Derryberry’s
Educating
for Health

A Foundation for Contemporary
Health Education Practice
Derryberry’s
Educating for Health
John P. Allegrante
David A. Sleet
Editors

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Foreword

Derryberry’s Educating for Health: A Foundation for Contemporary Health Education Practice offers both a welcome celebration of the accomplishments in health education and an important toolkit for advances yet to come. Each of us benefits in our work from the privilege of building upon foundations laid down by our predecessors. The beauty of this collection is the testimony it provides of the strength of those foundations.

For those of us who have spent time in federal service, reading through this anthology of Mayhew Derryberry’s papers is a reminder of the extent to which federal initiatives in prevention policy are rooted in the pioneering work of Dr. Derryberry and the protégés and colleagues he recruited and taught. When Mayhew Derryberry moved, in 1937, from the health department in New York City to the federal Public Health Service, he was seemingly moving from the hurly-burly of the nation’s most dynamic front line to an arena a step removed from the action. A federal disease prevention agenda was only beginning to emerge, and much of the nation’s attention during this time was naturally focused on the problems of infectious diseases, particularly during childhood, which dominated the leading causes of morbidity and mortality until the middle of the twentieth century. In the preantibiotic era, sanitation—and its educational correlates—offered the only interventions, and the primary responsibility was at the local level.
At the time the U.S. Public Health Service was originally established, in 1798 when Congress created the Marine Hospital Service, its focus was largely on quarantine measures and the operation of a system of port-oriented hospitals for the commercial lifeblood of the country, the Merchant Marine Service. Derryberry’s move to the federal level came as interest was growing in stronger federal leadership in disease control. The stage had been set by the 1909 recommendations of the Rockefeller Sanitary Commission and by early-twentieth-century initiatives targeting safer food and drugs and better maternal and child health.

With progress in reducing the disease burden and death rates due to infectious disease, with expanding sanitation efforts, with the introduction of vaccines and antibiotics, and with the increases in chronic diseases such as heart disease, cancer, and stroke, public and political demand for stronger efforts grew. The fledgling National Institute of Health (later National Institutes of Health) took on new importance as a source of insights for understanding newly recognized health threats and therapeutic potentials. The 1937 establishment of the National Cancer Institute was followed a decade later, in 1948, by the founding of the National Heart Institute (now the National Heart, Lung, and Blood Institute). The Communicable Disease Center (later the Centers for Disease Control and Prevention) was also established in 1948, building on the existing public health capacity and activities focused on malaria control. With the establishment of these federal health organizations, the role of the federal government as an agent of change in health was established, and the stage was set for broad-scale work on both the treatment and the prevention of disease and injury. With this role came the potential for leadership in elucidating the role of personal behavior in the causation of disease and injury, in deepening our understanding of the part played by health education in improving the public’s health and safety, and in increasing our ability to provide such education.

Fortunately, Mayhew Derryberry was strategically positioned for this task. In 1941, Derryberry became chief of the newly formed
Division of Health Education in the Public Health Service and began assembling a team to engage the myriad issues intersecting at the nexus of behavior, social factors, and disease and injury. Many hold that it was at this time that Derryberry and his associates in the Division of Health Education laid the foundation for our modern efforts in health education policy, practice, and research. Much of the current work of health educators and other public health disciplines can be traced back to the earliest work and studies carried out by Derryberry and those who collaborated with him. Most notably, two social psychologists in the division, Godfrey Hochbaum and Irwin Rosenstock, conducted what is now the seminal study of the role of health beliefs in explaining utilization of public health screening services. This effort spawned development of the Health Belief Model and enhanced our understanding of health behavior for a generation to come.

With the enhanced understanding of the preventable nature of many health problems and the critical role of behavior that emerged from studies generated by the National Institute of Health during the 1950s and 1960s came new interest in health education during the 1970s. In 1973, President Nixon formed the President’s Committee on Health Education to study the role of education in advancing the nation’s health. Among other initiatives, the committee recommended that two parallel health education organizations be established, one internal to government and one external, to promote the involvement of the private sector in sponsoring the use of health education for better health. The Bureau of Health Education at the Centers for Disease Control served that role within government, and the National Center for Health Education (which assembled these and the original set of Derryberry papers) was formed to mobilize the private sector response.

Building on and drawing from the momentum of the president’s committee, a number of related assessments were initiated to review the possibilities for stronger work in prevention, including stronger federal leadership. The most sustained of these assessments is perhaps
the work launched in 1977 by then Health Education and Welfare (HEW) (now Health and Human Services) secretary Joseph Califano and his surgeon general, Julius Richmond, with the formation of the federal Task Force on Disease Prevention and Health Promotion, which I was privileged to chair in my capacity as HEW deputy assistant secretary at the time. That task force was charged with reviewing the possibilities for prevention, along with the activities of the relevant federal agencies, and recommending a series of program and budgetary enhancements to strengthen the work.

