

OPTOMETRY AND THE AMERICAN PUBLIC HEALTH ASSOCIATION

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Introduction

Certainly Optometry's entry into the American Public Health Association (APHA) and the public health arena was characterized by voices of dissidence. Before 1970, Optometry was primarily an independent (private practice) health profession with little, if any interest or involvement in the field of public health. With medicine's vocal opposition to optometry's growth as a legitimate and important health profession, it was vital for the medical profession to keep optometry's image as one of little consequence and out of the mainstream of public health endeavors. This opposition played a significant role in preventing an earlier entry for optometry into the APHA. However, with the continuous support of the American Optometric Association (AOA), through the efforts of some of its dedicated staff such as John Whitener, and other optometric members of the APHA, optometry's place in APHA history became a reality with the formation of the Vision Care Section (VCS) in 1979. What follows is a brief history of the APHA, the history of optometry's entry into the public health arena, into the APHA and the history and accomplishments of the Vision Care Section from 1979 to 2009.

Early History of the American Public Health Association

The American Public Health Association (APHA) was organized in 1872 under the leadership of Dr. Stephen Smith, a physician, attorney and commissioner of New York City's Metropolitan Health Board. Prevention of Cholera, the chief public health threat at the time, was rendered difficult because the work of health professionals was often compromised by official "health wardens" who were commonly saloon keepers active in local machine politics. Dr. Smith led a campaign for the adoption of a health code in New York City which included clauses preventing the health wardens from obstructing public health officials. His crusade raised public and professional interest in civic sanitation and in the need for creating an organization to promote public education, improved sanitation, and the appointment of more competent health authorities. This interest gave rise to the APHA, which held its organizational meeting in Long Branch, New Jersey on September 12, 1872, set dues as \$5.00, named an Executive Committee of six members and set its first annual meeting for Cincinnati, Ohio in May, 1873. Since the initial days, the Association has undergone a number of structural stages and shifts in focus. At times the emphasis has been on legislative action, at other times on scientific advancement and professional development and still others on Association structure and policy mechanisms. Along the way, the APHA played a significant role in the formation and/or the development of the National Center for Health Statistics and the Cooperative Health Statistics System, the Index Catalogue for the National Medical Library, the National Institutes of Health and the World Health

Organization. Its voice in public health issues has been long and strong, having initially discussed a ban on smoking in 1915, equal opportunity matters in 1947, and a national program for medical care in 1944. APHA's centennial historian, Nancy Bernstein, commented that in her view, APHA's most impressive feature has been its ability to withstand dissidence within the organization and turn it into strength. The voices of dissidence that have characterized the Association's history give it the strength and flexibility to endure the challenges of the future.¹

Optometry and the American Public Health Association

Background

Many developments, including social, political and health care trends were precursors to the creation of the Vision Care Section of the APHA as it exists today. Optometry's critical involvement within the National Health Council (NHC), of which Dr. Henry B. Peters served as president and provided important leadership, preceded optometric involvement within the APHA. The NHC strongly supported the formation of this new section in the APHA and sparked an important aspect that led to the formation of the VCS of the APHA. American Optometric Association's (AOA) Committee on Social and Health Care Trends gave birth to the AOA's Committee on Public Health and Optometric Care. Optometry and community health, an essential part of the public health movement of the 50's, 60's and early 70s, resulted in the creation of the Optometric Center of New York in 1956. This development spawned the birth of the Optometric Center of Maryland, the Denver Optometric center and a host of

other community clinics that were the initiators of the public and community health movement for optometry. Another significant movement that began in the late 60's was practicing optometrists entering schools of public health to pursue a Master of Public Health (MPH) degree. These co-degree holders, as well as a few optometrists, who had an M.P.H. degree, prior to entering a school of optometry, helped foster and nurture the creation of the Vision Care Section. Starting in the 70's, some state university schools of optometry, that also had schools of public health, as well as proprietary schools of optometry that were located near schools of public health, began to offer joint OD/MPH programs, so that today there are approximately 200 optometrists that have MPH degrees, with some even holding a Doctorate in Public Health.

