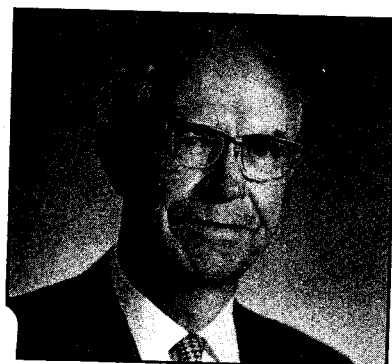
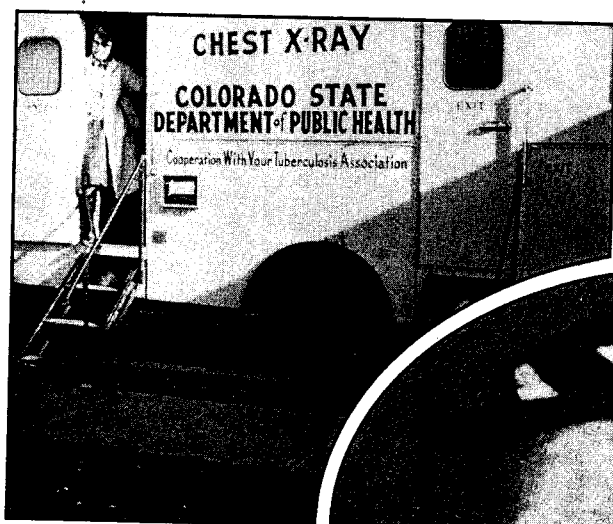




HISTORY

Of the Colorado Public Health Association
1938 - 1988



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HISTORY

Of the Colorado Public Health Association
1938 - 1988

The Colorado Public Health Association gratefully acknowledges the following individuals whose time, dedication, and vision made this book possible:

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The Historical Committee would like to note that original manuscripts used to compile this history have been edited in the interests of space and continuity. The committee acknowledges that this record of events is incomplete; any information the membership can provide to make the next printing more complete would be appreciated.

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Forward

by
John Donnelly

*"The history of CPHA is a mirror of the history
of public health in this state over the last half century."*

Defining a state public health association is not as easy as it may seem. Until one has been an active member for a year or two, its complexities may seem arcane indeed.

Its reason for being, as revealed in the Colorado Public Health Association by-laws, is to create a forum for persons interested in the protection of the public health to exchange ideas on health issues, to enhance health consciousness of the public through leadership in public health activities, and to promote professional growth of its members.

While CPHA is a voluntary health organization, it does not have a single disease entity into which its energies are directed, such as heart, lung, or cancer, as many others do. Most voluntary health associations mount massive fund raising campaigns to finance their respective missions. Membership is limited essentially to a fund raising organization with a board of directors and paid staff. Some offer direct public service, some concentrate on supporting research, and some emphasize health educational efforts. Volunteer efforts are heavily relied upon to support their activities. However, for CPHA, fund raising is a minor function limited almost entirely to membership dues, the Annual Meeting, and to the various special interest Sections within the organization striving to cover the expenses of their current projects.

While it is an organization appealing primarily to health professionals for membership, it is not exclusively so. Unlike nursing, medical, dental or veterinarian societies, comprised entirely of members of their healing art, the public health association embraces membership from all aspects of health and related interests, professional and lay alike. Its members may be nurses, physicians, administrators, health educators, statisticians, epidemiologists, secretaries, environmentalists, dentists or interested citizens without direct ties to a health agency, public or private.

While CPHA's reasons for being may parallel those of official public health agencies, the promotion of the health of the public, it cannot render direct public health services. It has no authority. It lacks financial means. It often has no paid staff, not even a paid lobbyist. What CPHA does offer is to serve its members through its annual meetings, newsletters, committees and special interest section activities; it provides a stimulating environment for exchange of ideas, opinions and information.

Role models are offered, as are responsibilities for holding office, or for developing programs or projects, for those interested in developing their personal skills or effectiveness. The milieu encompasses different disciplines and different geographic areas. It updates technical information and political trends, lending appreciation of the contrasts to be found in the health problems encountered in urban vis-a-vis rural areas, affluence versus indigence, or liberal versus conservative political climates.

Though CPHA's services are indirect, it provides a blend of attitudes, aspirations, frustrations and information which reflects the problems and accomplishments of the public health movement in Colorado. Its influence is felt in the halls of the state legislature and Congress; in its national counterpart, the American Public Health Association; and, through its influence on other health-oriented organizations, the news media, and the general public. Its leaders, from the time of its inception in 1938, have been the state's leaders.

The history of the Colorado Public Health Association is a mirror of the history of public health in this state over the last half century. As such, it is appropriate that on the event of the *Golden Anniversary* of the organization in 1988 this history is being published.



The First Two Decades

1938–1958



Mountains Can Obstruct the View

*"The climate and the mountain streams
continued to suggest to the people of the
state, the existence of vigorous health."*

Influence of Tradition on Health Attitudes

There was no popular demand for an organization of its kind at the time the Colorado Public Health Association was formed. In general, the state lagged in the use of medical knowledge for the benefit of its people and most of the people of the state were unaware. No program for promotion of immunization existed in the early 1930's, and the State Board of Health did not arrange for distribution of immunization materials to health officers or physicians. Activities directed toward control of tuberculosis were carried on by the State Tuberculosis Association alone. Although the State Board of Health had a division of public health nursing and child hygiene, it was not functioning at the time a survey of health conditions in Colorado was completed in 1931.

Reports of poor health conditions had little success in changing to any great degree the firm conviction of a number of Coloradans that their climate possessed its own peculiarly medicinal qualities. The illusion of curative powers in the dry, bracing air, sparkling streams and clear sunlight had great strength because it was part of Colorado tradition. Included among the "powers and duties" of the State Board of Health was the direction:

"They shall carefully study the influence of the climate upon disease and health in different localities in the State for the benefit of the citizens as well as for the large number of invalids who seek relief in Colorado."

