

Our Participation on the APHA Governing Council

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The APHA is the largest, oldest and most influential public health organization in the world, advocating public health policy and setting public health priorities for more than 130 years. This organization has been - and still is - at the forefront of numerous efforts to prevent disease and promote wellness.

With more than 50,000 members from over 30 public health occupations, including chiropractic health care, the APHA's opinions carry a great deal of weight in public health policy, and it has a long track record of effectiveness in getting its agenda heard on Capitol Hill. Every year since 1948, its governing council has officially adopted public policy statements (resolutions or position papers) on important public health issues. The process by which proposed policies are considered for adoption by the association is open to full membership participation, and involves careful review by appropriate boards, committees and other membership entities. Public policy statements adopted by way of this process provide a record of the association's stance on a variety of issues and reflect the diverse interests of our membership.

Readers of this column will recall that the APHA once had an extremely negative policy statement on chiropractic. This was changed in the early 1980s, after concerted action by chiropractors who had become members of APHA. At that time, its chiropractic influence led to the formation of a Special Primary Interest Group (SPIG), then later to the establishment of the Chiropractic Health Care (CHC) section. The CHC has the same minimum two-vote representation on the governing council as the smaller sections; SPIGs and caucuses have less. Currently, we are the two individuals (each elected by the CHC members to two-year overlapping terms) who represent CHC interests on the council.

Each year, approximately 265 council members convene to debate and pass resolutions that affect many health care issues - some of them quite controversial. Members also have the responsibility to set priorities for the entire organization, and elect their officers on an annual basis. They actively campaign for votes for their issues and willingly form coalitions, to ensure favorite positions are supported and to gain multidisciplinary support for their respective agendas.

At its November 2003 annual meeting, the council ranked public health infrastructure; access to care; and racial and ethnic disparities in public health as the top three issues for APHA - the same priorities approved by the council in 2002. Among other actions, the council also passed 27 new policies, ranging from independent evaluation of pharmaceuticals; to food marketing; to nutrition programs for women and children; to (fiscal viability) independence of public health while responding to terrorism. Another set of policies approved dealt with issues such as the public health nursing shortage; safe motherhood; and SID syndrome in child care settings.

Incidentally, only one proposed policy was not approved by the governing council this year. The

policy, dealing with smallpox vaccination, had been passed by the Executive Board in 2002 as an interim policy. APHA's Joint Policy Committee this year recommended against permanently approving the smallpox policy because it had not been updated to deal with new issues related to the vaccinations, such as occupational health and health risks. The full language of all of the 2003 approved policies is at www.apha.org/legislative/policy/index.htm.

In its other business, the governing council:

- rejected a proposal that would have amended the *APHA Constitution* to allow certain nonvoting members of the executive board to have voting privileges on the board;
- agreed to use an electronic voting system to elect national APHA officers during the 2004 elections;
- stipulated that approved executive board minutes be made available online within six weeks of board meetings, and that governing council members be notified when they are posted;
- authorized that the work of the Task Force on Association Improvement and Reorganization go forward for another year; and
- moved that a mechanism be created so that governing council minutes can be approved within 90 days of the council's meetings.

Also related to APHA policies, governing council members voted to revise the official procedures for APHA "latebreakers" (late-breaking abstracts). Because they are not open to the same development process as other policies, latebreakers serve as interim policies until confirmed by the governing council the following year. The governing council inserted language into the latebreaker procedures specifying that such policies will automatically be inserted into the next year's policy development process, but that it will be the sponsor's responsibility to submit revisions and meet deadlines.

For the first time, the governing council also voted to archive some of its older and outdated policies. The 70 archived policies will still exist as historical documents in APHA's policy database, but will not actively be used to guide APHA advocacy and action. Based on the success of the project, the governing council voted to make policy archiving a regular APHA activity. The archiving process is scheduled to begin again next year with new policies, and member input is encouraged.

Also, during the Nov. 16 breakout session (facilitated by APHA's executive board), governing council members reviewed and discussed the association's new strategic map. Created by the executive board, the strategic map spells out ways APHA can be more relevant and effective when working to improve the public's health. The board will use the input provided by the governing council when it fine-tunes the map in coming months.

The achievements of APHA are the result of the thousands of federal, state, community and academic health professionals who seek to ensure conditions in which people can be healthy. Whether proposing solutions based on research, helping to set public health practice standards, or working closely with national and international health agencies to improve health worldwide, its mission is to continue to strive to improve public health. Chiropractors who are members of APHA have the potential to influence this process. As in the U.S. House of Representatives, the governing council seats are determined by a formula based on the numeric size of each section; currently, Chiropractic Health Care has only the minimum two seats, but if our membership increases, we will be granted more council seats, and thus, have even more influence in policy-making.

The 2004 APHA Annual Meeting will be held Nov. 6-10 in Washington, D.C., featuring the theme, "Public Health and the Environment."

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