

An Interview with Ann E. Nolte, Ph.D., CHES, FASHA Distinguished Professor Emerita Fall, 1998

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It was an honor to be asked to interview Dr. Ann E. Nolte for the Legends Series. Her distinguished career in Health Education includes numerous achievements, honors and awards. Her career spans over 40 years, involving teaching positions from high school to university settings. Dr. Nolte's research interests are numerous but she is most appreciated for her extensive work in the philosophical foundations and historical perspectives of Health Education. Her colleagues have acknowledged her contributions to health education many times with such honors as the Warren E. Schaller Presidential Citation (1990) and the National Honor Award (1985) from Eta Sigma Gamma; the Presidential Citation (1987) and the Scholar Award (1983) from the American Association for Health Education; Honor Award (1984) and R. Tait McKenzie Award (1988) from the American Alliance for Health, Physical Education, Recreation, and Dance; the Distinguished Service Award (1977) from the American School Health Association and the Distinguished Fellow of the Society (1992) from the Society for Public Health Education. In 1987, Illinois State University named her Distinguished

Professor. Dr. Nolte was the first woman elevated to this position.

Using the word "retirement," for Dr. Nolte does not seem appropriate as she continues to give of her time to further the causes of Health Education. As I visited her in her home in Bloomington, IL, I noted the numerous correspondences from her colleagues across the country for the various committees in which she is still involved. I feel very fortunate to teach in a professional preparation program that she designed and implemented and to benefit from the mentoring she provides many health education professionals across the country.

Morrow: Dr. Nolte, I have heard you say that your work has not been a job, but a lifelong process. What do you really mean by that statement?

Nolte: This is a very interesting question. I think my beliefs about work as a part of my life has helped me have a career that has brought joy and satisfaction. My career in health education has been a process, a very enabling one in which I had the opportunity to participate and give direction.

Morrow: Could you tell us about some of those positions you had and why they brought you great joy and satisfaction?

Nolte: Probably my initial work in the public schools of Arlington, Virginia, gave me a good start in the profession. I taught at Washington Lee High School, and it was an opportunity to make some changes in health education. I taught both health education and physical education. I was

much more interested in health education even though I did teach physical education, and we had a good program in physical education. The administration was interested in strengthening the program, and so they approved of some of the things that I wanted to do. One of them was including human sexuality within health education. It was a controversial topic, but I spent time talking with the principal, and the superintendent, and they agreed with the kinds of things that I wanted to include in this aspect of the program. Interestingly enough, our attempt to incorporate sex education within our health education program in Arlington, Virginia resulted in the state of Virginia banning sex education within health education. I am not sure whether that is a reflection of how I taught, or results of the teaching, but I was so cautious in making sure that everyone knew what we were doing and approved of

it that it did create quite the controversy!

The next year, I went to the University of Wisconsin, primarily because they were doing a lot of research there, and my undergraduate work had not provided me with an opportunity to develop a good foundation in research. In the program at University of Wisconsin I was required to write a Master's thesis. I was a graduate teaching assistant, and I taught physical education in the activity program. I began to realize more and more that my true interest was in the human dynamic of growing and developing and health. I worked, helping Dr. Lawrence Rarick, collecting data on a long-term growth and development research project. I also realized at that time, in trying to identify a topic for my Master's thesis, that I was not only interested in physical growth and development, but the emotional growth and development of children. My Master's thesis reflected that. I studied girls in grades four and seven and analyzed their teammates' social status and classroom social status to see their social development and the relationship to their capabilities physically in physical education.

Morrow: Would you say that this interest in the growth and development carried into future positions that you held?

Nolte: Yes, it did. I returned to Arlington, Virginia where I taught in a brand new high school. Over the next six years, I expanded the health education program, and I tried to find ways of making it more dynamic for the students. One of the programs that I worked on was to find time to bring happenings within the community and the nation to the students. So, I established a time during the day to offer a seminar on a special health topic. Health department professionals, physicians, and voluntary health association workers were invited into the school to be speakers. Students who had a study hall could get permission to attend.

Morrow: At what point did you decide to pursue a doctorate? Where did you go, and what was your field of study?