It was difficult for the people to recognize that the power of those natural resources was limited and could be further weakened by an increase in population, the growing probability of the spread of communicable diseases and the great need for inspection of milk and eating places; there was little opportunity for the average citizen to learn of these conditions for even the statistical records were inadequate and incomplete. The climate and the mountain streams continued to suggest, to the people of the state, the existence of vigorous health.

The influx of health seekers, especially tuberculosis victims, from other parts of the country strengthened the belief of the residents in the healing qualities of Colorado's climate. Any feelings of unease regarding the large numbers of tuberculous individuals and their families moving into Colorado were quieted by the knowledge that some of the state's leading citizens were products of families who had come west in search of health. The fact that health seekers had for many years been a source of income to the people of the state also had a lulling effect. As late as 1948 the Colorado Tuberculosis Association found it necessary to point out that, *"No citizen is safe as long as he is exposed to tuberculosis, whether resident or non-resident."*

Influence of Socio-economic Factors on Health Attitudes

Colorado's health problems were not simply the result of a singular apathy of its residents, but were typical of the problems of every state in the process of evolving from one way of life to another. LeRoy R. Hafen speaks of this change as it occurred in Colorado in his book, Colorado, The Story of a Western Commonwealth:

"The Twentieth Century has witnessed great changes in the industries, production and living conditions in Colorado. One of the most important has been the shift of economic leadership from mining to agriculture. The change in the relative positions of mining and farming has been paralleled by a remarkable shifting in population. ...For the state as a whole the population increase was ninety-two percent for the period 1900 to 1930."

Although the mining industry dwindled while the population increased, Colorado did not experience the sudden change-over from rural to urban control of state policies found in many Eastern states. The population remained about evenly dispersed between towns and rural areas. A description of the state in 1945 showed that,

"About half the population is classed as rural. More than a fourth of the 51,436 farms are over five hundred acres in size and less than a fourth are less than fifty acres."

Many farmers could not see that problems of the urban population within the state required concern or activity on their part, nor could they feel that these matters had a direct effect upon their own health.

Nor were farmers the only short-sighted ones. As the report of Dr. Waller following a health survey in 1931 pointed out,

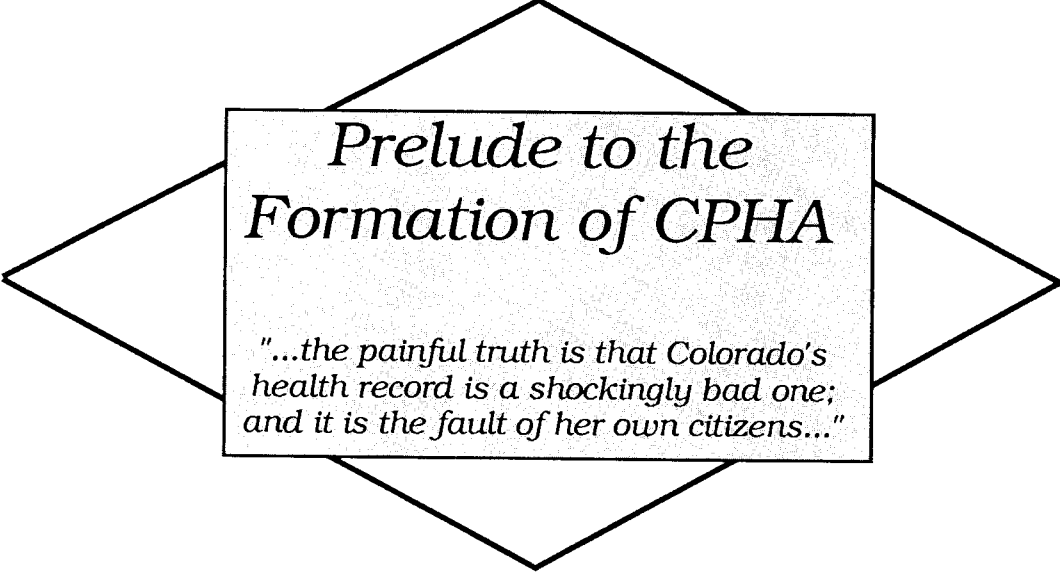
"...since most of the field activities of the State Board of Health and other state agencies engaged in health work have been carried out in the cities and towns, the rural population, amounting to about 50% of the total, probably had benefited only to a very limited extent from the expenditure of funds for health purposes by the United State Government."

Scarcity of health programs in the rural areas contributed to some degree to the inability of the farmer to realize the dangers involved in the common practice of irrigating crops with water from polluted sources.

Local health units were almost nonexistent in the early 1930's in Colorado. The few scattered health workers had infrequent opportunities for guidance or evaluation of their work. This situation, frustrating even to those who were adequately trained in public health, is noted in Dr. Waller's report:

"Although the secretary, through correspondence and personal conferences in the office in Denver, had endeavored to assist local health officers whenever the opportunity was presented, it appears...that the State Board of Health has failed to establish the close contact with local health authorities which must be considered essential to the proper conduct of the work in the State as a whole. It also appears that little interest has been taken in the development of adequate health organizations in the cities and counties."

Lack of a functioning state health department delayed any concerted effort to plan a health program for the state. Outdated laws inadequately covered the health needs of a growing state. Lack of professional qualifications for those who established and controlled health policies encouraged the use of health offices as rewards for political favors and a means of manipulating political machinery. The average citizen of Colorado, unaware of the absence of adequate health services and facilities, was not prepared to influence representatives in the State Government. Sadly, the Legislature tended to reflect the untroubled attitude of its constituents in matters of health standards.



