

Looking Back and Moving Forward: SOPHE's 70 Years of Contributions to Health Education

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Abstract

Founded in 1950, the Society for Public Health Education (SOPHE) provides leadership to the health education profession and promotes the health of all people through six strategic commitments: developing and promoting standards for professional preparation and credentialing of community and school health educators; stimulating research on the theory, practice, and teaching of health education; supporting elimination of health disparities and the achievement of health equity; providing continuing education of the health education workforce; advocating for policy and legislation affecting public health and health promotion; and supporting a network of local chapters. This article describes how SOPHE has pursued these strategic commitments during the past 70 years and discusses challenges that will influence the future of SOPHE and the contours of the research and practice agendas of the field going forward.

Keywords

credentialing, health education, health equity, health promotion, history, SOPHE

Founded in 1950, the Society for Public Health Education (SOPHE) is an independent, international professional association comprising health education students and professionals working in universities, K-12 schools, health care, work sites, and nonprofit organizations (Alber et al., 2017; Bloom, 2000; Cissell, 1976). SOPHE's mission—to provide global leadership to the profession of health education and health promotion and to promote the health of society—has been fulfilled during the past seven decades through six strategic commitments. SOPHE promotes healthy behaviors, healthy communities, and healthy environments through its membership, its professional standards and development, its network of local and regional chapters, its advocacy, and its numerous partnerships with other organizations.

We describe how SOPHE has pursued these commitments during the past 70 years and highlight key contributions and ongoing initiatives. We conclude with a brief discussion of future challenges, as well as opportunities, that are influencing the contours of the research and practice agendas of SOPHE and the field going forward.

Strategic Commitments

SOPHE advances the health education profession primarily through six strategic commitments that have evolved in terms of scope, emphasis, and programmatic activities during the seven decades since its founding:

- developing and promoting standards for professional preparation and credentialing of community and school health educators
- stimulating research on the theory, practice, and teaching of health education
- supporting elimination of health disparities and achieving health equity
- conducting professional development of the health education workforce, in partnership with various stakeholders
- advocating for policy and legislation affecting public health, health equity, and health promotion
- supporting a network of chapters

These strategic commitments are highlighted in subsequent sections of this article and further supported by examples presented in Table 1.

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Table 1. Summary of SOPHE Strategic Commitments and Illustrative Contributions and Ongoing Initiatives.