Nolte: I had been teaching in the public schools and we had students who were doing student teaching. One of the supervisors of the student teaching, Dr. Mary Beyrer, from Madison College, now known as James Madison University was working on her doctoral degree at Ohio State University. I talked with her about the professors there, and she mentioned Delbert Oberteuffer, and Elena Slipevich. I knew Delbert Oberteuffer from the books that I had in undergraduate coursework. His book *School Health Education* had a chapter that really interested me and encouraged my way of thinking about people and health. I had gone to the University of Wisconsin at Madison, primarily to look at research techniques. I went to Ohio State because I knew that Dr. Oberteuffer was a good philosopher, and that I could learn a lot from him. I decided to go there because of the faculty. I also took a lot of coursework in educational philosophy. Dr. Gordon Hullfish was there at that time and he was one of the outstanding educational philosophers in the country. He was in the John Dewey Society, and influenced that society for a number of years. I took a number of courses from him. Dr. Edgar Dale, nationally known for his work in communications, was also at Ohio State University and I took several courses from him. One of the courses was, in many respects, before its time. He talked about cross-cultural communication, and there were a number of different cultures represented in his graduate class. There were about ten of us. It was so helpful as he talked with us, and we talked with him, and interacted with each other. Ohio State gave me the kind of background that I was searching for in health education. Identifying a dissertation topic was difficult. I really wanted to do a philosophical study, but could never really find what I wanted to do. It was suggested that maybe I would like to do an historical study. Dr. Oberteuffer had worked quite extensively with a committee of the American Medical Association and the National Education Association. My

dissertation was on the history of this committee: Joint Committee on Health Problems in Education of the American Medical Association and the National Education Association. That was a committee that had been in existence since 1912, and my interest in that seemed to grow as I began to talk with people about it. That became my study, and Delbert Oberteuffer was my advisor.

Morrow: I always knew you had a great love and respect for history, and now I think I understand where that love began. After you finished your dissertation, what happened next in your career?

Nolte: When I completed my Doctoral dissertation, I stayed on for three additional years at Ohio State. I taught several courses at the undergraduate and graduate level. I taught and I collaborated with Dr. Marian Solleder and Dr. Mary Beyrer to publish a book on selected references and resources in health education. I also produced a ten-year index of the *Journal of School Health* for the American School Health Association. During these three years, Dr. Elena Sliepceвич, with whom I had studied in summer school before going to OSU full time, had been working as director of the national project, School Health Education Study. Dr. William Creswell and Dr. Ned Johns were members of the advisory committee. This committee determined that the next phases of the Study should be devoted to researching and developing a K-12 curriculum based upon the conceptual approach. This approach was being explored nationally in other disciplines. The committee identified health educators they wanted to become the research and writing team for this project. I was very fortunate to have been one of the health educators selected. We were selected in the fall of 1963. We then met periodically during the next three years in the research and development process. In 1966 Dr. Sliepceвич offered me the position of associate director of the School Health Education Study Project.



School Health Education Study Writing Group

Back Row: Gus Dalis, Richard Means, William Creswell, and Robert Russell

Front Row: Marion Pollock (deceased), Elena Sliepceвич, and Ann Nolte.

Not pictured: Ned Johns

Morrow: It sounds like a once in a lifetime opportunity for you.

Nolte: Yes it was. I moved back to the Washington D.C. area. I lived in Falls Church, Virginia, but the office was located in a building next to the National Education Association (NEA) building. It was associated in some ways with the NEA. I was there from 1966 until 1970 as the associate director. That process was a very enlightening one for me working directly with Dr. Sliepceвич and the office staff. We traveled extensively and worked with the Public Health Service, the Department of Education, at that time the U.S. Office of Education and other branches of the government. At that time the federal government would not make a commitment to being involved in developing curriculum materials. It was a very sticky issue. The government had not considered this at the national level and thought curriculum development was a state and local issue.

Morrow: Why was that? Was that primarily the philosophy of the Department of Education?

Nolte: No, I believe this was a general belief of the federal government. They were very involved in programs that would help train professionals in health education, but they would not commit themselves to endorsing curriculum materials or working directly in their development. They felt that this was the province of the public schools. Here we were developing a national project and at different times, we needed additional funding, but they were not interested in doing that. They did help us by reviewing materials. Selected personnel of the United States Public Health Service reviewed all of the curriculum materials to let us know the content we were developing was statistically valid. Teachers and others validated the learning skills that we were developing in education. The federal government tried to stay as far away as they could from endorsing any kind of curriculum materials.

Morrow: Do you feel that the federal government still takes that same position today?

