

# The Governing Council: A Powerful Forum for Influencing Health Policy

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The American Public Health Association (APHA) is the largest, oldest and most influential public health organization in the world, influencing policies and setting priorities for over 130 years. Throughout its history, this organization has been at the forefront of numerous efforts to prevent disease and promote wellness.

APHA represents more than 50,000 members from over 30 public health occupations, including chiropractic. Consequently, APHA's opinions carry a great deal of weight in policy, and it has a long track record of effectiveness in getting its agenda heard on Capitol Hill. Every year since 1948, APHA's 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 public health issues, and reflect the diverse interests of our membership.

Readers of this column will recall that APHA once had an extremely negative policy statement on chiropractic. That policy statement 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 Section (CHC). 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.

The forum for discussing and politically resolving important and controversial health issues is the governing council session at the annual meeting. Each year, approximately 265 council members convene to debate and pass resolutions that affect many health care issues. 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.

Last fall, the council ranked infrastructure, access to care, and racial and ethnic disparities in public health as the top three issues for APHA. Among other actions, the council also passed 18 new policies, whose effects ranged from the role of genomics in public health to the effects of war in the Mideast and Asia, to healthy aging through health promotion, to the use of tobacco settlement funds. An important set of policies was developed on public health's response to terrorism and biological weapons. These policies represent APHA's official position; they can be viewed online at [www.apha.org/legislative/policy/index.htm](http://www.apha.org/legislative/policy/index.htm).

In other business, the council:

- accepted the Vermont Public Health Association as an affiliate (with this addition, the APHA

now has affiliates in all 50 states and the District of Columbia);

- chose "Public Health and the Environment" as the program emphasis for the 2004 annual meeting, to be held Nov. 6-10, in Washington, D.C. (the exact wording of the theme for the meeting will be decided by the executive board);
- increased dues by \$10 for regular and contributing members and 20 percent for agency members (membership dues for students will stay the same, but dues for all other discounted membership categories will increase by \$5);
- received a report on the work of the Task Force on Association Improvement and Reorganization, which accepted comments on the APHA's strengths and weaknesses until Jan. 17, 2003;
- extended for another year an APHA pilot project to review and archive outdated association policies; and
- elected three new members to the executive board and chose Virginia Caine, MD, as president-elect.

The council also made changes to the composition and function of the association's nominating committee, which identifies candidates for APHA office and service on association committees and boards. The council set criteria for candidates for office, specifying that nominees must have identifiable experience within APHA and knowledge and understanding of the association.

Governing council members also changed the annual election of executive board members from a "slot" to a "slate" format. In recent elections, council members were required to choose between two opposing candidates for each position. However, next year, council members will be able to pick from a slate and choose candidates from the full lineup. The council additionally expanded the APHA nominating committee from six voting members to nine; all must be members when selected for the committee. Additionally, the council changed APHA bylaws, such that the executive board chair is no longer on the committee, and the APHA president and executive director have been added as nonvoting members.

Also passed was a motion that APHA staff provide updated e-mail and mailing addresses of members to section, SPIG, caucus and affiliate leaders, and that staff forward broadcast any e-mail determined to be relevant by leaders of those bodies, as long as certain APHA guidelines are met. The change was called for so APHA leadership can better communicate with its members.

The achievements of APHA are the results of the thousands of federal, state, community and academic health professionals who seek to assure conditions in which people can be healthy. Whether APHA is 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 2003 Annual Meeting will be held Nov. 15-19 in San Francisco, featuring the theme, "Behavior, Lifestyle and Social Determinants of Health." If you are not already a member of APHA, join now and attend the next exciting meeting. All chiropractors and future chiropractors can have an impact on the nation's health through participation in APHA. Membership information can be obtained at [www.apha.org](http://www.apha.org) or by calling Dr. Monica Smith at Palmer College: 319-884-5173. She can also be contacted via e-mail: [smith\\_m@palmer.edu](mailto:smith_m@palmer.edu).

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