Strategic commitments	Year(s)	Illustrative contributions and ongoing initiatives
Advancing professional preparation and practice standards	1957–1997	SOPHE published the first statement of functions of community health educators and minimum requirements for their professional preparation, and also developed the initial graduate-level standards in health education with the American Association for Health Education (AAHE), which were acknowledged by accreditation bodies and supported by graduate and undergraduate programs.
	1993	SOPHE and AAHE Baccalaureate Program Approval Committee established (SABPAC), providing a quality assurance process for undergraduate community health education programs.
	2000–2016	SOPHE and AAHE sponsored the National Task Force on Accreditation in Health Education and its two successors to address challenges in quality assurance in community and school health education. One outcome of such efforts was successfully advocating for the Council on Education for Public Health to provide an accreditation process for stand-alone undergraduate programs in public health, including health education, which was accomplished in 2013.
	2005–2020	SOPHE and the National Commission for Health Education Credentialing (NCHEC) supported four supported four studies of the practice of health education specialists, providing the basis for professional preparation, professional development, and credentialing.
	2019	SOPHE is recognized by the Council for the Accreditation of Educator Preparation (CAEP) as the Specialty Professional Association (SPA) for entry-level school health education teachers.
Advancing research, practice and teaching	1994	SOPHE convened the first health education research agenda with Centers for Disease Control and Prevention support and published in <i>Health Education Quarterly</i> .
	1997	SOPHE's <i>Health Education Quarterly</i> is renamed as <i>Health Education & Behavior (HE&B)</i> and begins publishing six issues each year; successively increased page count to 200 pages/issue.
	2000	SOPHE began publication of <i>Health Promotion Practice (HPP)</i> as a quarterly journal, and in 2010, it moved to six issues each year and 150 pages/issue.
	2005	SOPHE self-published <i>Tools of the Trade</i> easy-to-read tips for key health promotion and education functions and responsibilities originally published in <i>HPP</i> ; later added Volumes II and III.
	2005	SOPHE published first global competencies on health education and health promotion with International Union for Health Promotion and Education (IUHPE).
	2009	SOPHE launched publication of <i>Pedagogy in Health Promotion: The Scholarship of Teaching and Learning (PHP)</i> , a quarterly journal with 84 pages/issue.
	2009	<i>HE&B</i> and <i>HPP</i> expanded page budgets and subscriptions.
	2010	SOPHE published first textbook, <i>Health Promotion Programs: From Theory to Practice</i> ; third edition now in production.
	2016	SOPHE published second textbook, <i>Introduction to Global Health Promotion</i> .
	Eliminating health disparities and achieving health equity	1967
1999–2001		SOPHE launched the Open Society Commission to examine the ways in which SOPHE could more vigorously pursue an open and just society within the organization and in collaboration with others.
2005		SOPHE convened the Inaugural Summit on Eliminating Racial and Ethnic Health Disparities with public and private support.
2006		SOPHE published "Transdisciplinary Research Agenda in Health Education to Address Health Disparities and Social Inequities" with complementary special issues of <i>HE&B</i> and <i>HPP</i> .
2020		SOPHE commissioned the Health Equity and Anti-Racism (HEAR) Task Force to help eliminate racism by breaking down systems and policies that maintains a malicious system of inequity.
Supporting professional development and partnerships	1983	First SOPHE mid-year conference held in Puerto Rico to expand opportunities for continuing education, often on college campuses; discontinued mid-year meetings after 2012 when SOPHE annual conference attendance began to grow.
	1990s–2020	Support from government agencies and the James F. and Sarah T. Fries Foundation enabled SOPHE to feature many national and international experts as annual conference speakers.
	2012–2020	SOPHE synchronous and asynchronous distance learning offered to serve broader diversity of health education workforce; some 40 webinars annually.
	2013	SOPHE annual conference moved from the fall to spring, leading to 233% growth in attendance.
	2018	SOPHE convened the first Digital Health Promotion Executive Leadership Summit in Washington, DC, in partnership with George Washington University Milken Institute of Public Health, University of Maryland School of Public Health, and Public Good Projects; journal supplement published in <i>HE&B</i> .
	2020	SOPHE successfully pivoted from a face-face annual conference to a 100% distance education offering due to COVID.

(continued)

Table 1. (continued)

Strategic commitments	Year(s)	Illustrative contributions and ongoing initiatives
Advocating for health education	1952	SOPHE submitted report titled “The Contribution of Health Education in Meeting the Health Needs of the Nation” to the President’s Commission on Health Needs of the Nation.
	1971	SOPHE participated in the President’s Committee on Health Education at the White House.
	1980–1990s	Proliferation of SOPHE resolutions, including calling for publication of articles relating to social and political policy to advance public health.
	1995	SOPHE offices moved from Berkeley, California, to Washington, DC, to strengthen capacity in policy advocacy.
	1997	SOPHE led successful advocacy effort to the U.S. Department of Labor to recognize “health educator” as a distinct standard occupational classification.
	1998–2020	SOPHE convened the first Health Education Advocacy Summit with 40 attendees from the Coalition of National Health Education Organizations (CNHEOs); now in its 22nd year, some 150 participants attend annually to develop advocacy skills and gain their voice in health education; first virtual summit in 2020.
Supporting a professional pipeline through endowments, scholarships and fellowships	1998–2020	“\$50,000 for 50 Years” 50th anniversary fundraising campaign started, which has since supported more than 120 student scholarships through the “Campaign for the 21st Century: Building SOPHE’s Future.”
	2017	Launched “Legacy Circle” campaign for those who want to support SOPHE’s mission and be remembered in perpetuity on SOPHE’s interactive website.
	2019	“Campaign for the 21st Century” expanded to support health education practitioners; total SOPHE awards, fellowships, and scholarships for students and professionals exceeds \$20,000 annually.
Maintaining a network of chapters	1962	San Francisco-Bay Area Chapter (Northern CA Chapter) recognized as the first regional chapter.
	1962–2020	Proliferation of other grassroots chapters in the subsequent decades, with SOPHE affiliates now spanning more than 30 states, northern Mexico, and representing some 2,000 local health education specialists.