Nolte: To some extent this still is the case, however they are very active in providing grants. They provide grants for many groups that are in the process of developing curriculum materials. One aspect of my professional development in health education through the SHES project that was very rewarding was that I got to meet many people from different states. I remember going to Florida to talk about the School Health Education Study, and there was a gentleman who wanted to make an appointment with me to talk about the SHES. He was very much against health education. He said that it was communist based, that it was telling people how to think, and what to think, and influenced them greatly. We talked at great length about that. I asked him about his family, and he said he had a daughter, and she was very interested in music. I asked, "Have you let her play music by some of the Russian composers?" "He said "Oh yes, it's just magnificent."

I said, "Why do you do that when much of it was written by people who have communist backgrounds." He indicated that was not really influencing the way his child thought! This response leaves much food for thought as we work with people. What does and does not influence people?

Morrow: After you left Washington D.C. and your work with the School Health Education Study, I know you went back to university life

Nolte: That was the State University of New York at Brockport, and William Stebbens, the chair of that program, had been very interested in the School Health Education Study and what we had been doing. I had been with the study for four years and felt it was time to move on. Bill Stebbens wanted me to come because he wanted me look at their undergraduate and graduate programs and incorporate some of the conceptual thinking into their curriculum. I went there for three years and taught at the undergraduate and graduate levels. I utilized a number of different techniques in course development and instruction that were related to the conceptual approach. At the end of my second year there, Dr. Phebe Scott, chair of the Department of Health, Physical Education, Recreation and Dance at Illinois State University called me and wanted to know if I would come to ISU and develop their health education curriculum. I told her that it sounded interesting and challenging but I'd have to give it some thought. After much thought, I took a year's leave of absence and went to Illinois State. I was on a research appointment for the entire year, developed the program, and shepherded it through the curriculum process. Before the end of the year, Dr. Scott asked me if I would stay on as a member of their faculty. I did that and began to develop some graduate courses because there were a number of people coming back to be certified to teach health education in Illinois public schools.

Morrow: Actually, you continued on in this position at Illinois State for a number of years.

Nolte: Yes, that first year was a research appointment, from then on, I was a faculty member. I was at Illinois State from 1973 to 1990 when I retired.

Morrow: When you first started teaching health education at Illinois State, were you the only faculty member trained in health education? How did you deal with the development of the program?

Nolte: I was the only one with professional preparation in health education. Another very interesting thing that happened with the program at Illinois State University was that when I developed the program for the Department of Health, Physical Education, and Recreation, the Biological Science Department at Illinois State said that they had a community health program they were going to submit for approval. I had developed a generic program with an emphasis on teaching because that was primarily what we were doing, training teachers. My thesis was that when you train health educators, you train them in health education and they can practice in different sites and apply what they have learned. Those being educated in school health education had to take student teaching and other education courses. When I presented the program to the University Curriculum Committee, there was a representative from the Biological Sciences program at the meeting. This was a controversy and conflict between the two departments, and the University Curriculum Committee would not approve it as a generic program. They approved it as teacher education. I had hoped, with a generic program, we could expand to the preparation of health educators in all settings. The next item on the agenda was a community health program from Biological Sciences that went through without any discussion whatsoever. This was part of the controversy that I was involved in the first few years. The dean of the College of Applied Science and Technology, Dr. Jack Razor, was

interested in resolving this controversy. We had within the college, a Center for Allied Health Services, which included medical technology, medical records administration, and environmental health. They were within the college, but were not a separate department, it was a Center. Jack Razor began laying the foundation for taking health education from HPER, combining it with the others and establishing the Department of Health Sciences. We talked quite a bit about this, and I knew the people in HPER were not real happy about our leaving but I worked to help them understand why it was important for us to be within a Department of Health Sciences, to have that additional faculty and students. They agreed with it, and in 1979, we became the Department of Health Sciences, and moved across campus.

Morrow: You know I have worked in the Department of Health Sciences for 8 years now, and I never really understood until this moment, how the unusual combination of health education with allied health professions were all brought together. I appreciate that historical perspective on what happened. By the way, I think it is also a very productive way to group different programs within the department.

Nolte: Yes, I agree, and I think the aspect that helped was the process of educating the faculty, committees, and people who were in the decision making roles, to understand what needed to be done, and why it needed to be done.

Morrow: That education still needs to be going on today.

Nolte: Yes that is a skill that every health educator needs to have. It's very important.

