

DEVELOPMENT OF A UNIFIED CODE OF ETHICS FOR THE HEALTH EDUCATION PROFESSION*

The earliest code of ethics for health educators appears to be the 1976 SOPHE Code of Ethics, developed to guide professional behaviors toward the highest standards of practice for the profession. Following member input, Ethics Committee Chair, Elizabeth Bernheimer and Paul Mico refined the Code in 1978. Between 1980 and 1983 renewed attention to the code of ethics resulted in a revision that was to be reviewed by SOPHE Chapters and, if accepted, then submitted to other health education professional associations to serve as a guide for the profession (Bloom, 1999). The 1983 SOPHE Code of Ethics was a combination of standards and principles but no specific rules of conduct at that time (Taub et al., 1987).

Following the earlier recommendation of SOPHE President, Lawrence Green, that SOPHE, AAHE and the Public Health Education section of APHA consider appointing joint committees, a SOPHE-AAHE Joint Committee was appointed by then AAHE President, Peter Cortese and then SOPHE President Ruth Richards in 1984. This committee was charged with developing a profession-wide code of ethics (Bloom, 1999). Between August 1984 and November 1985 the Committee, chaired by Alyson Taub, carried out its charge to (1) identify and use all existing health education ethics statements, (2) determine the appropriate relationship between the code of ethics and the Role Delineation guidelines, including recommendations for enforcement, and (3) to prepare an ethics document for approval as a profession-wide code of ethics. The Joint Committee found that the only health education organization to work on ethics, other than SOPHE, was the American College Health Association which included a section on ethics in their, *Recommended Standards and Practices for a College Health Education Program*. The Committee concluded that it was premature to describe how the Code might relate to the Role Delineation guidelines and further recommended that individual responsibility for adhering to the Code of Ethics be the method of enforcement. Finally, the Joint Committee recommended that in the absence of resources to retain expert consultation in development of ethical codes of conduct, the 1983 SOPHE Code of Ethics be adopted profession-wide and serve as a basis for the next step involving development of rules of conduct (Taub et al., 1987). While SOPHE accepted the Joint Committee's recommendation, there was no similar action by AAHE (Bloom, 1999). The AAHE Board chose not to accept the suggestion of adopting the SOPHE Code on behalf of the profession because they realized that the membership of AAHE needed to be more completely involved in discussing and formulating a Code of Ethics before the AAHE Board could adequately represent the interests and needs of AAHE members in collaborative work on ethics with other professional societies.

In September of 1991, an ad hoc AAHE Ethics Committee, Chaired by Janet Shirreffs, was charged by President Thomas O'Rourke, to develop a code of ethics that represented the professional needs of the variety of health education professionals in the membership of AAHE. They were to review the literature including other professional codes of ethics, and conduct in-depth surveys of AAHE members. For the next two years, the AAHE Ethics Committee executed its charge through a variety of venues including correspondence; surveys; face-to-face meetings; presentations and discussion sessions at the national conventions of AAHE, ASHA, and APHA and through conducting focus group sessions at strategic locations around the country. Based upon the work of this committee, an AAHE Code of Ethics was adopted by the AAHE Board of Directors in April, 1993 (AAHE, 1994).

Subsequently, both AAHE and SOPHE continued to focus on ethical issues. SOPHE has promoted programming in Ethics through its annual and midyear meetings. In December, 1992 a summary of the 1983 SOPHE Code of Ethics was prepared by Sarah Olson and distributed as a promotional piece. The SOPHE Board of Trustees supported the summary Code of Ethics in 1994. Since 1993, AAHE has had a standing committee on Ethics that recently proposed convention programming and publications in the area of Ethics. Recognizing the need to work with other organizations toward a profession-wide Code of Ethics, the SOPHE Board requested that the Coalition of National Health Education Organizations (CNHEO) propose a strategy for accomplishing this goal. In July, 1994, The Board adopted a motion that SOPHE support a profession-wide Code of Ethics based on ethical principles and that AAHE should be contacted for support in the effort (Bloom, 1999).

In 1995, the National Commission for Health Education Credentialing, Inc. (NCHEC) and CNHEO co-sponsored a conference, The Health Education Profession in the Twenty-First Century: Setting the Stage (Brown et al., 1996). During that conference, it was recommended that efforts be expanded to develop a profession-wide Code of Ethics.

