

# An Interview with Dr. Peter Cortese

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## Abstract

January 9, 1998. Peter Cortese always wears blue blazers. In fact, rumor has it that his closet only contains blue blazers. And, as I discovered today, Pete freely admits that blazers are his official life's uniform. In fact, one day during his recent career at the Centers for Disease Control and Prevention, the entire DASH staff wore blue blazers in tribute to Pete's consistency. True to fashion, Pete is carefully clad in one of his older blue blazers since he is saving the newer ones for an upcoming trip to Australia. Today we both need warm wool since El Nino is taking its furry to the max. We have had terrible rain for two weeks and if not for Pete's warm smile I would think I am back home in Indiana. Pete's long term friend, Agnes Wellman, is serving as our host today since her home in Corona, California is equal distance from Irvine and San Bernardino. We carefully negotiated this locale so as insure not slighting either of our respective CSU campus (Long Beach and San Bernardino). As we enter Agnes' living room I directed Pete to the biggest and most central chair in the room so as to reflect his "legendness."

My connections with Pete have been mostly at the professional level with his national work with the National Commission on Health Educator Credentialing, DASH and the School Health Education Study. For this interview I wanted to focus on Petes' basic values. I think values are the things that drive a professional's mission and thus believe our readers would most benefit from a better understanding of Pete's driving forces. Enjoy!

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Eberst: Peter, thank you very much for agreeing to do this "Legends" interview. I'm very happy that you were willing to devote this time to future generations of health educators. I am also happy you could meet me here in Corona, halfway between our two homes.

Cortese: I'm honored.

Eberst: When Mark Kittleson asked me to interview you I immediately thought it would be a terrific experience. He said we're trying to put together a long term column the legends of the health education field, and that description certainly fits you. You are one of the people that has been making huge contributions for many, many years and in so many areas. Your contributions are enormous, particularly in the area of national credentialing and of course your work with the School Health Education Study. I believe this interview will be a great opportunity for you to share some of your experiences with all the current and future health educators.

I would kind of like to start with your professional history. Please discuss what got you into the field and what attracted you to health education. Many of us are converts from other areas . . . and we would like to know your evolution to health education

Cortese: I'm no exception. I grew up in Minnesota and went to the University of Minnesota where I majored in Public Speaking and English and I had a Zoology minor, which all the people at the university told me was a big mistake. They told me that I would never get a job. They told me it was an odd combination. I said, no, I don't care if it's an odd combination or not, I wanted some science background so I'm not just dealing in English for the rest of my life. That turned out to be a very smart thing that I did because it allowed me to move into public health. I taught high school in Minnesota and that was interrupted by a stint in the Air Force. I came back and taught one more year in Minnesota and wrote to universities around the country saying I was interested in getting a Master's Degree, and could they give me some suggestions from your campus. One I wrote to was UCLA and they said with my science background, I might want to consider speech therapy at the masters level. So I took a leave of absence from my teaching job and went to UCLA and entered that master's degree program. After a year I found out that the sunshine in California was mighty nice. So I took a job working in the Los Angeles schools — in the secondary school doing speech therapy, and I did that for five or six years.

Later I decided that I would like to try being a businessman, so I took another leave of absence and went into business. I remember my younger brother, who had done very well in business, saying to me, money isn't everything. But I said, we all have to find that out for ourselves. So I did go into business for five years and that's what allowed me to go back to the doctoral program, which happened by accident. I didn't even know what health education was and I knew that I had a health class in junior high school which was a very poor one.

I got a phone call from a friend one day. She was in the neuropsychiatric institute at UCLA as a psychiatric nurse. And she said, "you know, I'm going back to school to get a doctor's degree at UCLA in the School of Public Health." And I said, what is Public Health? And she described to me what she was going to be doing. Guy Stewart, who later ended up at Chapel Hill, was the director of the community health education program at UCLA at that time. After she described to me what she was going to be doing in public health, I said that sounds very interesting. So she encouraged me to go and speak to Guy. The next day I went to UCLA but Guy Stewart had to go out of town. I did speak to one of his assistants who told me "you know with your background in schools, you ought to be talking to Ned Jones because he directs the School Health Program at the School of Public Health. So I walked across the hall and met with Dr. Johns and he said, well, we don't have any openings and classes were about to start, but recommend I get in touch with him next semester. I thanked him and went back to my teaching job. The next day, in high school where I was working, I got a phone call from Ned Johns, saying he now had an opening and would I like to take it? I said, well, I would, but I have to talk to my school district because they were counting on me to teach. So I went to my principal and said, I have this terrific opportunity and the principle said he could not let me go. I thought, well that's too bad. I didn't want to tell him I was going anyway. I wanted him to

say that it was okay for me to leave. I guess he understood that and said he wanted to think about it that night and we would discuss it the next day. Well the next day came and he said, "I thought about this and I really can't hold you back. It is a good opportunity." So that day I entered the field of health education at UCLA.

Eberst: At this time the only thing you really new about Health Education was what your friend had told you about her work?

Cortese: That's all. And she was going into community health, not school health education. So I really knew nothing. I think I was very fortunate to land up where I did. Ned Johns was a fantastic mentor. He was well-known. He was certainly one of the legends of his time. We had to memorize all the outcomes of the important conferences for use in our dissertations and our doctoral exams. He had been present at all of these and had been a leader in most of the important things that had happened in health education. So he was a wonderful professor, a wonderful mentor and a great chairman for dissertations. I remember the very first class I was in with Dr. Johns. We had reading assignments from long reading lists. He told us to go to the library and read from that list anything we wanted to and be prepared for the next class to tell the class about what we read. The next class he asked me what I had read. I said, I read an article that was written by a woman, whose name I can't be sure I could pronounce right. I said it was Helen Sliepcevich and he said, no, it's Sliepcevich, and the first name is Elena. And I said, that's right, and I don't know who she is or where she's from but she's one smart woman. And he said, well, you figured that out correctly. So that was my introduction to health education.

Eberst: Do you remember what that first article was?

Cortese: It was the article about the School Health Education Study and the rationale for a conceptual approach to the teaching of health. That article changed our approach so that we

were no longer wasting our time teaching kids isolated facts but we began teaching them concepts by which they can do their own examining and determine they way they want to live. This concept just made all kinds of sense to me. Dr. Johns, of course, had that same philosophical background because he was one of the writers of the School Health Education Study. So I just had wonderful mentors and I thank God for that all the time because those professionals set me on a path that I may not have been set on if I did not have these right people who were teaching me.

Eberst: What was it about Dr. Johns that made him such a great mentor.

Cortese: He was very approachable. He loved teaching. He loved his students. He had a small suite of offices with an outer office in which he had his private library which was always open to the students. We could go in there and take anything we wanted off the shelves and sign your name on a little piece of paper and take it home. He ate lunch at that table in front of his library every day and he invited all students to come in and join him with lunch. Those experiences were better than the time we spent in his class. He had a picture gallery on the wall of legends from the field of health education. At lunch he would tell us about all these people and said that whether we go to meet them personally or not, we need to know of them because they were significant in the advancement of health education. People like Elsa Schneider from the Department of Education and Dr. Mayshark. I think this is one place where students are being cheated in the field today. When you get to be my age you feel this kind of mentoring was more important than you recognized when you were younger. I don't think today's health education students are getting our history well enough. And there is no really good history text for them. As you recall, Dick Means did his dissertation on the history health education and was great as far as it went. However, so much has happened since Dick's work and the younger college

professors are not doing enough regarding our history and they're not doing it because no one gave them the necessary information.

Eberst: One approach I use is to have my students read the brief summaries that recently appeared in HE-XTRA. AAHE provided us with a nice little blurb from each of the AAHE presidents. Taken in total this provides my students with a kind of over-view of the historical events that took place during the evolution of health education.

Cortese: Well, you have a sense of the history yourself and I think that's great, but an awful lot of the people in this field do not.