The 1978 report of that internal task force was entitled *Healthy People*, a name that was carried over to the following year with our 1979 release of *Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention*. It was our hope that this surgeon general’s report would help draw the nation’s attention to several important facts: (1) that the health of the American people had improved substantially, (2) that the gains were largely attributable to prevention, (3) that behavioral factors were perhaps the leading issues in the dominant health challenges of the day, (4) that health promotion and health education were therefore key to further progress, and (5) that the potential for further progress was so considerable that it might even be quantified. In respect to that final point, quantified targets were established in *Healthy People* for reducing, by 1990, the death rates for Americans at each major life stage: infancy, childhood, adolescence, and adulthood. In the following year, 1980, the report *Promoting Health/Preventing Disease: Objectives for the Nation* set out some 226 measurable targets for the year 1990 in health promotion, health protection, and clinical preventive services—targets in areas deemed important to achieving the overall reductions in deaths expressed in the *Healthy People* goals. Thus began the first iteration of the *Healthy People* process, a process now in its third decade with the publication of *Healthy People 2010*, many of the health education elements of which are traceable to the initiatives and legacy of Mayhew Derryberry.
The scope of progress spanning the nearly seventy years since Derryberry first started on the public scene is striking. We now know, through large-scale epidemiologic studies, that smoking tobacco is the leading cause of most lung cancers. We now know that elevated serum cholesterol, smoking, high blood pressure, obesity, and diabetes are key risk factors for developing cardiovascular disease. We now know that alcohol-impaired driving, failing to use safety belts, and speeding are the major contributors to motor vehicle injuries. And we now know the critical role that behavioral and social factors play as nonmedical determinants of disease. Most important, we are making significant progress against those factors.

We also know that in the relatively short span of our country’s history, we have been fortunate to have had prominent leaders like Derryberry, who should be recognized for his leadership in catalyzing this nation’s earliest efforts in health promotion and disease prevention. Though the work is far from done—mention need only be made of the current burden of obesity trends, HIV infection, injuries, and addiction to recognize that fact—our progress has been great and our tools are more powerful because Mayhew Derryberry and the contemporaries he mentored had the foresight, the commitment, and the tenacity to change the landscape of federal policy. This volume will do much more than merely orient a new generation of public health education specialists to the work that provides the basis for much of contemporary health education practice. It will prompt a vital understanding of how people of unflinching courage, vision, and leadership can make a difference.

February 2004

J. MICHAEL McGINNIS
The Robert Wood Johnson Foundation
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In the history of every profession one encounters individuals who have a dynamic impact on its character and direction. Sometimes they achieved such prominence by introducing new ideas or by the persistence with which they fought for their ideals in the face of rejection by peers. Others served as catalysts for ideas emerging from other disciplines. No matter how such individuals achieved their own success, they brought new insights to shape the profession’s future irreversibly and forever.

Mayhew Derryberry, Ph.D., was this kind of leader. Anyone who educates for improved health practices can learn from Dr. Derryberry. The magnitude and timely relevance of his impact on health education and public health can best be appreciated by traveling back in time to see what health education was like when the theories, concepts, strategies, and methods that are taken for granted today were still unknown. Students in health education today learn about community organization, needs assessment, pretesting and evaluation of educational materials, program evaluation, group processes, behavioral science theories and models. All beginning students also focus on the role of attitudes and motivation. Their studies include the premise that people’s behavior in the face of health hazards is determined by their personal, social, and cultural beliefs more than by medical history.
We accept without question that the scientific underpinning of health education is in the field of education and the social and behavioral sciences rather than in the health sciences. These concepts have their genesis in the careers of persons such as Mayhew Derryberry.

Dr. Derryberry’s vision, firm convictions, persuasive leadership, and wide sweep of scientific and professional skills gave him a decisive role in broadening and enhancing the field of health education. A national and international trailblazer in health education, Dr. Derryberry directed the central health education unit of the U.S. Public Health Service during a very productive 27-year career. During this period, Dr. Derryberry, either individually or in collaboration with other eminent public health professionals, presented a number of papers on various subjects, including educational aspects of health services, involving the public in health decision making, influencing adult health behavior, and involvement of physicians and nurses in the communication process.

Several of us associated with Dr. Derryberry have worked to bring together a collection of his more significant papers. They not only serve as a tribute to his vitality, resourcefulness, and thinking but also provide a foundation for understanding the evolution and acceptance of concepts widely practiced today. This historical perspective of Dr. Derryberry’s contribution to the profession has significance for the future growth and development of the next generation of health educators.

Dr. Derryberry was a leader in the period of intellectual ferment that began to take shape in the 1930s. A number of highly gifted and dedicated individuals contributed profoundly to the revolutionary changes that were taking place. Names like Nyswander, Morgan, Connolly, Rugen, Hiscock, and others are inseparably interwoven with significant developments in the health education field. Before them, the research and leadership of professionals such as Sedgwick, Winslow, and Turner helped to estab-
lish lasting legacies for those in or about to enter the public health education field. These people were illustrative of that creative period of time.

