

UNCG CENTENNIAL ORAL HISTORY PROJECT COLLECTION

INTERVIEWEE: Marian K. Solleder

INTERVIEWER: Linda Danford

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LD: Dr. Solleder, can you tell me when you came to UNCG [The University of North Carolina at Greensboro], and in what capacity?

MS: I came in the fall of 1966 as associate professor of health education in the School of HPERD [Health, Physical Education, Recreation and Dance].

LD: But it was not the School of HPERD then?

MS: No, no.

LD: What was the department like at that time?

MS: It was department of—

LD: Department of Physical Education?

MS: No. Health, Physical Education—yes.

LD: Health, Physical Education and Recreation. And what courses did you teach when you first came?

MS: Oh, my. Teaching methods in health education, a seminar in health education, some of the basic personal health course or classes. I can't remember what else. Our main thrust the next year or so was to develop two undergraduate major tracks in health education. One focused on school health education, and the other focused on community health education. Prior to [clears throat]—prior to my arrival and getting started on doing that, there had been a health education emphasis within a physical education major. And so students who were interested in health education could take that particular emphasis, but it was still not a separate and distinct health education major, and that was what I was brought here to concentrate on, to focus on.

LD: Were the students who were being served by this, by the department before you came, primarily students who were going to teach physical education, or were they going into other fields?

MS: It was primarily physical education, although there were some students in recreation curriculums as well.

LD: But they were primarily going into the schools?

MS: I think that's probably fair to say, as far as physical education was concerned, yes.

LD: And then did that change when you shifted the emphasis to health education? What kinds of jobs would your majors go into?

MS: Well, we had the two tracks within the new health education major, and one was focused on school. And then within about a year, we developed the one that focused on community. And so the students who would take the community track would go into health education positions with local health departments, for example. That was where a number of them moved right directly because right at that point the health departments were beginning to expand their education programs. And they were welcoming our students.

LD: Can you talk some about what kinds of directions health education was taking those days—what problems they were directing themselves toward? As, for instance today, AIDS [acquired immune deficiency syndrome] is a fairly major preoccupation. What were the concerns, health concerns?

MS: Well, I think a major problem was something that is still continuing, and that's the teenage pregnancies.

LD: That was a problem even in the '60s?

MS: That was definitely a problem in the late '60s, and I don't remember the exact year, but there were a number of federally funded programs started in health departments around the state. And there were—with a focus on education. And a number of our students went into some of those programs. But that was a pervasive problem at that point. Also there were the usual child health programs, the chronic disease programs, the VD [venereal disease] education programs, so they did a broad spectrum education kinds of things in relation to the community health programs.

LD: What about attention to prenatal care? Was there concern about that?

MS: Yes. That was always a part of the public health education programs.

LD: What about child abuse? Was there any—was that—?

MS: My recollection is that that was not—it undoubtedly existed, but it had not come to the forefront, I think, the way it has in more recent years.

LD: How did that program, the public health program at UNCG, how did it begin to unfold? What changes took place during the years you were there from '66 until '88, is that right?

MS: Yes.

LD: What changes did you see? Or maybe—did the program not change? Did you—did it remain pretty much the same once you had set it up?

MS: Well, it changed. There's no doubt about that. At some point along the way, we added an epidemiology course.

LD: Which is concerned with what?

MS: With the causation and transmission of disease—disease process. There was considerably more emphasis put on program evaluation over the years as that became a more prominent and necessary thing in the public health realm, but I think not just in public health. That's become more prominent, more expected, in all kinds of programs.

LD: Did you—?

MS: Excuse me, go ahead.

LD: Did you have a lot of nurses in your program, or did they have their own?

MS: No. That's a separate and distinct program.

LD: They have their own public health courses in their department?

MS: I don't know what they have in terms of public health-related courses. We always had a few nursing students who would take some of the courses within the program. We had a course that was the health problems of low-income groups, and that drew widely from across the campus—nursing, sociology, education—as well as our own students, for whom it was a requirement. But the nursing is a separate and distinct kind of thing.

LD: What—when did the department become the School of HPERD? You're the first member of this department that I've interviewed.

MS: I can't tell you the exact year.

LD: Was it in the early '70s?

MS: Yes. My recollection is it was about '72? I'm not—I can't come up with it for sure. [Editor's note: School of HPERD was formed in 1963]

LD: [unclear] Did that have any effect on your department? What were they—what were some of the results of that administrative change?

MS: I don't recall that it had great implications for the health education program, specifically.