Eberst: I think many current health educators would agree. For example, I never had a course in the history of health education. I kind of picked our history up by "hook and by crook." What I did learn from Dick Means' work was quite old and it just brings the reader up to a certain time. Unfortunately, there hasn't been a really good history of health education book written recently.

Cortese: That's right. Years ago we tried to encourage Dick to write the next phase. And he said, no way, the first effort was a labor of love and any other history book would just be a labor. But, I think there are enough people in the field current interested in our history that if somebody wanted to write a definitive history, they would be rewarded. And I even think it would sell quite well.

Eberst: We always seem to be tinkering with our health education curriculum attempting to see if we can match up with all the specific demands of credentialing. Maybe we are losing other important aspects such as providing a course on our history and philosophical development and how school and community health education developed.

Cortese: Well, we didn't have a history course at UCLA but the topic was woven into everything we studied. The days when I attended UCLA, the Community Health

Education Program was on one side of the hall and School Health Education was on the other side of the hall. And, these people never talked to each other. I remember when Carol Denofrio from Berkeley became the president of SOPHE. Dr. Johns called her and made an appointment to visit with her and began the dialogue between the school health people and the community health people. And then Helen Cleary came on as president of SOPHE and we showed Helen some of the school health literature and she said, this is what community health people are talking about today and you guys did it before us. And we said, exactly. We discovered that we were all doing a lot of the same things, but were just using different terminology. I think that the field needs to get all health educators to realize where we came from because we will be able to move ahead better if we know where we came from.

Eberst: I definitely think you are right. After you graduated, where and when did you start out into the work field?

Cortese: Well, I started in the work field with the School Health Education Study. While I was a doctoral student, Dr. Johns was writing the third concept in the SHES. That was the "Community Health" concept. Every Thursday night, another graduate student and I would go to Dr. Johns' house and the three of us would work together on that third concept. This was a tremendous learning experience for me. The SHES office, which was housed in NEA in Washington, DC, had Elena Sliepcevich as its director. Elena subscribed to well over a hundred professional magazines and journals which she kept in a library room with a study. The journals were all neatly stacked and Elena had read them all. Every day these journals and magazines would be coming in and Elena would read anything that was the least bit significant to school health education. She would mark it, read it and then pass it along to the next staff member. Well, that was such a wonderful experience because I believe that you can read a definition of concept, you can

say I understand it. But you don't really understand it until you have actually experienced it. And that was what the SHES did for me. It allowed me to truly experience conceptual ideas. During this experience, it really became very clear in a short period of time that if you write conceptually, whatever you're writing is dateless. And that was the major test we would give whatever we were writing for the SHES. We asked ourselves, "Is this sentence going to be accurate ten years from now?" Or, "is it something that we need to look at more closely in terms of is this conceptual thinking?"

And then the process became fun — it was a game. So I started my health education career at Dr. Johns' house. Marion Pollack, a member of the faculty at UCLA who was on leave as the Assistant Director of the SHES for two years, was coming back to the campus. Thus, they were looking for someone to take her place in Washington, DC. At this time I had not met Elena Sliepcevich, but I had talked to her on the phone. I guess Marion Pollock and Ned Johns both said this guy Cortese could do the Associate's job for her. So Elena called me up and asked me to come to Washington, DC and I went and met with her and they hired me as the Associate Director of the SHES. This was 1969 and that was the last year of the study. These people had been working for ten years and most of the good work was done.

Eberst: What areas did your work focus on at SHES?

Cortese: That last year they were working on the Nutrition Concept and Bill Creswell, from the University of Illinois, had major responsibility for that concept. That year we spent a great deal of time working with the 3M people because they were funding this project. I would work daily with Elena and the other staff. We all sat around a table and we filtered everything that Bill Creswell sent us. We tested his work against all the other basic principles or health and education so that was a wonderful learning experience for me.

Elena Sliepecevic, in my estimation, is the brightest person we've ever had in this field.

very pretty connected to you and your SHES colleagues.

Eberst: Please discuss your thinking on this.

Cortese: Yes, I know you are.

Cortese: She's a walking 20-drawer file cabinet and what I found wonderful about Elena is that she didn't just learn all this stuff in isolation, she could make the connections. She knew people. She knew the literature and she's also a very nice person. So it was just a wonderful experience.

Eberst: That is one of the most important things that I learned and one reason why I liked Ball State University so much.

Eberst: That must have been very exciting for you. Over a period of only a few years you went from being in private business for yourself to being a leader on one of the most important efforts in the history of school health education.

Cortese: Warren Schaller, who was one of your mentors, had a wonderful capacity to teach all this stuff because he was very insightful and he expressed himself very well.

Cortese: It was wonderful! It was nothing but wonderful! Because we had interesting people walking into that office everyday. We went to all the national organizational meetings. That was another thing that was just hammered into all the UCLA students. The need to give back professionally. To be a good professional and join the professional organizations and get involved in them. We learned how to lobby for legislation and so forth. So if you are lucky enough to have good mentors who also know a lot of good people who can lead you to somebody else in the field, they can make your life change entirely and quickly. Dr. Johns did that for me. So, I was at SHES just for that last year and then the funding ended and Elena went to SIU and became a professor.

Eberst: The story I always tell about Dr. Schaller, was when I attended my very first National Association meeting. At this time I was still doing my doctorate work. I was so unsophisticated and unprepared that I got to the convention city a day early. I go to the first meeting room and I am all alone. I say "oops, Rick you made a big mistake, the convention starts tomorrow." Here I was in New Orleans, a day early and all alone. I decide to have breakfast and as I'm sitting at the counter, Warren Schaller sits down next to me. I told him of my mistake and he said, "I'll tell you what, you stick with me today and I will show you around the America School Health Association. At this time he was on the Executive Committee of ASHA and still he took me with him everywhere and introduced me to everyone, and he knew everyone.

Eberst: On a personal level I started my master's degree at Ball State in 1970 and the very first health course I took we learned about the SHES and In Warren Schaller's class we had to learn all of the SHES details and how to use the 3M transparencies. I distinctly remember waiting for the last concepts to come out so we would have a complete set. That was my first exposure to a conceptual model and it truly formed a solid foundation in my educational philosophy. Thus, I feel

Cortese: Well that isn't quite as bad as what I did this year at ASHA — I came a day late.

Eberst: You came a day late?

Cortese: By accident. I had an airline ticket for the day before and I just got my dates mixed up and at the end of the day I was getting ready to go and I put all my paperwork together and I looked at the airline ticket and about eight hours earlier my plane had left. But I got there.

Eberst: Sometimes some things never change — I guess. Well, you worked for the SHES for a

short length of time, but this was still one of the most pivotal events that's happened in the history of health education and one I am sure had a great impact on you and your career.

Cortese: Absolutely right. Whatever minimal contribution I made was still important to me. I was a latecomer to SHES and the major "conceptual" idea was done before I ever joined the study. But it was certainly a good learning experience for me and allowed me to be involved with some of the best professionals in the world.

Eberst: Every professional moves the health education agenda along to some extent. But I would like for you to address some of the most personal and professional challenges you had such giving up sunny California and going to D.C.