Early History of Optometry and the APHA

It is recorded that the Public Health Bureau of the American Optometric Association sent a representative to the 68th Annual meeting of the APHA (1941). Although the American Optometric Association (AOA) sponsored a booth at annual meetings beginning in the 1950s, and became an agency member of the APHA in 1963, it wasn't until 1971 that the AOA, through its Committee on Public Health and Optometric Care, planned the first optometric scientific session, presented at the 1972 annual meeting of APHA. Interestingly, 1972 marked the One Hundredth Anniversary of the APHA. The session was titled "Visual Perception and Human Development." Dr. Jessie Beasley presided and among

the presenters were Drs. A. Norman Haffner, Henry B. Peters and Alfred Rosenblum.

The formal history of Optometry in the American Public Health Association (APHA) is relatively young, spanning a period of only 30 years, and beginning with the establishment of the Vision Care Section in 1979. Informally, in the 25 years prior to 1979, optometry played an insignificant role in APHA affairs, identified only by the individual memberships of a few public health inclined optometrists. Even though a thorough search was made of APHA archives, the history of the early, pre-VCS period is sparse. This search provided little mention of optometry or of the few optometrists who were members of the APHA before the formation of the VCS. As noted by Dr. Morton Silverman: "Prior to the mid fifties, optometrists were not members of APHA nor had they been encouraged to join. In the mid 1950s the AOA Committee on Social and Health Care Trends was formed under the leadership of Dr. Norman Haffner and the late Dr. Felix Koetting of the AOA staff. The committee included prominent optometrists throughout the US as well as local optometrists who were well aware of the importance of optometric inclusion in the health care structure of the future. Dr. Haffner, an active member of the New York State Public Health Association in the late fifties and sixties, and President of the Public Health Association of New York City in 1972-73, was the leading force in establishing an optometric presence in public health and the APHA. Under his able leadership and with Dr. Koetting's assistance, prominent individuals in the field of public health were invited and participated in committee sponsored conferences. Dr. Lorin E. Kerr, a physician

and Assistant Medical Director for the United Mine Workers Hospital and Health Care System, an APHA activist and later its president was a dedicated public health liberal and strongly believed that optometry was an important health care resource and should be included in APHA membership.²

An “Optometry in Public Health” Seminar was held at 4H headquarters in Washington in February, 1967. This seminar was the first ever “to be held in the areas of public health and optometric care, so optometry can take its rightful place in the vital area of vision care for all the citizens of our affluent society.”³ It was planned by Dr. Haffner, Chairman of the AOA Committee on Public Health and Optometric Care and Dr. Henry Peters, Seminar Educational Director, sponsored by the American Optometric Association, the American Optometric Foundation and the Association of Schools and Colleges of Optometry and funded through a Public Health Traineeship Grant of the US Public Health Service. Dr. Peters’ opening remarks stated that “since we (optometry) provides the major share of vision care in the American scene, there can be no doubt that Public Health Care needs optometry and optometry needs to enter new dimensions of service if it is to make its greatest contribution. Thus optometry needs public health”.⁴ The program brought together some of the leading public health physicians at the time, such as Lorin Kerr, Paul Cornely, John Porterfield, Milton Terris, then the APHA president, and the visionaries of public health optometry, like Dr. Peters, Dr. Haffner and Dr. Al Rosenbloom, Dean of Illinois College of Optometry. For the next few years there was an annual conference on Public Health Optometry, sponsored by the AOA and its Public Health and

Optometric Care Committee. AOA President Mel Wolfberg made the following opening remarks at the 1969 conference in St. Louis:

“...I feel very much more secure with the growing number of optometrists in this country who are becoming knowledgeable about implications of public health and its relationship to our profession. You only had to go back a short period of time to find that we had only a small hard core group of people who were truly concerned with public health. At that time they were looked upon as wide eyed liberals who were running around trying to create problems for the profession and not providing solutions. Our awareness has increased and I would like to tip my hat... to those people who have made a significant contribution in the area of public health to this profession.”⁵

Although the early, negative image of public health optometrists, as mentioned in Dr. Wolfberg’s comments, continues to this day with some optometrists, many of the optometric presenters and attendees at these conferences never retreated, and became the movers and shakers to bring public health optometry to its well recognized and much respected status of today.