LD: Didn't make you more independent?

MS: We had had independence [chuckles] as a department. That's one of the things that I attribute to the vision of [Dr.] Ethel Martus Lawther, who was the head of the department as Ethel Martus—head of the department when I came, and she had a real vision of what the health education program should be and that, indeed, it should develop, and it should develop and stand on its own feet. And she recognized the changes that were occurring in the relationships between health education and physical education. And she recognized that health education needed to be its own person, its own field. And she was most supportive of us of going ahead and developing programs and making our way in the state and in the nation. And so we had had independence in a sense, in that sense.

LD: And strong support?

MS: And very strong support, yes. Very strong support.

LD: How long had Ethel Martus been chairman of the department before you came, do you know?

MS: Well, at the point of her retirement, she had been with the university forty-some years, so when did she first arrive? I can't give you a number of years. I don't know.

LD: She continued to be the chairman how long after you came?

MS: Until she retired.

LD: Which was?

MS: In about '75, I think it was.

LD: And then she became the head of the—she must have been the head of the School for the first few years.

MS: When the school became the School, she became the dean of the School.

LD: How many faculty members would have been at that time in, I mean, just the health education department? How large a department was it?

MS: About five who did exclusively health education. And at that point in time, that was a pretty fair-sized department because here, as well as some other places across the country, health education was really beginning to be established as a separate field. And to have five people who were spending all of their time doing that was really pretty remarkable for it to have that kind of support.

- LD: What were some of the reasons why health education seemed to take off at that point? Was it availability of federal money, or was there any impetus externally that—
- MS: Health education had been around for years and years and years. It had not had its own identity in public schools to the extent that it had had its own identity in the community—in community health programs, public health education. But in schools it had been a combined health and physical education program taught by the same person, invariably. And in the early '60s, there was a nationwide study called the School Health Education Study, which surveyed schools of all sizes, all across the country—had used survey techniques and testing programs for children in the schools, and so on. And their results, in brief, showed that health education in the schools in this country was dismal. It was not taught by people who were as qualified as they needed to be. The children were not learning. They had—they didn't have basic knowledge in lots of areas, and just the way in which it was conducted, carried out, it was pretty dismal. And that, I think, was one of the, if not the, major emphases that propelled the development of separate and distinct school health education majors in colleges and universities. And many of the programs, as this one here, had been doing a health and physical education program. And they began to realize that, indeed, that was not meeting the needs. And so there began to be interest in the development of a separate school health education major program. And following that, or related to that, then there developed the separate and distinct community health education program. But I think the School Health Education Study in the early '60s played a significant role in spurring the development of health education major programs all across the country because the period of the '60s was a period where the number of major programs across the country jumped tremendously in size, probably tripled in size.
- LD: When you look at UNCG and the establishment of your department within the school, how—what is your perception of how these decisions were made? Would Ethel Martus have decided this herself, or would it be decided at a higher level at the university? What is your perception of the decision-making process as it relates to the School of Physical Education and Health Education?
- MS: I'm not sure that I know specifically how that was decided. My sense is that it was a decision that grew out of faculty as well as the department head, groups.
- LD: From the bottom up—in other words, that's what I'm trying to get at—was the decision made from the bottom up or from the top down?
- MS: I honestly don't know. But looking back at those early days, and even as early as when I was interviewed and came for an interview, I definitely had the feeling that this was something that faculty members recognized was important and that they wanted to see happen, and it wasn't just something being imposed or just a head's advice—a head's decision. I felt there was support from, I mean, across the faculty.
- LD: Who interviewed you when you came down? Who did you talk to?

MS: [pause] Ethel Martus, of course. [Dr.] Gail Hennis.

LD: Who was?

MS: Who was a professor in the department at that time, who later went—left the department and became Associate Dean of the Graduate School. [Dr.] Celeste Ulrich [Class of 1946], who was a professor in the department who was an alum of this institution. [Dr.] Esther “Bobbie” White, who was in the health education department. Now those are the ones I can think of within the school. I remember also talking, of course, to [Dr.] John Kennedy, who was the dean of the Graduate School, to Mereb Mossman [sociology and anthropology faculty, dean of instruction, dean of the College, dean of faculty, vice chancellor for academic affairs], who was the dean of the faculty, the academic—dean of academic affairs, I think was the title—Dr. [James S.] Ferguson, of course, who was chancellor. No. I’m catching myself because—no, I didn’t talk with Dr. Ferguson because he came, he took—moved into the chancellor position between the time I was interviewed and the time I came, I believe. That was right at the point when Dr. Otis Singletary was chancellor. He was, I believe, the person I came and interviewed with.

