

## Report Two: 'I Am Me' Survey

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### **Article:**

During the 1977 AAHPER Convention in Seattle, Washington, each member of the AAHE Board of Directors was charged with the responsibility to initiate and complete a service project for the benefit of AAHE and its members. The overall mission was named PROJECTS TEN. Kenneth S. Clark, then chairman of the Health Education Program at Pennsylvania State University, selected a comprehensive survey of the AAHE membership. Robert Shute and James Eddy, also of Penn State, agreed to assist with the data collection and analysis.

Following the development of the instrument by Clarke, AAHE circulated a copy of the "I Am Me!" instrument to the entire membership. Approximately 6,000 questionnaires were mailed during the summer and fall months of 1977 and 932 (15.5%) were returned. Of the 932 returned questionnaires, 916 (15.2%) were suitable for keypunching and further analysis. Although the rate of returns was disappointing, a sufficiently large data base was obtained so that the status, activities, and opinions of the respondents could be characterized and shared through a series of reports published in *Health Education* over the coming year. This report is the second in that series.

The first report, in the May/June 1978 issue, included a brief profile of the respondents, their opinions about the status of health education according to their current job title, and opinions about the journal, *Health Education*.

### **Rationale/Capabilities**

AAHE is a relatively new, semiautonomous division (since 1976) within the American Alliance for Health, Physical Education, and Recreation (AAHPER). It was the opinion of the AAI-IE officers and Board of Directors that, in order to truly serve the members of this organization, it was critical that the members had an opportunity to provide input which could be used for planning and decision-making on both national and local levels. Little was known about AAHE members except for their names and mailing addresses.

Although the questionnaire was very detailed, there were relatively few major questions to be explored.

1. Who are AAHE members? (personal profile)
2. Where do they live and work?
3. What is their academic training? What are their professional tasks?
4. What are their professional strengths and weaknesses?
5. To which other organizations do they belong?
6. What *are* their opinions about the profession of health education?
7. What are their opinions about the various activities of the AAI-IE national convention?

8. What are their opinions about the journal *Health Education*?
9. What are their opinions of AAHE as a professional organization?
10. Do they have a willingness to serve AAHE through active participation at national and/or local levels? If so, in what way?
11. Can they identify other professionals who may wish to serve AAHE via regional projects?

With the capabilities of computer processing, dozens of other meaningful questions can be posed which will permit further illumination of the data. Aside from simple frequency and percentage tabulations, information from any portion of the questionnaire may be compared with information from any other portion of the questionnaire.

We have chosen to present information in these reports which we hope will be of interest to the membership-at-large. Other information, more useful for planning at the national level, will be provided to AAHE on an "as requested" basis.

### **A Note of Caution**

The information contained *in* this report characterized only those AAHE members who responded to the questionnaire. Primarily to save space, but also to avoid over-generalization, the meaning of this data is left to the reader. To the extent that an organization should be guided by the opinions of those members who chose to respond, the information is offered as input for decision-making.

Extreme detail in the following tables has been avoided to preserve clarity. Please note that, due to missing data, percentages are a more meaningful basis for comparison than raw frequencies. Also, since several individuals chose not to respond to every item on the questionnaire, summated frequencies may not equal the total number of useable questionnaires.

Report Two of the AAHE Membership Survey focuses on the opinions of the respondents related to AAHE as an organization, with special attention given to the national conventions.

### **Current Status of AAHE**

Table 1 depicts, in some detail, the current beliefs of respondents related to several statements about AAHE as an organization. Overall, the respondents were quite pleased with the current goals, leadership, and organization of AAHE. While the percentage of responses were generally uniform across job titles, some illuminating differences of opinion did emerge. In response to statement 1, "of the professional societies for health educators, AAHE has the best promise for giving comprehensive services to its members," those who identified themselves as health educators were less optimistic than the other respondents. Statement 6, "the physical education component within AAHPER influences unduly the activities and priorities of AAHE," also produced sharp disagreement. Of health educators, 64% agreed or strongly agreed with this statement while only 14% of physical educators agreed. While virtually none of the respondents thought AAHE should be dissolved, health educators and those in the "other" category were more likely to support the idea that "AAHE should initiate steps now to separate from AAHPER" (statement 11). However, 75% of the respondents disagreed with this statement and support the connection with AAHPER.

