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American Association for Health Education (AAHE) 2011 Membership Survey: Summary of Findings

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Abstract

The American Association for Health Education (AAHE), a national health education organization with the mission of advancing the profession of health education, launched the 2011 AAHE membership survey between October 13, 2011 and November 1, 2011, under the leadership of the AAHE Board of Directors and AAHE Staff. The primary objective of the survey was to provide insight into the perspectives of AAHE members on several important issues facing the organization including: AAHE exiting its parent organization, the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), and the proposed “modified” merger with the Society for Public Health Education (SOPHE), another national health education organization. A total of 240 AAHE members completed the survey. A majority of respondents were university faculty members in health education, and results provide keen insight into AAHE members’ perspectives on the AAHE-SOPHE modified merger.

Keywords

American Association for Health Education (AAHE); 2011 membership survey; AAHE-SOPHE merger

BACKGROUND

The American Association for Health Education (AAHE), a national health education organization with the mission of advancing the profession of health education, launched the 2011 AAHE membership survey between October 13, 2011 and November 1, 2011, under the leadership of the AAHE Board of Directors and AAHE Staff. The primary objective of the survey was to provide insight into the perspectives of AAHE members on several important issues facing the organization including: AAHE exiting its parent organization, the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), and the proposed “modified” merger with the Society for Public Health Education (SOPHE), the second largest national health education professional organization. In this situation, the term modified merger means that both AAHE and SOPHE would bring members, services and strengths to the newly, merged organization to create a stronger, more united professional organization versus one organization taking over another.

Many years of discussion among leaders in the profession have resulted in the recent movement and decisions related to AAHE exiting AAHPERD to align with SOPHE. Since 1985, AAHE and SOPHE leaders have discussed unifying AAHE and SOPHE to provide a mechanism for a stronger, unified voice in the field of health education. However, more recent developments began in 2008, when AAHE and SOPHE renewed discussions of creating a stronger voice for the profession. On October 28, 2010, the AAHE Board of Directors approved exploring a modified merger of AAHE and SOPHE, and on November 4, 2010, SOPHE's Board of Trustees passed a similar vote. Following these votes, on September 24, 2011, AAHE sought and obtained permission from the AAHPERD Board of Governors, with a unanimous vote, to explore exiting AAHPERD.¹ With the AAHPERD Board of Governors' support, AAHE leadership sought input from AAHE members through the administration of the 2011 membership survey on AAHE's exit from AAHPERD and aligning with SOPHE.

PURPOSE

The purpose of this article is to provide the results from AAHE's 2011 membership survey. Key objectives of the survey were: 1) to assess AAHE members' perspectives on AAHE leaving AAHPERD to align with SOPHE, and 2) to collect important information related to the organizational structure changes and services that AAHE members would like to see in the newly merged organization of AAHE and SOPHE.

METHODS

The survey instrument was developed by a subcommittee of AAHE's Board of Directors, and was reviewed and modified by AAHE's Board of Directors, Executive Committee and Acting Executive Director. The format of the items were similar to the 2010 membership survey; however, items were modified to include more open-ended responses to allow members the opportunity to provide input for AAHE leaders on the important issues being assessed. The final instrument consisted of 22 items, with a combination of Likert scale, open-ended, ranking, and demographic questions.

After Institutional Review Board (IRB) approval, the 22-item survey was administered online using, web-based survey software, Qualtrics² to a pool of 2,662 AAHE members, with active memberships during the time of the survey. The survey link was sent to AAHE members, via e-mail, during October – November, 2011. The e-mail was sent from an AAHE staff person to the distribution list of AAHE members. Members had a minimum of three weeks, with several reminders, to complete the survey; the final deadline to complete the survey was November 1, 2011. AAHE provided an incentive for completion, as the first and last participant's 2012 AAHE Convention registration fee was waived to encourage participation. Prior to beginning the assessment, an informed consent statement was presented, and participants had to agree to participate (by clicking an "I agree" button) before proceeding to the survey. Responses were kept anonymous, and participants were asked not to put any identifiable information within their responses.