LD: But then he was to leave for a job in Washington [DC].

MS: And then he left for Washington, I guess it was. And I think by the time I got here, perhaps, Dr. Ferguson was the chancellor.

LD: What are your memories of Dr. Ferguson?

MS: [pause] Great admiration. Just a really, really fine gentleman—gentle, gentlemanly, sincere, gracious and in a very quiet, but in a very quiet way forceful. And there was—it was clear where he stood on things. But the way in which he expressed himself—and I don’t, I never worked with him directly, so I don’t know his working style, but certainly the way in which he expressed himself, the way in which he talked in groups, you knew where he stood, and you knew why he stood where he did and why he believed what he did. But he was very gentle in the whole process—just a marvelous, marvelous man.

LD: That’s a pretty typical response of the people I have interviewed.

MS: Yes. Yes. He was just a very, very, very fine person.

LD: What are your memories of Mereb Mossman?

MS: I never worked closely with her in any way. My contacts with her were mainly meetings, and really not an awful lot of those—very, a very astute lady, very intelligent lady—strong—a strong person. I remember she asked—I don’t remember specific questions, but I remember she asked me some good questions when I came for an interview. I think at that point, probably, she didn’t know a whole lot about what health education was all about. And that was not atypical of people at that point, and she had some good

questions. I think a strong leader, as far as faculty and academics on the campus were concerned, supportive of high standards and this sort of thing.

LD: It was a much smaller faculty at that time, of course, than it is now.

MS: Yes. And I can't think up numbers, but in terms of campus population, I would say, probably, it was in the vicinity of, oh, five to six thousand, maybe. And that was one of the attractions, as far as I was concerned, because I had been teaching at [The] Ohio State University [Columbus, Ohio], which even at that point had forty thousand students. And although I thoroughly enjoyed what I was doing, I knew I did not want to spend my—the rest of my professional career with—in that large a setting.

LD: What were some of the advantages of being in a smaller setting?

MS: You got to know students better. You saw—you saw your students more often. You didn't just see them once and say goodbye, but you got to know your students better. You got to know your faculty colleagues better. Your working relationships with people throughout the university were on a level that was—went far beyond just the business level. You knew who you were talking to, and you had some fair idea of what they believed and what they thought about different sorts of things that you might be dealing with. And it was a—it was just a nicer working relationship from my standpoint. I like working with people that I know. [chuckles]

LD: Did you do a lot of committee work that connected you with other faculty members across campus?

MS: A fair amount.

LD: What committees? Do you remember any of the committees that you served on? Committee work is a lot—a much larger part of academics than most people realize.

MS: Yes. Yes. I served on, and at a couple of different times, I think, chaired the Health Information Committee and—

LD: Is that directed toward students—directing health information toward students?

MS: Actually, it had a broader focus, although that was its name. We asked for a clarification of its purpose after it was named that. It was started, actually, shortly after I came, and partly because I said we needed something like that on the campus. But the focus was on health-related aspects of the campus and the campus community, including education, including safety, if need be. It was not just a providing information sort of thing.

LD: What were the health concerns of students at that time? Or what were the health concerns of students in general, as opposed to junior and senior high school students or the community at large?

MS: Well, I think there always have been the problems related to sexuality. There always have been problems related to alcohol. There was not, of course, at that point, quite as much concern about the whole drug situation, but it, of course, over the years became a much more significant thing.

LD: Is there any place on campus where counseling for drug abuse or for alcohol abuse is offered?

MS: I don't—to the best of my knowledge, there is not a specific office or service for that. I rath—I imagine it's a part of counseling that's done at the student health center as well as at the counseling center because it's—in most instances, of course, it's not a—it's not the only problem for which people might need counseling.

LD: What about the issue of birth control? Was that being discussed at the time? I was in college in the late '60s, and it seems to me that it was a big issue at a women's college as to whether the student health service was going to begin distributing—

MS: Yes. Distributing birth control. I just plain don't remember. I just don't remember.

LD: That certainly wasn't any great controversy as far as you remember?

MS: Not that I recall.

LD: What about the coming of men to the campus? Did that change the—?

MS: Well, men were already here at the point that I came.

LD: [unclear]

MS: Men came in '64, I believe—'63, '64. So they already had come. They weren't here in vast numbers.

LD: Did your department have a larger percentage than other departments?

MS: I don't believe so.

LD: No?

