American Public Health Association

Opening Doors for Podiatric Medicine



Back in 1969, the president of the American Podiatric Medical Association, Dr. Charles R. Turchin of Washington, DC, issued the call for members of our association to become more involved in public health endeavors. In his inaugural address, Dr. Turchin said that APMA's goal "must be to assure the citizens of this nation that the next generation of older persons will not be beset with the degree of foot problems podiatrists are now required to treat. Medicare, with all of its benefits, has convincingly revealed to us the need for greatly expanded preventive services if our goal is to be achieved. Podiatry must not forfeit its responsibility in this arena."

Prior to Dr. Turchin's call, pioneers such as Past President Marvin W. Shapiro, DPM, and the late Abe Rubin, DPM, encouraged their colleagues to participate in public health activities. They were among the first in our profession to join the American Public Health Association (APHA). Dr. Shapiro continues to be an advocate for podiatric public health, and he was the first member of our profession to be awarded fellowship status in the APHA.

"No other external organization has opened so many doors for podiatric medicine and made us an equal partner in the development of health policy than has APHA," said my colleague Arthur E. Helfand, DPM, whose own "Keep Them Walking" initiative in the early 1960s was a pioneering program in public health that provided documentation for podiatric medicine's inclusion in Medicare and earned for Dr. Helfand his own APHA fellowship in 1963.

In 1970, the association's Council on Public Health led the way in the formation of a Podiatric Health Section within the organizational structure of the American Public Health Association, a goal that was realized two years later. This year marks the 25th anniversary of the section, an event that will be celebrated November 9-13, during sessions at APHA's 125th annual meeting in Indianapolis.

Despite this celebratory occasion, there is a nagging concern that all is not well with podiatric medicine and the APHA. Twenty-four years ago, section membership was at a lofty 900-plus. Today, that number has dropped to about 310. If this steady decline in membership continues, the section will become a historical footnote, which would be a tragedy in this era of health care reform.

The reasons for having a podiatric section within the APHA should be obvious: It gives our profession an equal voice with the "movers and shakers" of health policy formulation and decision making. Within the membership roles of APHA, you will find leaders from the Health Care Financing Administration, the US Public Health Service, and local health agencies. Today, the Podiatric Health Section joins with the sections of other health disciplines in providing a critically important pipeline of information to those who are shaping the future of America's health care delivery system.

The Podiatric Health Section exists to make our profession an integral part of every health care venue, whether private, public, local, community, or academic. All of us are touched by public health issues in one way or another, and to ignore public health is to forfeit an avenue of growth for the profession we love.

APHA membership also brings with it informative publications, including a monthly journal that has featured many articles about podiatric medicine that have proven useful in getting more DPMs on hospital staffs and managed care panels.

It is easy for DPMs to become totally focused on internal issues, which are many and often critical. But the importance of our involvement with APHA cannot be brushed aside. Over the years, APHA has funded major projects involving podiatric medicine and has adopted many resolutions dealing specifically with podiatric medicine.

During the years 1974-1976, APHA funded "Big Foot," a health education project for elementary school children. Another project, currently in progress, is the recasting of the Function and Educational Qualifications document for podiatric medicine, which will be completed this May and em-

braced by APHA as a position paper.

It would be a major benefit for podiatric medicine to have a strong presence at this year's APHA annual meeting in Indianapolis, and an even greater plus if we could at least double our section membership during 1997. That goal, to me, seems easily attainable. Let's do all we can to enhance our profession and make our care accessible to more and more patients. The Podiatric Health Section of APHA is an organization that can help us reach this goal. For more details, contact our Department of Governmental Affairs at headquarters.

SHELDON WILLENS, DPM
President