

# Historical Research: A Thematic Analysis of Convention and Conference Themes for Selected Professional Health Education Associations from 1975 to 2009

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## *Abstract*

*Many professional organizations and associations hold conventions and conferences on an annual basis. Health Education professional associations take part in this process. Using a historical research perspective, this article delineates conference themes for four prominent professional Health Education associations: the American Association for Health Education (AAHE), the American Public Health Association (APHA), the American School Health Association (ASHA), and the Society for Public Health Education (SOPHE). Data were collected, examined, analyzed by thematic content analysis, and then organized by association, year and location. Development of an appropriate methodology for thematic data collection and analysis are described.*

**Key Words:** *Theme, Professional Association, Historical Research, Thematic Content Analysis, Textual Analysis, Qualitative Method*

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## Introduction

Interest in the history of health education and the role and development of professional associations is an important but often overlooked topic in the literature. As a profession, we are often limited by what materials exist, whether or not the data have been collected, organized and presented, the perspective and interpretation of the author of those materials, and by our ability to actually access or obtain copies of these materials.

## Purpose of Study

Therefore, the purpose of this paper is to provide a listing of the data collected and an historical review of annual meeting themes for four of the more prominent health education professional associations; the American Association for Health Education (AAHE), the American Public Health Association (APHA), the American School Health Association (ASHA), and the Society for Public Health Education (SOPHE). This review includes a thematic content analysis of all health education conference themes between the years 1975 and 2009.

## Background

Qualitative research offers an opportunity for in-depth examination of information. Polkinghorne<sup>1</sup> argued that conducting qualitative research primarily focuses on data generation and much less on the procedures for analyzing the data. Researchers often search for systematic procedures for data collection and data analysis, including guidance for interpretation of the data.<sup>2</sup> There are several reasons for these perceived difficulties in qualitative methodologies, such as the intuitive process used by researchers working with their data and because methods developed for one area of work may not be easily translated or applied to another. Hence, a research method may not have precedence in the literature (as in the case for this study), because it may require some combination of research steps to achieve the desired results.

Historical research gives perspective. Best and Kahn<sup>3</sup> defined history as a meaningful record of human achievement, not merely a chronological record of events but a truthful account of the relationships among persons, events, times, and places. A historical research method applies to all

fields of study because it encompasses their origins, growth, theories, personalities, and crises.

Wiersma<sup>4</sup> defined historical research as the process of critical inquiry into past events to produce an accurate description and interpretation of those events. Historical research uses no single method because of its complexity and all-encompassing nature.<sup>5</sup> Barzun and Graff<sup>6</sup> added that history is not a subject unto itself but rather a mode of thinking that incorporates reflection upon the past.

## Methods

### Research Design

Busha & Harter<sup>7(p.91)</sup> described the basic steps of historical research as a rigorous collection and organization of the information, data, or evidence; verification of the authenticity and veracity of information and its sources; critical analysis of the data; selection, organization, and analysis of the most pertinent collected evidence (data synthesis); and development and recording of conclusions in a meaningful manner. We endeavored to follow these steps in the current study.

### Data Collection

Data for this study were gathered through a review of the health education literature,<sup>8-10</sup> a review of professional association web sites, interviews and communication with professional association staff members, interviews with current or past historians, and archivists for the different professional associations. Specific data sought included conference and convention themes between the years 1975 and 2009, including the city and state where the event took place. Data were organized and presented in Table 1.

### Data Analysis

Textual analysis (a qualitative, non-traditional component of content analysis) examines the words and phrases that are used in a message. The focus of this analysis was on looking at the occurrence of selected terms within the themes, which included both implicit and explicit interpretations. While explicit terms obviously are easy to identify, coding for implicit terms was based on a somewhat

subjective system. The words and phrases selected should represent some patterned meaning or grouping within the data set. An important question to address in terms of coding is: what constitutes a group or category? Were the words and phrases conceptual, literal, practical, or topical? How many times must a word, phrase or concept occur to be considered a group or category? As this is a qualitative analysis, there is no specific rule to follow.

