, SOPHE must not and cannot overburden its members with additional responsibilities. Yet at the same time, SOPHE's ability to affect the quality of life is dependent on doing just that.

A second dilemma arises from the increasing demands for professional backstopping from SOPHE as health educators move more forcibly into complex areas such as comprehensive health planning, medical care, training of allied health professionals, the development of new health delivery systems, education for enlightened and activated consumers, and programing to combat chronic diseases, unwanted births, drug abuse, environmental pollution, and a variety of other ills. Although professional associations have traditionally worked to strengthen the quality of individual professional performance through such means as building the theoretical and scientific base for practice, setting and enforcing standards for professional preparation and performance, formulating codes of ethics, providing continuing educational opportunities, and publishing materials of professional interest, SOPHE is hard-pressed to keep pace with the burgeoning needs for such services as these related to practice in a variety of situations and problems affecting distinct population groups. Moreover, because of rapid changes on the health care scene, efforts in any single substantive area need continual updating and evaluation, thus multiplying the task manyfold.

Even more critical, however, is the fact that by concentrating its energies and resources on services upgrading the professional capacities of its members, the professional association defines an essentially inward-directed focus for itself. In addition to being inconsistent with SOPHE's stated purpose, this approach is risky in that, by depriving itself of interaction with others who have different perspectives, the organization may lose touch with changing external realities. To the extent that this loss occurs, the ability of the professional society to guide its members in dealing with these realities is reduced. Thus SOPHE must ask itself how it can provide professional support to its members within its present resources and at the same time avoid sacrificing its outward organizational thrust.

This problem is related to a third dilemma occasioned by the desire for health education training by other health workers, allied disciplines, and interested community groups. The extension of health education concepts and skills to a wide variety of persons having contact with the public is essential if all segments of our society are to be involved in informed decision making about those matters affecting personal and community health. While activities in this direction are very much in keeping with SOPHE's purpose, needs again outweigh resources. Thus the association must determine where its efforts are likely to have the greatest effects and strike some sort of balance between pushing back the frontiers of professional knowledge and assisting others to apply what is already known.

Given the enormity of unmet health education needs in the nation, shortages of trained health education manpower, and the growing acceptance of responsibility for health education by both lay and professional groups, it is likely that SOPHE will become

even more actively engaged in strengthening the educational skills of others than it is at present. This activity means not only increasing the competence of individual persons to educate the public about health, but also educating them about education so that those whom they help will, as a result, be better able to help themselves. The development of human resources is indeed one hallmark of the health education specialist, and so it is logical that this task should become a central concern of the Society of Public Health Education.

Herein, however, lies yet another dilemma, for if SOPHE desires to help others to improve their educational skills, then why should it not do this through involving these persons as members of the society? While present eligibility requirements are viewed by some as essential to the maintenance of high standards of professional performance, others argue that these restrictions actually dilute the quality of performance in the field by denying professional resources to practitioners who do not possess the necessary qualifications. This problem is especially acute because many health education positions are currently being filled by untrained persons both because of trained manpower shortages and lack of standards of employment in certain agencies and areas.

In addition, membership restrictions seem paradoxical in that professional training and experience—or the lack of them—do not perfectly correlate with competency in practice. Thus some health educators without the "union card" are highly skilled. Ineligibility for professional association membership therefore appears arbitrary and gives rise to charges of self-serving elitism among those who have the required credentials. Consequently schisms result which prevent cooperative action on the public issues which should be the real focus of health educators at work, regardless of how they receive their training.

The elimination of eligibility requirements for membership in SOPHE thus is being advocated by many as a means to increase the cadre of workers, both paid and volunteer, who are equipped with health education expertise, and to gather under a single umbrella persons who are committed to solving health problems through education. This, it is proposed, will augment SOPHE's resources, broaden its vision, and provide added clout for effecting those changes which are needed if health education is to make its fullest contribution toward improving the quality of life.

On the other hand, by opting to remove its membership requirements, SOPHE would simultaneously define for itself an expanded role in professional education, assuming of course that the fostering of helping relationships through its members continues as a goal. Since members would no longer necessarily meet similar standards of professional preparation and experience, they would be less likely to share the common body of knowledge and to possess the rounded complement of skills upon which professional practice is based. Thus SOPHE would have to devote a significant proportion of its efforts to strengthening the expertise of its newer members in those areas in which they had not had prior training or experience. Would the society's major emphasis then again turn inward, albeit to accomplish a new and greater task? Would providing educational opportunities and other services for an expanded membership absorb organizational resources faster than they could be developed? If so, what repercussions would this have on the advancement of professional knowledge? How would it effect fulfillment of SOPHE's outer-directed purpose?

The question is not only one of resources, however, for it is possible that a more broadly heterogeneous membership would make it difficult to develop timely positions on external issues. In this event, SOPHE's contributions toward resolving health problems through health education might well lie primarily in the process of reaching agreement within its membership rather than through organizational participation with other decision-making bodies and political action. In addition, it is probable that the power base for outward-directed involvement would be rather different for a society whose membership is founded on interest but not necessarily expertise in health education.

These, then, are some of the dilemmas resulting from SOPHE's attempts to consider seriously its responsibilities for improving the quality of life. While identifying alternative solutions and their tentative consequences is difficult, this process is essential to informed decision making and self-determination. Therefore by examining these issues SOPHE is seeking to improve its own quality as an organization—not as an entity unto itself, but as a viable force working to fulfill a broader purpose.