

INTRODUCTION AND FORWARD

Alden N. Haffner, O.D., Ph.D.

The very first question to ask is, “Do we really need a new book in public health?” And the next question that follows is, “Does the profession of optometry need its own text in this enormously complex subject area?” I respond to both questions decidedly in the affirmative for a unique set of reasons.

Our professional discipline, optometry, is relatively young by virtue of legal recognition [1901 in the State of Minnesota and all other states, territories, commonwealths and the District of Columbia in subsequent years]. Moreover, though legally a twentieth century profession, no initial statute was immutable as originally conceived and written. In fact, hundreds of changes were made since the initial enactments broadening the scope of professional responsibility and significantly expanding legal practice authority. In every instance, these changes were substantively additive, thus markedly altering the profession of optometry in its relationship to the public which it is dedicated to serve. This virtual metamorphosis, I hasten to point out, is still taking place and promises, in my view, to continue in the decades to come, thus further altering the professional role and the matrix of optometric responsibilities related thereto.

Few textbooks in public health carry meaningful references to the significant role that optometry, as a learned discipline and as a professional body, plays in the several areas of public health concern [epidemiology, biostatistical analyses, community health, workforce concerns, public policy considerations, etc]. It is, therefore, incumbent upon the public health cadre in optometry, both from the profession at-large and from the faculty bodies of the schools and colleges of optometry, to produce its own text focusing on those unique issues that have impacted the profession and, thereby, the health and wellbeing of the public. That these additions to the literature of public health add both meaning and substance to the understanding about optometry’s role and function is important.

It would have been redundant, indeed, to fashion a text in public health optometry with significant portions devoted to epidemiology, biostatistics, and other areas of fundamental concern already so well covered in an extensive body of literature. There is a rich abundance of such materials and they are utilized widely in the lecture halls, seminar rooms, clinical laboratories, and vision science libraries of the nation’s schools and colleges of optometry. There will come a day when a new text in public health, fostered and promulgated from optometric sources, will not be necessary because the mainstream of public health literature will already included the wide array

of optometric references and optometric source materials. With regret, that day is not now. Therefore, it is, in my view, both proper and compelling to produce this new text.

The history of public health in optometry has two fundamental tributaries. They cover a period of about sixty years. The first is the movement to raise the awareness and recognition of the extent and importance of public health within optometry itself, in its various organizations and in its academic community. The second tributary is to integrate optometry's important discipline-related activities into the mainstream of public health. In my respectful view, both efforts are still taking place. Underlying both efforts is the subtext of legitimacy. Until the middle of the last century, no optometrist held a graduate degree in public health or in public administration of health. Today, more than one hundred optometrists hold graduate degrees, at master and doctoral levels, in public health or in public administration of health. While I believe that the numbers are too small, they, indeed, are growing albeit too slowly. Indeed, the graduate degrees are vital parts underlying the legitimacy concern.

Awareness and recognition of the critical importance of public health were slow to develop in the optometric ranks and organizations. Indeed, the American Optometric Association, in 1956, formed a landmark body, the Committee on Social and Health Care Trends, to identify and examine public issues related to health affairs and their potential impact on optometry. That committee became an important early platform for a variety of concerns and activities in public and community health. Indeed, the critical history of this period remains to be examined thoroughly. From the mid 1950's, a rather substantial question was raised and debated in the academic community of optometry. The clinics of the schools and colleges of optometry [then 13] were the only organized group optometric activities with an interface with the public. The prevailing attitude among the leadership group [presidents and deans] and the professoriate was that the clinics were primarily teaching laboratories with the patients as subjects. Few of us, I among them, strongly advocated that their role and function be as community clinics serving the optometric needs of the population in the surrounding areas while still retaining the essential instructional role. Indeed, the subject in an optometric teaching laboratory was transformed into a patient- in a community clinic. That argument and the resultant change seem trivial now but it was quite consequential five decades ago.

After much organizational activity on the part of a small cadre of very dedicated optometrists, there was created within the American Public Health Association a Vision Care Section. This was preceded by sporadic efforts, locally [in large cities] and in the states, to encourage optometrists to join their colleagues in other health disciplines to work jointly for the advancement of public health principles', health concerns and the advancement of human welfare. That it provided critically important opportunities and forums in which to demonstrate the role and function of the profession of optometry in the health of the nation's citizens is of essential importance. After two decades of active

services to the Public Health Association of New York City [the nation's largest local affiliate], this writer was elected as its president [1972-1974]. In later years, Dr. Edwin Marshall and Dr. Melvin Shipp served the national organization in important leadership roles in elected officerships. Many references in this text are made to the centrality of the public health movement to the progress of optometry and to its growing interdisciplinary roles and functions.

It should be noted, and it is of critical importance, that the American Public Health Association has adopted a host of resolutions, over the years, addressing health policy issues of direct and indirect importance to the profession of optometry and to eye care and vision care delivery. These resolutions, as policy and position statements, undergo careful and rigorous review by a broad array of professionals within the governance structure of the Association. That these policy statements, as resolutions, have immeasurably been of support to the profession of optometry is unquestioned.

The American Academy of Optometry, as part of its program formally to recognize advanced clinical and scholarly competence, established a peer directed program of Diplomate status in several areas of optometric care. Now, almost a third of a century old, the Diplomate program includes status in Public Health and Environmental Vision. This program has over the last three decades been the locus of important public health issues to the profession of optometry and to its institutions. It, also, provided a platform for presentations by persons of national prominence in public health addressing optometric audiences. This vital interchange has been of considerable importance. This writer was privileged to chair the Section on Public Health and Environmental Vision for 23 years. During that time, students, practitioners, faculty members, and optometrists in private and public service research and administration roles have risen to prominence in shaping health and vision in the United States and internationally.

A new text in public health in optometry is important because of, and as a result of, the unique textures of its rich and noble history. They will not be found in any of the standard texts in public health. That this volume will be a historical accounting of public health in optometry is significant. That this text may inspire professionals in optometry, young and not so young, to have a passion for public health makes it an effort potentially of enormous significance to the profession's destiny.

Congratulations to our dedicated colleagues who have undertaken this effort.

Alden N. Haffner, O.D., Ph.D.
President Emeritus, State University of New York, State College of Optometry
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