Prelude to the Formation of CPHA

*"...the painful truth is that Colorado's
health record is a shockingly bad one;
and it is the fault of her own citizens..."*

Early Efforts to Raise Health Standards

Through the Sheppard-Towner Act of 1922 federal funds for health purposes were made available to the states. With this financial support the Child Welfare Bureau in Colorado made an effort toward health education throughout the state by holding yearly conferences on child health in several towns and conducting public health nursing demonstrations in the counties. Since there was no follow-up, these programs often did not make a deep enough impression to have a lasting effect. When federal subsidies were curtailed in 1928 the yearly conferences were discontinued.

In these activities the child welfare bureau of the State Department of Public Instruction was aided by organizations within the Council of State-Wide Health Agencies. The Council, organized in 1924, included agencies whose membership consisted of professional and non-professional workers in health and welfare. These groups represented neither a large nor powerful portion of the voters in the state. Repeated efforts of the agencies within the Council to persuade the legislature to modernize the laws dealing with health matters had almost always failed. They began, therefore, to direct their efforts toward educating the citizens of Colorado about health standards so that they would become aware of the gap between these standards and the facilities and services offered by the state to meet them.

The Council of State-Wide Health Agencies was five years old when events heightened public interest in health conditions. In 1929 a fire broke out in the state penitentiary at Canon City. A few months later a prison riot forced the state's attention to the overcrowded and harmful conditions existing there. The following year a health survey of Colorado made by Dr. C. E. Waller of the United States Public Health Service exposed the fact that the state's death

rate was higher than the average of the registration area in which it was contained even when deaths attributed to tuberculosis were subtracted.

Reaction to the Waller Report

The short-lived health teaching programs in the towns and counties of Colorado which the Sheppard-Towner Act had made possible ignited a small spark of interest. The Waller report fanned the spark. Dr. Waller's study formed the basis for a conference called by Governor William Adams in 1932 to make recommendations regarding two aspects of public health: child health and tuberculosis. This was Colorado's first

"That Colorado is indeed a pleasant land, everyone who has been there is glad to testify. As a vacation resort, however, its merits need to be described with a certain amount of qualification."

"White House Conference," and it followed the pattern established by the White House conference on Child Health and Protection conducted in Washington in 1929. It reflected at the state level the increased interest of the federal government in the health of the nation.

The Colorado State Medical Society also became aroused by the Waller report. They appointed a special public health committee composed of Dr. John Ames, Dr. Frank Stephenson, Dr. Amos Beagler and Attorney Edward Wood to promote interest and activity in public health. Another member of the State Medical Society, Dr. Edward Chapman, published a report in 1934 describing stream pollution in the state. The report stated that the high death rate from typhoid fever and from diarrhea in children was the result of the use of sewage-polluted water for the irrigation of vegetables. Publication of these reports attracted the attention of people in other parts of the country to Colorado's health problems. The editor of a New York weekly magazine commented in an editorial:

"That Colorado is indeed a pleasant land, everyone who has been there is glad to testify. As a vacation resort, however, its

merits need to be described with a certain amount of qualification. For the painful truth is that Colorado's health record is a shockingly bad one; and it is still more painful to confess that this bad record is the fault of her own citizens.... It is noteworthy that each year widespread attacks of diarrhea and dysentery begin just about the time that Colorado-grown vegetables reach the market."

The knowledge that the state was being subjected to the critical appraisal of outsiders was disconcerting and exerted a greater disrupting force on the complacent attitude of those who considered Colorado a citadel of health than had the prolonged efforts of health workers within the state.

The Council of State-Wide Health Agencies attacked the problem in three ways. Leaflets to educate the public about the dangers of stream pollution were dispersed; unfortunately, their distribution was blocked in some areas by industry. A bill was drafted to reorganize the State Department of Public Health, and letters were written to representatives in Washington to inform the federal government that Colorado needed and wanted help. Dr. Amos Beaghler, Director of Health Service, Denver Public Schools, an enthusiastic worker for better health in Colorado, wrote to Senator Costigan in 1934:

"You are familiar with the primitive condition of public health work in Colorado, and the need for greater financial support in order that the value of modern and scientific methods in our health departments may be demonstrated to the public."

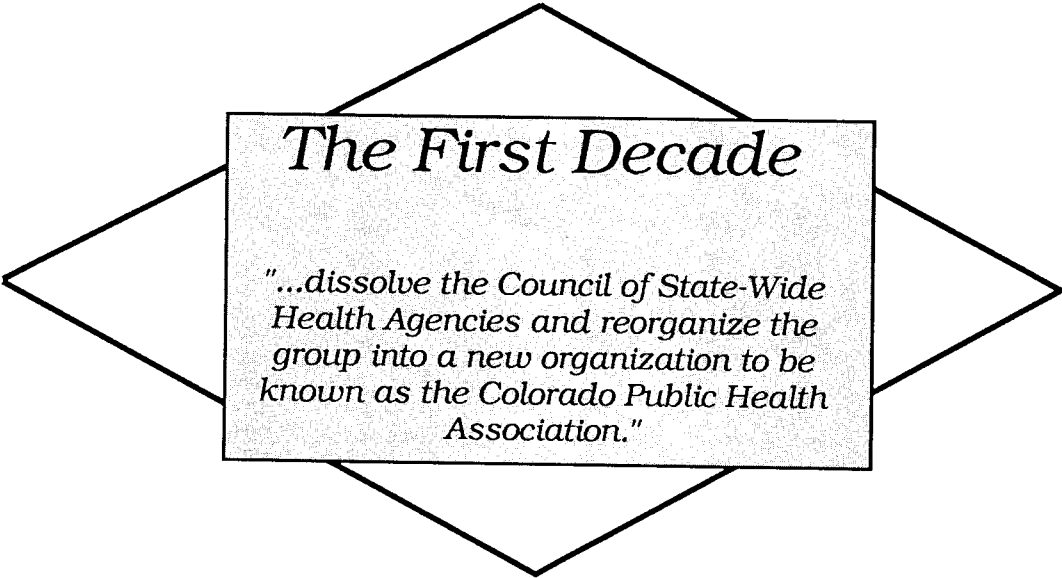
Economic conditions in Colorado, as elsewhere, were at a low ebb in the early thirties. Professional health workers knew that strong foundations for the state's health should be established by providing local public health services for all the people, but money to pay for qualified personnel could not be found. In 1935 the Federal Social Security Act was passed. Under Title V of the Act, funds were offered through the United State Children's Bureau for services to mothers and children. Title VI made funds available through the United States Public Health Service for the establishment of public

health services in states and their political divisions. However, acceptance of these grants-in-aid involved the expenditure of some funds by the state, and the struggle to obtain a larger percent of state tax dollars for health purposes continued.