Cortese: I've done that three times in my career and, as you know since you moved across country, that's not easy to do. I was moving into an entirely new environment where I really didn't know anybody. I had the good fortune of buying all the furniture in Marion Pollock's apartment in Washington, DC and moving right in. I lived in the complex right next to the Watergate which is a nice area to live and I walked across the George Washington University campus everyday to work in the NEA building. So it was just a great experience. But when the SHES ended I did want to get back to California. I almost didn't, because I really didn't spend too time much looking for a position. I just figured when the time came, I'd do it. I went on interviews at SUNY at Brockport, the University of Florida and at Ohio State University and was offered positions at all three of those places. I remember calling Elena the night I got back from the Florida interview and I said, you know, those people treated me so well I feel like I have to take the job. And she said, no, I want you to remember this, you do not have to take the job. You have to take the job that's going to be best for you. And, just coincidentally, Joy Kaufman stopped in to visit in our office the

next day and Joy was a professor of the School of Medicine at the University of Southern California and had a large grant, for that day, to develop an information referral service on all social and medical issues in the County of Los Angeles. The plan was to do this on-line, computerized, and it was fascinating. So she offered me a job of being the coordinator of that project. So I went back to the USC School of Medicine and was given the title of Instructor in Community Medicine at that time. That was another wonderful learning experience because we had to work with the community, there were people who fought this concept who were already in this business of information referral — they saw this as a big threat, but we wanted to come up with a computerized system that you could set up at a shopping mall or in a grocery store where somebody could come along and say "I need to find a physician who my insurance will cover, who believes what I believe and who is near enough to me." So by touching the screen, they would keep pulling up information and they would tailor-make the referral to themselves. We did that with schools and the social service programs. It was wonderful. When it came time to actually use this system, it was not practical because it would have cost a fortune for anybody to use this and just to keep the information up to date. So we gave it back to the government. We were to develop the system and we did that. And it's being used today but not for what we developed it for. You know the park service — the federal park service? Whenever anyone is planning ahead and wants to go to a certain park on a certain day they use the system we developed to make their reservations. But that was just a wonderful learning experience.

Eberst: How long were you working on this project and where did you go when it ended?

Cortese: That was for two years since it was soft money which come to an end. During this time I had taught single classes at Cal State, Long Beach, and they asked me if I would come there and join the faculty. So that's

what happened. I went to Cal State, Long Beach as an associate professor and at the end of the first year they made me department chair. This was odd because I was only an associate professor and was not tenured. This is highly unusual since I had to make recommendations for faculty members for promotion, retention and most of them were at a higher grade than I was. When I had to make a negative recommendation, that put me in some jeopardy since I was going to be coming through that same evaluation chain and would be evaluated by those above me whom I had just evaluated.

Eberst: This job as department chair must have been very difficult for you?

Cortese: No, it wasn't difficult because I was too foolish to believe that it was putting me into possible jeopardy myself. I didn't realize how much jeopardy I was truly in until I finally got tenured and one of the vice presidents said to me one day, you know what you've done in the past few years was pretty brave of you. I said how? He said those people could have crucified you if they had wanted to, particularly since we had one faculty member who really needed to be brought down to size, and we did that. So anyhow, I thought that was a good experience and I finally got to be full professor. The president met me one day on the campus and he said, by the way, I see you're coming up for full professor and I want you to understand that being department chairman isn't going to help you one bit! I said, well thanks for that one bit of crucial information!

Eberst: Was that a tongue-in-cheek comment?

Cortese: That was tongue-in-cheek. It was — I did make the full professor. But it was all again a very good learning experience. And I think I had some measure of success as a department chairman thanks to my father. He had a great deal of integrity and he always believed you have nothing but your name and so if you do things honestly, if you believe you're being honest and use a little bit of

integrity, you'll never be hurt too badly. I think that's true and through all the years that's probably been the thing that's been most important to me — being ethical and maintaining your integrity even if it hurts you. You know campus politics from your own experience. You're in the same system I was in.

As an example, later I became associate dean and the dean left after one year and I became acting dean for that one year. I was an applicant for that position and the search committee had selected me but the academic vice president selected someone else. The Vice President, in my estimation during the course of that year had asked me to do a couple of things that I felt were unethical and I wouldn't do them. I actually said to him that I knew what I was doing would cost me the dean's job. But, that's what I had to do and it worked out that way. So, I gave up the dean's job.

Eberst: These were your guiding principles, the things that you hold in your heart or your head that set the stage for everything you did.

Cortese: Yes, I have a strong sense of fair play, I really think that as long as you're doing what you believe is ethical, with integrity, and you're being fair to people, your chances of going wrong are much lessened. I've tried to live by those principles my entire career.

Eberst: And those came basically from your father?

Cortese: Both parents and my mentors. You know, Dr. Johns had just a phenomenal sense of integrity and fair play. He was wonderful. And Elena Sliepceovich, you couldn't find anybody with greater integrity. So I was lucky. I was in the right place at the right time with the right people. Several times that led to good things for me.

Eberst: So how did you go about establishing and translating these kinds of things that you learned from your mentors into your own personal approach and philosophy?

Cortese: Well, I think I tried to live by those principles professionally. And I tried to instill those same values into the students I taught. I taught a class in “Issues and Concepts” which was the first graduate class that students take. And we spent a lot of time talking about these important things so as to get them to learn the history, where we’ve come from in this field. I tried to make it very personal. I wanted them to know why these things happen? What little things do we know, that you won’t read in the book. You know, student don’t even have to write notes when you start that kind of talking because it fascinates them and they will always remember. I’ve always worked hard in expressing that kind of thing to students.

Eberst: And so teaching is very important to you. You keep coming back, one way or the other, to the classroom. What is it about teaching that generated so much interest?

Cortese: I love teaching. It’s a lot of work if you do it well. You can’t go in with the same yellow notes every year. I particularly like teaching graduate students, particularly in graduate seminars. I think I’m probably better suited working with graduate students. I don’t like to lecture. I like the students to have fun. I still see some of my graduate students. In my very first graduate class, in that very first master’s program at Cal State Long Beach, I taught “Issues and Concepts in Health Education.” The students from that class are now out there in the field doing wonderful things. I see them repeating things that we talked. For example, Rick Loya is one of those students. Beverly Bradley is another of those students. The currently Executive Director of the Long Beach Cancer Society is one of those students. Cathy Minor, another one of those students, is now the Assistant Dean at Emory University. They were all in that first seminar and it’s so much fun to watch them grow and develop. And to hear them say that they felt they had a good, strong foundation in knowing the field and being confident in what they’re doing because they know where they

came from and where they’re heading. So that’s been very rewarding.

Eberst: This is something consistent that I’ve heard you say many times before. It’s really fascinating to see what influence you have had. I think it was Mal Goldsmith who did this at a national convention. He drew several, large concentric circles representing different decades. The conference attendees were asked to put their name in the decade when they joined the health education profession. You were then supposed to add the name of your mentors in the decade they joined the field and then draw an arrow from you to your mentors. This produced a network of mentor connections which traced the “flow” of learning from one generation to another.

Cortese: That’s interesting. That’s another wonderful thing about this field. That’s why I’m saying all the time, I couldn’t have gone wrong with this field, I’m so happy I found it because it makes sense what we’re attempting to do. It makes great sense. So you’re not bluffing yourself when you’re teaching because you actually believe it. And as long as you believe it you can do a better job of influencing people to believe what you’re saying.

Eberst: Well, let’s explore this some more. I think it’s something that health educators have that other of my colleagues at the university don’t have. We do more than study a community. We’re not only studying, we’re trying to create some kind of transformation or change or improvement in the community. A lot of community people such as a friend of mine, Tom Prendergast, who’s the health officer in San Bernardino County, has said.

Cortese: I know Tom.

Eberst: I have Tom come to my classes and talk a little about our role in the community. It is also nice to have our students connect directly to the county health department. Tom states that public health has often generally stood on the bank of the raging river of health issues

and, rather than trying to find out why people fall into the water upstream, they just throw a log out to people as they float by or just count how many people float by or measure well the log worked. I think it's true of many of my university colleagues, they do not connect what they do to the surrounding world. This is a challenge that I have at my campus since my department is in the School of Natural Sciences. The school is not as community-based as other disciplines such as social and behavioral sciences, social work, or education. So they keep asking me why are I out in the community. What is it about health educators that kind of makes us different in this respect?

Cortese: Well, I think when you look at the things that are killing people today, and you know that in the vast majority of the cases where people are dying or being killed, whatever killed them or made them sick is preventable. And nobody's arguing that anymore. They're saying, you're right -- we've got the data that shows that. So what we're doing a very valuable service and we've come so far. We now have instruments to use, that can be used with some validity and credibility. We know how to change behavior without imposing our values on the community. So we provide a terrific service. It's a matter of convincing others that we have a valuable service. I think we've done considerably well over the last fifteen years. If you look back fifteen years ago, people didn't care that much about what health education was doing. As a matter of fact, they didn't believe much in what we were doing. We couldn't defend what we were doing, because we had no method of evaluation, and I think today, we can. And we are doing that.