MS: They were a small percentage, relatively small percentage, most places. We had a few men in our program, in our major curriculum, but they were the exception far more than the rule. Out of a group of maybe a dozen majors, we might have two men.

LD: When did that start to pick up or increase?

MS: It has not increased appreciably.

LD: Really?

MS: It's—now if I speak up to the point that I retired two years ago. But it had not increased appreciably. Health education and, well, education professions seem to be more heavily weighted with women than with men, and health education is no different whether we're talking about school or community.

LD: That would have been true if you included the physical education part of the—I would have thought you would have had a higher concentration of men, perhaps, in physical education [unclear].

MS: I think probably there were a few more men in physical education than in health education.

LD: You're speaking strictly of the health education?

MS: Yes. Yes. Yes.

LD: What about integration of the campus which happened about the time you came or shortly thereafter? Was that a big change, small change? Were people aware of it going on? I mean, was it an issue?

MS: It doesn't seem to me that it was an issue. As far as the student groups with which I worked and with our own students, we had some black students. I never viewed it as an issue, and I don't believe anybody else did.

LD: So you would describe it as a smooth transition?

MS: From my perspective, it was. Yes. Now, campus wide, university wide, it may not have always have been smooth. I'm sure, I'm sure it wasn't without some problems. But with the groups that I work with—

LD: You don't recall any major eruptions of trouble?

MS: Not as far as about integration, per se. Now at some point, and I can't tell you when—but this was not integration as such—at some point there was great concern about the black employees of the dining service and the fact that they were not being paid fairly and/or treated fairly. I don't recall what all the conflict, what all the problem, was. I think at about the same time there were some similar kinds of disturbances on some other campuses in the state. And we also had some marching and protesting and so forth here. And that was probably one of the first protests that UNCG had ever seen. And so everybody got very excited about that and tried to—did their best to keep things calm and keep things going on an even keel, but that was not an integration of the campus concern, as such, I think.

LD: What about the Vietnam War [(1954–75), a protracted conflict that pitted the communist government of North Vietnam and its allies in South Vietnam, known as the Viet Cong, against the government of South Vietnam and its principal ally, the United States]? Were there any marches or demonstrations that you remember in connection with war protest?

MS: I'm sure there were, but again, that—

LD: But not enough to disrupt the whole campus?

MS: I don't recall that. I think UNCG—and probably because of its heritage and the fact that there were relatively few men on the campus—I think probably UNCG was spared some of the disruptive and really terrible things that went on on some other campuses during both the integrationists and also the war years.

LD: And possibly, also, because of Ferguson's approach.

MS: Very calm, calm demeanor.

LD: Who succeeded Ethel Martus as the chairman of the department? She retired [unclear].

MS: We had an acting dean of the School for one year. That was Dr. Rosemary McGee, who was a professor of physical education and following her, Dr. Margaret Morty for about—somewhat less, a little bit less than five years, and then following her, Dr. Richard Swanson, Dick, who's still the dean.

LD: Currently dean of the School?

MS: Yes.

LD: And what—do you perceive any broad trends in the development of the School in the last decade or so? In what direction are they moving?

MS: Well, I think the School has moved in lines similar to the moves of other schools and departments on the campus. And that has been a—with a much greater emphasis on research, publication, grant seeking, that sort of thing. I think UNCG is not unique in this change, but they perhaps had not been focused quite as heavily as we have seen over the more recent years. And at the point that I came it was certainly significant to write and do research and to serve your professional organization and organizations, plural. Service to your profession was considered necessary and significant. But teaching was a major focus. And I think UNCG prided itself on good teaching and focusing its attention on students, teaching and learning. And I think that has—I think the focus has changed over the years. And that, that is the teaching and learning, while still certainly significant has not received as much emphasis—

LD: I gather you think this is a—

MS: —because there has been so much more emphasis on the research, the writing, and that kind of thing.

LD: I take it that you do not see that as a positive development?

MS: It's a double-edged sword. Research and writing, publication and so forth, is significant for the—for individuals doing it, as well as for the university and as well as for the students. But the other edge of that is that when the same people are expected to be able to do that to a very high level, as well as expected and needing to teach, and wanting to do that at a very high level, it's a great deal to ask, a great deal to ask.

[recording error]

LD: Dr. Solleder, would you like to add anything before we wrap up this tape?

MS: One of the things that I had thought about, Linda, was a strength of this university that is the area of alumni support and pride and loyalty. Perhaps it's related to the fact that UNCG was once the Woman's College [of the University of North Carolina], but I think the amount of alumni support is really quite amazing. We certainly felt it and knew it in the school of HPERD.