Termination of the Council of State-Wide Health Agencies

Members of the Council of State-Wide Health Agencies who were not professionally engaged in health work were quite willing to follow through on the recommendations which had been so meticulously stated at the close of each health survey report and so carefully ignored at the opening of each legislative session. However, only a few had both the time and technical knowledge needed to study and understand the underlying causes of Colorado's poor health record and the necessary procedures for initiating a lasting change.

Because the Council's membership was large and had varied interests, it was sometimes cumbersome. The members who were confronted daily with constraints on the progress of their work by the scarcity of public health resources began to wonder if they might profitably unite to form a more compact group to consider, from a professional viewpoint, the problem of bringing better health to Colorado. These professional health workers had established the practice of holding a monthly luncheon meeting at the Argonaut Hotel in Denver. Here they exchanged experiences and information, and gained moral support. The idea of an organization of public health workers became a main topic of discussion throughout the autumn of 1937. In the spring of 1938 the group drew up a constitution and established themselves as the Colorado Public Health Association.



The First Decade

"...dissolve the Council of State-Wide Health Agencies and reorganize the group into a new organization to be known as the Colorado Public Health Association."

Origin and Early Meetings

Because Dr. Omer R. Gillett was not present at the first meeting when he was elected treasurer, a letter remains as the only evidence of the month and day of the founding of the Colorado Public Health Association. Following is an excerpt from the letter informing Dr. Gillett of his election.

"On March 4 (1938) the Council of State-Wide Health Agencies together with the Colorado members of the American Public Health Association, met at the Argonaut Hotel for a dinner meeting to hear Dr. Covington, President of the Western Branch of the American Public Health Association. At this meeting it was decided to dissolve the Council of State-Wide Health Agencies and to reorganize the group into a new organization to be known as the Colorado Public Health Association."

Many of the members of the new organization had participated in programs of the Council of Allied Health and Welfare Associations of Denver through its Public Health committee. Because this was the largest cohesive group, they led the new effort.

Establishment of the Association was duly noted in the American Journal of Public Health in the following announcement:

"The Colorado Public Health Association has been organized with A. L. Beaghler, M.D., President; Roy L. Cleere, M.D., Vice President; Omer R. Gillett, M.D., Treasurer; and Lucille O'Reilly, Secretary. An application has been received for affiliation with the American Public Health Association. The association represents a consolidation of what formerly was the Colorado Council of State-Wide Health Agencies and aims to include all the professional public health workers in Colorado."

The Association was officially admitted as an affiliate of the American Public Health Association at its annual meeting in November

1938 along with the newly formed Arizona and Utah associations.

The new Association's proposal to include all of the public health workers in Colorado was not as pretentious as it might appear. The number of public health workers was very small in proportion to the population of the state. The public health picture had changed little since Dr. Waller's study revealed that:

"...not much more than one-third of the total population of Colorado is provided with even reasonably active health service, and the rural population...is entirely without such service, excepting the one county with a full-time health unit and a few others in which public health nurses have been supplied by the county authorities or by unofficial agencies."

Between the time of Dr. Waller's report in 1931 and formation of the Colorado Public Health Association a small number of additional health workers had been employed. They worked in widely scattered areas and very few had adequate training in public health. In order to draw the isolated health workers in the state together as soon as possible, the Association held its first annual meeting seven months after its formation. On October 16, 1938, an announcement appeared in The Denver Post stating that,

"Health problems in Colorado will be discussed here tomorrow when the Colorado Public Health Association holds its first annual meeting in the Colorado General Hospital Auditorium."

Dr. Waller, whose study had been a contributing factor in the formation of the Association, was a principal speaker, and Colorado's Governor Teller Ammons indicated official endorsement of the organization by appearing on the program and making the opening address. Recognition by the governor of Colorado and the Denver newspaper was not, however, taken as a sign that Colorado was now ready to make progressive changes in its management of health matters, for the members of the Association were aware that a recently proposed amendment to the Denver city charter providing

for changes in the political structure of the health department had been opposed by both the newspapers and the politicians.

The Colorado Public Health Association advocated two methods for raising community health standards: sound preparation for public workers, and a basic course of instruction in public health for all members of the medical and social service professions in order that they might have an understanding of community health problems. At the close of the second annual meeting in 1939 the Association prepared a resolution emphasizing the need for *"private physicians, private duty nurses, and social workers"* to be adequately informed in the fundamentals of public health. Copies of the resolution were sent to Colorado organizations employing health workers urging *"schools, hospitals, and other institutions in Colorado having to do with the training of (those) workers, to afford their students adequate training in the fundamentals of public health."*

Explorations in Structural Revision

Public health workers throughout the state needed further training, but for most of them a return to school was impossible. If meetings could be arranged to bring the workers from nearby counties together, under the guidance of the Association, an exchange of information and investigation of solutions to common problems could be beneficial. In considering means by which this could be accomplished, the Association decided to promote the establishment of local public health organizations throughout the state. They informed the American Public Health Association of their plan, and the executive secretary replied, "There are so few people professionally engaged in public health in the entire state that the most they can hope to have is a state organization or possibly a state plus a local branch in Denver."