RESULTS

Of the 2,662 AAHE members, 240 members (9%) completed the online instrument. The majority of respondents work as health education faculty members in a university setting (42.9%), followed by physical education/health education teachers (k-12) (9.1%), community/public health educators (7.6%), kinesiology/physical education and health education faculty members (7.6%), and health education teachers (k-12) (7.1%). Over 58% of the sample primarily works in the university setting. Refer to Table 1.

Approximately 77% of the respondents have attended at least one or more national AAHPERD/AAHE convention during their professional career, with 45% attending 5 or more national conventions. Eighteen percent of respondents have never attended a national convention. During the three year span of 2009-2011, thirty-three percent have attended at least one District AAHPERD/AAHE convention. Moreover, 44.8% of respondents have attended a state AHPERD convention within the past three years, with 22% indicating attending at least 3 state conventions within the three year time span. Approximately 40% of respondents have been in the health education profession for more than 20 years, while 19.2% have been in the field between 11-20 years, and a combined 21.3% indicated being in the profession 10 years or less. A majority of respondents (41.1%) have been members of AAHE for more than 20 years, with 17.3% being AAHE members for 11-20 years, 12.7% for 6-10 years, and 28.9% have been members for 5 years or less. Most respondents considered themselves primarily a member of AAHE (58.9%), while 16.8% are primarily members of AAHPERD, and 24.4% considered themselves members of both AAHE and AAHPERD equally. Approximately 75% of participants classified themselves as a health educator, while 20% indicated they are health and physical educators and 5% indicated they are physical educators. When asked to identify which other professional health education organizations AAHE members belong, respondents revealed the following organizations (% of respondents who are paid members to these other organizations): American School Health Association (25.8%), Eta Sigma Gamma (22.5%), Society for Public Health Education (20%), American Public Health Association – Public Health Education & Promotion Section (15.8%), American Public Health Association – School Health Education & Services Section (8.3%), American College Health Association (5.8%), and American Academy for Health Behavior (5.8%).

Survey results suggest that 63% of respondents either strongly support or support merging with SOPHE should AAHE exit AAHPERD; by contrast, 13% do not support such a merger, with the remaining responses having a neutral perspective of the modified merger. Primary reasons given in support for a merger with SOPHE is a belief that AAHE will have a stronger leadership role within the new organization, as compared to the current structure of AAHE within AAHPERD. Moreover, many respondents indicated that merging AAHE and SOPHE would strengthen the field, by pooling resources and efforts together of two successful professional health education organizations. Respondents also suggest that collaboration with AAHPERD and the newly merged organization would provide better support mechanisms for health education advocacy efforts at the local, state, and national levels. To accurately portray and clearly summarize the reasons given by survey respondents in support for a merger with SOPHE, the following anonymous respondent's comments encapsulated many respondents' thoughts:

"The profession of health education has evolved to a point of maturity that a unified voice is necessary. Although a number of individuals deliver health content, professional organizations are necessary to represent the academically prepared health educator to ensure viability of the profession...all settings in which the true health educator practices can be described as 'public health' since all practice settings impact the health of all individuals (the public) exposed to the messages or interventions".

The primary reason given against the merger with SOPHE involves the belief that school health education will be overlooked in the new organization. Additional information solicited from respondents resulted in questions posed from AAHE members, including: "How will a merger impact district and state associations?", "Would already paid memberships carryover?", and "Would the merger raise membership dues with SOPHE?"

Approximately 48% of respondents expressed a willingness to join SOPHE should AAHE exit AAHPERD; however, 33% expressed an unwillingness to join a newly merged organization. Reasons provided by respondents for the unwillingness to join a new merged organization ranged from monetary constraints to concerns that the new SOPHE will not provide professional services needed, especially for the school health education teacher. The following respondent's comments highlight some of the concerns cited in the survey:

"I believe AAHE's primary mission is school health, K-12 and College...it is my opinion that school health and public health have at their core a different focus, preparation, and mission. School health will eventually get lost...it needs building up...a merger is not the answer...[AAHE may] eventually get swallowed up and lost [in the merger]. I would like to see AAHE grow with more intent to build school health"

Moreover, many of the respondents with concerns of the merger urged AAHE to seek equal representation for school health teachers in the new organization.