Eberst: This is a personal point for me. One of the hardest things I have to do as a department chair, and I've been a department chair for thirteen years, is convincing my colleagues throughout the campus that they need to join with me and be involved in our direct community efforts. Frequently, universities are seen as castles on the top of a hill,

surrounded by a moat and all the bridges are up. I don't think the CSU campuses are as much like that as other campuses because we have a major part of our mission directed at working directly with the community.

Cortese: You're absolutely right for most campuses around the country, I think.

Eberst: If you look at the recent history of the colleges and universities, particularly the research institutions, they don't see the real need for them to actually get out and try to do something, not just with the community, but for the community.

Cortese: I don't know if you're familiar or not with the higher education program that we started at CDC, which was one of my missions there. I was to develop a program that would be able to demonstrate the need for colleges and universities to not only be concerned with the health of faculty, staff, and students, but with their surrounding communities. And we had a conference at Harvard. We worked for two years, preparing for that two-day conference. We had several meetings, because we wanted it to have an impact. A good impact. And why was Harvard chosen over other universities? Because when Harvard calls, people come. And we had Charles Deutch, who was at Harvard who was great in doing the lead work for the university. What we planned to have a conference of college and university presidents, we asked them to select another member of their campus, their choice. It could be an academic vice president, could be the director of the health center, whatever. And we got large, medium, small campuses representative of private, public, and they were also asked to invite a member of the community -- a significant member of the community, like Washington, D.C. brought the mayor, and Berkeley came with the mayor. And we invited major corporations, foundations to send representatives. We had Dr. Stacher, who was director of CDC, speak. Donna Shalala came as a former university president, and she also spoke. And we had Dial Mark. For a couple of days we focused

on what is the university's responsibility, not only on their campus, but in the community as well. It was wonderful. You probably read the whole pamphlet that came out of that. And since that conference, a national committee has been formed and Julius Richmond, former surgeon general, is now co-director of this committee. I can't remember the name of the woman who is co-director with him, but they're meeting in various parts of the country a few times a year to bring this very concept to the foreground. To see if we can't get colleges and universities more involved. I felt very strongly about that, and it was interesting to see these college presidents at the conference come around, because they admitted they had not been urged to think about this before. Some of them had to be educated and their colleagues educated them. One of the presidents from one of the research institutions, who shall go nameless, said to the whole group, I'm not sure we should be doing this. And he got clobbered. The rest of his colleagues just let him have it. They said you're so wrong, the fact that we haven't been doing this doesn't mean we shouldn't be doing this. One of the presidents said, I feel so strongly about this I'll tell you what I'm going to do -- I'm going to take one of my vice presidents and this is going to become his full-time job.

Eberst: This should be interesting locally here since my campus just got a new president. He comes with a very strong community agenda. He comes from Wyoming University and was at the University of Arizona for a while. I was in a meeting yesterday in which we are trying to create like a theme for the week of his installation. The Committee decided that the theme should be focused towards community and community enhancement. I really feel that in the past many of my colleagues had to get permission from campus leaders to work directly in the community. We had to come up with ways of arguing for our work. One way I used was the analogy that Biology has their laboratory, and Physics has their laboratory and Geology has their laboratory and all these laboratories are in the

science buildings. But our laboratory is off campus in a neighborhood which is part of community. At least in the sciences, they seemed to understand this laboratory concept and that being in the community makes sense for health education.

Cortese: Yes, I think we see this happening a lot more.

Eberst: My campus has been going through a strategic planning process which was successful run by one of my colleagues. Our president picked someone from my department to run the process rather than someone from business or marketing. My colleague, as the director of our graduate program, was chosen because of his ability and because the president wanted the strategic plan has a strong community focus. I see this as an emerging issue. Having health educators in leadership positions. Do you see this happening as well?

Cortese: Right, in a leadership positions, absolutely. I know when I took the position in the U.S. Department of Education as the Director of the Office of Comprehensive School Health... I guess I need to preface what I'm about to say that we in health education have to take every opportunity we can to advocate for health education, but more importantly we need to demonstrate what we can do for the community. When I entered the U.S. Department of Education there was just about nobody in that whole agency who knew anything about health education -- or cared anything about health education. So I saw my responsibility as being the one person to demonstrate the need for school health education and to get the people who had much more power than I did to say, yes, you're right and I support you. And I think in a period of two years that we had this program working, we did that very nicely. My colleagues in the Department of Education could have cared less about health education when I got there. By the time I left, they knew what we were talking about. They were very supportive. I remember when my boss, Floretta McKenzie, who later became the superintendent of the D.C. schools and now

has a private consulting firm, said to me when she was preparing for budget hearings that she had twenty-one programs under her wing and mine was not set up by law, it was set up by initiative. And she was bringing in the directors of the programs, one by one, to brief her so that she'd know what to say when the members of Congress asked her questions at the budget hearing. And I said to her, Floretta, you haven't set up a meeting with me. And she said they're not going to ask questions about the initiatives, they're only going to deal with the law. When she came back from that meeting and she looked at me and she said, you've had your people pretty busy, haven't you? And I said what do you mean? And she said that's all they talked about was your program. I practiced for all these other programs and all they wanted to talk about was comprehensive school health. And I said, well, yes I did. That's where you take advantage of the opportunity.

Eberst: I think that's a good area for you to focus on. What are the kinds that, you did so successfully there, that we need to do now? And, are we teaching those skills to our students?

Cortese: I think we need to teach our students about advocacy and what they need to do to be successful. You can be much more forward in some instances than you can in others, you've got to judge the situation. We can't take the lead on this sort of thing because we are viewed as trying to feather our own nests. So you try to find powerful other sources to do the speaking for you. And I think that works much better than when we go in feathering our own nests -- they'll listen, I think, more if you get people from outside the field. But they frequently don't know how to answer all the questions. So it's a judgment call, I think, but you have to assume as a professional in this field, that you have some responsibility in this area and I mean everybody. I don't think it's just the directors of the programs. I think that anybody who is out in the field has to see this as one of their responsibilities.

Eberst: Yes, I think that's very true. I've worked with NaSHC and we frequently lobbied in Washington. You become a strong salesman. A friend of mine, who is in sales, says it's the "five-foot rule." Anybody within five feet of you get's the health education "lobby." But, you've got to pick a different lobbying approach to each person and often you are not the best person to make the actual contact.

Cortese: Right -- it's got to be individualized.

Eberst: What were the years that you were at the Department of Education?

Cortese: 1979 to 1981.

Eberst: Was that after the dean's job?

Cortese: No. I was department chairman when I took that position in Washington.

Eberst: Then you came back to California?

Cortese: I got a phone call one day from -- what do they call these people in Washington, D.C.? A headhunter. And I had no idea who he was and he called me up and he said that I've heard from people that you can help me. We are going to establish a new office by initiative that's called the Office of Comprehensive School Health and we're looking for a director. Can you give me some names? I gave him a long list of names and told him why I thought each would be good for such a position and then I asked him what are you going to do in that office. And he said, what do you think we should do? So I gave him a long list of what they could and should do and he thanked me very much and hung up. Two days later I got a call from him again and he said people are giving me your name and I said -- and they play this game I learned later -- they feel you out and get as much information as they can out of you -- and he said would you be interested in this kind of a position. I said, sounds terrific, tell me more. So he said, send your papers and if they're interested in you they'll call you. So just as soon as they got the papers, he called

me and said what are you doing tomorrow. I said, working, and he said we want to set up a day of appointments for you in the Education Department. Well, it was HEW at that time and Califano was setting up this initiative. And so I went, and at the end of the day I met with the director of education and several other people. At the end of that day the head hunter said if they're still interested in you they'll call you. Well, a few days later they called and said we want to set up a day in the health agency now. So I went back and met with Julius Richmond who was Surgeon General and several other people and a few days later they called me and offered me the job.

Eberst: What is it about you that they liked the most?