Upon reexamination, the Association noted that in some areas citizens were attempting to make

up for the scarcity of professional workers by conducting their own community health programs. Many of the programs were useful, but they were often not directed toward the community's major health needs, and it was evident that they would benefit from guidance. Although the professional health workers had formed their public health association from the Council of State-Wide Health Agencies because of the conviction that lay and professional people could not always work together efficiently, they concluded that solutions to the health problems of a community could not be considered the prerogative of a professional group alone. The professional health workers decided to welcome the cooperation of these non-professional persons, who often had a right to be proud of their contributions to the health of their communities; some were invited to join the Association. This was the beginning of lay-professional cooperation which has characterized the Association ever since.

In the meantime, the annual meeting continued to be the high point of interest in the organization, and the desire to secure outstanding speakers and increased attendance absorbed a large portion of the efforts of the group. In 1940 The Western Branch of the American Public Health Association met in Denver, and the Colorado Public Health Association hosted the combined annual meeting. In its annual report to the American Public Health Association at the close of the year the Association stated,

"The activities were limited as all effort was turned toward making the Western Branch meeting successful."

The Association's preoccupation with this event resulted in a feeling among some of its members that they must work out some means by which those members in similar fields of public health could have closer contact. This could only be accomplished, they decided, by forming separate groups outside the Association. Those employed in the field of sanitation found, when they came together at the annual meeting in 1941, an opportunity to plan for a separate organization for sanitarians. They invited the president of the Association, Dr. Dudley Peters Glick, Professor of

Bacteriology, Colorado State College, to join them. The president recognized the potential danger in the situation: if each specialized field were to consider separation from the Colorado Public Health Association, its structure would be seriously weakened. In response to the invitation to join the group he wrote:

"May I ask that you give serious thought to the proposition that if you feel that membership in the Colorado Public Health Association is not enough, you organize as a section of the C.P.H.A. rather than as a separate body. This would, I am sure, make for more unity among all public health workers and would strengthen the sanitarian organization as well as the C.P.H.A.

As president of the C.P.H.A., I am determined that the organization should function through the year to aid public health workers in solving their problems and to assist in an exchange of information among its workers, just as you suggest your organization of sanitarians should do. It is a mistake for the C.P.H.A. to rely for its existence upon the annual meetings alone, and I expect to do everything in my power to avoid a repetition of this mistake during the coming year. May I urge your support in this matter?"

The sanitarians decided to remain in the Association, and later they established the first section.

Inauguration of Legislative Activities

The Association maintained an interest in legislation related to health, and its members took an active part in keeping the public informed of health needs throughout the year by participation in programs of the Colorado Conference of Social Welfare. Through the media of the Health Section of the Conference, members of the Colorado Public Health Association presented analyses of such topics as "Resources for Health Care in Colorado and Their Use," and "Current Trends in

Comprehensive Health Needs." In outlining plans for 1942, the president stated,

"It seems likely that we shall support several proposals pertaining to the State Division of Public Health."

The Association continued its activities during the war years. It sponsored an annual meeting in Denver in 1943 with the Health Division of the Colorado Conference of Social Welfare. The main subject discussed was the Denver Metropolitan Planning Project, a study which included health conditions within the city. Although the health problems studied were Denver's, they bore an inseparable relationship to the health of the entire state. The findings of this study, which showed that the death rates from thirteen of twenty common diseases were higher than the national average, stimulated a program of increased activity aimed at reform of health legislation.

At the annual meeting in 1944 the Association not only supported proposals pertaining to public health but did so with such vigor that The Denver Post carried the summary of a speech by Dr. Lloyd Florio, Professor of Public Health at the University of Colorado Medical School, under the caption "Colorado Bureau of Health Told to Shed Obsolete Laws." Dr. Florio revealed that Colorado had the second highest death rate in the seven states of the western area and advised the creation of health services in Colorado beyond the four counties served at present. He urged, the paper reported, the state health department to "get out from under obsolete laws which handicap proposed programs."

At the same meeting Dr. Roy Cleere of the State Board of Health presented a paper, "Health Problems in Colorado," giving a detailed, incisive account of specific diseases. Among those listed were smallpox and diphtheria which, Dr. Cleere stated, were found in abundance. Statistical studies revealed, his report went on, that Colorado ranked second among the states in mortality from rheumatic fever. He warned that the first case of typhus in the history of the state had occurred the year before, and that the death rate from typhoid fever, diarrhea and enteritis was, "approximately double that of the United States as a whole." Dr. Cleere pointed out the



Meeting of the Colorado State Board of Health (Dr. Roy Cleere seated fifth from the left).

need for construction of sewage disposal plants with the comment, *"The inhabitants of several of our larger towns in Colorado still insist on feeding raw human sewage to their neighbors in nearby communities."* His statements that no city in the state was maintaining an adequate rat-control program and that *"four known outbreaks of disease in Colorado have been directly traced to contaminated public milk supplies since 1938,"* presented an appalling picture. In discussing the barriers the Board of Health encountered in attempting to eradicate these evils, Dr. Cleere blamed existing laws.

Through the publicity instigated by the blunt statements made at the 1944 annual meeting, the Association was able to accomplish what the early health surveys had not been able to do. The basic causes of poor health conditions in the state and inadequacy of health laws were brought out into the open, arousing interest among members of civic organizations and representatives in the state government. A month after the annual meeting, Dr. Florio and Dr. Cleere were invited to appear before the Governor's Interim Committee to explain health conditions in the state, and as an outcome of this meeting, the governor appointed a Subcommittee on Public Health.