Morrow: You officially retired from Illinois State University in 1990, but I know you have remained very active in the profession. I was wondering if you could tell us about some of that work that you have done, things that are going on now that you think are very important to the profession?

Nolte: As a faculty member at Illinois State, I was very interested in professional organizations, and in the profession and work within the community. I felt that after I retired, that this really freed a great deal of time for me to make choices about the things that I really would like to do. I wanted to stay involved in the profession because it has brought me a great deal of satisfaction. As you look at the life span, it is important to actively maintain older people within the profession because they have the historical background to reflect on what is happening now, and what has happened in the past, and to provide some guidance and direction to the new things that are happening. I worked actively with the National Commission for Health Education Credentialing. I was the coordinator for one of their committees on professional preparation. I had participated while at Illinois State in the various conferences that had set up the development of the National Commission, the Bethesda Conference, the Birmingham Conference, and all of the work that had been taking place to establish the National Commission for Credentialing. When I retired, I had



National Task Force for the Preparation and Practice of Health Educators Accreditation Meeting, August, 1979

Front Row (Left to Right): Dr. Janet Strauss, Dr. Helen Cleary, Dr. Mabel Robinson, Dr. Elena Sliepecevic
Back Row (Left to Right): Dr. Pat Mullen, Dr. Peter Cortese, Dr. Ann Nolte, Mr. James Dilley, Dr. Joan Wolle, Dr. Warren Schaller, Dr. Robert Conn

more time to work with that committee and we had monthly conference calls that worked out well in developing the foundation for the credentialing process. It has changed quite a bit at this point. I think the change is for the good. We have many health educators taking the CHES exam. It is offered twice a year now rather than just once a year. One of the things that was initially started was to set up centers for administering the examinations. We have quite a few now and this is making a stronger credentialing organization. I would see the credentialing examination being a requirement of everyone graduating in health education, within the next 5 to 10 years. This will help us gain recognition, and develop the strength we need in health education.

I also worked on the development of the Health Education Standards. This project was headed by the Association for the Advancement of Health Education, however it included all of the professional health education organizations with interest in school health. Its title is now the American Association for Health Education. I am sorry they changed their name. It was a dynamic name. The people on the Standards Committee were a fascinating group of people. I was able to bring some ways of thinking but the entire committee worked together to refine the direction for the results. I think my role has often been to ask "why?" So often we forget this important question.

Morrow: What about your work with the 21st Century?

Nolte: Health Education for the 21st Century was an interesting occurrence. Dr. Marilyn Schima, at that time the director of the National Commission for Health Education Credentialing and I had talked together quite a bit about what we felt was needed in health education. We felt the national organizations needed to come together and talk about the direction for health education in the 21st century. What were the things that we needed to do within the profession, within the

organizations and what were the things that needed to be done external to the profession. At a national meeting, we happened to be talking with some people of the Coalition of National Health Education Organizations and we proposed this. The Coalition and the National Commission were both supportive of it. We talked with Dr. Marty Dushaw, who was in Division of Adolescent School Health of Centers for Disease Control (CDC) and worked with Dr. Kolbe, She said she would talk with Dr. Kolbe and see what could be done. We submitted a proposal to her of what we would like to see accomplished. He was able to “piggy back” our meeting with another meeting. We worked with setting this up, developing questions and ways of interacting to bring forth the kinds of things we thought needed to be done. I facilitated the meeting, then worked later to put together the proceedings. We worked it out so that Dr. Marlene Tappe, who was then at the CDC could sit in on the meeting, get a feeling for what was happening, and to take down the proceedings. As the result of the meeting, one of the proposals was for us to continue working on the development of these ideas. After the proceedings came out, Dr. Dushaw talked with Dr. Kolbe, and he agreed that the CDC would handle the conference calls. We have been having conference calls since then. Initially the conference calls were monthly. Now our phone calls are a little further apart to give us time to think about it and to do some external work. We have been working to synthesize all of the things from the conference and to help reach down into the grass roots level of the profession to generate action. This is where the future of the profession of Health Education rests. One of the most immediate actions to occur was the concerted effort on the part of all of the organizations to be supportive of the actions that the Bureau of Health Manpower took in establishing a definition of health education and have it listed in their directory of professional

definitions. I was able to get Dr. David Strand, the President of Illinois State University, to write a letter in support of this. I wrote a draft of the letter for him, he signed it, and we faxed it off. The committee of the Bureau of Health Manpower said they had never had so much support for any one definition. I will continue to work with the 21st Century groups as a consultant and participate in their direction.

