

Binder 3

APHA-AFFILIATE RELATIONSHIPS

by

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and

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I am always eager to meet with the members of the New Mexico Health Association.

During my first thirty years in public health I have continued to experience the stimulation of association with my professional peers to better solve health problems in the interest of the citizens of our state and nation. When I first started with the then New Mexico Department of Public Health in an entrance grade position at \$225.00 per month, in the basement of the Court House in Silver City, I joined the New Mexico Public Health Association. In those days it was basically an extension of the Department of Public Health, and the meeting was the annual picnic for Health Department employees. The organization of the Health Association closely paralleled that of the Health Department, with the State Health Officer and Division Directors playing the key leadership roles in their respective sections. Nothing was done without their knowledge and guidance. But it still served useful purposes -- associating informally with our peers, training in specific programs, and addressing health problems of mutual interest. Over the years, many of us commenced efforts to broaden the membership base to involve others interested in improved health for our citizens and to recruit individuals from voluntary agencies, trade associations, academia, industry groups, and others. While this has proven successful, it remains true that the Health Association is more viable with the active support and involvement of numerous personnel of the state's official health agency -- the New Mexico Health and Environment Department.

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Presented May 9, 1980, New Mexico Health Association Annual Meeting, Albuquerque, N.M.

I believe it is a responsibility of leading personnel in our Department to do so. It is, however, embarrassing to note the paucity of Health Officers, District Environmental Managers and Division Directors participating in or attending this year. Mutual problems can best be solved through good coordination and communication with all others involved in the field of public health, and this Association offers a forum for that purpose.

So much for a little nostalgia ---

I am basically here as President-Elect of the American Public Health Association, with the request to discuss the American Public Health Association and its relationship to the New Mexico Health Association. Some of you may be active in APHA and have detailed knowledge concerning APHA. But for those who do not have such knowledge, I should provide a short overview.

The American Public Health Association was organized 108 years ago, and now enjoys a membership of some 30,000 health professionals plus approximately plus-50 affiliates. Total membership of APHA and affiliates is approximately 50,000 individuals. APHA has had and continues to have a significant impact on health standards, policy, and legislation in the United States -- and World-wide through the activities of our International Health Division. We have 55 full-time employees, and a 1980 budget of \$2.4 million -- both exclusive of International Health activities. APHA publishes 1) the prestigious American Journal of Public Health; 2) The Nation's Health (a monthly newspaper reporting on current health legislation and policy issues); and 3) The Washington News Letter, which provides the latest summary of all health-related legislation activities direct from the Nation's Capitol and federal agencies.

We have 25 different sections which run the gamut of all public health concerns and provide the forums for diverse interests and discussions. APHA publishes a variety of books, such as, "Control of Communicable Disease in Man", "Standards

for Health Services in Correctional Institutions", "Standard Methods", and many others.

More than 12,000 individuals attended our last annual meeting. The 1980 annual meeting will be held in Detroit, November 19-23.

Regarding APHA's relationship with the 50 Affiliates, it may be worth quoting from the APHA Constitution, as follows:

"The object of this Association is to protect and promote personal and environmental health. It shall exercise leadership with health professionals and the general public in health policy development and action, with particular focus on the inter-relationship between health and the quality of life and on developing a national policy for health care and services and on solving technical problems."

The foregoing quote is probably not significantly different from that contained in the Constitution of many of our State Affiliates, except for the fact that the APHA statement deals with developing national policy for health care and services. The APHA Constitution further provides that there shall be five classes of organization constituents to be designated as Affiliated Associations, Chapters, Regional Branches, Agency Members, and Sustaining Members. Therefore, State Public Health Associations are eligible to be one of the organization constituents of the APHA.

The offices of APHA, however, are only open to direct members of the APHA. Each state affiliate is allowed to have one representative to the APHA Governing Council, and, likewise, each regional branch is allowed one representative to the Governing Council. Therein lies one of the issues that is currently being studied by the Committee on Affiliates. The fact that affiliated associations each have a representative on the Governing Council, and each regional branch has a representative on the Governing Council, clearly gives dual representation to state affiliates and to members of state affiliates, most of whom are not members of the APHA.

Since I have referred to the Committee on Affiliates, I should note that its function is to "study, recommend, and monitor how APHA can strengthen affiliates; to study, recommend, and monitor how affiliates can strengthen APHA; and to study, recommend, and monitor how APHA/affiliate relations can be strengthened." You may know that the Committee on Affiliates is currently charged with studying and making recommendations regarding the role and status of branches in APHA.

It is only fair and objective to state that there is continuing and long-standing concern, and even controversy, regarding the role and voting power of state affiliates and regional branches in the Governing Council of APHA.

Twenty-eight percent of Governing Council votes are allocated to state affiliates and regional branches, many of which have very few APHA members. This provides a constant source of concern to some of our other APHA members who view this as being grossly inequitable. Obviously, there is a need for more APHA members to join their state affiliates, and there is a need for more affiliate members to become APHA members. This would be the best and permanent solution to this on-going issue, but we all recognize that there are realistic limitations to that approach.