Note. Adapted from Auld (2020).

Standards for Professional Preparation and Credentialing

Just as Abraham Flexner recognized at the turn of the 20th century the need to strengthen the profession of medicine by emphasizing the scientific paradigm of research and education (Flexner, 1910), SOPHE has led several initiatives whose purposes have been to establish health education as a population-based health profession (Livingood & Auld, 2001) and to strengthen quality assurance in professional preparation and credentialing (Birch et al., 2019; Cottrell et al., 2012; Doyle et al., 2015; Gilmore et al., 2005; Goekler et al., 2020; Knowlden et al., 2020; Taub, Birch, et al., 2009). These initiatives began unfolding in the late 1950s and have included publishing a statement of functions of community health educators and minimum requirements for their professional preparation (SOPHE, 1977; Turner, 1957), working with the American Association for Health Education (AAHE) to operate an approval process for community health education baccalaureate programs (Capwell et al., 2018; SOPHE & AAHE, 2007) and developing the initial graduate-level standards in health education (SOPHE & AAHE, 1997), establishing the AAHE/SOPHE Joint Committee on Ethics (Taub et al., 1987), identifying the continuing education needs of health education professionals (Allegrante et al., 2001; Daltroy & Roccella, 1987), and

sponsoring the National Task Force on Accreditation in Health Education and its successors (Allegrante et al., 2004; Bernhardt et al., 2003; Cottrell et al., 2009).

In addition, SOPHE has led the field by working with the National Commission on Health Education Credentialing, Inc. (National Commission for Health Education Credentialing, Inc., & Society for Public Health Education, Inc., 2020) to support the National Health Educator Competencies Update Project (Gilmore et al., 2005), the National Health Educator Job Analysis (Doyle et al., 2012), and the Health Education Specialist Practice Analysis I and II (Knowlden et al., 2020; McKenzie et al., 2016). With the International Union for Health Promotion and Education, SOPHE cosponsored the Galway Consensus Conference on international collaboration of credentialing in health education (Allegrante, Barry, Airhihenbuwa, et al., 2009; Allegrante, Barry, Auld, et al., 2009; Allegrante et al., 2012; Howze et al., 2009; Taub, Allegrante, et al., 2009), and with the Association of Schools and Programs in Public Health and the League for Innovation in Community Colleges helped advance public health and health education curricula in community college settings (Lohrmann et al., 2016; Riegelman & Wilson, 2016). More recently, SOPHE has made strides in strengthening the credentialing and quality assurance in K-12 school health education (Birch et al., 2019; Goekler et al., 2020; Taub et al., 2014).

Research on Theory, Practice, and Teaching

SOPHE has been at the forefront of supporting health education, a cross-disciplinary field whose scholars and scientists examine the interaction among behavioral, biological, environmental, and social factors that contribute to achieving advancements in public health (Alber et al., 2020). From SOPHE's inception, research to improve the health of individuals and populations has shaped the implementation of evidence-based health education practice and its dissemination and translation (Leeman et al., 2017).