Morrow: Something that I have always admired about you Dr. Nolte, is although you work actively at the national, and even international level, you have always taken time for the grass roots level, and by that I mean local agencies and regional agencies. I am very familiar with your work for the American Lung Association, Area Agency on Aging, and our local County Health Department. I just want to tell you that I think it is wonderful that you have found time for all the various levels.

Nolte: Well, thank you. It has been interesting. I have enjoyed it, and I have felt it has been important to do that. I worked with the Mideastern Lung Association, serving on the Board and as President We were a very active group and had a great Executive Director the past few years. Unfortunately, the contract for the Midwestern Lung Association was not renewed. I remembered that I had received a letter from the state indicating that I had to stop my actions or I would be sued!

Morrow: I think it is important to remember that there are a number of people working hard at the local levels that can use our expertise and support also.

Nolte: Definitely. Another activity that I was involved with in Bloomington-Normal, was the McLean County Health Department. I worked with them on a needs assessment project called McCATCH, it was McLean County Approach to Community Health. It was a project known as the PATCH project from the CDC, so we just creatively called it the McCATCH program. We did a needs assessment by telephone interviews. This

was one in which we actively involved a lot of people. One of the ways in which we were able to do our telephone interview was to get a random sample of telephone numbers from the state health department, and then one of the local trucking companies had a center, and they let us use their bank of telephones for a number of evenings. We had recruited a lot of people to do the surveys. We went out there for a period of two or three



Dr. Nolte presented to the Area Agency on Aging Bloomington, IL, 1993

weeks, on certain nights, and they let us use their phones. That was their donation to community service. We collected data on the health habits of people within McLean County. I helped write the proceedings for that project, and at the end, one of the things that grew out of the results was the Citizens Advisory Council for the McLean County Health Department.

Morrow: At this point, I am going to take us in a different direction, and try to get your opinions and views on a variety of different issues. I have often heard people say that they try to keep their professional lives and personal lives separate. How do you feel about that statement and is it really possible?

Nolte: Well, my belief is that you can't keep your personal life and professional life separate. I think what people are really talking about is their personal work and

their professional work. I can see these activities as something you can keep separate. However, as you look at life, you are an individual, and you are who you are regardless of where you are. Some people will say, "I'm putting on my professional hat." Are you saying you are a different person? I think that as a person, your personal characteristics have to come across wherever you are. Those characteristics don't change as you move through the activities of your daily life. I don't feel you can have a separate personal life and a separate professional life.

Morrow: In many of your writing and teaching efforts, I know you have interwoven values as an important part of health education. Why have you placed such an emphasis on values? What is it that you value in your life?

Nolte: To look at the first question: When I was working with the School Health Education Study, a lot of writing and research was being done with respect to values education. We tried, in our curriculum materials, to include activities that would help young people learn to identify what they valued, then to make commitments and to demonstrate what they valued. This research and applying it helped me look at the whole concept of values. Also, some reading from such authors as Maslow, Eric Fromm and others, and what they had been writing with regard to human behavior provided me with greater understanding of the role of values and valuing in health education. I have tried to involve these ideas in my teaching, and definitely in my reading, because I think that more work is being done now to really clarify and include values. What do I value in life? Some of the things that I value, are very personal things, within my family and my friends. I value people. I value humankind. I believe these give my life direction. Also, as you live and experience the different happenings locally, nationally and internationally, you begin to value other aspects of life. I said I valued humankind, I also value integrity, I value

loyalty, I value love, and faith and hope. I value freedom and responsibility. I think these are some of the things that give direction to my life.

Morrow: As you look back over your life, what events have most greatly influenced you?

Nolte: Well, I think some of the things that have influenced me have not always been experiences per say, but the time period in which I lived. Growing up in the post depression years influenced me. Growing up in the Second World War years influenced me. Growing up in Washington D.C. influenced me. The events that occurred around these periods of time were such that it made an impression on me. When you're growing up in Washington D.C., you're so close to the events that are happening nationally, and internationally, that it influences you. The schools that I chose to go to, I didn't go to them by happenstance, I purposely chose them: George Washington University, in the heart of Washington D.C., University of Wisconsin-Madison primarily for research and the Ohio State University, primarily for philosophy. Again, family influenced me, in what I did. Looking back on it now, I'm so aware that within family, there was a lot of freedom. I was never told what to do, but I was always told when I did the wrong thing. Professionally, the people who have influenced me have been many. Of course, Delbert Oberteufer, first and foremost before I even met him, from his book *School Health Education*. As a junior in college it was from his book, that I got the idea that you were looking at people totally, not whether they were sick or healthy, but you were looking at them as total beings. Then, I went to Ohio State because he taught there. I took many courses from him and he was the advisor for my dissertation. I believe Elena Sliepceovich had a tremendous influence on my life because I worked directly with her at the *School Health Education Study*. We experienced so much together in the development of that project. I grew up in a period of time when people had heroes or heroines. One

