One more step to profession unity: Is it possible to bring the professional health education organizations together?

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The Code of Ethics for the Health Education Profession is clear about the importance of health education specialists being involved in professional organizations. Section 1 of Article II, "Responsibility to the Profession," of the Code states "Health educators maintain, improve, and expand their professional competence through continued study and education; membership, participation, and leadership in professional organizations; and involvement in issues related to the health of the public" (CNHEO, 1999, ¶8). Though the Code provides a rationale for involvement in professional associations, it does not provide any guidelines about how many or which professional organizations to join, nor should it. Those decisions are based on individual preferences. Logically, it stands to reason that the greater number of organizations one belongs to the greater amount of time, energy, and resources that will be expended on membership. Are we, as a profession, making it too difficult for health education specialists to be good professionals by having so many different professional organizations? Or do we have so many professional organizations that some organizations have less meaning or insignificant missions?

Currently, health education specialists have a number of different options as it relates to membership in professional organizations. There are a number of national professional organizations that have health education as either a major or minor focus. Many of these same organizations also have state affiliates (e.g., Indiana Public Health Association), regional affiliates (e.g., Midwest District of the American Alliance for Health, Physical Education, Recreation, an Dance), and/or chapters (e.g., Indiana Society for Public Health Education). Additionally, there are other state and regional organizations that do not have an "official" relationship with a national organization. There are also numerous other national professional organizations that may have a more specific focus (e.g., National Wellness Institute, ASCD, National Association of Environmental Professionals, or North American Primary Care Research Group) that health education specialists may find appropriate for membership based on the setting and focus of their work. Obviously there are benefits to belonging to each of these organizations, but does it not seem that many of the benefits are being unnecessarily duplicated?

As the two of us have contemplated our own professional memberships, a number of questions come to mind such as which professional association(s) is/are most suitable for my career? My work? What are the differences in ideology, mission, and goals of each of the health education organizations? Are health education organizations serving duplicative purposes as they relate to the profession? How many organizations should a health education specialist join? One? Two? More than two? What are the benefits and/or drawbacks of belonging to a single organization or multiple professional associations? Are there any potential conflicts of interest of joining more than one organization?

Perhaps the challenges presented in the questions above can best be answered by bringing the health education professional organizations together. Fewer professional

organizations may serve the profession better. Maybe a single professional organization might be best

Unifying and consolidating within the profession of health education is certainly not a new idea. The profession has come together in several other ways. Over the past 25+ years the health education profession has taken a number of steps to move health education from an emerging profession (one that is moving toward profession status) to a unified profession. During this time, the profession has: 1) defined the role of the health education specialist (National Task Force, 1985), 2) standardized health education terminology (Joint Committee, 2001), 3) created an approval process for undergraduate community health education programs (i.e., SOPHE/AAHE Baccalaureate Program Approval Committee [SABPAC]), 4) created the Certified Health Education Specialist credential, 5) created standards for K-12 health education (ACS, 2007), 6) created standards for health education teacher education preparation (i.e., National Council for the Accreditation of Teacher Education [NCATE]), 7) developed a unified code of ethics (CNHEO, 1999), 8) re-verified, via the Competency Update Project (CUP), the role of the health education specialist (Gilmore, Olsen, Taub, & Connell, 2005), and 9) just recently, completed Health Educator Job Analysis [HEJA-2010] (NCHEC, 2010) which will be the basis for the new Master Certified Health Education Specialist (MCHES) credential.

All of the above are major accomplishments. However, even though the merger of the professional health education organizations has often been discussed, little movement has been made. Sure we have the Coalition of National Health Education Organizations that at times helps to unify the profession (e.g., development of the Code of Ethics for the Health Education Profession), but how strong is the Coalition? Even though it has a working agreement (CNHEO, 2006), there is no permanent office or executive director. The Coalition exists, in large part, on the "backs" of volunteer professionals. Whenever we want to do something as a profession it takes a great deal of effort (and resources) to bring all the groups to the "table" and many different organizational votes to get something approved.

So why is it that we have so many professional associations that serve health education specialists? We talk about a generic role, while simultaneously putting ourselves in setting-specific professional associations that do not make it easy to collaborate.

