REPORT OF THE CHAIRMAN OF THE EXECUTIVE BOARD OF
THE AMERICAN PUBLIC HEALTH ASSOCIATION TO
THE GOVERNING COUNCIL, 1962-1963

The year has been a busy one for our Association. From the viewpoint of program content, APHA has continued to make the unique contribution of a voluntary professional organization which provides a bridge between industry, government, and education in many aspects of achieving improved community health. Your Executive Board minutes comprise an inspiring résumé of continued progress. My report will touch on a few of the salient points.

Membership

This year for the first time we have an Association-wide Membership Committee under the leadership of Dr. Lorin E. Kerr. It is constituted of the Membership Chairmen of all sections. In addition to its over-all interest and activities stimulating greater Association membership, this committee from time to time will review and advise on plans for special membership promotion projects with various groups.

During 1963 such a project was initiated for the first time in our graduate schools of public health. Because the young men and women studying in those institutions are presumably preparing themselves for careers in public health, it would be hoped that all who are not members when they enter school would apply for membership before they leave. A study conducted last year had indicated that three years after graduation only 28.8 per cent of the recent graduates had applied for membership in APHA and the yield of new members of recent graduates of one school of public health was as low as 8.1 per cent. The highest percentage to seek membership from any of the schools had been only 40.8 per cent after that interval.

To correct the situation Mr. Joseph K. Lane, membership secretary, designed a modest recruitment program and secured liaison volunteers in each school with the result that 81 new members were secured from these recent graduates by the first of October of the current year. It is noted regretfully that in three of the schools there were no applications for membership from their student bodies!

The Surgeon General has signified his willingness to cooperate in a plan for offering APHA membership to Commissioned Officers and others in the Public Health Service on a broad scale. The Committee on Affiliated Societies and Regional Branches has indicated a goal of 50,000 members for the Association. Whether we achieve this or not, we are all agreed that at least all public health workers making a career in this field would benefit by membership—as APHA in turn would benefit by their participation.

New Agency Memberships during the year seem to have plateaued somewhat with a total of only 59. We now have 22 state health departments supporting the Association through Agency Memberships and similar participation by 19 local health departments, 8 community health agencies, and 10 schools of public health. The total of dues from Agency Membership this year was $34,784.08. Continued efforts by local affiliates to promote further APHA Agency Membership are anticipated and appreciated.
One of the disappointing sectors of the membership field is the lack of considerably increased support from industry in the form of Sustaining Membership. At the present time we have only 47 Sustaining Members contributing a total of less than $10,000 annually, or only approximately 0.7 per cent of our total budget. The stake which industry has in assuring the continuation of many of the Association's joint efforts linking government, industry, and education would seem to merit much more substantial support.

As of October 1 our total membership was 14,206, with 3,861 Fellows.

Affiliates

There are now 51 Public Health Associations affiliated with APHA and represented on our Governing Council. Of the 50 states, 45 are represented; the five not having professional health societies are: Maine, New Hampshire, Vermont, Rhode Island, and Delaware.

The formation this year of a New England Public Health Association replacing the New England Health Institute may well be a step in the direction of organizing state affiliates in those areas where there are none, as well as laying the groundwork for possible future affiliation of that new organization as a Regional Branch of APHA.

A subcommittee of the Executive Board has been appointed to study the problems and potentials of Regional Branch affiliation with APHA and will be meeting for the first time with Regional Branch officers here in Kansas City. One of the most interesting developments has been an initial step toward reorganization of the Western Branch in the form of a federation of the 13 state affiliates in that area. Other Regional Branches will watch with considerable interest as their plan develops for this elimination of a third competing individual membership group. The Southern Regional Branch has operated on the federation concept for a number of years while both the Middle States and the Western Branch have required individual memberships.

The Executive Board accepted with great regret the resignation of Mr. Robert E. Myttinger who initiated our Western Regional Office and served so well for the last five years as staff for the Western Branch. However, we are now glad to announce his successor, Dr. Will H. Aufranc, formerly regional medical director of the Public Health Service in the San Francisco Region.

Sections

The board notes with interest and appreciation the fact that more sections are providing annual reports as required by the By-Laws. They indicate a great deal of vitality and growth both in membership and in ideas.

There has been interest by special professional groups in the formation of at least two new sections: one for Public Health Veterinarians and one for Radiologic Health Specialists. The recruitment into APHA of 186 Doctors of Veterinary Medicine last year indicates a very substantial interest and support among that group, including both present members of APHA and many who had not hitherto been members. The Conference of Radiologic Health Specialists is meeting for the first time in Kansas City and the board shall be watching with great interest the numbers of nonmembers attracted to the meeting by the conference as well as the unquestioned interest of many present section members.