To clarify our methodology, we chose the label *textual* or *thematic content analysis* as a basis for data analysis. Linking *content* with *thematic* also served to distinguish this method from other types of content analysis that typically focus on counting the frequencies of words.<sup>11-13</sup> Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. At a basic level, it allows for organization and description of data. Thematic analysis is widely used but there is limited agreement about the steps and procedures researchers should follow.<sup>14</sup>

In preparation for the analysis, data were organized by association, year, conference theme, and location. (See Table 1) Themes were carefully studied and placed into groupings then, categories. This involved a process of organizing the data according to category, thus creating groups of data and corresponding notes. We acknowledge that the categories developed did not derive only from the data but were influenced by the literature and background reading including the researchers' professional experience and values.<sup>15,16</sup> While these factors contributed to the conceptualization process, care was taken to ensure that the categories reflected the data and were not manipulated to force the data to fit within the categories. The data derived from this literal textual analysis is located in Table 2. A more subjective analysis of the themes can be found in Table 3.

### ***Thematic Analysis***

The thematic analysis was conducted based on a six step method described by Braun and Clarke.<sup>14</sup> Step one involves becoming familiar with the data. For this review, both authors contributed to the data collection and organization of data in Table 1. Step two is the generation of initial codes. Data were reviewed and initially coded by each author individually. Codes (themes) were compared and discussed. Step three transformed the codes into grouped data. Grouped data were then organized into categories. Step four is a review of themes that emerged from the previous steps to determine if the

grouped data and the categories identified are clearly representative of the initial data. For example, once the data were grouped could relationships between groups be determined? Were there other categories that emerged? Step five is the definition or labeling of categories. And Step 6 consists of linking the themes to the existing literature.<sup>14</sup>

## **Results**

Preservation of data and information related to the professional health education associations are needed to build a lasting foundation for the future. Because the four professional associations selected for inclusion in this study are member driven, mechanisms for data preservation may be overlooked, considered to be extraneous, or deemed not as important as more current pressing concerns. Continuous collection and organization of historical data should be maintained. A collection of historical documents, articles, and books about health education professional associations has been published elsewhere.<sup>16</sup>

Table 1 shows a collection of data from 1975 to 2009 organized by professional association, year, conference or convention theme, and location (city and state) where the event took place. As such, initial categories for coding the data included organization, date, theme, and location of meeting. Multiple sources of information were used to create as complete a data set as was possible to obtain. Some variation and differing reports on conference themes were reported for AAHPERD/AAHE between 1970 and 1985. The two primary resources were the AAHE archives and an article written by Richard K. Means and Ann Nolte<sup>17</sup> that was published in 1987 and provided a historical review of events and activities for AAHPERD/AAHE covering the previous 50 years.

A literal analysis of keywords and concepts was conducted to assess the textual or thematic content of each conference theme. Table 2 organizes the data by key words and concepts, e.g., prevention, change, collaboration, unity across associations.

A more subjective review of the conference themes revealed a number of groupings or categories across all four professional associations. Conceptual themes included legacy of the profession, professionalism, partnership and collaboration, cultural diversity, international or global health, human rights, and social justice. More practical themes emerged as well, e.g., personal responsibility for health;

marketing and advocacy; health education professionals as community or public health workers, to name a few.

A few insights emerged when reviewing data in the context of each professional association. For example, a significant proportion (75%) of ASHA conference themes focused on family, children, and youth. This emphasis is in line with the organization's mission "to protect and promote the health of children and youth by supporting coordinated school health programs as a foundation for school success."<sup>18</sup> ASHA identifies five specific goals to achieve this mission, one of which clearly promotes "interdisciplinary collaboration among all who work to protect and improve the health, safety and well-being of children, youth, families and communities."<sup>18</sup> Population-specific themes have not been a particular focus for conference themes identified by the other three associations.