In the early and mid 1950s membership in APHA was by invitation and sponsorship. In addition there was a further classification known as a Fellow of the APHA. It is uncertain who was the first optometrist member, but Norman Haffner, Felix Koetting and Mort Silverman were Fellows who were sponsored by Dr. Kerr. According to Dr. Haffner, the public health physicians who were the

leading force in optometry's struggle for public health inclusion besides Dr. Kerr, were Drs. Lowell Bellin, Pascal Imperato and Mike Hollerman.⁶ Dr. Lester Caplan was a member in the early to sixties, but resigned after sensing a lack of recognition of our profession on the part of APHA leadership. A resignation letter expressing his dissatisfaction was ignored. He rejoined in 1968 while chairing the Public Health Committee of the Maryland Optometric Association. Drs. A. Norman Haffner, Burt Skuza, Siu Wong and Mort Silverman maintained their membership and their zeal for establishing optometric recognition. Most optometrists were members of the Medical Care Section although some changed their section affiliation depending on their evolving public health interest and involvement at the time (Community Health Planning, Public Health Education etc.).

Creation of the Vision Care Section

In 1974, Optometry made its first bid for its own section. The minutes of the APHA Executive Board dated May 2-3, 1974 addressed the issue as follows: "the Committee on Public Health and Optometric Care of the American Optometric Association is asking APHA to establish an Optometric Health Section." A proposal outlining the development of the public health focus within the optometric profession and their rationale for establishing an optometric section within APHA was presented to the Executive Board at this meeting. The Board agreed at that time to defer action on this proposal until August when the broader issue of proliferation of sections would be discussed. If the Executive Board

determines this proposal to be in acceptable form, the Board will forward the material to the 1974 Governing Council with or without a recommendation.⁷ Staff recommendations noted “to be discussed.” At the August meeting, an agenda item on New Sections stated that APHA should develop a policy regarding the creation of new sections. The discussion that followed mentioned that the number of applications have been increasing at a great rate and noted that the application for the establishment of an Optometric Health Section was to be acted on at this meeting, a new request for a Population Section had been received, and “in addition, it is believed we will soon receive a similar request to create a Pharmacy Section (and maybe a “consumer” section). The minutes went on “It is becoming increasingly urgent to adopt policy to contain the proliferation of sections.” Some of the questions raised in the minutes included: would new sections add to the overall membership, could the objectives of the discipline or function involved be achieved through less formalized mechanism, what are the hidden costs involved with many small sections, and does the increase in sections add to or detract from the interdisciplinary role of the association?⁸ At the October meeting of the Board, it was moved and unanimously passed to defer action on the request for an Optometric Health Section until criteria for new sections are adopted. The action on the Population Section was deferred for the same reason. Notification was given to those supporting the establishment of an Optometric Health Section that the size potential of such a section has not yet been proven (about 150 at the time) and optometrists have not had a recent program in conjunction with APHA annual meetings. Governing Council action at

its annual meeting resulted in the creation of a moratorium for one year until criteria for new sections was formulated.⁹ The Section on Population, Family Planning and Health Promotion was granted section status a year later (in 1975) and the Gerontological Health Section in 1978.