With support of the Centers for Disease Control and Prevention (CDC) in 1994, SOPHE convened the first meeting of U.S. researchers in health education to develop a research agenda aimed at creating capacity to promote and maintain health (Clark & McLeroy, 1995). In addition, recognizing the gap between research and practice in public health settings, SOPHE has championed implementation science as an increasingly important field of study for improving health outcomes (Livingood et al., 2020; Lobb & Colditz, 2013). Through professional development opportunities (e.g., conferences, webinars) and its journals, SOPHE has been an important facilitator in connecting researchers and practitioners, as well as in putting in their hands new theoretical constructs and tools for applying research to practice (Perales, 2012). From their nascent days, SOPHE's journals, *Health Education & Behavior* (HE&B; formerly *Health Education Monographs* 1961-1982 and *Health Education Quarterly*, 1982-1995), *Health Promotion Practice* (HPP; launched 2000), and *Pedagogy in Health Promotion: The Scholarship of Teaching and Learning* (launched 2016), have advanced the theoretical, practice, and teaching foundations of the field. Today, SOPHE's journals continue to be in the vanguard of publishing case studies and frameworks for implementing evidence-based science (Leeman et al., 2017; Livingood et al., 2020), and are leading the way in advancing the scholarship of teaching and learning for the public health workforce (Gambescia & Early, 2017).

Eliminating Health Disparities and Achieving Health Equity

Ever since SOPHE leaders were engaged in developing the first Healthy People Objectives for the Nation (Green, 1980; McGinnis et al., 1997), the society has continued to support the development of subsequent quantifiable and measurable national population health objectives and targets, including the Healthy People 2010 goal of eliminating health disparities. As part of its historic commitment to Dorothy Nyswander's concept of the "Open Society" (Green, 1985), SOPHE was among the first organizations to respond to the national priority for the elimination of health disparities by publishing a comprehensive supplement of *HPP* (Roe & Thomas, 2002). Building on this effort, SOPHE organized and convened leading health education researchers and practitioners to focus on the social

contexts that create vulnerability to disease from which underserved populations die in disproportionate numbers (Airhihenbuwa, 2006; Gambescia et al., 2006; Quinn & Green, 2006; Woodhouse, 2006). Publication of complementary supplements of *HPP* and *HE&B* focused on the need to develop a new transdisciplinary approach to research and practice in health disparities and inequities. Thus, over the years, in its efforts to confront and address the history and legacy of the Tuskegee Syphilis Study (Thomas & Quinn, 1991) and the inequalities in health care access, treatment and outcome, which have been painfully accentuated by the recent Coronavirus pandemic, SOPHE has continued to foster the responsible involvement of underserved minorities in community-based participatory research, increase the diversity of participants in health education research, ensure the inclusion of the social determinants of health as a focus of intervention, and facilitate the development of a racially representative and culturally sensitive health education workforce (Kegler et al., 2019). This work continues today as SOPHE has made a commitment to opposing racism and practicing cultural humility as a way to strengthen its commitment to health equity research, advocacy, and practice (Breny, 2020).

Professional Development and Partnerships

Since 1951, SOPHE has continued to hold an annual national scientific conference to enable students, young professionals, and others to enhance their presentation skills, learn about new practices and research, earn continuing education credits, and network with members and national and international leaders. Since 2012, SOPHE also has provided distance education through its Center for Online Resources & Education (CORE)—an interactive repository of journal self-studies, recorded webinars and podcasts, and other asynchronous courses (e.g., *Advocacy in Action*, *Emerging SOPHE Volunteers*)—as well as tools and resources resulting from various SOPHE cooperative agreements with CDC. Thus, SOPHE provides opportunities at the local and national levels for members to enhance their leadership skills through various committee, trustee, and other leadership roles (Alber et al., 2017). Confronted with the national shutdown due to the coronavirus disease 2019 (COVID-19), SOPHE staff reorganized its anticipated in-person meeting to its first virtual annual conference in its history, once again demonstrating the organization's capacity to quickly innovate and deliver needed continuing education for the health education workforce.