Cortese: I think probably they contacted these old timers that I had worked with who probably said nice things. I think maybe in addition, they may have liked what I said I would do if I was in that position and I think they probably believed I was pretty forthright and not afraid. You know, at that point in time I don't think I had anything to lose. Even they said they would recommend that anybody who takes a job like this should take a leave of absence from where you are, which I did. So I just thought this was a wonderful opportunity and it turned out to be. Because even though that office lasted only two years, because Carter was defeated, we had sensitized almost anybody you could think of in the Department of Education. They knew what we were up to, they thought about us, they were willing to support us, which is another thing I think you have to do wherever you are -- you have to make friends. You can't just go on campus and rant and rave and expect people to support you when issues regarding new courses and so forth come along. No friends, no action, Your program will get killed. We've all seen that happen.

Eberst: When that office was created it was like a giant shot in the arm for many of us, because even if you hadn't accomplished anything during your tenure, which was not the case, it

was finally some truly important national recognition for health education.

Cortese: It sure was!

Eberst: What was it like to have a chance to play someplace so close to the high "court?"

Cortese: It was a terrific opportunity and even though we didn't have any money -- you know we are operating on money the secretary wanted to let us have -- by law we were not entitled to any money, although we were lobbying hard for money. There was never a great deal of money. But, I got money through my bosses to do things.

Eberst: Tell us about what you learned doing this job in Washington.

Cortese: The very first day I was in Washington, D.C. on my job I went to the appropriations committee hearing. And I learned a lot that day. They had given me a person, Joan, from the department to come and help me get organized and get started. And she was wonderful. She knew how to get into back doors all over this city and she had made friends and in particular, with Senator Magnussen's staff. He was the, I forget what they called him, but he was the chief of the budget on the Senate side. And we went into this room, which was a fairly small room, and we sat outside of the table where the powerful senators were sitting with their staff right behind them. And if you left the room you couldn't get back in, you'd have to get back in the waiting line. So we were in there six hours and I said to Joan, who is the old man at the table? She said, that's Senator Magnussen, he has the purse strings for the whole government. And they were dealing with health and education that day. There was a request in for my program for \$10 million and we had worked pretty closely with Terry Learman who was Senator Magnussen's chief aide for education and welfare and he had pretty positive vibes, so we thought we would do all right. And then we watched how they

would jump over some issues and as they were approaching dealing with that \$10 million that we had wanted, Senator Magnussen left the room and went to the bathroom, and Representative Natcher from Tennessee or Mississippi, one of those two tobacco growing state took over and when they got to my item, he said, "We think you fellows on the Senate side should go along with us on this one." The House recommendation was zero, and that's what we got. So we learned how that works and it was nothing to get too upset about because these decisions are made before they ever enter the room -- they trade off, you vote for me here, I'll give you this \$10 million, and so forth, but it was a good learning experience. We have learned a lot through the years and I think at this date we do better in asking for money because we're learning how to speak more with one voice. And we can demonstrate that if they give us the money, we've got the tools that work and can show some positive results. I remember Terry Lerner, this same aide, came to speak at a SOPHE annual meeting and he was being attacked by the SOPHE gang at the question and answer period. He just blew up and let everyone in that audience have it. He said, "You know, I want to tell you why you guys don't have any money!" he said, "You guys don't agree with each other, you fight with each other, you have about ten different organizations and we don't know who to believe when you come in and ask for money you can't demonstrate effectiveness." He said, "Show me one case where you can demonstrate effectiveness -- we're not going to give any money until you can do that." And we've done it, the field does a nice job with it nowadays, and I think that's why it has respectability in terms of the Congress.

Eberst: Somewhere along the line I'd like for us to discuss the specific things you think health education has done well overall. You know, maybe four or five important successes. But for now I thought we might run down some of the other positions you've held. I don't know if we're following a historical sequence or not, but such things as your role with the National

Commission for health education credentialing and others. I don't know if that fits in right now?

Cortese: It sure does. I have always felt very strongly about the need for such a commission and for health education credentialing. And as you know, we have some colleagues who are well thought of in the field who don't agree with credentialing. They say they don't think we should do this, or we shouldn't have done it. But it came about interestingly, because a few leaders in the field were concerned. Way back when Beverly Ware was president of SOPHE, she took on as one of her major tasks, checking the literature and checking with people about all kinds of credentialing, licensing and so forth. You probably have seen on the HEDIR in the past month and a half all the garbage regarding credentialing, largely by people who did not know the history and didn't know the facts. I found this very interesting.

Eberst: Do you think those comments related to the big picture?

Cortese: Not at all.

Eberst: How did the credentialing process get started?

Cortese: Three or four people went to see the people who were in charge of the Bureau of Health Manpower, now called the Bureau of Health Professions. This was the bureau that had helped other health fields move into some kind of licensing, some kind of credentialing, and they were asked if they would support health education in that same effort. Tom Hatch was the director at that time and he was a bright man who said, we'd be willing to foot the bill for a conference by bringing together the leadership in your field to see if it's a feasible thing and if it make sense that the health education field should move into some kind of a credential? And so they did that by funding the first Bethesda conference and we did a lot of planning for that conference so that we would expect to have something left to carry on when it was over. The people who

planned that conference were the presidents or the chairpersons of the eight health education organizations and I just happened at that time to be the chairperson of the school health services section of APHA. So that's how I was involved. We had the conference -- were you there?

Eberst: I was not at Bethesda but was involved in a similar one called "Commonalities and Differences Among Health Educators" that was held at Townsend State University. At that meeting we looked at some of the commonalities and differences among health educators working in all the different areas, school, community, public, etc.

Cortese: Right. That came at the time that we were beginning to develop the framework and that was a volunteer effort by institutions around the Washington, D.C. area. But the Bethesda conference identified 70 people believed were the leaders in community health education, school health education, and worksite health education, and medical care setting health education, of which there were very few in those days. We used the nominal group process to look at the commonalities and the differences and it was fascinating, because entering that meeting, I think the people in the school health side and the community health side, in the majority of the cases, believed that there was not an awful lot of commonality. So we were divided into these small groups and we went into these rooms and started listing on the board, what do you do in community health education? What do you do in school health education? And put it all down. And interestingly, almost every time somebody put something up there, on community health or school health, the others would say, well we do that, too. And I happened to be in the room with Wilmeda Henry, I don't know if you remember Wilmeda, she was at CDC in the Bureau of Health Education and Wilmeda hated school health with a passion. She thought it was absolutely a waste of time and it just killed her to see school health people saying they did what the community health people did. She

smoked at that time, and another woman, I used to call her Madame Dufarge, because she knitted through all the meetings, I can't remember her name, but a community health person, they both smoked and they would go and stand in the doorway so we school health people couldn't get anything over them. As it turned out, I'm sure you've read that document, it showed that we had a lot more commonalities than differences. The major recommendation that came from that conference was that this group of people who planned this meeting, should continue and see if they could come up with some kind of credentialing mechanism. So that's how the National Coalition on Health Education Credentialing evolved and we took it every step of the way. We needed money to get the job done so we went back to Hatch, at the Bureau of Manpower, and said they had given us a map of what we had to do in order to have a legitimate credential and that included role delineation which needed funding. So they gave us \$250,000 and we established the office that did the role delineation process, and you know Alan Henderson directed that movement. When that was done, we needed additional money to do the role verification, which was the next step in the process and so they funded that effort. But that was all they could fund. At the end of the verification effort we spent a lot of time looking for more money. We looked for volunteer help and that's what you did in Tulsa. That was voluntary help. And we picked up additional money.

Eberst: We had the Birmingham conference, too. Could you please share what you remember about that meeting?

Cortese: Yeah, we had the Birmingham conference because we felt we had been operating for several years and we were hearing some grumbling from some people in the field so we said let's reaffirm that this is what the field wants to see happen. So -- every professional preparation program in the country was invited to the Birmingham conference. We paid the expenses of one member of the

faculty, but the deal was we had to have two members of the faculty, and the institution had to pay for the other. So, I think there were three or four hundred people there at that conference and we had a interesting dialogue there as well. And when it came to voting, almost unanimously, the people at this meeting said by all means, we need to move forward.