We believe that there are many benefits to be gained from having fewer (maybe even only one) health education professional organizations. The benefits would realign the profession, as well as the professionals. The benefits for the profession include:

- The synergy of having health education specialists who work in different settings, with different clients, and with different resources and restrictions collaborate to attain common goals.

- Having a common voice that can "speak" for the profession (e.g., the need for prevention to be a part of the national Affordable Care Act). Currently, if a response is needed it comes from a single organization or no voice is heard because it takes too long for all organizations to agree upon a response (e.g., protecting health education courses in our K-12 schools). A single organization could bring more attention to the profession and enhance the profession's advocacy efforts.

- Reducing the "overlap" of tasks and duties associated with service in professional organizations, and the thus the time and energy that health education specialists put into service for the various organizations. How many different membership, finance, advocacy, resolution, awards, and annual meeting planning committees exist in the various organizations? Wouldn't, for example, combined advocacy and resolution efforts be beneficial to the profession?

- Strengthen the dissemination of health education research by having fewer small annual meetings of setting-specific professionals and improving the quality of some of the

professional journals. Today, several of our journals struggle to attract, publish, and distribute quality research.

The potential benefits for professionals include:

- Making every annual meeting worth attending! A meeting where: a) health education specialists can hear about the latest health education research and practice regardless of the setting, b) visit exhibits that are only promoting health education products, and c) the travel dollar goes farther.

- Reducing the outlay of money to join multiple professional associations. If a health education specialist was an active member in all organizations that have or closely aligned with w health education focus, the annual dues would total over $1000 per year.

- Eliminating the need to "choose" between professional organizations because of limited resources to join.

- Reducing the amount of service time necessary to be actively involved in a professional association.

- Eliminating the need to "change" memberships from year-to-year because of the changes in job focus or resources to be involved.

- Allowing senior health education specialists to provide a good answer to a question often asked by their juniors, "If I only have resources to join one professional health education organization, which one should it be?"

Okay, we know what you are thinking– "are these guys nuts?" We realize that creating just a single professional health education organization or combining some would not be an easy task. In fact, we know that SOPHE and AAHE have explored and discussed the possibility of "combining" in some way. We realize that most of the organizations have bylaws as well as fiscal and even legal obligation to their members and the governing entity where it was incorporated. We also know that there may be a number of professionals who like having a number of professional organizations from which to pick. Many like smaller "communities" of people who have the same more narrow health education interest. Also, having more professional organizations provides more "outlets" through which professionals can disseminate their scholarly work. Probably the profession is not "ready for [such a big] change." How about smaller steps? Here is our modest proposal:

- Let's "borrow" the International Union of Health Promotion and Education's model for professional meetings. Instead of each organization having an annual meeting every year, why not every third year have a common single professional health education meeting instead of the multiple single organization meetings?

- If we are going to keep all of our current health education professional organizations, let health education specialists designate "primary membership" in one, and then be allowed to join others as "associate (or collegial) members" at a discounted rate? Associate members would still receive the professional publications and be allowed to attend meetings at member prices.

- Even if we cannot agree upon some type of multi-organization membership for professionals, why not create a "multi-organization membership" for students to allow them to "try out" various organizations to determine which one(s) is/are best for them. For one fee, students could get a "student professional membership card" that allows them to use it with any organization. The income from the sale of the student professional membership cards could be split equally among the participating professional organizations.

If the health education profession is serious about becoming a more unified profession we need to take the "next step." Therefore, we suggest that during the next couple of years the CNHEO should place on its agenda the topic of "consolidation of professional organizations" to explore the

possibilities, openly talk about the benefits and drawbacks, and see if there is merit to the idea proposed in this commentary.

Obviously, our professional commentary raises more questions than it answers. The adoption of any one of these above suggestions would have multiple implications for both the profession as a whole and the individual practitioners who work with in it. We welcome your response about our editorial as we continue our quest to find the "best" way to unify the health education profession.

Acknowledgments
The authors would like to thank Timothy R. Jordan, PhD, and Jeffrey K. Clark, HSD for their critical review and suggestions for changes to this manuscript.

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