SOPHE has also partnered with numerous governmental and nongovernmental organizations for professional development. For example, in addition to working with the National Commission on Health Education Credentialing, Inc. and AAHE, as previously described, SOPHE partnered with the Association of State and Territorial Directors of Health Promotion and Education, the National Association of Chronic Disease Directors, the Society for Behavioral Medicine, and the Sarah F. and James T. Fries Foundation on

mid-year or annual conferences; members of the Coalition of National Health Education Organizations to provide the Public Health Education Leadership Institute (Wright et al., 2003); and the American School Health Association on the National Committee on the Future of School Health Education (Birch & Auld, 2019). Government agencies (e.g., CDC, Office of Minority Health, and the National Institutes of Health) sponsored many supplements or special issues of SOPHE's journals. The SOPHE/CDC Injury Fellowship program, supported by CDC's Division of Injury Prevention and Control since the late 1990s, provides financial support for graduate students to study the application of behavioral science and health education in injury prevention and control. Other SOPHE scholarships, awards, and endowments have provided student opportunities to attend SOPHE conferences and jumpstart their health education careers.

Advocacy for Policy and Legislation

SOPHE's history is replete with examples of its strong commitment to policy advocacy, reflected in its numerous resolutions, testimony, and engagement with efforts such as the President's Committee on Health Education (Guinta & Allegrante, 1992; Simonds, 1974). The relocation of SOPHE's headquarters from Berkeley, California, to Washington, DC, in 1995, further escalated its involvement with various national coalitions to advocate for public health, behavioral sciences research, community and school health education, and the elimination of health disparities. In 1997, SOPHE led efforts to successfully advocate for recognition of "health educator" as a distinct occupational classification in the U.S. Department of Labor Standard Occupational Classification System (Auld & Dixon-Terry, 2010). For many decades, SOPHE has participated in global advocacy to improve the health of women and girls at the United Nations.

In 1998, SOPHE convened the first National Health Education Advocacy Summit with the Coalition of National Health Education Organizations (Auld et al., 2003; Thomas, 2019); SOPHE is now the principal convener. The summit develops attendees' core competencies in policy advocacy and prepares them for visits to their elected representatives to advocate for appropriations or legislation pertaining to CDC, the National Institutes of Health, other federal agencies of the Department of Health and Human Services, as well as the Department of Education. More than 1,000 faculty, students, and practitioners have convened in the nation's capital for this transformational training opportunity; due to COVID-19, the 2020 Advocacy Summit will have been convened virtually for the first time.

Chapter Networks

In 1962, the first SOPHE local chapter, San Francisco-Bay Area Chapter, was established. Since then, SOPHE chapters have expanded to cover more than 30 states and northern Mexico, providing opportunities for health education

professionals to engage on a local level, receive training at virtual and face-to-face conferences, participate in local advocacy, and develop leadership skills (Alber et al., 2017). Chapters are represented in SOPHE's national governance structure and receive leadership and other professional support from National SOPHE staff.

Challenges and Opportunities of the Future

SOPHE and the field of health education can point with pride to numerous contributions during the past 70 years. But formidable socio-ecological changes are already influencing the future of SOPHE and health education. Although it is beyond the scope of this article to present a detailed analysis, below we briefly illuminate seven changes taking place that will present both challenges and opportunities in the future for SOPHE and the health education profession.

Climate and Environmental Change

There is little if any serious scientific doubt that climate and environmental change represents an existential threat. The planet is already experiencing the global impact of climate change. The health consequences of climate and environmental change will include increasing respiratory diseases, infectious diseases, malnutrition, and other conditions, which have especially profound effects on vulnerable populations and health equity. To implement SOPHE's climate change and health resolution (SOPHE, 2020), SOPHE's 22nd Advocacy Summit is devoted to advocating for increased funding to address health disparities due to climate change and research on evidence-based strategies for prevention.

Changing Demography

Dramatic change in the demography of populations continues, particularly in the growth of those 65 years of age and older, which is the result of the graying of baby boomers. This will demand a workforce ready not only to replace retirees in local health departments and rural areas but also education and training to deal with older persons living with chronic diseases, including dementia. Heterogeneity of nation states also continues with the influx of large immigrant populations who seek political asylum to escape internecine conflict, crime, and economic insecurity. These changes present both challenges and opportunities for health education that will test our resolve on issues of cultural humility, health literacy, antiracism, and health equity. SOPHE also must continue to promote diversity of the health education workforce.