Additionally, many respondents requested that the newly merged organization provide continued professional publications (journals), webinars, advocacy alerts, professional development opportunities, career support and networking. Respondents were asked to rank AAHE resources, and were given unrestricted ranking options (meaning, more than one option could be selected for the same ranking, and options could be selected more than one time) for 11 AAHE resources. Among the AAHE resources that respondents ranked as most utilized in their work setting were: AAHE's print journal – *The American Journal of Health Education* (64.2% ranked #1), AAHE's National Council for Accreditation of Teacher Education (NCATE) – Health Education Standards (30.1% ranked #1), CHES/MCHES events for continuing education (18.6% ranked #1), and AAHE's position statements and advocacy alerts (15.2% ranked #1). Refer to Table 2 for details on ranked AAHE resources most utilized by respondents.

DISCUSSION

The results of the 2011 AAHE membership survey provide the AAHE leadership with important information as AAHE moves forward in the discussions of exiting AAHPERD and modified merger with SOPHE. As a membership organization, AAHE is devoted to meeting the needs of its members, as well as to provide opportunities for member input in organizational decisions. The AAHE leadership was hopeful in using the membership survey results to provide the collective voice of the members related to these important issues; however, the low response rate in this study limits the generalizability of the results to the entire AAHE membership. With that being said, the perspectives, issues and concerns shared on the survey are being coupled with member feedback solicited through conferences and newsletters to provide the AAHE members with additional opportunities to provide leadership with key concerns that need to be on the forefront of the decision-making process with AAHPERD and SOPHE. In addition, both organizations have transition teams that invite member input and feedback on the process of the modified merger; feedback is solicited through newsletters and conferences. Moreover, AAHE members may send their comments and/or thoughts to any AAHE staff person for consideration by the AAHE leadership. AAHE and SOPHE have developed three task forces on awards, publications, and student engagement to assess how to integrate "key aspects of AAHE's legacy" into SOPHE.³ Members are encouraged to review "Frequently Asked Questions"¹ and "Testimonials of SOPHE and AAHE Leaders"⁴ by going to AAHE link <http://www.aahperd.org/aahe/proDevelopment/merger.cfm> or SOPHE's homepage, www.sophe.org, and clicking on "SOPHE-AAHE Modified Merger Update".

TRANSLATION TO HEALTH EDUCATION PRACTICE

SOPHE's mission is to "provide global leadership to the profession of health education and health promotion and to promote the health of society."⁵ The findings of the 2011 AAHE survey highlight the need to differentiate between *public health education* and *public health*. The public health workforce consists of various types of professionals, including, but not limited to: nurses, environmental health specialists, physicians, epidemiologists, and health educators.⁶ Public health education or health education has been identified as one of the essential public health specialties.⁷ Therefore, health education has become a critical piece to the public health workforce. With that being said, it is also important to note that in a comparison study of health education competencies to public health competencies, it was found that some "50 percent to 61 percent of HE [health education] and ASPH [Association of Schools of Public Health] competencies had similarities of varying degrees; 18 percent were deemed matches due to sameness in skill and content."⁷ pg.E20 However, significant areas where competencies did not match included public health biology and systems thinking.⁷ SOPHE and AAHE are both health education organizations, with similar missions to enhance the profession. The "public health" component of SOPHE's name represents "public health education", and that is seen within the mission and work of the organization. Furthermore, within the SOPHE's mission to enhance health education and health promotion, is the focus on enhancing school health – similar to AAHE. Several of SOPHE's school health initiatives include: 1) an expert panel on eliminating youth health disparities, 2) the Children, Adolescents and School Health (CASH) Community of Practice, which is one of SOPHE's largest groups involved in school health education administration, programs, instruction services and research, and 3) the development of a school health textbook, a revised Growing Healthy K-6 school health curriculum, and a new school health education website.