**Table 1. Current beliefs related to AAHE as an organization**

Current Beliefs	Job Title	Strongly Agree N(%)	Agree N(%)	Disagree N(%)	Strongly Disagree N(%)	Total N
1. Of the professional societies for health educators, AAHE has the best promise for giving comprehensive service to its members.	Health Educator	48 (18)	156 (58)	59 (22)	4 (2)	267
	Hlth & Phys Educator	53 (21)	177 (70)	23 (9)	1 (1)	254
	Physical Educator	10 (18)	45 (80)	1 (2)	0 (0)	56
	Other	37 (17)	143 (69)	31 (15)	3 (1)	214
	Total - N (%)	148 (19)	321 (66)	114 (19)	8 (1)	791 (100)
2. Reorganization from the school health division to AAHE produced no changes of substance.	Health Educator	6 (1)	72 (29)	146 (58)	28 (11)	252
	Hlth & Phys Educator	6 (2)	92 (37)	138 (56)	11 (5)	247
	Physical Educator	2 (4)	21 (46)	22 (48)	1 (2)	46
	Other	4 (2)	75 (40)	101 (53)	10 (5)	190
	Total - N (%)	18 (2)	260 (35)	407 (55)	50 (7)	735 (100)
3. Compared to other organizations the dues for AAHE are reasonable.	Health Educator	35 (13)	221 (80)	18 (7)	3 (1)	278
	Hlth & Phys Educator	25 (10)	217 (84)	15 (6)	0 (0)	257
	Physical Educator	8 (13)	47 (80)	4 (7)	0 (0)	59
	Other	26 (12)	182 (84)	5 (2)	3 (1)	216
	Total - N (%)	95 (11)	667 (82)	42 (5)	6 (1)	810 (100)
4. A small clique of college health educators has too much power in guiding the affairs and leadership appointments of AAHE.	Health Educator	30 (12)	91 (37)	110 (44)	18 (7)	249
	Hlth & Phys Educator	24 (10)	79 (34)	121 (52)	7 (3)	231
	Physical Educator	1 (2)	18 (42)	22 (52)	1 (2)	42
	Other	19 (11)	68 (38)	88 (49)	6 (3)	181
	Total - N (%)	74 (10)	256 (36)	341 (49)	32 (5)	703 (100)
5. The AAHE Headquarters staff are likely to be more responsive to a member's needs than their counterparts in other professional societies for health educators.	Health Educator	13 (6)	125 (55)	86 (38)	5 (2)	229
	Hlth & Phys Educator	15 (7)	145 (63)	70 (30)	0 (0)	230
	Physical Educator	0 (0)	34 (77)	10 (23)	0 (0)	44
	Other	12 (7)	112 (62)	56 (31)	2 (1)	182
	Total - N (%)	40 (6)	416 (61)	222 (32)	7 (1)	685 (100)
6. The physical education component within AAHPER influences unduly the activities and priorities of AAHE.	Health Educator	70 (28)	92 (36)	87 (34)	6 (2)	255
	Hlth & Phys Educator	6 (2)	53 (21)	174 (70)	14 (6)	247