Social Determinants of Health

SOPHE has pioneered in assisting the field to understand the impact of the social determinants of health and the opportunities for individual-, community-, and population-level

interventions to address these determinants (Allensworth, 2011). For example, *the environment*—the places where we live, work, and play—has become of greater public health interest than ever before. Research from several fields has documented how much social, physical, and economic environments shape our ability to lead healthy, safe, and fulfilling lives. And decisions about the kind of environments we build will define our capacities to respond to related challenges like climate change, housing inequality, and mass migration. The impact of COVID-19 on vulnerable populations and other recent injustices demand that public health work to eliminate historic structural racism and inequalities in political systems that influence the social determinants of health.

Digital Technology, Health Communication, and Big Data Analytics

The ubiquity of digital technology and reach of social media present remarkably new opportunities for improving public health. SOPHE has been convening the academic, industry, and government sectors to forge collaborative partnerships across the public and private sectors (Allegrante & Auld, 2019). The 2018 Digital Health Promotion Executive Leadership Summit produced a consensus statement and declaration of principles (Abroms, Allegrante, et al., 2019; Gold et al., 2019) and a supplement issue of *HE&B* on advancing the science and translation of digital health information and communication technology (Abroms, Gold, & Allegrante, 2019). How we harness this technology and adapt to the constantly changing landscape of social media is perhaps health education's newest frontier and will be critical to our success.

Human Genome and Epigenetics

Having mapped the human genome in 2013 and acquired this new technology, medicine and public health may now be in a position to apply the science of human genetic structure and our understanding of its function to better prevent and treat disease. But there are many challenges surrounding the validity of genomic predictions and their diagnostic implications, as well as ethical, privacy, and societal concerns that must be addressed. There are also many implications for public health and epigenetics: What role should health education play, and how do we arm the public with actionable information about individual genetic predisposition, risk, and prevention, and combat population-based discrimination?

Globalization, Pandemics, and Emerging Infectious Diseases

We live in a global community that is inextricably interconnected. While transnational commerce, global travel, and global communication have fueled globalization, COVID-19 may have created a future—at least for the moment—in which

an ever-expanding globalization has been disrupted. But as has been demonstrated in 2020, the impact that a pandemic has on humans and their daily lives can be devastating. Preventing and mitigating that impact—especially in behavioral and population terms—will be very much part of the work of health education in the future. For example, health education has a critical role to play in vaccine accessibility and acceptance, in facilitating health instruction in K-12 schools, and in changing societal policies, practices, and structures that better prepare vulnerable populations to prepare for and recover from future natural disasters and endemics.

Role of the Federal Government in Public Health

Finally, with the global pandemic erupting in early 2020, Americans find themselves again reminded and at a critical inflexion point with regard to the enduring dilemma of our democracy: how to balance private right with public good (Allegrante, 1999). The COVID-19 pandemic—perhaps a metaphor for so much of what has gone wrong with government—has exposed deep fissures in our public health preparedness (Koh, 2020). After decades of degrading the national public health infrastructure, a key question is whether we are going to continue to devolve government further, or will we as a nation reassert the role of the Federal Government in protecting the health of the public.

Conclusion

The year 2020 marked the 70th anniversary of SOPHE and its efforts to be in the vanguard of the field of health education and health promotion. During the past seven decades, SOPHE has contributed significantly to strengthening the field of health education and improving population health at the international, national, and local levels. However, dramatic socio-ecological changes will require SOPHE to continually evolve in terms of structure, programs, priorities, and partnerships, without losing its core *raison d'être*. These challenges will require both a strong governance and a professional staff equipped with systems thinking, strategic program analysis, and sound data for informed decision making to lead SOPHE and the health education profession into the future.

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