Stimulation of interest among civic groups resulted in a close cooperation between the Colorado Public Health Association and three organizations: The American Legion, the Colorado Federated Women's Clubs and the Parent-Teacher Association. These four united to secure the backing of civic organizations for the health legislation. In December 1944 the four groups conducted a "Conference on Public Health Problems in Colorado." As a result of their work and planning, a cross section of Colorado's civic organizations attended the Conference. Such groups as the Farm Grange, The League of Women Shoppers and Home Demonstration Clubs were present as well as members of the co-sponsoring groups. They came prepared to learn about the proposed legislative changes and to pass the information along. Dr. Florio reviewed health conditions and problems in Colorado, and the strengths and weaknesses of Colorado's present public health laws were examined. Proposed public health legislation was presented by Senator Robert Bosworth, Chairman of the Subcommittee on Public Health.

Two bills were drafted. The first provided for the organization of the State Department of Public Health with a clause to *"prevent any tendency on the part of one division of the department to expand beyond its legal powers*

and function." It authored a nine-member State Board of Health. The second bill was permissive and provided a method of establishing local health units. The searching questions put to the speakers during the discussion period which followed presentation of the bills indicated intense interest. A reporter in the audience was especially interested in the cost involved in carrying out the proposed laws. Many of those present inquired about plans for disseminating information. Dr. Florio stated that he and other members of the Colorado Public Health Association would speak to groups about the bills and that the Association had two thousand copies of the proposed bills ready for distribution. Members of the Association, along with interested civic organizations, worked energetically to arouse favorable public response to the measures which would unlock the door to better health for all in Colorado. The two health bills were introduced early in 1945; both bills failed to pass.

State-Wide Public Health Education Committee

Although the results of their prolonged efforts to secure health legislation had been discouraging, the Association continued its efforts to educate the public about the state's health needs. At the annual meeting in 1945, a resolution was passed:

"The Colorado Public Health Association appoint a statewide Public Health Education Committee which shall include representatives from school, political, public health, industrial, agricultural and general community interests. Functions of such a committee shall include promotion of a statewide plan whereby practical health education programs meeting local needs can be successfully conducted in all areas of Colorado."

The committee was appointed and spent the following year in a thorough survey of the amount of health education preparation the future teachers of Colorado were receiving. Responses to questionnaires sent to the thirteen

institutions of the state with training functions, revealed that *"so far as the teacher-training institutions of the state are concerned, they are doing apparently nothing for the inservice training of teachers in the field of health education."*

At the annual meeting in May 1946, the committee presented a summary of their findings: the people of Colorado, increasingly interested in public health, did not have sufficient local guidance in public health matters. They recommended that the Colorado Public Health Association *"take the necessary steps which will lead to the appointment, as soon as possible, of three qualified health educators in one or more divisions of the State Government."* Educating the teachers was considered an important step in the process of securing sound health legislation for the state. This formed the theme of the 1946 annual meeting.



Dr. Florence Sabin, John J. Sippy Memorial Lecture, June 5, 1952.

Cooperation with Dr. Sabin

When Governor John Vivian appointed a Post-war Planning Committee for Colorado in December 1944, the wave of enthusiasm built

up by many civic organizations exerted pressure for improved health conditions in the state. The Governor recognized this increased interest by including a subcommittee on Health in his plan. The chairman of this committee, the dynamic Dr. Florence Sabin, was an active member of the Colorado Public Health Association, and was later elected its eighth president.

In June 1945, at a meeting of the Association's Board of Directors, a committee headed by Dr. Sabin was directed to explore the possibilities of legislation with the Interim Committee of the State Legislature and the State Medical Society, and to *"consider the function of the Colorado Public Health Association in legislation."* The Board accepted the committee's report that *"a large committee of state-wide representation composed of persons who would be interested in legislation"* should be organized. The previously unsuccessful attempt did not deter the Association.

The Enabling Act and Reorganization Bill

Early in 1945, while the fate of the bills to reorganize the State Health Department and to permit formation of local health units was still undecided, the Association joined the State Medical Society, the State Tuberculosis Association, the Colorado Hospital Association and the Colorado Society for Crippled Children in presenting a request to Governor Vivian for a survey of the hospital facilities in the state. They listed the results which they hoped the survey would accomplish:

- The extension of adequate hospital, diagnostic and public health facilities to rural and small urban districts.
- The creation of a children's convalescent home.
- The establishment of rest homes for convalescent adults.
- The development of tuberculosis sanatoria for both private and indigent patients.
- The consideration of some type of institutional care for the aged and for patients with chronic conditions.

The hospital survey would require an Enabling Act by the State Legislature so that the state might participate in the hospital construction program provided under the Federal Hill-Burton Act. The Legislative Committee set up in June, first under the Chairmanship of Dr. Sabin, and later Dr. William McGlone, agreed to undertake the work of preparing the Enabling Act as well as a new bill for reorganization of the State Health Department. At the meeting of Board of Directors in August, chances for successful passage of the Act and the Health Department Reorganization Bill were thoroughly explored.

Considering sponsorship of the new reorganization bill, it was pointed out that technically the identity of the sponsor was unimportant, but that, *"it is evident that (the Colorado Public Health Association) will have to take the initiative in getting a good bill before the attention of the legislature."* The majority felt that, *"the oftener the need for better health is brought to the attention of the Governor, legislature and the people, the better."* Other members of the Association, still bruised by the defeat suffered at the hands of the legislature earlier in the year, believed that premature presentation of the health bills would result in a repeat performance. It was finally decided that Dr. Sabin would see the Governor and urge him to include the Enabling Act for the hospital survey in any special session of the legislature he might call, while the Association would continue to lay the foundation which would increase the chances for passage of the Health Department Reorganization Bill.

The Enabling Act was not included in the agenda of the special session of the legislature in 1945 but, at the request of the Governor and the Board of Health, the survey of need for hospital and health center facilities proceeded through the cooperation of Dr. Fred T. Foard, Director of Region VIII of the United States Public Health Services, who authorized the survey and arranged for financing.