LD: In what way did it manifest itself?

MS: Alums who kept in touch with faculty members. Alums who gave to the school financially, made gifts to the school. People who came by and stopped in to visit. And, of course, whenever we would go to any professional meetings, we would always see former students, and that was a very rewarding kind of thing and a very warm sort of thing, and it continues to this day. I saw some just recently at a meeting in Greensboro. But it's—they have a great deal of loyalty and great feeling of warmth about their experiences here. And I think they are a tremendous plus for this institution.

LD: You know there's a big controversy going on right now between the alums and the college over—. Have you been keeping up with that?

MS: Yes. I know it's going on. I don't know what all the ins and outs are or, you know, I'm not aware of all the aspects of it.

LD: But you think you've maintained—there's a high level of contact maintained with graduates after they leave?

MS: Fairly high, I think, yes. Now it's not a hundred percent kind of thing. But I'd say on a school-wide basis, it's pretty high. It's pretty high.

LD: I know what I was going to ask you. I was going to ask you about graduate programs. Has there been more of an emphasis, do you think, in your department toward—how many graduate programs are there in the HPERD?

MS: Well, there are graduate programs in every area except recreation, in recreation and leisure studies.

LD: So you're—

MS: To the best of my knowledge, it's—there is not one there at this point. There wasn't at the point I retired. But the graduate programs in dance, in physical education, in health education.

LD: Are those master's programs or PhD?

MS: Physical education has doctoral, doctorate, the PhD now, as well as master's programs. And the others are master's, other departments.

LD: And those started after you came, or was there a master's program here when you came?

MS: There was a master's program in physical education. And I think there was a master's program in dance. I'm foggy on that one. But the doctoral program, of course, in physical education, was a later thing. And then, master's program developed in health education as well.

LD: Do you think there's a connection between the development of the graduate programs and the emphasis that you were talking about on grants and research?

MS: Probably.

LD: It seems, at least, in time those two went hand in hand.

MS: Yes. Yes.

LD: The university has put a great deal of time and effort into developing graduate programs in the last fifteen years.

MS: Yes.

LD: How does that affect the undergraduate experience? Do you think that's a plus for undergraduates to have these graduate programs, or does it distract or detract from their experience?

MS: I think it probably can be a real plus. The exposure to the whole idea of there being something beyond just the undergraduate world can be, for many students, a very broadening thing, particularly if they've come out of a background where higher

education has not been a longstanding thing in a family. And the idea that there is education beyond where they are right now can be a real broadening kind of experience and a real plus. Plus, I think the fact that often, students coming into a graduate program will come from a wider—from a greater diversity in terms of their background. And they may have lived elsewhere in the country. They may have been working in varied kinds of settings—

LD: Not so local?

MS: Not just a local sort of thing. And so they bring that richness to the campus as well. And so when graduate students and undergraduate students mingle, as they do to some extent, certainly, I think this can be a real broadening, enriching kind of experience.

LD: What about attracting faculty—that is a—contributes to your ability to attract good faculty?

MS: Many faculty now want to put their emphasis on graduate studies, or at least, if they teach in an undergraduate program, they want to have an opportunity to also teach in a master's or a graduate program. So I expect it's attractive in that sense.

LD: What do you think about the new facilities—the new physical facilities?

MS: [laughs]

LD: Good expenditure of money?

MS: It was a longstanding need for the school, HPERD, as well as for the—

[End Side A—Begin Side B]

MS: We need to wait until we get past it.

LD: I think we're past it. You said that you thought that it was a fulfilling of a longstanding need for both the school and the students on campus.

MS: Yes. The students on this campus for a long, long time, simply had not had the physical space to engage in lots of kinds of activities that they have wanted to, and, after all, those facilities were built when there were something like twenty five hundred or maybe three thousand women on the campus, the old facilities. And you look now to a campus of ten thousand, and men and women, and the whole picture in terms of activity space. But also, there were limited facilities in the old building for some of the different kinds of programs, major programs within the school that have developed in more recent years—limited laboratory space for some of the scientific-related base programs. So it—I'm sure it's been—unfortunately, I didn't get to live in it.

LD: You must have just missed it. [MS laughs] But you must have, I'm sure you've seen the building. Do you think it meets the needs?

MS: I don't have any way of answering that.

LD: Do you perceive that people are happy with it?

MS: I think so. As far as I'm aware, yes.