Eberst: Let's roll back the clock just a little. When you entered into this meeting in Bethesda, did you have a clear thought in your mind about what you imagined the outcome was going to be?

Cortese: Yeah, yeah I did. I didn't think the school health people and the community health people would walk away from there saying we're pals now. It took quite a while for that to happen to the extent where I think the people in both areas having enough respect for each other to recognize they need to be working together. I did think we would be moving to some kind of credentialing effort because we had heard that in the field for several years. As I said, Beverly Ware was the first person to bring this possibility to the attention of the field. School health people were less excited about a credentialing system than the community health people were, because in most cases, school health people had to be licensed and so they didn't see as great a need.

Eberst: Do you think that's still true today?

Cortese: By the practicing person, that is, the school teacher, probably yes. I think they're wrong, but I think, yes, they probably do feel, "Why do I need this?" "All I need is a teaching credential to teach, I already have that -- who else do I have to prove something to?" I think for bringing the field together, the teaching credential isn't going to do a thing for that, so that's where I see the value. When we can go to employers all over the country and say we have a system here and we hope you'll hire credentialed people. I think what a lot of professionals were hoping when we were trying to get this together. They were not

thinking of themselves, and their own status. I have no need to be a CHES credential person. I wasn't going to look for another job. I had everything I needed. But for the future status of our field, we all need to be credentialed.

Eberst: Why are people getting credentialed today?

Cortese: I think they see their colleagues doing it and they don't want to be left out.

Eberst: To a certain extent, I think that's true. In my department, when I arrived, no one other than me was CHES certified and now everyone who considers themselves as a mainline health educator is CHES certified. The people that are certified, even if they say I don't need the credential to prove something to anyone, are still doing it so as to role modeling for the students.

Cortese: Yes, they are role modeling for their students. And at least in your San Bernardino program, I don't think your people were hostile, visibly hostile and attacking. But a very important segment in the field of health education was attacking. There was the San Francisco area people, primarily from Berkeley. And they were promoting the argument we were moving too fast. The Commission never heard this argument before. We were just dumbfounded, because we had gone back to our professional organizations and fed them all the information after every meeting. After everything we did, the professors weren't passing this out to the students. I got a call once from Helen Ross from northern California asking me to come up to Berkeley and make a speech to the SOPHE group. And I asked, can't you do that yourselves and you can get clobbered? Why do I need to go up and get clobbered? She laughed and she said you should have seen what they did to Larry Green a couple of weeks ago. They massacred him, she said, and they massacred me. Thus, we want to see if they'll do the same thing to you. So I went up there and I bit my tongue an awful lot as these people were coming at me with stuff like

credentialing was a racist thing. I said, come on, you have to tell me how this is a racist thing....setting standards that people in minority races won't be able to meet. And I said why would it be any different for them than for anyone else? Well, somebody had told them that. That credentialing was elitist and we were moving too fast. We never heard this concern before. So I finally had it and I said, if you haven't heard of this before, you have to ask your professors why you haven't heard of this before.

Eberst: These were mostly students?

Cortese: Primarily graduate students. I said if you haven't heard of it, you have to ask your professors why you haven't heard of it. The professors could say this is a bunch of bunk. But this is happening. Well it was an interesting meeting. I don't think we changed any minds up there, and through the years I think they still fight credentialing up there.

Eberst: In 1987, when I was a visiting professor in Maryland, there was . . .

Cortese: You had a program there. Glen Gilbert hated the credentialing idea and fought us every step of the way.

Eberst: I think the overriding issue is that, if you step back and look at the strengths and benefits as we're supposed to do, credentialing has been a good thing. I think you'd have to be pretty blind not to see them.

Cortese: Absolutely. Look what has happened to professional preparation programs as a result of the areas of responsibility. I know our campus at Long Beach certainly reviewed the curriculum against those areas of responsibilities and competencies, found where they were being dealt with and in all the courses in the curriculum and if there were breaks, they found a way to work what was missing into the class. And that alone I think is tremendously valuable. And people who work particularly in the medical care field were telling us when it comes time to share

the money for continuing education we're left out because we have no requirement. Now that we have a CHES requirement, we share with the money just like the nurses. We get our piece of the pie. When it comes time for these health care agencies to hire health educators, they have some kind of frame of reference that they can have these expectations if they hire a CHES person. It isn't going to happen overnight — we said that from the beginning, it may take years. It is taking years, but it is getting more valuable all the time.

Eberst: You may not know this, but last week I got the results of the preliminary study that was done by the University of Illinois. They surveyed all the campuses with health education programs and asked them to what extent they are using the national credentialing recommendations in their programs. It was one of the most interesting pieces I seen on this topic. I think, I don't remember the exact number, with a return rate of 78 percent, 89 percent of everyone surveyed said they had incorporated and were utilizing the credentialing recommendations as part of their curriculum. There were only a very few, about 3 percent, who said they were not using the framework at all. Based upon this, I think we may be going faster than I would have originally anticipated. You start looking at all the jobs that are being listed.

Cortese: ....CHES preferred.

Eberst: At least.

Cortese: Absolutely. I'm very pleased with what has happened through the years, even though both Helen Cleary and I took a lot of crap. We were both willing to take it. I thought this was important enough that we had to move forward and fight for what we thought was right.

Eberst: Do you think we have an effective forum for debate of such processes today? Just an observation, we don't seem to have legitimate debates any more. We watch television for

political debates such as we used to have, but we do not seem have real debates any longer. I guess I am prejudice since I was on the debating team.

Cortese: . . . so was I.

Eberst: So you agree that we seem to be lacking an effective forum for debate?

Cortese: You're absolutely right. I think the media has not helped us in this respect. You look at the talk shows where the host doesn't do his or her homework on an issue and they spend a full hour talking about it, confusing the whole United States because nobody knows what the real facts are. Nobody knows what the literature says. I was watching Ricky Lake the other day and just thinking, God, gal, you didn't do your homework. If you had done your homework, this could have been an interesting show. But I think we do a lot of debating, very emotionally, and personalities get into it.

Eberst: One of my on-going gripes within my own profession setting in the School of Natural Sciences is that whatever issue, say spending our resources, we need to make that decision only after an open debate or discussion. Not behind closed doors.

Cortese: Absolutely.

Eberst: And so it shouldn't be under the table or something. People seem afraid of a debate; afraid of confrontation. I guess we have turned debate today into confrontation. It is "in your face" with a gun or weapon and attaching each other rather than openly sharing an honest, intellectual discussion.

Cortese: Yeah, but I think if you have strong enough leadership, leadership that's not afraid of confrontation and has some standards, the chances of good debate are better.

Eberst: This to me is an issue at lease specific to graduate school. Graduate classes, to me, should have debate as the common course of

events. Students should be able to explore all sides of the issues. I guess it was John Stewart Mill who stated that a person shouldn't really have an opinion unless you can effectively argue the other side of the issue as strongly as possible.

Cortese: Right. I think you're absolutely right.

Eberst: And that's what I saw was lacking in the credentialing debate. The people were attacking on another and not honestly debating the issue.

Cortese: They were doing that on the HEDIR a couple weeks ago, when you had about 50 professionals discussing credentialing. But they weren't doing their homework first of all and I suppose you couldn't blame them. They were new in the field; they had a little idea in their head and they spit it out for the whole world, even though it didn't make much sense. And I was contacted by several people, asking me to respond. I said, no, I'm not going to respond, I'm going to let this die a natural death, because I think we would have gotten into a spitting battle, which we would have accomplished nothing. But I think it's sad that there were people who had ideas that were so far off in left field, talking about paper-pencil tests being no good. We'd be the first to admit that there are lot's better ways to do it, but we're looking at what most fields do for establishing credibility in the field, they're paper-pencil test. Why are they paper-pencil tests? Because to do anything else costs a fortune and we were already told we were charging too much to credential people. But we weren't charging too much — we were about the median if you look at what other professional fields charge. They said we're charging too much, that we have a test that's terrible. You know, my response would be the test was developed by people who do this for a living. They do it for other health fields. We know it's not the best thing in the world, but over time we hope it will improve and improve and improve.