AAHE, one of the five professional associations within AAHPERD, does not have the opportunity to develop its own theme for the annual meeting and is thus limited in the potential benefits derived from a convention theme. As one might expect, these themes are not particularly reflective of the vision or mission of AAHE.<sup>19</sup> AAHPERD has promoted many sport-oriented themes, e.g., team, movement, spirit, baton, distance. To date, there have not been any themes specifically identified as health or health-related. What is somewhat surprising is that the sport-oriented themes also are not reflective of the AAHPERD vision or mission statement.<sup>20</sup> This may partially be attributed to the method of selection of the conference or convention theme. The AAPHERD president selects the theme for the annual meeting, so themes may be more reflective of a personal choice or platform issue rather than a link to the Alliance or the stated vision or mission. For example, AAHPERD's President in 2007 chose the theme "Valuable, Viable, Visible," which seemed to be linked to the proposed name change for the Alliance and the suggested benefits that were associated with the proposed name change. SOPHE and APHA were more likely to select a theme that focused on a health-related or healthcare oriented theme. Themes around politics or policy development also were noted. These themes are aligned with the vision and mission statements of their respective associations.<sup>21, 22</sup>

Table 3 shows themes reflective of the city or location for the conference or some special or unique feature for that location. In addition, themes reflective of popular culture or a current movie were

noted. Popular cultural references like the stereotypical mid-life crisis, Disney theme parks, or iconic phrases like "Liberty, Justice and Health for All" were identified. Some movie titles were "Back to the Future" (ASHA 2001), "Supersize Me" (ASHA 2005) and "2001 A Space Odyssey" (SOPHE 2001).

## Discussion

Historical research provides an analytical framework or approach that ought to be present in any analysis of popular culture. Gathering data, collecting information, observing and analyzing historical change over time can provide a foundation for understanding the history of the health education profession in the United States. Clinton Strong<sup>23(p.34)</sup> said "the depth of a field, its traditions, and even its present comes from its history." A concerted effort should be made to develop and maintain an empirical database<sup>16</sup> to document important events, developments, and experiences that occur as the health education profession continues to develop. This material can help provide future generations with an opportunity to develop a working knowledge of the past, present, and even the future of health education.

In the current study, data were collected from a wide range of sources in order to develop as complete a data set as possible. Data were organized into table format including the organization, year, theme, and location of the annual meeting. Textual or thematic content analysis focused on identifiable themes and patterns. Themes that emerged from the data were organized to form a comprehensive collection. As noted by Leininger,<sup>24(p. 60)</sup> the "coherence of ideas rests with the analyst who has rigorously studied how different ideas or components fit together in a meaningful way when linked together."

Our method of analysis demonstrated the following advantages over conventional content analysis: (1) it provided a convenient and reasonable means of finding meaningful themes in the text; (2) the themes emerged from the data rather than be imposed by the researchers; and (3) the techniques revealed the relative importance and interrelationships among the conference or convention themes.

While some of the professional associations included in this study utilized their selected conference themes more effectively than others, the findings in this study suggest that there are a number of potential benefits that have not been realized in the past.

Associations should look to the identification and selection of conference themes that have more of a connection to the mission and vision, more impact on the potential conference participants, set the desired tone for an event, or potentially help to sustain the organization. Each of the professional health education associations included in this study use a different process to identify and select their conference theme. It should be the goal of each organization to develop and create an exciting conference which stimulates discussion, fosters the exchange of ideas and knowledge, and generates more informed understanding of the relevant issues for the profession.

According to Margaret Mead, “the choice of a conference site is extremely important. The site should have distinction and style and should provide the kind of setting that can be used to shape as rapidly as possible the developing conference ethos.”<sup>25(p. 49)</sup> To some extent, all four of the professional health education associations utilized location or some special or unique feature for the selected location as a focus of their conference theme, however, SOPHE seems to have utilized this approach more frequently. An effective theme also appears to be valuable as a marketing tool or to foster brand identification or loyalty. Potential benefits of a theme can include garnering attention for the association, conveyance of the association vision or mission, its’ purpose or specific goals. Themes can aid marketing efforts, highlight location, situation, or events, emphasize social issues, focus on issues and concerns of the membership, or provide organizational structure for the conference

We offer a number of guiding questions for developing an effective conference theme. These include: Is the selected theme appropriate for the association, its membership, and potential conference participants? Is it clear and concise? Is it timely? Does it demonstrate creativity, cleverness, or uniqueness? Is it reflective of or compatible with the association’s vision, mission, purpose or goals? Does it reference the host city or special features of the host location?