As a key participant, Dr. Derryberry encouraged and gave a sense of direction for demonstrating and testing revolutionary concepts in health education practices. Unafraid to take professional risks, Dr. Derryberry established demonstration projects and pilot studies, expanded research-potential through integration with other disciplines, and presented findings to various professional communities. Because of such efforts, Dr. Derryberry established a profound and lasting reputation in the public health field.

All this did not come easily. It was a long and sometimes difficult battle. There were many victories and some defeats. In the end Dr. Derryberry could look back and see a profession that had grown intellectually, methodologically, and ideologically. He saw a profession that was on the threshold of being recognized by other health and medical professionals as legitimate and significant.

These papers exist because of Dr. Derryberry’s everlasting commitment to what has become the modern-day principle of feedback. He believed that it was necessary to put his ideas on paper so that the largest group possible could consider, discuss, and evaluate them. The technique of feedback requires an open mind, receptiveness to new ideas, and courage to take risks—attributes that Dr. Derryberry exhibited throughout his career as a public health researcher, leader, and teacher.

It is exciting to see how an idea is originally presented and how it can change over time. These papers show the evolution and development of community participation, communication strategies, evaluation, and a host of other components now taken for granted in health program development. Since the training of health educators was always near and dear to him, we hope that the next generation of health educators will draw inspiration and gain strength from Dr. Derryberry’s papers.
We gratefully acknowledge permission given by various publishers to reprint the papers included in this book. As you read them, thinking about the ideas and judging their merits, remember that Dr. Derryberry would have been the first to ask: “What do you think of this? Will it work? What’s a better way?” In order to better appreciate and respond to Dr. Derryberry’s intellectual challenges, the papers have been arranged to reflect relevant issues. The short introductions to each chapter are designed to put the particular topic in proper perspective for present and future use.
I was privileged to know Mayhew and Helen Derryberry, “Uncle Derry” and “Aunt Helen” to me, as a member of their extensive network of relatives. My brother and sisters and I, together with a whole host of second- and third-generation nephews, nieces, and cousins, were the beneficiaries of quality time spent with Helen and Derry at family gatherings, including graduations, weddings, and christenings, exotic Indian dinners prepared by Chef Helen (I still can recall the rebuke at my inappropriate review of her famous egg-plant casserole), Cal football games, spontaneous bridge and other card games, and picnics (Helen and Derry loved picnics).

Through these events, we learned of and had an opportunity to meet many of Derry’s professional colleagues from throughout the United States and beyond. We especially enjoyed meeting Derry’s graduate students at Berkeley. We saw first-hand the magnitude of Derry’s reputation and stature within the public health community as he mentored the next generation of practitioners.

Even though I always had an appreciation for Derry’s work and accomplishments in the field, I did not comprehend the timeliness, sophistication, and depth of his research until I was asked by Helen to work with Clarence E. Pearson and the National Center for Health Education (NCHE). After Derry’s untimely death, Helen devoted her time and resources to the project of publishing Derry’s
more significant papers, not only as a remembrance of his remarkable career but also to ensure that his research would not be lost to future generations of public health professionals. Helen’s venture afforded me a unique opportunity to interface not only with Clarence and NCHE but also with those colleagues of Derry’s and friends of Helen’s—Cecilia Conrath Doak, Godfrey Hochbaum, and Jeannette Simmons—who likewise wanted to preserve Derry’s valuable and relevant heritage and scholarship.

Through our collaborative efforts, the initial editorial committee, with Helen’s constant oversight (she never forgot her days at Harper’s), produced and published the original memorial to Derry. Helen was very proud of what we had accomplished. I know that she would be profoundly moved by the efforts of John Allegrante and David Sleet, as well as, again, NCHE, to revisit her dream of creating Derryberry’s Educating for Health. John and David have validated our original efforts, for which we are eternally grateful.

On behalf of the family, and in loving memory of Helen and Derry, I want to express our heartfelt thanks to John, David, and NCHE for continuing the work launched by Helen as a testament to a person who touched so many lives, whether first-hand or as a result of his pioneering work in public health.

February 2004

WILLIAM D. TAYLOR, ESQUIRE
Sacramento, California
So many professional colleagues, associates, and friends are responsible for this publication that I cannot begin to thank each and every one by name. Without your expertise, enlightened judgment, and perseverance this book would not have been published.

You have all contributed, each in your own way, toward fostering the philosophy and nurturing the spirit of health education represented in these papers. May the combined strength of our efforts renew our convictions and commitment to a better life for future generations.

Thank you, one and all.

1987

MRS. MAYHEW (HELEN) DERRYBERRY