



Health Education circa 2035—A Commentary

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Most of us are intrigued by the prospect of the future and at some point in our lives we all think about how interesting it would be if we could see into the future. In the 1960s, Rod Serling gave us the *Twilight Zone*, a show that from time-to-time revealed to us what life might be like in the future. In the 1960 movie, *The Time Machine* (not its forgettable 2002 remake) actor Rod Taylor, as H. George Wells, traveled far into the future to find that the world as he knew it largely had been destroyed and the human race that survived had divided into two hostile species.

In 2010, I was asked to represent the American Association for Health Education (AAHE) at the 125th Annual Meeting of the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) in Indianapolis, when the Alliance's various constituents assembled to reflect on its 125 years, with a focus on its most recent quarter of a century. In some ways it was ironic that I was asked to be AAHE's soothsayer for that occasion. You see, a little more than 30 years ago, while in graduate school at the University of Wisconsin-Madison, I purchased my own hand-held Texas Instruments Statistical Calculator and an office mate bought one of the first microcomputers, a Radio Shack device whose storage system was magnetic cassette tape. At that point I predicted that technology had advanced as far as I was likely to see in my lifetime. Therefore, if my insights are as good now as they were then, all of you might as well stop reading.

On the 100th anniversary of AAHPERD

in 1985, the late Peter Cortese, a renowned health educator and President of AAHE, was asked to speculate about our future as I was asked to do. Cortese was concerned about the “back to basics” movement that started rising in 1980s education rubric and that developed into a dogma that eventually became iconic as the “No Child Left Behind Act” of 2001. In the zeal to attain a targeted test score and achieve a sought after benchmark of school performance, the utility and simplicity of Cortese's worry of there being “nothing more basic than health” was lost on schools. Today, we are fighting for the return of formal physical education requirements amidst a much-publicized epidemic of childhood obesity and a generation of sedentary youth.

Cortese warned us that it was “penny-wise and pound-foolish” to decrease funding for community health programs. Today, <1% of evidence-based community health programs, such as ones described in CDC's *Guide to Community Preventive Services*¹ (<http://www.thecommunityguide.org/index/html>) become translated and implemented. It seems as if we have failed to provide the recipe to operationalize and sustain programs successfully.

Lastly, Cortese addressed himself to the evolution of the health education profession itself. Voluntary certification of health educators was to occur less than five years after he addressed the 1985 assembly. However, more than 20 years later, the certification scepter has not made much headway with employers and health educators and still

linguishes somewhere low within the hierarchy of health professionals.

So, what will life be like in 2035, and what will its implications be for the way in which health education is practiced? To say the least, that is a challenging question. In the late 1980s, as our health education MPH program was evolving at the University of South Florida College of Public Health, some colleagues and I were asked to survey a random sample of the “Who's Who in Health Education,” to gain insight about the preparation of health educators in research and practice for the 1990s and beyond. What we received with perfect acuity was not insight about the future, but rather, profoundly detailed hindsight of the ideal preparation of the health educator for the 1970s. The best health education minds could not come to terms with change and uncertainty, and being out of their comfort zones.

In the next 25 years we will have to leave our comfort zones and take a calculated risk with some radical and more creative approaches to health behavior change, for as Einstein is credited as having said: “Insanity is to do the same thing over and over again and expect different results.” More programs, more education and more of what has failed to move the needle in

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the past 25 years also is unlikely to move it much in the next 25. We should be less enamored with our past *healthcentrism*. Instead, we must:

- First, unite with persons from other social and behavioral science professions to perform collaborative research that focuses on the needs of vulnerable populations;

- Second, focus an interdisciplinary research effort on the graying of America and the world, and the challenges that this phenomenon presents;

- Third, celebrate our increasing diversity in this country and worldwide at school, at work, in our places of worship, and in our communities; and

- Fourth, note the reality that our world will improve best from policies that support and incentivize cooperation, and that come about as a result of partnerships with the consumers that we wish to reach in health behavior or just about any other task.

Long before 2035, however, the health education profession is going to need to come to terms with a series of other issues. The following iteration clearly is not an exhaustive one, but it does shed some light on what I think our professional colleagues ought to be pondering.

First, will health education find a formal leadership paradigm to use to move the profession forward? Can the profession adapt one or more of the leadership models, including ones that have their origins in the business and corporate worlds? Among the paradigms that should be examined for their relevance are the servant leadership model,² the transactional-transformational model,³ the enabling model,⁴ the eight-stage process of change model,⁵ the leadership-commitment model,⁶ the principle-centered leadership model,⁷ the leader-follower relationship model,⁸ the leadership training model of the Directors of Health Promotion and Education⁹ presented through the Public Health Education Leadership Institute, the relational leadership model,¹⁰ the resonance model,¹¹ and the situational leadership

model.¹² Many additional frameworks on leadership could be considered as well.

Second, what will be the future of certification for health educators? There is a 20+ year history of CHES, and now, there is the MCHES. However, with more and more schools and colleges of public health emerging and MPH programs arising at institutions that used to award Master of Science or Master of Education degrees, will the newly launched CPH credential carry more weight or make the CHES/MCHES credential redundant, or at least, unnecessary? If discussions about the impact of the CPH on current credentialing mechanisms have occurred, they have not been well-publicized in our literature.

Third, there seems to be a misalignment of the “culture of health education and prevention” with the culture of society’s preferences for health behavior. Perhaps society is *indeed* too fat, too sedentary and too prone to not eating high fiber foods. However, will more health educator war dances significantly alter the status quo? Could it be the case that the culture of health education needs to change toward a more inclusive definition of health—where “realism” nudges “idealism” a little so as to make the pursuit of “health” seem less burdensome and more achievable? Hochbaum¹³ wrote over 30 years ago that health “is what helps me to be what I want to be, to do what I want to do and to live the way I want to live.” Some contemporary consideration of the merit of this definition may help a realignment process.

According to John M. Richardson, Jr.,¹⁴ professor of International Development at American University: “When it comes to the future, there are three kinds of people - those who *let it happen*, those who *make it happen* and those who wonder *what happened*.” I would like to suggest that our prediction of the future will be made easier if we are among those who create the future through a conscious set of decisions and actions. I invite other leaders in the profession to write their own commentaries to advance

the dialogue that will shape the profession of the next quarter century.

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