## Conclusion

This project provided a listing and historical review of annual meeting themes for four of the major professional health education associations (AAHE, ASHA, APHA, & SOPHE). It utilized a qualitative, historical research approach that described a set of procedures for thematic content analysis. To the best

of our knowledge, this is the first written compilation and analysis of professional conference themes across professional associations in health education. If a reader should find discrepancies in the data, please contact the lead author. Each of the professional health education associations included in this project maintain some form of historical archives. We hope that this article is viewed as a contribution to these data repositories and that at some point in the future, a collaborative health education archive can be developed that is comprehensive and inclusive of the entire profession.

While very little literature exists to provide guidance related to the conceptualization, development and selection of effective conference themes, it seems to be clear that conference themes have a place in the planning and development of an annual meeting or convention. However, the selection, identification, marketing, and utilization of themes appear to impact the image of the association and the perceptions of the association members and conference participants. Therefore, the leadership and members of these associations and others are encouraged to use this preliminary study to advance the health education profession.

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**Table 1.** Conference Themes by Association, Year and Location

Association	Year	Theme	City	State
ASHA	1975		Denver	CO
	1976	The Golden Anniversary Convention	New Orleans	LA
	1977		Atlanta	GA
	1978		Dearborn	MI
	1979	The International Year of the Child and School Health	San Diego	CA
	1980		Dallas	TX
	1981		Washington	DC
	1982	Cross Cultural Aspects of School Health	Phoenix	AZ
	1983	Marketing School Health	Louisville	KY
	1984	Kids are Consumers Too	Pittsburgh	PA
	1985	Health Promotion Through the Schools	Little Rock	AK
	1986	Child Health: America's Wealth, An Investment in the Future	Denver	CO
	1987	New Dimensions in School Health -- A Challenge for the 90s	Indianapolis	IN
	1988	America's Schools -- Magic Kingdoms for Health Promotion	Lake Buena Vista	FL
	1989	Building Self-Esteem: Prescription for Schools	Chicago	IL
	1990	Partnerships for School Health Programs	Long Beach	CA
	1991	Promoting An International Responsibility for Healthy Children	Dearborn	MI
	1992	Changes in the American Family: The Impact on School Health	Orlando	FL
	1993	Adolescence: Health Challenge for the 90s	Pittsburgh	PA
	1994	Socioeconomically Disadvantaged Youth - Children At Risk	Houston	TX
	1995	Teaching Children In and About a Healthy World	Milwaukee	WI
	1996	Challenge for the Nation: Creating a Real Contract with America's Kids	St. Louis	MO
	1997	Helping Children Choose Healthy Lifestyles	Daytona Beach	FL
	1998	Refocusing School Health Programs to Address Public Health Priorities	Colorado Springs	CO
	1999	Collaboration: The AC@ Word for the 21 <sup>st</sup> Century	Kansas City	MO
	2000	Schools and Communities: Partners for Children's Health	New Orleans	LA
	2001	Back to the Future: School Health in the 21 <sup>st</sup> Century	Albuquerque	NM
	2002	Advocacy for Student Health and School Success	Charlotte	NC
	2003	School Health Beyond the Borders	El Paso	TX
	2004	School Facilities: Safe or Sorry	Pittsburgh	PA
	2005	Supersize Prevention: Obesity, Diabetes and Other Critical Issues	Burbank	CA

2006	Healthy Bodies, Healthy Minds: The Mental Health Connection	St. Louis	MO
2007	Health Literacy in Many Cultures	Honolulu	HI
2008	Finding Common Ground in Human Sexuality and Other Adolescent Health Issues	Tampa	FL
2009	Healthy Kids, Healthy Lives, Healthy Futures	Denver	CO
2010			