Optometrists in the Medical Care Section had created a Vision Care Committee within the section in 1975. Functioning within that structure, they became a much more active entity and in 1977, with optometric unity, were successful in placing Burt Skuza and Siu Wong on the Governing Council. Both served on the Council as representatives of the Medical Care Section until 1979, which was the year that Optometry made its' second bid for section status. By that time the philosophy within the APHA had changed. The July, 1979 Executive Board minutes noted that the initial application in 1974 was denied due to the Governing Council's concern of financial and staff constraints, which resulted in the one year moratorium on new sections. "Subsequently, the members came together as the Vision Care Committee of the Medical Care Section and they have experienced substantial membership growth (around 600 members). The application before the Executive Board was responsive to the "APHA Criteria for the Establishment of New Sections" and it was moved and seconded to endorse to the Governing Council the application to form an Optometric Health Section." After discussion with comments from a Governing Council member, who questioned the advisability to have another section based on an occupational discipline as opposed to broad-based sections organized around a program area of public health, another Council member stated that it is

an appropriate subject for policy discussion, but added that the “discipline sections might be good entry points for new members who might later move on to program-oriented sections.” The motion passed.¹⁰

Agenda Item 7.40 in the 1979 Governing Council Handbook was “Optometric Health Section Establishment.” At the Governing Council Session, Burt Skuza and Siu Wong introduced the resolution to establish the Optometric Health Section. Other Governing Council members from the Medical Care Section insisted that the name of the section reflect a broader based public health constituency and not be identified by a specific discipline. Although the argument that the Podiatric Health Section should be changed to the Foot Care Section was a valid one, a compromise was accepted and the name was changed to the Vision Care Section.² Over the years the section has consisted of optometrists by an overwhelming majority, but there have been a few ophthalmologists, nurses, health educators, health planners, vision screening administrators and non MD hearing specialists as members.

Development and History of the Vision Care Section

The first officers and committee chairs of the Vision Care Section were as follows: Chairperson: Burton Skuza; Secretary: Jonathan Goldman; Section Council: Edwin Marshall, Stewart Ward, Anthony DiStefano, Charles Hughes. Governing Council members were Siu Wong and Robert Newcomb; Action Board: John Whitener; Program Planning: Harris Nussenblatt; Newsletter: Bernie Maslovitz and Membership: Dennis Yamamoto.

Beginning in 1979 through 2009, with the Governing Council's inclusion of vision care in its resolution supporting a national health program, the Vision Care Section has sponsored ? resolutions approved by the Governing Council. Several of these resolutions have had a significant impact on the entire optometric profession and were utilized by national and state optometric associations in promoting the value of and the proper utilization of optometrists in the emerging national health care delivery scene. The 1982 resolution on optometric inclusion in Medicare and the 1990 resolution urging state legislatures to update their optometric practice acts to permit the use of therapeutic pharmaceuticals had tremendous impact on the profession and its' delivery of eye care services to the nation. An all out effort on the part of ophthalmology to rescind the TPA resolution was almost unanimously (except for one vote) defeated by the Governing Council at a historic meeting in Atlanta in 1991. Other important resolutions dealt with licensing of visually impaired drivers, the "flawed" 1983 FTC survey report of cosmetic contact lens fitting, pre-school vision screening, encouraging standards that provide eye protection from UV radiation and the 1997 resolution relating to glaucoma screening and management. Other significant VCS resolutions are noted in the "Vision Care Section and APHA in the 21st Century" portion of this chapter. A list of all resolutions sponsored by the Vision Care Section and approved by the APHA Governing Council can be found on-line at <http://www.apha-vcs.info/8.html>.

By the early to mid nineties, the Vision Care Section had become a respected and well recognized force within the APHA section structure. Although

membership had increased to a high of 822 in 1991 the year of the attempt by ophthalmology to overturn the TPA resolution of the previous year, it leveled off to the 550-650 range over the years that followed. Membership would have dropped considerably over the years if it had not been for the intervention of Dr. Stanley Yamane, Vice President for Academic Affairs, Vistakon Inc., the contact lens arm of Johnson and Johnson. In 1994 he contacted Dr. Lester Caplan, offering his assistance in membership recruitment and retention. A grant of \$10,000 from Vistakon, funded a massive mailing to all American Academy of Optometry and American of Optometry Political Action Committee members. The APHA staff insisted that the unused funds (\$4000) be returned to the donor, until Dr. Caplan suggested that the balance be used for complementary optometry student membership to the APHA Vision Care Section. It funded 90 students in 1995 and every year since the initial grant, Vistakon has funded forty complimentary student memberships. Students from almost every school and college of optometry have benefited from these grants and the potential for developing a new, young cadre of public health oriented optometrists is unlimited. An interesting side note is that the APHA initially refused the \$10000 offer from Vistakon, as it had a policy of not accepting any donations from corporate entities. Dr. Caplan worked for almost a year with the APHA hierarchy to successfully change their policy on corporate contributions.