Survey of Public Health in Colorado

At that same June 1945 meeting the Board of Directors voted to ask the Governor to request the American Public Health Association to carry out a public health survey in the state. The Governor complied, and in September 1945 Dr. Carl Buck arrived to conduct a preliminary investigation. He reported that interest in health in Colorado was strong enough to justify expenditures of money by the Commonwealth Fund for a health survey of the state. Dr. Sabin reported his decision with the reminder "*...we are under special obligation to justify his faith in us.*"

A preliminary report of the study started by Dr. Buck and his staff was published in January 1946 under the title, "Colorado Public Health Needs and How to Meet Them." The Buck report reiterated all of the deplorable conditions noted in previous health surveys of the state, exposed new facts, and offered fourteen recommendations for improvement of health in Colorado.

The Sabin Health Bills

The recommendations made at the conclusion of Dr. Buck's survey were used in drafting eight bills for establishing and maintaining health services throughout the state and for the control of specific diseases. These eight bills became known as the Sabin Bills. Dr. Sabin's role in seeking interest and support for what was to be the most sustained and concentrated effort to secure health legislation in Colorado ranged from acting as hostess at dinner meetings in Denver for members of powerful special interest groups to giving informal talks before gatherings of interested citizens throughout the scattered rural communities of the state. Her ability to capture the interest of all types of people and to stir them to action has become part of Colorado legend.

During this period of concentrated activity Dr. Sabin became president of the Colorado Public Health Association. The expanded membership now included a large proportion of individuals who were devoting every spare minute to promoting the Sabin Bills. At a Board meeting in December 1946, Dr. Sabin discussed the role of the Association in the legislative effort. She also expressed a belief that the Colorado Public Health Association should expand its interests to include the health needs not only of Colorado but of the nation.

During that same meeting it was firmly agreed that a group from Dr. Sabin's Executive Committee should be delegated to follow through on the legislation, and that daily releases would be sent out to persons in the state who were interested in the progress of the bills. When it was learned that the subcommittee on Health would cease to function at the end of Governor Vivian's term, the Association voted to send a request to Governor-Elect W. Lee Knous asking that he appoint a new committee under Dr. Sabin's leadership.

Since the bills were to be presented to the State Legislature early in January, there was intense concentration as the group analyzed the content of each bill. The bill to permit establishment of local health units and the bill to reorganize the State Health Department, both of which had failed to pass the 1945 legislature, as well as the Enabling Act for construction of health facilities were included in the eight bills prepared for presentation. In their efforts to establish in the public mind the desirability of good health laws, members of the Association recognized the close relationship between education and intelligent legislation. The long December meeting ended with a decision that, "*the Colorado Public Health Association has a definite educational responsibility in both the professional and lay fields.*"

Conflicting Forces Determining the Association's Role in the Legislative Effort

When the first Constitution of the Colorado Public Health Association was drawn up in 1938, membership was divided into two classes: active and associate membership. The active members were the professional health workers, while the associate members were lay individuals interested in public health. The lay members were not permitted to hold office or to become chairmen of committees. This simple but definite distinction between lay and professional membership reflected the desire of the founders of the Association to have a unity of purpose based on a professional approach to public health needs. Attitudes toward membership fluctuated depending upon the demands of the situation in which the organization was working and the philosophy of those who were directing activities at a particular time. While Dr. Sabin was president, she found that membership drawn from fields other than health proved invaluable in the strategic battle for modern health laws.

Concern over the various types of membership began when the Association was only a few years old. By 1945 this subject was again under discussion and a Constitution Committee was appointed to explore the possibility of changes in membership. Once the policy of a strongly professional organization was relaxed it was difficult to reinforce. The Membership Committee in 1945 stressed the need to concentrate on increase in professional membership but was overruled by members who felt that it was time to take advantage of the interest shown in the current health surveys by civic-minded individuals, and to invite them to join the Association.

The two opposing forces reached an impasse late in 1946. The desire to take any steps that might be necessary to insure passage of the proposed bill was strong; some of the members felt that maintaining a balance between professional and non-professional membership

mattered little if by increasing membership the Colorado Public Health Association would become a force for promoting needed health legislation in the state. A member was delegated to write the Executive Secretary of the American Public Health Association asking for clarification of the issue. In outlining the problem he wrote,

"...It had been one expressed desire of the Colorado Public Health Association's Executive Committee to increase its present membership from 336 to 1,000. Presumably 85% of the professional public health people are in the C.P.H.A. The only possibility of increasing our membership would be to interest an additional number mentioned above." (This number included social workers and members of civic groups.)

The reply from the American Public Health Association left no doubt regarding policy:

"... It is apparent that those who set up the Association intended to make it primarily an association of persons professionally engaged in the service of public health whether employed by public or private practice. The right to hold office or to serve as chairmen of committees was limited to such active members. It was also apparent that provision was made for including as associate members persons residing in Colorado and interested in public health. So far as we know this concept still prevails. This is the kind of state affiliated society which has been recognized as eligible for affiliation with A.P.H.A. In no instance has the Governing Council of the A.P.H.A. recognized an organization as eligible for affiliation where the pattern is other than that for a professional society.

You may not agree with the opinion that the leadership should be held within the ranks of those trained and experienced in public health, but if you decide to depart from the established pattern you should be aware of the effect which this may have on relationships with the A.P.H.A.

The gist of it seems to me to be that the professional society calling itself the

Colorado Public Health Association seems to have a name and to have built a prestige that would be useful for promotional purposes. You will have to decide whether it is right and proper to change the underlying concept of what was in the mind of those who set up the C.P.H.A."

On the strength of this reply, the Association made a decision to retain its identity as primarily a professional organization. Dr. Sabin, on learning of the American Public Health Association's stand on membership, commented:

"...It seems to be very clear that the Colorado Public Health Association has made a mistake in thinking of enlarging its membership. I judge it is my fault that I am an entirely illegal president...perhaps the way we are doing now, building up public opinion without organization is good enough...They say that we have no public opinion. We shall see."