SOPHE

1975	25 in 75	Chicago	IL
1976	How Do Health Educators Move into Today's Mainstream?	Miami Beach	FL
1977	Major Policy Issues in Health Education	Washington	DC
1978	Shaping the Future of Health Education	Los Angeles	CA
1979		New York	NY
1980	Coming of Age in the 80s: A Mid-Life Crisis	Detroit	MI
1981	Health Education Policy and Paradigm	Los Angeles	CA
1982	Health Education and Promotion: Plans and Achievements	Montreal	Canada
1983	Health Education: An Evolving Frontier	Dallas	TX
1984	The Science of Change: Self, Client, Profession, Society	Anaheim	CA
1985	Strengthening Health Education in the Golden Era of Health Promotion	Washington	DC
1986	Improving the Odds: Using Program Evaluation Results	Las Vegas	NV
1987	Shifting Sands: Objectives Past, Present, and Future	New Orleans	LA
1988	Quality Health Education: AIDS -- The Test Case	Boston	MA
1989	Shaping Health Education in the Next Decade	Chicago	IL
1990	Health Education as a Bridge to Social Change	New York	NY
1991	Putting the Public Back into Public Health	Atlanta	GA
1992	What is the Future of Health Education?	Washington	DC
1993	Health Education: Bridges to Change	San Francisco	CA
1994	Bringing Prevention into Focus: Spotlight on Health Education	Washington	DC
1995	Power, Politics and Prevention	San Diego	CA
1996	With Liberty and Justice and Health for All	New York	NY
1997	Health Education at the Crossroads: Applying Social Ecology to Prevention	Indianapolis	IN
1998	Improving Health Through Advances in Education, Policy, Science and Technology	Washington	DC
1999	Celebrating 50 Years of Leadership and Vision for Health Education	Chicago	IL
2000	Taking Risks: Revitalizing the Revolutionary Spirit of the Profession	Boston	MA
2001	2001 Odyssey: Mentoring, Partnering, Leading the Way	Atlanta	GA

	2002	Declaring Our Interdependence: United for Health Education	Philadelphia	PA
	2003	Leadership and Diversity: Bridges to a Golden Health Education Era	San Francisco	CA
	2004	The Power and influence of Health Education: Promoting Monumental Change	Washington	DC
	2005	Global Health Promotion: Bridging New World, New Cultures (New Orleans, LA)	Philadelphia	PA
	2006	Health as a Human Right: Health Education, Equality and Social Justice for All	Boston	MA
	2007	Partnerships to Achieve Health Equity	Alexandria	VA
	2008	Catching the Wave: Changing the Tides of Health Education and Health Promotion	San Diego	CA
	2009	An Invitation to Innovation	Philadelphia	PA
	2010			
AAHPERD/ AAHE	1970	We Ourselves Must Change to Master Change or Preparation for and Adjustment to Change (Means & Nolte, 1987)	Seattle	WA
	1971	ESP - efforts to save programs or According to Means & Nolte (1987) No conference theme	Detroit	MI
	1972	Enhancing "The Quality of Life"	Houston	TX
	1973	Unity through Diversity		
	1974	Fantasy-Reality-Goals	Anaheim	CA
	1975	Come Alive in '75	Atlantic City	NJ
	1976	Share in the Future	Milwaukee	WI
	1977	Alliance on the Move or A Portfolio of Action (Means & Nolte, 1987)	Seattle	WA
	1978	Good Communication - Putting it all Together (Means & Nolte, 1987)	Kansas City	MO
	1979	Building Tomorrow	New Orleans	LA
	1980	Building Together	Detroit	MI
	1981	The Alliance sets sail for Boston or A New Beginning (Means & Nolte, 1987)	Boston	MA
	1982	Teamed for Excellence	Houston	TX
	1983	A Wellspring for Tomorrow	Minneapolis	MN
	1984	Alliance Spirit or Commitment - The Road to Achievement (Means & Nolte, 1987)	Anaheim	CA
	1985	The Centennial or A Century Remembered - A mission for the Future (Means & Nolte, 1987)	Atlanta	GA
	1986	Creating Images	Cincinnati	OH
	1987	Roots and Wings	Las Vegas	NV

1988	Creating Unity	Kansas City	MO
1989	Strength through Diversity	Boston	MA
1990	New Horizons: Opportunities in the 1990s	New Orleans	LA
1991	Commitment to Excellence: A Shared Responsibility	San Francisco	CA
1992	Leadership for Healthy Lifestyles	Indianapolis	IN
1993	(QP <sup>2</sup> ) Quality Programs Quality Professionals	Washington	DC
1994	Sharing Our Vision	Denver	CO
1995	Bridges for Our Future	Portland	OR
1996	Celebrating the Olympic Spirit	Atlanta	GA
1997	Dare to Soar!	St. Louis	MO
1998	Change...the only constant	Reno	NV
1999	Take the Challenge...Go the Distance	Boston	MA
2000	Connections	Orlando	FL
2001	Passing The Baton, Leaving a Legacy	Cincinnati	OH
2002	A New Alliance: Power in Partnership	San Diego	CA
2003	Soar with your Strengths	Philadelphia	PA
2004	Together We Can Lead the Way	New Orleans	LA
2005	The Present is our Future	Chicago	IL
2006	Visions for our Future—Reflections on our Past	Salt Lake City	UT
2007	Valuable, Viable, Visible (linked to the BOG proposed name change) AAHPA	Baltimore	MD
2008	Take Time. . . Celebrate Life Together!	Ft. Worth	TX
2009	Many Voices . . . One Mission	Tampa	FL
2010		Indianapolis	IN
2011		San Diego	CA
2012		Boston	MA