There were two events that occurred at the APHA annual meeting in 1994 that strongly influenced future advancement for the section and its members. Dr. Melvin Shipp was elected to the Nominating Committee and Dr. Lester Caplan

was elected as the Chair-elect of the Intersectional Council (ISC). Dr. Shipp chaired the Nominating Committee in 1996. The ISC was an advisory group to the APHA Executive Board and was made up of the chairs, chairs-elects and immediate past chairs of the 25 sections within the APHA. The ISC became a part of the formal structure of the APHA during Dr. Caplan's tenure as its chair. He also served on the search committee that selected Dr. Mohammad Akhter to replace Dr. Fernando Trevino as the APHA Executive Director. The VCS was still one of the youngest and smallest sections, but was able to have two of its members run for APHA offices in the period from 1995-97. Dr. Edwin Marshall was a candidate for the position of Treasurer at the 1995 annual meeting, but was defeated in his bid by the highly regarded incumbent, Dr. Jay Glasser. Dr. Mel Shipp was a candidate for an Executive Board Position in 1997, but was barely defeated by Dr. James Marks, the Director of the National Center for Chronic Disease Prevention and Health Promotion at CDC and a member of the Maternal and Child health Section, one of the largest sections in the association. In that same year, Dr. Caplan was elected as the APHA Vice President (USA), an honorary, non-opposed position.

Vision Care Section and APHA in the 21st Century

In order to appreciate Optometry's leadership role within the APHA into the 21st Century, it is important to have an understanding of the Governance within the APHA. Each section elects representatives to the Governing Council, with the number of representatives based on membership of that section. APHA's

Executive Board is now a 24 member body that serves on behalf of the Governing Council and meets throughout the year to discuss Association business. The Education Board is charged with maintaining and enhancing professional knowledge, to increasing technical proficiencies, and enabling members to promote and protect environmental and community health. The Executive Committee is a subset of the full Executive Board and is charged with conducting necessary business on behalf of the Executive Board between Board meetings. The Joint Policy Committee (JPC) is charged with overseeing the annual policy development process. It is the Committee's task to review and assess all proposed and late-breaking policies and report its final recommendations for adoption to the Governing Council at the Annual Meeting. Public policy statements adopted through this process provide a record of the Association's stance on a variety of public health issues and reflect the diverse interests of the APHA membership. The JPC also oversees the association's annual policy archiving and review process. In coordination with the Action Board, the JPC facilitates the process in which policies are recommended to the Governing Council for archiving.

The VCS continues to comprise elected leadership positions in the APHA. Dr. Melvin Shipp was the Founding Chair of the APHA Education Board from 1999 -2001 and served as an Ex Officio Member of the APHA Executive Board APHA during those years. From 2001-2007 he served as a member of the APHA Executive Board, and the Executive Committee. Dr. Shipp was elected to the prestigious position of APHA Treasurer, a three year term from 2001-2004, and to

a second term from 2004-2007. His leadership abilities and skills enabled his election to the Chairman of the APHA Finance and Audit Committee during his years as the APHA's Treasurer.

Dr. Edwin Marshall was elected to the APHA Executive Board in 2002 for a two year term and was elected to the position of Vice Chair of the APHA Executive Board during those two years. He then served as Chair of the APHA Executive Board in 2003-2004.