	Physical Educator	0 (0)	8 (14)	43 (74)	7 (12)	58
	Other	23 (11)	68 (33)	106 (51)	10 (5)	207
	Total - N (%)	99 (13)	221 (29)	410 (54)	37 (5)	767 (100)
7. It is only because of local political necessity that I keep my AAHE membership.	Health Educator	1 (1)	14 (5)	127 (47)	130 (48)	272
	Hlth & Phys Educator	3 (1)	13 (5)	122 (46)	126 (48)	264
	Physical Educator	0 (0)	1 (2)	36 (59)	24 (39)	61
	Other	0 (0)	6 (3)	119 (54)	95 (43)	220
	Total - N (%)	4 (1)	34 (4)	404 (49)	375 (46)	817 (100)
8. The publications developed and sold by AAHE are convenient references for those for whom they were designed.	Health Educator	51 (19)	192 (72)	21 (8)	3 (1)	267
	Hlth & Phys Educator	28 (11)	218 (84)	13 (5)	2 (1)	261
	Physical Educator	11 (17)	45 (73)	6 (10)	0 (0)	62
	Other	40 (19)	160 (75)	12 (6)	2 (1)	214
	Total - N (%)	130 (16)	615 (77)	52 (7)	7 (1)	804 (100)
9. The Alliance group services (liability, insurance, travel discount, etc) are little value to the individual member.	Health Educator	40 (15)	118 (45)	91 (35)	11 (4)	260
	Hlth & Phys Educator	14 (5)	98 (38)	119 (46)	27 (11)	258
	Physical Educator	4 (7)	16 (28)	35 (60)	3 (5)	58
	Other	9 (4)	84 (41)	89 (43)	24 (11)	206
	Total - N (%)	67 (9)	316 (40)	334 (43)	65 (8)	782 (100)
10. The current activities, goals, and plans of AAHE are in the right direction.	Health Educator	28 (11)	210 (82)	13 (5)	4 (2)	255
	Hlth & Phys Educator	24 (10)	212 (85)	13 (5)	1 (1)	250
	Physical Educator	6 (11)	48 (86)	2 (4)	0 (0)	56
	Other	16 (8)	175 (87)	10 (5)	1 (1)	202
	Total - N (%)	74 (10)	645 (85)	38 (5)	6 (1)	713 (100)
11. AAHE should initiate steps now to separate from AAHPER.	Health Educator	45 (18)	60 (24)	112 (44)	35 (14)	252
	Hlth & Phys Educator	8 (3)	24 (10)	139 (54)	87 (34)	259
	Physical Educator	0 (0)	7 (12)	40 (66)	14 (23)	61
	Other	23 (11)	31 (15)	111 (53)	44 (21)	209
	Total - N (%)	76 (10)	123 (16)	402 (52)	180 (23)	781 (100)
12. AAHE should be dissolved in order to unify health educators in one of the other organizations.	Health Educator	12 (5)	22 (9)	131 (53)	82 (32)	247
	Hlth & Phys Educator	0 (0)	15 (6)	157 (64)	74 (30)	246
	Physical Educator	0 (0)	0 (0)	44 (79)	12 (21)	56
	Other	2 (1)	11 (6)	130 (66)	55 (28)	198
	Total - N (%)	14 (2)	48 (6)	462 (62)	223 (30)	747 (100)