APHA	1975	Health and Work in America	Chicago	IL
	1976	Prevention in Today's Economy	Miami Beach	FL
	1977	Toward a national health policy	Washington	DC
	1978	Creating the future of public health	Los Angeles	CA
	1979	Child and family health in America	New York	NY
	1980	Crisis in the public sector: Challenge to the public's health	Detroit	MI
	1981	Energy health and the environment	Los Angeles	CA
	1982	Aging and public health: International perspectives	Montreal	Canada

1983	Science and social action for health and peace	Dallas	TX
1984	Shaping the nation's health agenda	Anaheim	CA
1985	Government's Responsibility and the people's health	Washington	DC
1986	Local health services: Crisis on the front line	Las Vegas	NV
1987	Health Care: For people or profit?	New Orleans	LA
1988	Technology and health: Problems and promise	Boston	MA
1989	Closing the gap: Ethics and equity in public health	Chicago	IL
1990	Forging the future: Health objectives for the year 2000	New York	NY
1991	Public health and a national health program	Atlanta	GA
1992	Uniting for healthy communities	Washington	DC
1993	Building health environments	San Fransisco	CA
1994	Public health and diversity: Opportunities for equity	Washington	DC
1995	Decision making in public health: Priorities, power and ethics	San Diego	CA
1996	Empowering the Disadvantaged: Social Justice in Public Health	New York	NY
1997	Communicating Public Health	Indianapolis	IN
1998	Public Health and Managed Care	Washington	DC
1999	Celebrating a Century of Progress in Public Health	Chicago	IL
2000	Eliminating Health Disparities	Boston	MA
2001	One World: Global Health	Atlanta	GA
2002	Putting the Public Back into Public Health	Philadelphia	PA
2003	Behavior, Lifestyle, and Social Determinants of Health	San Francisco	CA
2004	Public Health and the Environment	Washington	DC
2005	Evidence Based Policy and Practice	Philadelphia	PA
2006	Public Health and Human Rights	Boston	MA
2007	Politics, Policy and Public Health	Washington	DC
2008	Public Health without Borders	San Diego	CA
2009	Water and Public Health: the 21st Century Challenge	Philadelphia	PA
2010		Denver	CO

**Table 2.** Literal Theme Analysis

**Change**

ASHA	1992	Changes in the American Family: The Impact on School Health	Orlando	FL
SOPHE	1984	The Science of Change: Self, Client, Profession, Society	Anaheim	CA
SOPHE	1993	Bridges to Change	San Francisco	CA
SOPHE	2004	The Power and influence of Health Education: Promoting Monumental Change	Washington	DC
SOPHE	2008	Catching the Wave: Changing Tides of Health Education and Health Promotion	San Diego	CA
AAHPERD/AAHE	1970	We Ourselves Must Change to Master Change	Seattle	WA
AAHPERD/AAHE	1998	Change . . .the Only Constant	Reno	NV

**Diversity**

SOPHE	2003	Leadership and Diversity: Bridges to a Golden Health Education Era	San Francisco	CA
AAHPERD/AAHE	1989	Strength through Diversity	Boston	MA
APHA	1994	Public Health and Diversity: Opportunities for Equity	Washington	DC

**Environment**

APHA	1981	Energy Health and the Environment	Los Angeles	CA
APHA	1993	Building Health Environments	San Francisco	CA
APHA	2004	Public Health and the Environment	Washington	DC

**Family**

ASHA	1992	Changes in the American Family: The Impact on School Health	Orlando	FL
APHA	1979	Child and Family Health in America	New York	NY