In a joint statement, published on March 1, 2012 by AAHE and SOPHE, it was reported that AAHE's transition period from AAHPERD would start May 1, 2013.³ Since this statement was published, the 2012 Alliance Assembly of AAHPERD, the governing board of the parent organization, voted to unify the five national associations and the research consortium into one association. This historic unification vote solidifies AAHPERD's move to reorganize to focus on physical education, while AAHE exits to focus on unifying the health education profession. This is a significant milestone for the field of health education, and the support and feedback of current AAHE members are needed to shape the path for moving toward a stronger, unified health education profession.

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Table 1

Sample Characteristics (n=240)

	Percent of Sample (%)
Job Title	
University Faculty Member Health Education	42.9%
Physical Education/Health Education Teacher (k-12)	9.1%
Community/Public Health Educator	7.6%
Health Education Teacher (k-12)	7.1%
Physical Education Teacher (k-12)	2.0%
University Faculty Member Kinesiology/Physical Education	0.5%
University Faculty Member Kinesiology/Physical Education and Health Education	7.6%
Patient Health Educator	0.5%
Worksite Health Educator	1.5%
Undergraduate Student	1.0%
Graduate Student	5.1%
Other	15.2%
Primary Work Setting	
University or College	58.4%
Middle School	6.6%
High School	5.1%
Elementary School	3.0%
Medical Care/Clinical	3.6%
Government Agency (i.e. local, state, or Federal)	5.1%
Non-profit agency	4.1%
Other	14.2%
National AAHPERD/AAHE Convention Attendance	
1 time	7.7%

	Percent of Sample (%)
2 times	5.1%
3 times	4.6%
4 times	4.1%
5 or more times	55.9%
None	22.6%
District AAHPERD/AAHE Convention Attendance	
1 time	17.3%
2 times	7.3%
3 times	5.8%
4 times	0%
5 or more times	2.5%
None	66.5%
State AAHPERD/AAHE Convention Attendance	
1 time	9.3%
2 times	7.7%
3 times	22.7%
4 times	0%
5 or more times	5.2%
None	55.2%

Table 2

AAHE Resources Most Utilized by Respondents (Ranked 1 (most used) to 10 (least used)).

AAHE Resource	Percentage of Rankings (1 to 10) by Respondents									
	1	2	3	4	5	6	7	8	9	10
AAHE's print journal – <i>The American Journal for Health Education</i> (AJHE)	64.2%	20.0%	9.1%	4.2%	0.6%	1.2%	0%	0%	0%	0.6%
AAHE's teaching online journal – <i>Health Education Teaching Techniques Journal</i> (HETTJ)	15.8%	22.4%	18.4%	11.8%	10.5%	5.3%	2.6%	5.3%	2.6%	3.9%
AAHE's international online journal – <i>International Electronic Journal of Health Education</i> (IEIHE)	3.4%	17.2%	27.6%	12.1%	5.2%	6.9%	6.9%	6.9%	6.9%	5.2%
AAHE4Me – student networking site	2.3%	14.0%	4.7%	7.0%	7.0%	7.0%	2.3%	14.0%	20.9%	9.3%
HEP Network	5.2%	24.1%	6.9%	13.8%	10.3%	15.5%	8.6%	3.4%	3.4%	6.9%
NCATE/AAHE – Health Education Standards	30.1%	24.3%	15.5%	6.8%	6.8%	4.9%	5.8%	1.0%	0%	3.9%
AAHE InfoSource	5.9%	21.2%	21.2%	18.8%	12.9%	7.1%	3.5%	5.9%	1.2%	2.4%
AAHE's position statements and advocacy alerts	15.2%	17.7%	25.3%	15.2%	8.9%	3.8%	8.9%	2.5%	1.3%	1.3%
AAHE advertising opportunities	2.9%	8.8%	2.9%	2.9%	5.9%	0%	5.9%	0%	26.5%	23.5%
Health education webinars	1.3%	15.4%	16.7%	20.5%	12.8%	9.0%	7.7%	6.4%	2.6%	2.8%
CHES/MCHES events for CECH's	18.6%	20.9%	16.3%	5.8%	8.1%	4.7%	4.7%	2.3%	3.5%	3.5%