Percentages are rounded to the nearest whole percent.

**Table 2. Opinions of national convention activities**

<i>Conference Activities</i>	<i>Importance N (%)</i>	<i>Frequency N (%)</i>	
1. Research Reports	Necessary	121 ( 51)	
	Desirable	99 ( 41)	
	Unnecessary	<u>20 ( 8)</u>	
		240 (100)	
2. Single Speaker on a Key Topic	Necessary	125 ( 52)	
	Desirable	103 ( 42)	
	Unnecessary	<u>15 ( 6)</u>	
		243 (100)	
3. Panel on a Key Topic	Necessary	93 ( 39)	
	Desirable	131 ( 54)	
	Unnecessary	<u>17 ( 7)</u>	
		241 (100)	
4. Round Table Discussion on a Key Topic	Necessary	59 ( 25)	
	Desirable	134 ( 56)	
	Unnecessary	<u>47 ( 20)</u>	
		240 (100)	
5. Three Speakers on a Key Topic	Necessary	45 ( 19)	
	Desirable	147 ( 62)	
	Unnecessary	<u>44 ( 19)</u>	
		236 (100)	
6. "Town Hall" Open Forum Discussions	Necessary	47 ( 20)	
	Desirable	120 ( 50)	
	Unnecessary	<u>72 ( 30)</u>	
		239 (100)	
7. Demonstration	Necessary	117 ( 48)	
	Desirable	112 ( 47)	
	Unnecessary	<u>12 ( 5)</u>	
		241 (100)	
8. Poster Sessions/Show and Tell Booths	Necessary	77 ( 32)	
	Desirable	128 ( 53)	
	Unnecessary	<u>35 ( 15)</u>	
		240 (100)	
		Throughout	64 ( 28)
		Several Sessions	82 ( 36)
		One or Two Sessions	71 ( 31)
		None	<u>11 ( 5)</u>
			228 (100)
		Throughout	58 ( 25)
		Several Sessions	89 ( 38)
		One or Two Sessions	82 ( 35)
		None	<u>6 ( 2)</u>
			235 (100)
		Throughout	31 ( 14)
		Several Sessions	83 ( 36)
		One or Two Sessions	100 ( 43)
		None	<u>15 ( 7)</u>
			229 (100)
		Throughout	27 ( 12)
		Several Sessions	55 ( 24)
		One or Two Sessions	109 ( 47)
		None	<u>38 ( 17)</u>
			229 (100)
		Throughout	20 ( 9)
		Several Sessions	68 ( 31)
		One or Two Sessions	103 ( 46)
		None	<u>31 ( 14)</u>
			222 (100)
		Throughout	22 ( 10)
		Several Sessions	35 ( 15)
		One or Two Sessions	100 ( 49)
		None	<u>57 ( 25)</u>
			224 (100)
		Throughout	96 ( 41)
		Several Sessions	59 ( 25)
		One or Two Sessions	66 ( 29)
		None	<u>11 ( 5)</u>
			232 (100)
		Throughout	105 ( 46)
		Several Sessions	38 ( 17)
		One or Two Sessions	58 ( 26)
		None	<u>25 ( 11)</u>
			226 (100)

Responses to some of the other opinion statements, evidenced the existence of a sizeable "minority" belief structure within AAHE. In statement 4, "a small clique of college health educators has too much power in guiding the affairs and leadership appointments of AAHE," respondents are split 46% (agree or strongly agree) to 54% (disagree or strongly disagree) on this issue. Statements 2, 5, 6, and 9 reflect that more than 30% of the total number of respondents hold opinions which indicate dissatisfaction with current AAHE practices. While the source of each respondent's dissatisfaction is unknown, these statements revealed that there are some touchy issues to be resolved.

### National Conventions

Although most of the 916 respondents answered the questions pertaining to the national conventions, further analysis revealed that only 243 of the respondents had actually attended as many as two or more of the last five conventions. In order to present a more realistic picture table 2 is based on the responses of those 243 individuals.

The great majority of convention-goers felt that their experiences were professionally satisfying. Thirty-six percent mentioned that they gained from the professional sessions, the camaraderie, and the business meetings, while 46.6% stated that they gained from the sessions and the camaraderie only.

Since conference activities are the visible backbone of conventions, table 2 portrays the respondents' opinions of the importance of and desired frequency for eight types of information sharing formats. The data reveals that variety in format is overwhelmingly preferred and that the majority of respondents would like to have at least

several sessions devoted to most activities. The activities for which the highest exposures are desired are research reports, single speaker on a single topic, panel in a key topic, demonstrations, and poster sessions/show and tell booths. Round table discussions on a key topic, three speakers on a key topic, and the open forum discussion format were viewed as relatively less desirable. Respondents asked that they be much less frequent than other activities.

We wish to thank AAHE for sponsoring this project and we especially thank those members who took the time to complete the questionnaire. Many of the respondents also offered suggestions, encouragements, criticisms, and witticisms. While we could not share the unsolicited comments in these reports, we did attempt to characterize the import of these comments to the AAHE organization.