Dr. Debbie Hettler was another Optometric leader to emerge from the VCS, appointed to the APHA Education Board from 2003-2009, serving as Vice Chair in 2006-2007, and Chair in 2008-2009. Dr. Hettler also served on the APHA Joint Policy Committee for 2006-2007, and Co- Chair for 2008-2009. Dr. Hettler continued to serve as Ex-Officio Executive Board member for 2008-2009.

Several resolutions relating to vision care and sponsored by the VCS have been adopted by the APHA, two in 2000, 2001, 2004 and 2007 and one resolution in years 2003 and 2006. Resolutions are intended to represent the position of the organization in a wide variety of public health arena and help direct the organization's resources and actions to support public health policy on the local, state, and national levels. Although among the most controversial resolution was the 1990 resolution endorsing optometric use of therapeutic pharmaceutical agents, resolutions passed in 2001 encouraged regular comprehensive eye examinations as opposed to screening for pre-school, and also passed a resolution supporting the World Health Organization's VISION 2020. In 2003 a resolution urging health care providers to make appropriate and

prompt referrals for vision rehabilitation was passed. In 2006, APHA passed two resolutions, one relating to Vision Rehabilitation and another resolution on Use of Protective Eyewear in Sports. In 2007 resolutions urging the inclusion of eye care professionals in the disaster planning process, and “Preventing Vision Loss through Smoking Cessation due to evidence linking smoking to eye disease...” were passed.

Vision care providers can and should look to relevant American Public Health Association policy statements and apply them where they may serve the profession.

Conclusion

In a document sent to members of its Development Campaign Committee and titled “Case for Support - Laying a Foundation for Public Health in the Twenty-First Century” the APHA gave all its sections a charge for the 21st century. They pointed out that:

“it takes public health professionals in many different disciplines and in many different settings to provide programs and direct services to assure the conditions in which people can be healthy. Public health professionals directly provide essential programs and services and engage in the education, research, policy development, and other work that supports these programs and services. The new millennium will bring many challenges for public health: playing a leadership role in changing the financing and organization of health care; assessing the safety and efficacy of alternative and complementary health care;

utilizing the advances from the biotechnology and genetics revolutions for the improvement of the public's health; responding to the needs of an aging and increasingly diverse population; improving public health through new information and communication technology; addressing the challenges and the opportunities of a global economy; strengthening governmental agencies and non-government organizations; strengthening our health system; preserving our physical and socio-cultural environments; and continuing to work for social justice"¹¹

The Vision Care Section has certainly maintained its public health recognition and vitality, within the APHA, within the optometric profession and with the public. It has continued to maintain a high profile by actively participating and being involved in APHA leadership roles; responding to all APHA requests for input in a timely manner; develop new generations of public health optometrists by educating optometry students about public health and encouraging their membership and involvement in the VCS; and promote and be the spokesman for optometry in matters of public health. As the section enters its thirtieth anniversary, it has much to be proud of, but it still has much to accomplish.

¹ Chair-elect handbook, section two, APHA structure, American Public Health Association, 1996

² Silverman, M, An historic overview of the American Public Health Association and optometric establishment of the vision care section, paper for publication, Prospectus, Journal of the New York Optometric Association, 1993

³ Opening remarks, Hayvis Woolfe, Curriculum Training Seminar, Optometry in Public Health, Washington, DC, February 13-15, 1967

⁴ Opening remarks, Henry Peters, Curriculum Training Seminar, Optometry in Public Health, Washington, DC, February 13-15, 1967

⁵ Opening remarks, Melvin Wolfberg, Workshop Conference on public health and optometric care, St. Louis, Mo., October 27-28, 1969

⁶ Conversation with Dr. Alden N. Haffner, August 21, 1998

⁷ Minutes of the American Public Health Association Executive Board, May 2-3, 1974

⁸ Minutes of the APHA. Executive Board dated August 8-9, 1974

⁹ Minutes of the APHA. Executive Board dated October 20-24, 1974

¹⁰ minutes of the APHA. Executive Board dated July 19, 1979

¹¹ Case for Support - Laying a foundation for Public health in the Twenty-First Century, APHA draft document for development campaign, August, 11, 1998