Shortly thereafter, delegates to the Coalition of National Health Education pledged to work toward development of a profession-wide Code of Ethics using the existing SOPHE and AAHE Codes as a starting point (Bloom, 1999). A National Ethics Task Force was subsequently developed, with representatives from the various organizations represented on the Coalition. It was decided that the Coalition Delegates would not be the Task Force. As a result, the various member organizations of the Coalition were asked to recommend individuals for inclusion on this important Task Force.

During the November, 1996 APHA meeting, Larry Olsen who was the Coordinator of the Coalition of National Health Education Organizations and delegate to the Coalition from ASHA, William Livingood (SOPHE), and Beverly Mahoney (AAHE) led a session on ethics sponsored by the CNHEO. At that meeting, the basic conceptual plan that had been developed by the Coalition's Ethics Task Force was presented. Those attending the session were asked to provide input, both for the process and the content of the "new" Code of Ethics. Those in attendance were strong in their support for the importance of having a Code of Ethics for the profession that would provide an ethical framework for health educators, regardless of the setting in which health education was practiced.

The Ethics Task Force of the Coalition reviewed the two existing Codes (SOPHE and AAHE) along with the supporting documents for both, and decided that they would enlist the support of a consultant to assist in the unification process. Claire Stiles of Eckerd College was subsequently retained to offer comments about the proposals of the Task Force, as well as the various drafts that would be developed.

A presentation on behalf of the Ethics Task Force was made in November, 1997 at the national APHA meeting in Indianapolis, and the first draft of the "Unified Code of Ethics" was presented. Attendees were asked to comment about the draft document and were asked to take copies of the draft document to distribute among their constituencies. Comments from professionals in the field were returned to and considered by the Task Force.

A second (revised) draft of the Unified Code was presented during the March, 1998 AAHE meeting in Reno. Comments received from the APHA Indianapolis meeting and field distribution had been incorporated into the document. In addition, the AAHE Ethics Committee had the opportunity to comment about the “new” document. During the presentation in Reno, participants were put into small groups to discuss and comment on each of the Articles included in the draft document. These comments were subsequently incorporated into the document and the stage was set for a series of meetings designed to elicit commentary from professionals in the field, as well as those who attended the meetings of national professional health education organizations.

Following yet another revision of the emerging Code, presentations on behalf of the Task Force were made in San Antonio in May, 1998 at the joint SOPHE/ASTDHPPHE meeting; in San Diego in June, 1998 at the national meeting of ACHA; and in Colorado Springs in October, 1998 at the national meeting of ASHA. Throughout this process, comments and suggestions about the code were received and examined by the Task Force. Throughout this process of revision and refinement, care was taken to retain the context and concepts present in the “parent” SOPHE and AAHE documents.

The “first final draft” of the Unified Code of Ethics was presented in Washington, D.C., at the November, 1998 meeting of the APHA. The Coalition also met in conjunction with APHA and it was decided that the final draft of the Unified Code would be prepared for presentation to the field in 1999.

In April, 1999, the Unified Code of Ethics was presented in Boston at the national AAHE meeting. During that meeting the Coalition also met and it was decided that all delegates to the Coalition, as well as the Ethics Task Force members would examine closely the work that had been done, and offer comments and suggestions. It was further decided that Coalition delegates would be sent a copy of the entire document (both the long and short forms), so that the documents could be discussed during the Coalition’s May, 1999 conference call. During that conference call, the delegates voted to present the Code of Ethics to their respective organizations, for ratification during the remainder of 1999.

On November 8, 1999, the Coalition Delegates met in Chicago in conjunction with the American Public Health Association's annual meeting. At that meeting, the Code of Ethics was a topic of discussion. Letters had been received from all the delegate organizations indicating that they had approved the document. It was moved and seconded that the Code of Ethics be approved and distributed to the profession. There being no further comments by the CNHEO delegates, the Code of Ethics was approved, unanimously, as a Code of Ethics for the profession of Health Education.

The Code of Ethics that has evolved from this long and arduous process is not seen as a completed project. Rather, it is envisioned as a living document that will continue to evolve as the practice of Health Education changes to meet the challenges of the new millennium.

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