Nationwide, 27,280 individuals are affiliate members; but of these 27,280, only 5,989 are APHA members. The New Mexico Health Association reported a membership of 107, of which only 42 are APHA members. However, 129 other APHA members in New Mexico are not members of the NMHA. There lies the difficulty in establishing a good working relationship -- 1) Most NMHA members are not APHA members, and 2) Most APHA members in New Mexico are not NMHA members.

Aside from the international health activities of the APHA, the APHA's 1980 budget is approximately 2.4 million dollars. Of this, some \$15,000 is from revenue derived from affiliate membership, while other income is derived from other membership, publications, the Annual Meeting, and a few other miscellaneous sources. On the expenditure side, some \$41,000 is budgeted for affiliate relations, but

there are a number of other expenditures which indirectly go to enhance affiliate relations in various forms. At times, representatives of state affiliates have complained about their perceived shortage of APHA service to affiliates. However, services to affiliates must bear some reasonable relationship to income as a matter of fairness to other APHA members and to other APHA responsibilities regarding national policy and solving technical problems.

The APHA budget for affiliate relations includes part time of a professional employee, and the equivalent of one administrative employee.

Additionally, the budget provides funds to support the Annual Meeting of Affiliate Presidents-Elect and the Committee on Affiliates.

I now wish to make a few comments indicating my perceptions of some of the differences between affiliates and APHA.

--Affiliates tend to be composed mostly of representatives of public health agencies, whereas

--APHA as a whole tends to have a greater percentage of members from groups, agencies, and interests other than official public health agencies.

--Affiliates seem to feel that their members are more interested in the preventive aspects of public health, whereas

--APHA has a greater percentage of members interested in treatment and identifying with such sections as medical care.

--Affiliate members tend to be more conservative and have expressed concern about the more liberal leanings and beliefs of the APHA.

Results of a recent straw ballot sent to individuals in APHA leadership positions gives some idea of how these individuals view various public policy issues. High priority was given to:

accessibility of abortion services  
air pollution control  
hospital cost containment  
increased epidemiological research  
national health insurance  
program standards for local health departments  
long-term care problems of the elderly  
national health service for total population  
enhancement of the occupational environment  
promotion of physical fitness  
assuring quality of health services  
elimination of cigarette smoking, and  
control of toxic substances.

Internally, high marks were given the following Association activities used to facilitate achievement of public policy goals:

federal legislative initiatives  
"grass roots" congressional district organization  
targeted annual task forces  
section potentiating mechanisms  
scientific program development  
national public relations effort  
professional public health journal  
membership promotion  
active member involvement  
public health education campaigns  
executive branch liaison  
evaluation of association efforts

public health data and information services  
continuing education activities  
consultation and technical assistance activities

The foregoing straw ballot results provide some guidance to the APHA Executive Board as it meets to determine activities and Association priorities each December following the annual meeting.

For any of you interested in a complete text of all APHA Public Policy Statements since 1948, the publication may be ordered from APHA for \$10.00.

A State Affiliate can affect APHA policy and actions in a number of ways, such as:

- 1) The affiliate, a section, or any member may develop and submit proposed policy statements for consideration by the Governing Council,
- 2) An affiliate, or any member, may request specific actions by the Executive Board, the Program Development Board, or the Action Board within the limits of existing APHA policy,
- 3) An affiliate may request recruiting advice from the APHA membership director,
- 4) Affiliates frequently join with other affiliates or sections to promote joint interests in the Governing Council,
- 5) Affiliates, with 28% of the Governing Council vote, are practically essential to the election of APHA officers -- the President-Elect and Executive Board members,
- 6) Affiliate may apply for "challenge funds" for special projects,
- 7) Affiliates may nominate APHA members for office, awards, or committees.
- 8) Affiliate members of APHA may participate in Sections and hold Section Offices, or be elected Section representatives to the Governing Council.

At this time, I would like to again note that the purpose of the APHA is to protect and promote personal and environmental health, and again emphasize that this is undoubtedly the common goal and thread for the affiliates, the branches and the APHA; and that any differences stem from program emphasis rather than any difference in the goal of the various groups. All these groups are necessary and desirable for the effective pursuit of good health and a good environment for all our citizens. APHA provides a national forum for the harnessing and blending of the diverse beliefs and energies of all health professionals. The challenge is to understand the system and make it work rather than diffusing our energies through in-fighting. The challenge is to attempt to open doors and improve relationships between affiliates, branches, and the APHA. The challenge is to build bridges and develop more effective and harmonious relationships for the improvement of the public's health rather than destroying bridges.

Affiliates continue to provide forums for thousands of individuals who may never experience the value of attending a meeting of the APHA. Affiliates continue to provide the primary entry for many public healthers into association endeavors which eventually culminate into membership in the APHA. We need each other. Affiliates profit by the programs, efforts, standards, and publications of the APHA, and the APHA needs the grass-roots affiliates. The relationships must constantly be enhanced by the efforts of leaders of affiliates and the APHA. These relationships must be viewed as an opportunity rather than a problem. We must continue to strive for effectiveness rather than territorial defense. Affiliates and APHA must think of both as "we", not "they".

That is why we are gathered here today.