**Future**

ASHA	1986	Child Health: America's Wealth, An Investment in the Future	Denver	CO
ASHA	2001	Back to the Future: School Health in the 21 <sup>st</sup> Century	Albuquerque	NM
ASHA	2009	Healthy Kids, Healthy Lives, Healthy Futures		
AAHPERD/AAHE	1976	Share in the Future	Milwaukee	WI
AAHPERD/AAHE	1995	Bridges for Our Future	Portland	OR
AAHPERD/AAHE	2005	The Present is our Future	Chicago	IL
AAHPERD/AAHE	2006	Visions for our Future—Reflections on our Past	Salt Lake City	UT
APHA	1978	Creating the Future of Public Health	Los Angeles	CA
APHA	1990	Forging the Future: Health Objectives for the Year 2000	New York	NY

### **Health Promotion**

ASHA	1985	Health Promotion through the Schools	Little Rock	AR
ASHA	1988	America's Schools -- Magic Kingdoms for Health Promotion	Lake Buena Vista	FL
SOPHE	2005	Global Health Promotion: Bridging New World, New Cultures	Philadelphia	PA

### **Leadership**

SOPHE	1999	Celebrating 50 Years of Leadership and Vision for Health Education	Chicago	IL
SOPHE	2003	Leadership and Diversity: Bridges to a Golden Health Education Era	San Francisco	CA
AAHPERD/AAHE	1992	Leadership for Healthy Lifestyles	Indianapolis	IN

### **Lifestyle**

ASHA	1997	Helping Children Choose Healthy Lifestyles	Daytona Beach	FL
AAHPERD/AAHE	1992	Leadership for Healthy Lifestyles	Indianapolis	IN
APHA	2003	Behavior, Lifestyle, and Social Determinants of Health	San Francisco	CA

### **Prevention**

ASHA	2005	Supersize Prevention: Obesity, Diabetes and Other Critical Issues	Burbank	CA
SOPHE	1994	Bringing Prevention into Focus: Spotlight on Health Education	Washington	DC
SOPHE	1995	Power, Politics and Prevention	San Diego	CA
SOPHE	1997	Health Education at the Crossroads: Applying Social Ecology to Prevention	Indianapolis	IN
APHA	1976	Prevention in Today's Economy	Miami Beach	FL

### **Technology**

SOPHE	1998	Improving Health Through Advances in Education, Policy, Science and Technology	Washington	DC
APHA	1988	Technology and Health: Problems and Promise	Boston	MA

### **Unity**

SOPHE	2002	Declaring Our Interdependence: United for Health Education	Philadelphia	PA
AAHPERD/AAHE	1988	Creating Unity	Kansas City	MO
APHA	1992	Uniting for Healthy Communities	Washington	DC
AAHPERD/AAHE	2009	Many Voices . . . . . One Mission		

**Table 3.** Topical Themes by Subjective Interpretation

**Event-Related Themes by City**

AAHPERD/AAHE

- 1974 Fantasy (Disneyland) - Anaheim, CA
- 1981 Sailing - Boston
- 1996 Olympics - Atlanta
- 1997 Spirit of St. Louis - Flight - St.Louis, MO

ASHA

- 1986 Mint (Wealth- Investment) - Denver
- 1988 Magic Kingdom (Disneyworld) - Lake Buena Vista, FL
- 1989 AMA (Prescription) - Chicago
- 2003 Border - El Paso
- 2007 Many Cultures - Honolulu

SOPHE

- 1983 Frontier - Dallas
- 1986 Odds - Las Vegas
- 1990 Brooklyn Bridge – NYC
- 1991 Centers for Disease Control and Prevention (CDC) – Atlanta
- 1993 Golden Gate Bridge - San Francisco
- 1996 Statue of Liberty -NYC
- 1997 Crossroads -Indianapolis
- 1998 Politics - Washington, DC
- 2000 Revolution - Boston
- 2002 Declaration of Independence - Philadelphia
- 2003 Golden Gate Bridge - San Francisco
- 2004 Washington Monument - DC
- 2008 Sailing (Charting Course, Tides) – San Diego

APHA

- 1997 National Identity – Washington DC
- 1982 International Perspective – Montreal
- 1985 Government – Washington DC
- 1991 Public Health – Atlanta
- 2008 Border – San Diego