

State Associations in the Region Reflect Public Health Today

Jennifer H. Lee

A small volunteer army is at work in the Northwest to promote and protect public health, but their work goes largely unnoticed. With more than 1,200 members combined in the six-state Northwest region, the state public health associations enable public health professionals to pool their resources, expertise, connections, and experience, to promote a unified voice for public health. The diversity among state associations reflects the diversity among the six states. But in the changing character of their memberships and organizations, as well as in the challenges they face, these associations also mirror the larger character of public health in America.

History

Although state associations are often known simply as affiliates of the national American Public Health Association (APHA), they have had a long, rich history. State associations were independently established by public health workers. Affiliation with APHA, which requires that at least half of the state association's members also be members of the national association, came later. By the 1920s, volunteers established associations in Montana and Wyoming. As early as 1992, a Wyoming State Board of Health report described the state's association as "doing more good health work than any other volunteer organization within the state." By 1944, all but Alaska were home to state associations. Six decades after the formation of the first state association in the region, in Montana, the Alaska Public Health Association (ALPHA) was finally created.

Current conditions

Much has changed in the field of public health in the 87 years since the formation of the first state association in the region. In past decades, public health associations were characterized by close ties to government—with funding and members coming predominantly from state and county health departments. In some states, the associations were the primary source of continuing education opportunities. Steady government support enabled a large proportion of public health workers to attend annual education conferences and other activities supported by the state associations.

More recently, the role of government in supporting association activities has diminished, largely due to state budget cuts. "The organization really suffered," said Lee Hannah, current

president of the Idaho Public Health Association, about the effects on the state association of cuts in the state's health budget. However, the experience forced the organization to become less dependent on health department funding. "Now, we're feeling much better about the stability of the organization," Hannah said.

Like Idaho, the Montana and Oregon state associations have, or are in the process of, restructuring and reinventing themselves to stay relevant—and solvent—in the changing environment. This has included focusing on membership renewal and recruitment efforts and streamlining operations. For the Oregon Public Health Association, this has meant canceling its annual program and conference after several years of declining enrollment and interest. Other associations are turning to partnerships with related organizations—such as state environmental health associations—within their borders.

Collaborations across state borders have also become important. For example, in Wyoming, a joint conference held with the Colorado Public Health Association in 2004 was not only well accepted by participants (100 percent of the Wyoming respondents to the online conference evaluation liked the joint format) but also helped increase the Wyoming Public Health Association's membership. Similar joint activities between the two states are expected in the future.

Membership

The changes in the public health workforce are reflected in the increasing involvement in the state associations of private clinicians, environmental health professionals, and other groups that were not traditionally recognized as part of the public health workforce. For example, post-9/11 membership rosters boast many bioterrorism and other emergency preparedness and response workers.

Changes in membership characteristics are often the result of deliberate efforts by the state associations. "There is an increasing recognition that public health is greater than just government employees," said Betty Bekemeier, Region IV co-vice president for the Washington State Public Health Association. "We're trying to mirror that and are intentionally reaching out to other groups."

These efforts to broaden association memberships appear to be working. After a period of low association membership in the 1990s, member-

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ships are steadily increasing for several associations. For some state associations, the growth is due in large part to the increase in student members as a result of reduced membership fees and scholarships for student members. In Washington, a combination of renewed recruiting on campus by a student representative and a waiver of the membership fee contributed to the doubling of student members to more than 60 in the past year alone.

The state public health associations pride themselves in being “member-driven,” with members helping define the priorities and direction of the organization. Association members “have such incredible expertise,” said Marie Lavigne, executive director of the Alaska Public Health Association. “I think we’re all a great untapped resource.”

Activities

Central to the state associations’ activities is an annual meeting or conference. These three-to-four-day meetings draw a majority of the association members for sessions on a variety of public health topics and to take action on association business. For Wyoming and Idaho, the topical sessions are also the primary continuing education activity provided by the associations. By drawing together public health professionals, these annual events have been successful in increasing both the visibility of the associations and the number of members.

Advocacy activities have also been a high priority for many state public health associations. These activities range from health promotion (giving the governor of Wyoming a pair of jogging shoes in order to promote healthy living) to policy promotion (direct lobbying of legislators). Resolutions approved by the associations have been used to educate the public, the press, and lawmakers on issues ranging from fluoridation of water to banning smoking in public places. Language from these resolutions has even become part of legislation passed by some state legislatures. APHA recognized the advocacy efforts of the Washington State Public Health Association when it recognized it as Affiliate of the Year in 2004.

Other state public health association activities include events for the annual national public health week and publication of newsletters for members.

Challenges

Although terrorism preparedness funding has increased the money available for more public health professionals to participate in the associations’ activities, much of the funding available to the state associations is restricted. Little or no funding is available to pay salaries, rent, or the related costs of running an office.

“The more exciting our organization gets, the harder it is for us,” said Bekemeier, referring to the executive board members of the state associations, who serve on a volunteer basis. “It’s just hard,” said Lavigne, “when you’re asking everyone to do things for free.”

For state associations, this arrangement has led to an “organization in a shoebox syndrome,” in which the organization changes with each shift in leadership. As of 2005, three states—Alaska, Oregon, and Washington—had at least a part-time executive director on staff. However, none of the state associations in the Northwest region have full-time staff members. The one-year terms served by executive board presidents also make achieving continuity in the associations challenging.

Some of these difficulties have been acknowledged by APHA, which is undergoing its own structural changes and budget constraints. As affiliates of APHA, state associations receive some level of organizational support and small grants from the national organization. Alaska, Idaho, Oregon, and Washington hope to maximize APHA support in their effort to develop the nation’s first regional APHA affiliate infrastructure.

Future outlook

Out of necessity, the region’s state public health associations are turning to more creative strategies to continue and expand their activities to promote public health. Despite the budget and infrastructure constraints, they remain committed to educating their members and the public and advocating on behalf of the public’s health. As the demand for public health increases, it is unlikely that the work of the state associations will remain unnoticed much longer. 🐾

Snapshot of the Regions’ State Associations	
<p>Alaska Members: 220 Priorities:</p> <ul style="list-style-type: none"> • Provide support for public health law reform bills introduced in Alaska • Build and sustain a solid funding base for the association 	<p>Oregon Members: 230 Priorities:</p> <ul style="list-style-type: none"> • Support legislation related to adolescent risky behavior • Support the counties in workforce and management development • Support the new state health director
<p>Idaho Members: 85 Priorities:</p> <ul style="list-style-type: none"> • Secure infrastructure funding to hire an executive director and enhance effectiveness • Continue expansion of the Idaho EXCITE program (program that teaches schoolteachers how to use public health and epidemiology to make science and math fun) 	<p>Washington Members: 436 Priorities:</p> <ul style="list-style-type: none"> • Advocate for a stable, sufficient, equitable, dedicated public health funding source • Strengthen infrastructure: hire an executive director; re-engage partners in the conference-planning process; and retool the policy development process
<p>Montana Members: 200 Priorities:</p> <ul style="list-style-type: none"> • Increase the visibility of the organization in the state • Improve the value to the membership 	<p>Wyoming Members: 124 Priorities:</p> <ul style="list-style-type: none"> • Enhance and improve communication with and among members • Increase membership and participation, including student interaction with the association