LD: I mean, there are buildings on campus with whom, with which faculty are not happy. You do hear it. [MS laughs] There are some little clinkers in the new museum that are upsetting the art department. But I think the new gymnasium complex is quite impressive.

MS: Well, with the way the programs in the School developed and have developed over the years, there was just—it was becoming just simply more and more difficult to meet the needs of the academic programs. And, of course, it was continuing to be difficult to meet needs of the campus as a whole with the building that existed.

LD: Did you meet your classes somewhere in Coleman [Gymnasium]? Where did you hold your classes?

MS: Some of the classes—well, it depends, you know, on which era we're talking, which year we're talking about.

LD: Well, when you first came.

MS: But the majority of campus, of the classes, would have been in the Rosenthal Building [Editor's note: Rosenthal Gymnasium] because there were several classrooms there. Excuse me. [swallows] And most of our health education classes were taught in Rosenthal Building. From time to time, we would need to teach outside the building.

LD: Was there an auditorium in that building?

MS: No. No. No kind of an auditorium.

LD: So you would have had to borrow auditorium space from someplace else?

MS: We didn't use—we didn't need auditoriums for teaching, I mean, our classes. No. Our classes were smaller.

LD: There were no large lecture classes?

MS: No. No. Classes would be more likely to range thirty to thirty-five for the personal health classes. Our major classes, classes for major students, would be, oh, any place from twenty to twenty-five—fifteen to twenty-five, maybe.

- LD: What would you say is your most rewarding, the most rewarding thing about teaching at UNCG?
- MS: [pause] Well, there were lots of rewarding things, Linda. It's hard to put a finger on one, specifically, but—
- LD: Well, you can mention more than that.
- MS: I was fortunate to work with some really fine, dedicated people—people who wanted to do a good job in whatever it was they were doing and wanted to work with others in ways that helped promote the whole educational enterprise in just a very good way. These were people who respected each other. They didn't always agree, but they respected each other. They cared very much about the university. They had been at the university for varying lengths of time, but they were very supportive of it. They cared deeply about their students. And so it was working in an atmosphere like that and teaching what you believed in yourself and then working with each other in promoting some common ideals.
- LD: So there was good rapport in your department?
- MS: On the whole, good rapport, good relationships. Now it's certainly fair to say, we did not always agree on everything. It would have been kind of dull if we had, I expect. But in the overall view of things, it was a good place to work, an interesting place. It was not dull. There were always interesting things to do, sometimes too many interesting things to do. But it provided opportunities to do the sorts of things I was interested in doing and supported me in doing things that I was interested in doing. And—
- LD: I never asked you what your specific area of interest was. Did you have a special disease or something that you—[laughs]?
- MS: No. No. In health education, you don't focus on the disease. [Chuckles] No. You focus on processes for educating people about different sorts of health problems and needs and how to live better lives, we hope. But one of the areas that I've been interested in over the years, has been the philosophy and principles of health education. And that was one of my favorite courses that I worked with our major students on—some of the whys and wherefores of what we're doing—not necessarily the how to do the education, but why and what we believe, and why we believe and things of that sort—what their philosophy of health education is and how these things develop.
- LD: Did you perceive that it was more difficult or different in any way to promote public health education in the South as contrasted, for instance, with Ohio, where you were teaching before? Do you think there's a resistance, here to public health education in a conceptual way?
- MS: [pause] No. I don't believe so. To this day, I think it's probably fair to say that for a city of its size—and I'll just use Greensboro as an example—for a city of its size, there are probably more health educators in public health education in the city government, county

government, as well as in agencies and organizations here in the city—probably more health educators in this city than in a comparable city of its size that I could name, and I could name most anyplace. I think there's been a real acceptance and recognition of the need for public health education in this state. The School of Public Health at [University of North Carolina at] Chapel Hill was one of the early leaders in health education in the country, really. And so I think, probably, North Carolina has been ahead of the—ahead of many other states in the recognition of what health education is and the fact that, indeed, communities do need it.

LD: Well, you know, there is the stereotype about the South that one does labor under, and North Carolina, in particular, has a very high infant mortality rate, for instance. And I'll bet our teenage pregnancy rate is pretty high.

MS: I don't know what the figures are, but it has been a problem over the years. There's no doubt about that.

LD: But you think the university system has really been a leader in this state in promoting—

MS: Educational programs.

LD: —educational programs. That's interesting. Well, I thank you for the interview.

MS: You're welcome.

LD: It was a pleasure.

MS: Good to talk with you.

LD: Thank you.

[End of Interview]