Eberst: Isn't that the nature of any kind of research that you start out with the best you can do and then move the bar up as your skills develop?

Cortese: Yes, as long as you're honest. And we were honest from day one. We put it in the literature, we said we know we must begin this way, but it isn't that we haven't investigated all these other things. We know that licensing would never work in health education, but — I guess maybe you have a whole new generation that you have to keep re-educating and re-educating and re-educating.

Eberst: And I think it's true that many of us get wrapped up in the new research and activities and don't necessarily relate to our students the history, rationale and the reasoning of why we're here and what we're doing.

Cortese: Right, right.

Eberst: And then people say, "Why don't we do it this way," and they should be saying "How did we get to where we are?" "How do you think new professionals should use our new communications technology?"

Cortese: They should ask the questions before they spit out an answer that they have no framework upon which to give that answer. Mark and I have gone around on this issue with that HEDIR. I said to him when he started it, I complimented him for going through all this effort, but I did express a concern. And my concern was, you don't know the credentials of the people who are making the statements, you don't know the people who are reading these statements, you don't know about what is being accepted as fact, and there is a danger there. And I think that is true for this new medium. And I think we need to do more than realize there is a danger there, what more is there, I don't know. And Mark, the last time I talked to him at APHA, said that he thinks in a few short years he has worked to make this whole thing more viable but, he recognizes where there are dangers. You see, it just scares me to see a college sophomore, who has never worked in the field, to write

something that seems very literate, because they can write a sentence and nobody knows who they are, where they came from, what their experience is, yet there's something that seems to be profound there on that computer that may be way off base and how do you deal with that?

Eberst: Is it our job to teach our students what power these technologies provides us as long as we understand their weaknesses and dangers? For example, I'm teaching a "Death and Dying" course this quarter, and my students have an option of doing a second book report or getting onto the Internet and finding a number of death-related web-site pages and evaluating them.

Cortese: Right.

Eberst: I do agree that when a student says something in class, there's a professor there who can pose a thoughtful response and not let any statement stand as "truth." There isn't such that person or mechanism on the HEDIR. We just have a kind of free-flowing discussion.

Cortese: There's nobody there to say, who are you? I mean do you ever see anybody say on that network, who are you? Would you tell me what your background is? Because that would tell me something. But I'm not criticizing Mark, I think it's just a developmental phenomenon that has occurred and it's going to take some time to work through how we make this effective.

Eberst: To a certain extent, we've gone too fast. But do you remember when we first started printing books and journals? There was somebody who had to edit and have the money to pay for typesetting, printing, review, distribution, etc. Now, it's relatively inexpensive. It costs you very little. Today, if you have a job you are provided with a personal computer, so all you need is your own time.

Cortese: It's almost free. \$15 dollars a month, \$30 dollars a month if you're doing it at home. And for very little money you can mouth off all you want.

Eberst: Is anything wrong with this?

Cortese: It could be dangerous under some circumstances.

Eberst: But there are there not many benefits. I ask my students each quarter how many are "connected" and today out of a class of 35 nearly 50% indicate they have such ability. And I offer to get them connected to the HEDIR. But we talk about how it works and what the pitfalls.

Cortese: Now that's good. That's what needs to take place. I think if you had a student organization and one faculty member who could meet with the students once a week, and that faculty member would have to be brave, and say here is what's on the network this week, let's talk about it. And I will give you my opinion and you can give me your opinion. I think that would be great.

Eberst: Do you think it is possible to actually use this idea as a method of teaching? Such a course on current topics.

Cortese: Yes, yes... I do not know if you saw Bill Cissell's recent comment, his was one of the first ones, and he wrote on the bottom, not too many people knew what he was talking about, but he said, "And yes Pete, I am waiting for your comment." He wanted me to get into the discussion and comment on what was being said. I thought, he is at it again, adding fuel to the fire. I did not think at this stage it was wise for me to respond.

Eberst: At this point we have discussed you SHES role, being a Carter appointment to the Department of Education but we have not discussed you work with the CDC. Could you focus on your experience there?

Cortese: The CDC. That was another wonderful experience. I went to CDC (DASH) for two years as a visiting scientist. I think Lloyd Kolbe was primarily interested in me working with something on higher education; an area which they had not really dealt with at that time. They had five universities funded as I am sure you are aware. What they did, in terms of funding those five programs, they treated them in the same way they treated state departments of education which was very different. Lloyd wanted me to see what I could do to strengthen the college effort. The first thing I did with the staff was ask them how many had worked at university campuses. You can't give orders to an university campus program and expect that you are establishing a pattern that will be followed across the entire United States at all colleges and universities. They are all independent entities and will do what they want to do. So, I think that the five universities that were funded were set up to do certain things and they were doing them but there was not going to be any great reward for this effort. So I went there to work on that. But, as soon as I arrived, there was an immediate need... there are two branches in the division, one is Research and Surveillance and then there is the Program Development and Services branch. They asked me to consider being a permanent employee and taking over the Program Development and Services branch because it was branch that needed bringing together. There was a lot going on, they were very busy and the management of that branch seemed very spread out. So we wanted to see what we could do to pull it together. They asked me to become a permanent employee and I did. When I went to CDC Jack Jones said, what kind of a time commitment can you give us? And I said what kind of a time commitment do you want. And he said five to ten years. And I said, Jack, did you look at the age on my papers? And he said yes. And I said, in ten years, you will be praying that I quit. As it turned, I stayed five and one half years.

Eberst: What were some of the most important things you learned during that time with CDC?

Cortese: I think I learned a lot. I learned first of all that when you are dealing with cooperative agreements, the idea is that you work together as partners and you work together. The federal agency hires people with professional backgrounds so the two (CDC and Professional Organizations) can work together intelligently. So it is not a matter of saying I am the federal government so I will tell you what to do and you have to do it. It had to be a cooperative effort. It is a partnership. Each state was different and the politics are tremendous. All the states got funded for AIDS prevention and education but I think, wisely, Lloyd, when he started DASH, took the literature which said, if you are dealing with one health program in the total health program and you are just going to focus on it as if it exists in total isolation your chances of succeeding at anything are almost nil. So, from day one, we focused on the fact that you have to deal with health as a total concept.

Eberst: How did this philosophy work its way into the everyday operations?

Cortese: We had to fit AIDS prevention education into something bigger. And recognize the inter-relationships and inter-dependencies when you are dealing with nutrition when you are dealing with community health, the comprehensive approach is the way to do it. And we had to do that very carefully because the money was AIDS money and we had to convince the people who were higher up that this method was correct and that if you do it any other way you stand a chance of really wasting your money. And we were able to do that. It was nice to hear people in Congress say "I hear you." "I understand you." "I agree with you." Fifteen or twenty years ago their eyes would have glazed over if you tried to present this comprehensive idea. We were seeing people with power saying, "comprehensive school health. I see that, I understand it and I believe in it. Dr. Satcher,

when he was at CDC, whenever he went, people would tell me the first thing he would talk about, in terms of need, would be prevention programs and children and youth. So, DASH did a good job of selling that idea. So, what we had to do was to make sure we were hiring people that had the skills to be able to work with the state departments of education, the cities and the professional organizations. I think another thing that was done that was a very wise decision on the part of people at CDC was to fund about twenty professional organizations of a variety of types because they became the best advocates for school health. Like the School Principals Association, the American Association of School Administrators, the School Boards Association, Cities and Schools. Those people loved to promote comprehensive school health. You would not have heard them say the words before they got funding. So, I think that was a very valuable contribution that CDC has made to the field of health education.

Eberst: Did the money really buy their support? It seems they had to know something about comprehensive school health to even think about applying for the grants.