of the people that became my hero was Albert Schweitzer, and you might ask why. As I was growing up, I wanted to be a medical doctor, and I was also very much involved in church activities. I heard about him and what he was doing in Africa. I started to read about him and his life. His philosophy was called *Reverence for Life*. His *Reverence for Life* gave direction for what he was doing. There have been a lot of people in my life who have provided direction for me through their work, speeches, or presentations, and they have provided a foundation for me. The teachers that I had at George Washington University, the University of Wisconsin, and the Ohio State University all put in pieces of the puzzle of my life.

Morrow: I also know that you have many interests that you pursue. Can you tell us a little about your interest in psychoneuroimmunology?

Nolte: I think psychoneuroimmunology is an area of medicine and scientific research that is coming into its own. It's not new, but is 25 to 30 years old. The initial research began in the early 1970's. Robert Ader of Rochester University, Rochester, NY did a lot of research in that, and identified that the brain can "talk" to the immune system. We've been aware of people's physiological reactions in certain situations. Fear, joy, things of that sort, the physiological changes, the sweaty palms, the smiling face, the tears. All of these are physiological responses to emotions. They have thought for a long time that one's emotions are in the limbic system of the brain, but they are finding today that it is not only there, but also in other parts of the brain. Ader was the first to pinpoint the neurological connections of the immune system to the brain. His research has moved on from there, and psychoneuroimmunology has given birth to a lot of work in brain research, emotions, and helping people to look at the totality of the human being from a different perspective. We are aware of so much that is happening today, that did not have a scientific basis in the

past but now it does. This is the scientific base from which I believe we can take a great deal of hope for the future of health education.

Morrow: I think many people associate you with your interest in history, and philosophy. Have those been interests all of your life, and do you continue them now?

Nolte: And, yes I have been interested in history and philosophy from my teenage years I did historical research for my dissertation. I like to know where we've come from. I think our history is critical to our present, and to our future, and if we don't know our history, we're working in a fog, so to speak. We need to know what has been done, and that gives us direction. I still do a lot of reading and work in history. I am the historian for the American Association for Health Education. I am working with several doctoral students at other universities, Southern Illinois, and Columbia University, who are doing Association histories. We have great conversations when we get together, and spend long times on the phone, or e-mail as the case may be. In philosophy, I think that I have always been a person who asks 'why'. In education, when children first start to school, they are always asking why. As they progress the "who, what, where and when" take precedence and why tends to get lost. I was fortunate to have family and teachers who always encouraged me to find out why. I think that is a basis for philosophy, why things happen, and what is it that you believe. I think philosophy is based on belief, and 'why'. I had the experience, many years ago, reading a book called *This I Believe* by Edward R. Murrow. It was the personal philosophies of one hundred men and women. I kept it because it has been so interesting for me to see what people believed. This publication was in 1952, and it is such a fascinating book. In 1990, Clifton Fadiman came out with a book called *Living Philosophies*, the reflections of some eminent men and women of our time. I had to buy a copy of it, and compare the differences in what people believed then and now and how

the times have changed. I have always been interested in what people believe, and why they believe it. This inspired a publication for Eta Sigma Gamma, one of their monographs, in which Dr. Mary Beyrer and I were co-authors. The title is *Reflections: The Philosophies of Health Educators of the 1990's*. We pulled together a number of health educators from across the country and in different practicing sites across the country to see what they believed. I think it is important for us to always address that point of determining what it is that we really believe, and to continue to work from that point, refining and changing, as the years pass.

Morrow: You have mentioned some of the books that you have read in your life. I know you are an avid reader. What are you reading currently?