The board has appointed a subcommittee to study the prospect of additional sections and will set aside time during its winter meeting early next year to discuss this subject in some detail.

The growth and development of our
present sections varies considerably. Our latest figures show that the three sections with the most sizable increase in membership over the past 12 months are Medical Care, Engineering and Sanitation, and Public Health Nursing. But in proportion to their size three other sections deserve special mention as leaders in rate of growth: Mental Health, Food and Nutrition, and Epidemiology. Physicians continue to be the most numerous professional category, with 4,349 who are members and Fellows.

Committees

No matter how glowing my praise might be it would be insufficient to properly reflect the value of the efforts of our 1,568 committee chairmen and members. This great group of dedicated public health personnel working through Standing Committees, the Technical Development Board, Program Area Committees and Subcommittees, Task Forces, Section Committees, and as Representatives of APHA on Joint Committees with other organizations contributes a wealth of inspiration and know-how. These are translated into policies and procedures affecting every aspect of public health work whether in the laboratory or in the field.

Reports of the chairmen of those committees will be found elsewhere and I shall not duplicate their stories here. However, two special comments may be pertinent: first, a statement of desirable activities of APHA in the field of international health was developed by the Committee on International Health, chaired by Dr. E. L. Stebbins, and accepted by the Executive Board; this statement is appended to the minutes of the June meeting of the board. Second, at its June meeting the board voted to establish a new Program Area Committee on Population Problems. Although yeoman work has been done by the Maternal and Child Health Subcommit-

tee on Family and Population Planning, a need was seen for a wider based committee with representation from a number of sections, which could concern itself with the social, economic, and health aspects of population problems on a world-wide basis. Such a committee will be appointed at the second meeting of the Executive Board here in Kansas City and should be organized and operating early next year.

Policy Positions

As will be reported by the chairman of the Technical Development Board, three policy statements are coming to the Governing Council for action this year. They have been developed by Program Area Committees on community public health organization, health centers, and medical care administration, titled respectively "The Local Health Department—Services and Responsibilities," "The Development of Community Health Centers—Present and Future," and "The Organization of Medical Care and the Health of the Nation."* They cover together a major segment of the growing field of medical care as it relates to health agencies. A special debt of gratitude should be indicated to Dr. Malcolm H. Merrill, chairman of the Technical Development Board, for bringing the three initial drafts, which were at some variance with one another, into harmony. They present together, a constructive effort to encourage greater leadership of public health departments in the field of medical care.

A number of statements were filed with Congressional Committees portraying APHA's established policy positions in relation to specific legislation being proposed. One major bill, H.R. 12, providing for construction grants to medical, dental, and other health institutions as well as loans for students, was sup-

* These policy statements appear in this issue of the Journal, pages 131-152.
ported by the Association both with a statement and personal testimony. This bill was subsequently enacted into law.

**Special Projects**

The most recent study to have been initiated by APHA is a three-year study supported by the National Institute of Mental Health which will look into present programs for the control of chronic alcoholism. Materials will be developed for inservice training of health agency staff working with these projects and hopefully a manual will be developed summarizing the more effective technics and procedures which have demonstrated usefulness in this field.

The Professional Examination Service has initiated a number of new testing programs during the year. One of the most interesting is that supported by the Radiologic Health Division of the Public Health Service for the selection of radiologic health specialists personnel.

**Finances**

Income for the Association over the past six years has not kept pace with increasing costs. In order to maintain the present staff services, apart from additional special projects which can be financed independently, the board has found it necessary to ask the Governing Council for an increase in individual membership dues. We find that an increase of the membership fee from $12 to $15 and the Fellowship fees from $20 to $25 will be necessary to accomplish this. You will note that the proportional increase is the same for membership and fellowship. The new figures are not unrealistic in view of considerably higher dues already required by many other similar professional organizations.

Supplementing our usual core income, a special attempt will be made during the coming year to secure more Sustaining Memberships from industry under the guidance of our Finance Advisory Committee.

**Conclusion**

After 15 years as an officer of the Association: treasurer, president-elect, and president, it has been a privilege and an honor to complete my tour with your Executive Board as its chairman. Our problems have not been easy ones, but the devotion and loyalty of so many public health workers have made, and will always make service to APHA satisfying and rewarding.

**Charles Glen King, Ph.D.**

Chairman

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