Cortese: That is exactly right. That's where the good staff comes in. We had to write the RFP for the cooperative agreement and we had to put that comprehensive language right into the RFP so that the people seeking the money would know that they had to do these types of programs that we hoped to see occurring. And, that was not easy. It takes about a year to write one of those RFPs. It goes through hundreds of hands and they keep crossing out lines and words and telling you I do not think this will fly. It actually ends up in the Secretary's office where they review it there also. It takes a whole year of being written and being spit back to you where you have to revise. And, it can sit on someone's desk for two months and they are higher up than you are so you cannot say anything. You have to try to track it down and have the staff stick it under someone's nose.

Eberst: So the concept of “biting your tongue“ was a concept you had to use frequently?

Cortese: Oh, yes. CDC is a very conservative organization. It evolved from “bench-top,” rat and mice scientists. And a lot of those old-timers are in charge of programs all over the agency. Because this issue could be so explosive, whatever words came out of that agency, people payed very close attention to them. We had to be super careful with everything we did. I never worked in an agency before where we had to be so very, very careful about everything we did.

Eberst: Your experience seems similar to Alan Greenspan’s recent nationally telecast statement when he describe the U.S. economy as “exuberant.”

Cortese: Oh, that’s right. And, this was exactly the same. You did not just “run off at the mouth” wherever you were going. You planned a speech. You planned it very carefully. You knew which words you could not say.

Eberst: The CDC recently added the term “prevention” to its name. Could you describe if this was or was not a difficult process and how it came about?

Cortese: It was not difficult. The Directors were sold on this. The Director before Dr. Satcher believe very strongly in prevention. Dr. Satcher believes very strongly in prevention. It just made sense. It was something they should have added years ago. You know, when the Bureau of Health Education was first started at CDC by Hog Ogden, who just died by the way. I don’t know if you know that... there were maybe four legitimate health educators at CDC. During my time, we started an organization of them. Brick Lancaster took the lead. And we found at least one hundred health educators. They eliminated the Bureau of Health Education and I think a lot of health educators were offended when that occurred. But, the way it was explained to us was that we should have

been complimented. There was not a Bureau of Psychology. They just thought that health education was something that was incorporated into all the programs and therefore you do not have to isolate it as a bureau. There is health education all over the agency. And I think that is true.

Eberst: When you think about the future, what do you see as happening over the next five years? The next ten years? The next twenty-five years? What should we in profession preparation programs be doing? What can we do to better unify the health education profession?

Cortese: Well, for the immediate future, we need to teach our students more about managed care and what this all means and have some dialog among the people in higher education as to what health education will have to be doing at this time to give themselves a meaningful role at the table. Because, I think there is opportunity right now and I believe managed care will more and more find a useful purpose of health educators. I think health educators will have to prove that they are the right people for these roles. And, that will not always be easy because there are people from other tangential fields who will argue that they are the right person. That is not new. We have been at this for a long time but, I think the stakes will be bigger over the next five years.

I think we need to have dialog with these other groups. With psychologists, with behavioral scientists, and sociologists and so forth. I would like to see us meeting with the professional leadership in those other areas to talk about what are the unique things that they have to offer that we do not do and vice versa. Instead, what I think we are doing is avoiding that type of discussion, out of fear. It think this is a mistake. I think we need to be talking with these people. Essentially, if you looks at what is going on...and I do not think anyone will say this out loud...but we are fighting each other. We do not say that, but, that is what is happening.

Eberst: Would you say we are still fighting each other in the same way as we did in the past?

Cortese: I think in more subtle ways than we used to. You just look at the academic departments across the country that have brought in multi-disciplinary faculty. There are problems in almost every one of those programs. And frequently, if the health educators are outnumbered, they get wiped out. So, we need to be talking about that kind of stuff but I do not think people do. I think we are having one-to-one conversations, but you do not see the field saying this is an issue we have to openly address. We cannot just keep saying that we are the only multi-disciplinary entity and we are the one that makes the most sense to be doing this type of work. If we believe this strongly, and really believe it, we ought not be afraid to have this type of dialog.

Eberst: A point of view I get from the Nursing field, and most nurses claim they have a health education focus, is that they would like to work more with us and would like to partner more. But this seems to have a major impact on the credentialing issue. Do we establish partnerships with these ancillary fields? And, if we do this are we “watering down” our own ability or are we selling ourselves short of what we could really do alone?

Cortese: I would be concerned. My response to nurses would be, you do work in health education. I think everyone in the health field does some health education. You do not have a minor or a major in health education through a nursing program, unless we were to establish one. I would not dare go to the nursing people and say, “I want your credential.” If we really have something that is unique, why would we expect them to come and say that to us? I do not see that a great big problem. Maybe it depends upon the nursing program. We worked closely with nursing on our campus and they were very supportive. I never saw it as a problem. As a matter of fact, CSULB has established a joint masters degree with the nursing and health science departments. This will give the nurses the chance to become CHES certified because they will be provided

the proper and adequate health education background.

Eberst: On another front, my campus is exploring a Masters degree in Health Communications with the Communications Department. What is your reaction to this type of endeavor?

Cortese: That is an interesting phenomenon. CDC had a lot of dialog on that issue. They established an office of health communication. And the health educators are working closely with those folks because the people working there have health education degrees as well as in health communication. There is a very fine line and no one has determined where we draw the line or if you need to draw the line between those two entities. It seems to me if you are going to be a good health educator, you need to be a good communicator as well. I have been to meetings where they try to define the role of the health communicator and I walk away always very frustrated stating “what is the difference.” If you are a good health educator, you are also a good health communicator. But there are people getting degrees in health communications and then when they come to the agency, they have to decide what they are going to call themselves. It becomes important then as to what is the mission of the office in which they are working.

Eberst: We have had a hard time selling health education as a field because people outside the field are not quite clear as to what we do. At least now, as was announced at APHA, health education is now an official occupation.

Cortese: Yes, the Labor Department just did that. It has never been listed before. This is unique and it happened because enough people got off the dime and wrote letters. This was the best example, in all the years of the National Coalition of Health Education Organizations, of how that coalition can get together to make something happen. Because it was that coalition that took leadership to get that letter-writing campaign going. I represented AAHE

on the Coalition and now Stu Fors is taking over for me. The success of the organization was brought to our attention when the Labor Department said they had never received as many letters on one issue as they did on this one, and that the letters were so well written and well-reasoned. They said they were quickly sold based on those letter.

Eberst: That is one of our real success stories for health education.

Cortese: Yes, it really is. This is the kind of thing that the Coalition was founded for in 1971. However, there has not been a lot of opportunities to see something concrete come out of the effort.

Eberst: Do you think we will continue to have some type of generic health education credential or should we see more specific credentials say in "worksite," "medical care," "community," or "school" areas?

Cortese: When we start credentialing at the graduate level you probably will see such a movement to have one credential in school health education and one in community health education, etc. I hope that does not happen, but I think that it will. There has been a lot of debate on that issue for a long time. I would rather see us stick with the original responsibilities. We should not care how you branch out after that, but these are the core areas of responsibility any health educator should have. To me, that makes sense because there is a limit to what you can do. For us to get this far took us twelve years and a lot of voluntary time. To go further than that, it will take even more time and energy and I do not see the leadership right now wanting to do that. Credentialing is not something you do in a couple of evenings or on a Saturday and a Sunday.

Eberst: Well Peter, I want to thank you for all of the many contributions you have made to our field. You have been a shining light of grace and professionalism. I know you have the respect of all health educators for all of your

contributions, but I hope you also recognize the strong personal affection so many of your colleagues have for you and how much we have all enjoyed you sharing your professional life with us. Thank you also for taking the time to share your thoughts with our on-line readers.

Cortese: You are so very welcome.

### **Acknowledgements**

The author wishes to gratefully acknowledge the contributions of Lynda Schofield, Secretary to the Health Science and Human Ecology Department at California State University, San Bernardino for her careful transcription of this interview. Lynda, working with you is a dream.

Special thanks also goes to Agnes Wellman for graciously opening up her home to the *Journal* and allowing the interview to take place in her living room.

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