Nolte: Well, currently I am reading John Grisham's *The Runaway Jury*. I like to read mysteries and things of that sort. I like Braun's Cat Mysteries, and many other mystery writers. I interchange that with my professional reading. One of the books that I have read recently is *Anatomy of the Spirit - The Seven Stages of Power and Healing*, by Carolyn Myss. She is an intuitive healer. That is something that some people might think is quackery, but we're finding more and more substance for what she is doing. She looks at the seven stages of power and healing and is revealing some new and interesting ideas about humankind's relationship to other aspects of life. I have read Deepak Chopra's *Creating Health - How To Wake Up The Body's Intelligence*, Joan Borysenko's *Guilt Is The Teacher, Love Is The Reason*, and also her and her husband's book *The Power Of The Mind To Heal*, and just recently I read Robert Ornstein's book *The Right Mind - Making Sense Of The Hemispheres*. We have heard that the right side of the brain is the more creative, and the left is more analytical and scientific. Ornstein quotes the research that has been going on, and how there may be different aspects of our

mind, but we can work to integrate them and use them more effectively. Another publication that I read, which I really think is critical in our progress in health education today, is *Emotional Intelligence - Why It Can Matter More Than IQ*, by Daniel Goleman. This begins to get at some of our feelings and how we can control them, and use them for our benefit. Then, *Gifts Of The Spirit*, by Philip Zaleski, and Paul Kaufman. This is about the wisdom of the great religious traditions. They have looked at the similarities among religious beliefs and extrapolated directions for an individual's life. Unfortunately, religion is one of the most divisive factors in our world today. It causes so much tumult and wars in the eastern countries. We need to look at the similarity among our religious beliefs. This will help us have more respect for those who are "different" from us. The differences are minimized, as we examine more how we are alike.

Morrow: You have mentioned a number of different books and readings that you have read. Are there any other books or readings that all Health Educators should read?

Nolte: As I said before, I think health educators must be readers of literature in the broader world perspective. We can't be limited to reading only the publications and articles that are written by health educators. We have to be broader. Read newspapers and magazines because they are telling the public about new research in health and science. I can't recommend a specific book but just be open to the many types of materials that are being published and written.

Morrow: This lifelong process of yours in Health Education has spanned some five decades. What are several paradigm shifts that you have seen in Health Education?

Nolte: I'll touch on one that I think has been very important to Health Education. It was the coming together of health education professionals from the various practice sites to better understand each other and to respect the sites of practice with the challenges that each site provides. This happened back in the

1970's as the prologue to the credentialing process. Health educators from various sites came together in Bethesda, Maryland, to look at the commonalties of practice among the various sites. I think that was a definite shift in health education. We became aware that health education was the foundation regardless of where it was practiced. This meeting formed the foundation for the credentialing process. That was in the 1970's and in the 1980's work was developed whereby we looked at the responsibilities and competencies of health education. We moved from the commonalties to the basic responsibilities and competencies for all health education professionals, and ultimately the National Commission for Health Education Credentialing was established. The credentialing was a facet of health education that has moved us forward by leaps and bounds and has provided us with a great deal of publicity, unfortunately not enough, but it is a stepping stone to the future.

Morrow: Do you think this credentialing process divides the profession at all. I have colleagues on both sides of the issue. How do you see all of this?

Nolte: I see it is a very practical step that provides a credential that establishes who we are. Other established professions have the credentialing process. This provides assurance to the public that a credentialed person has met standards agreed upon by members of the profession. There are some, not many, who disagree; however the benefits it is providing today for the credentialed individual and the profession are many.

Morrow: Something that I have felt has been a benefit is that it has provided a lot of direction for undergraduate health education programs. I think it helps students understand who they are and what they do.

Nolte: Yes, I agree. It has brought together health educators practicing in other sites. These are credentials for health educators, the competencies and responsibilities for the profession of health education. You

are a health educator practicing in a school, clinic, or elsewhere. There are basic foundation skills and knowledge that all health educators should have.

Morrow: You mentioned this first paradigm shift involving the bringing together of different settings and the credentialing that evolved from that. Are there other paradigm shifts you have seen?

Nolte: I think one shift has been in school health education. Health education in schools has shifted dramatically since the 1940's. It has moved from being taught by a teacher who perhaps, had one college course in health education to teachers with college degrees in health education. Many states now have a certification in health education. This is not nationwide however. In addition there has been the establishing of health education as a separate discipline from physical education.

Morrow: Can you identify any watershed events that have occurred during your life that have influenced the direction of health education?

Nolte: The scientific research that has gone on is continually bringing change to the body of knowledge of health education. It's something that we need to be aware of and keep in touch with, not only the research on the human body, but the social and psychosocial research, that deal with total person. We need to be aware of these so they may be incorporated into the body of knowledge for health education. Health education is more than nutrition, drugs, human sexuality, or safety. We have been so reductionistic in our thinking that too often we become absorbed and forget that health education is much more than just that one tiny area.

Also, in the fifties, when we had a tremendous surge in improving education as a result of increasing competition between the U.S. and Russia in space research. This brought out a lot of good work in education including the whole idea of the way people think and the way we can educate people not just simply through cognition, but also through the

affective aspects of their lives. The values movement in education began at that time. Another event that was very significant to health education was the conceptual approach that was researched and established by the National School Health Education Study. Some people have been able to take the research and move forward with it, some people have integrated it into their practice but have slipped back because it's easier than trying to change. Change is inevitable. It is a way of life. If we don't change, we do disservice to the profession. In the seventies, another watershed event was establishing health education in the public and private sectors of society. That really moved us ahead quite a bit. This was a result of President Nixon's Committee on Health Education. That was a national committee that he appointed. There were a lot of politics involved. Ultimately, health education was established in the Centers for Disease Control (as it was named then) as a public sector focus. Then the Center for Health Education was established as a focus of the private sector. That was very critical in moving health education ahead.

Morrow: Going back to some of the statements that you have made. There has always been something of a relationship between physical education and school health education, and both you and I have our roots within physical education. What are your views on this relationship and how have you seen it change over the years?

Nolte: I think we can look now at physical education and school health education and be aware that each has its own body of knowledge and its own goals, objectives and directions it is going. We are secure in the differences. Historically we have to look at the fact that we grew up together. In the late 1800's and continuing into the early 1900's, health and physical education were together. That is the way we got started. This was school health education. There was a lot of health education going on in the public that was primarily disease prevention. It was what you did to avoid being sick. That was

coming along with school health education, and was called "health education" in the public. However in the schools, health education and physical education were almost synonymous. It began to change over the years, and we have to acknowledge that our roots were together, however we have grown apart. We are still connected to physical education, psychology, sociology, and public health. We are interrelated, and that has to be acknowledged. We are working together. In health education, we work at education of the totality of the being through the physical, the mental-emotional, and the social. There is a relationship that cannot be ignored, but we also have to be supportive of health education as a discipline, and its body of knowledge, and where it is going. We also have to be aware that we're all moving together. The commonality of focus of all of these is the functioning of the human being in its totality. Our goal is to educate for a happy, healthy, secure, productive life in a great nation, and a free world.

Morrow: Do you think there are still barriers to the acceptance of health education as a profession, that people see it simply as a sub-unit of physical education, or that it really doesn't have a scientific basis to it? Can we remove those barriers?

Nolte: There are definitely barriers to the acceptance of health education. There are fewer barriers than in the past. We will always hear from the far right groups and what they are against. We tread on people's beliefs because they don't understand the meaning of their beliefs and how we are in fact not treading on them. We have to work toward educating people to understand what health education is, who does it, how it's done, and what the benefits are, both immediate, and long range. I think a strong component of professional preparation has to be advocacy for the profession. We need to make it very clear that we have a scientific base, and it's very sound. As health educators we are educating clients to have control of their health and maintain it throughout their life.

Morrow: I know you are a historian, but I also know you have an interest in the future. If you could look into a crystal ball, what does the future hold for health education as we enter the new millennium?

Nolte: I think health education is just a youngster and we need to speak in terms of where we can go and what we can do in the 21st century. It has such a tremendous potential, and as we work external and internal to the profession that we will clarify who we are, what we are, and what we are doing. I think we can work with other organizations that are in need of better understanding of health education, specifically within Congress, unions, churches, and all aspects of groups that unite people. If we do that, we will have an impact, and we will have people clamoring for health education. We get caught up in the administrative aspects of how can we have health education, who will deliver it, and what will it cost, but we need to help people understand that it is a small price to pay for their future and the future of society. The more we spend now, the less we will spend in the future in terms of long life, productivity, and well being.

Morrow: Dr. Nolte, thank you for spending this time with us. You have always been an inspiration to me, and a role model. Thank you for helping us think about and respect the past, but also look forward to the future.

Nolte: Thank you.



Dr. Nolte received the Distinguished Service Award from the American School Health Association, 1977.

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