Success and New Aims

A climate had been created in Colorado in which health legislation could not fail to be enacted. This was brought out in a summing up by Dr. Sabin shortly before the bills were presented to the legislature:

"Public meetings, at which the program of the Health Committee was discussed in detail, have been held in all parts of the state. All of these meetings have been well attended by influential citizens and a very definite public awareness of the need for strengthened and expanded health protective services developed throughout the state.

Numerous organizations are making public health their major activity; both political parties included strong public health planks in their platforms and many of our legislators are committed in favor of the health program. The Colorado State Medical Society is firmly committed to a strong public health program and is

working in cooperation with the State Health Committee in drafting the public health bills which will be introduced in the 1947 legislature."

With this strong support six of the eight bills progressed through the legislative mill. Of the two remaining, the bill to provide a one hundred bed wing for tuberculosis patients at Colorado General Hospital was revised to provide thirty beds, and the bill to check the sale of dairy cows reacting to Bang's disease was "referred to the Livestock Committee where it was permanently buried." This bill, it was decided, needed further research since the situation was a complicated one requiring special control measures. In spite of the fate of the last bill, there was a feeling of deep satisfaction with the outcome of the long battle.

Dr. Sabin completed her term as president in May 1947. At the annual meeting the Association announced the establishment of an award for achievement in the public health field: The Florence Sabin Award. It was created "In recognition of the outstanding leadership of Dr. Florence Sabin in the promotion of Public Health in Colorado." The honor was conferred at a banquet attended by Governor Lee Knous, Dr. LeGrande Byington, who led the hospital survey, and Dr. Carl Buck whose survey of public health in Colorado was also instrumental in promoting the new health laws. Many of the people who participated in the battle for health legislation attended. It was a happy occasion, pervaded by the spirit of comradeship established through the long months of working together. The theme of this 1947 annual meeting, "Let's Put the New Public Health Laws to Work," showed that, in spite of a gratifying sense of achievement, the Association was already looking ahead; much work was needed to establish a sound health program for the state.

The many opinions expressed within the Association regarding requirements for membership highlighted the need for a more serviceable guide not only for strengthening the structure of the organization, but for determining future activities. A revised constitution was presented for approval at the annual meeting which, among other changes, enlarged the statement of the purposes of the organization as set down in

the original Constitution: *"The object of this Association is to protect and promote public safety."*

This was more clearly defined to state:

"In order to bring into closer association interested persons and organizations for the purpose of aiding in the promotion and protection of public health, to provide for scientific advancement of members, and to extend and develop the public health movement there is hereby formed an association of Public Health Workers."

This new definition of purpose united the group in agreement that *"The Association should be primarily a professional association with a smaller active membership."*

The Colorado Public Health Association was a statewide organization, but the majority of its members were residents of Denver. For these people there was a certain irony in their participation in a "victory celebration" over passage of the new public health laws. Their own city would benefit only partially from the laws although Denver was as lacking in good health practices as the rest of the state. Denver's city government, operating under the home rule principle, was not included as part of the health unit which could now function under the leadership of qualified personnel. Dr. Sabin commented on this situation in her summary of what would be gained from the new laws:

"Denver has nearly a third of the population of the state and contributes its share to our backward status in health. It has, however, home rule in perpetuity and is, therefore, outside the authority of the committee... When the health services of the state and all of the counties have been put on a sound basis, our death rates will still not drop to the national average until Denver has a modern and professionally

staffed health department and employs the methods of modern preventive medicine."

Through the educational activities of Dr. Sabin and the group who worked with her, the people of Denver and the state had renewed their interest in health conditions. They applied pressure on the city administration for a survey and their efforts were successful. Dr. Edward McGavran, Dean of the North Carolina School of Public Health, conducted a survey and made his report in 1947.

The report disclosed such practices as the feeding of raw garbage to hogs on farms bordering the city, as well as the existence of great gaps in the city's health services. The Rocky Mountain News informed its readers that the McGavran health survey of Denver *"leveled an accusing finger at inadequate immunization procedures"* in analyzing causes of *"Colorado's black record of child deaths from communicable diseases."* As a consequence of the McGavran survey, Dr. Sabin was appointed manager of Health and Charities and, although legislative action was limited, conditions were

greatly improved and the city's potential for higher standards of health was raised to the level of the rest of the state.

As the first decade of the Colorado Public Health Association drew to a close, the portrait of the health situation in Colorado had changed from one of ignorance or indifference on the part of the general public, leavened only by the activities of a few health groups functioning in a limited capacity. It was now a picture of vigorous activity induced by the health education programs which had been conducted to insure passage of the Sabin Bills. This was not followed by a decreased interest in health legislation, for enactment of the new laws created and amplified other needs.



Statue of Florence Sabin; lifesize piece was placed in Statuary Hall, U.S. Capitol, Washington, D.C. Artist Joy Buba, 1958.



The Second Decade

"It was characterized by increased interest in exploring relationships with other agencies, in analyzing basic functions, and in developing a sound organizational structure."

Distinctive Characteristics of the Second Ten Years

Soon after its formation, the Colorado Public Health Association became deeply involved in efforts to raise the health standards of the state. Throughout its first ten years there was little opportunity for self-evaluation, and adjustments were made only when it was necessary to keep the Association from deviating too far from the course charted by its founders. The second decade began shortly after the successful conclusion of the campaign to modernize the state's health laws. It was characterized by increased interest in exploring relationships with other agencies, in analyzing basic function, and in developing a sound organizational structure.

Some Early Innovations

Three innovations marked the beginning of the second decade. The first, incorporation under a charter issued by the state of Colorado on May 19, 1949 involved the Association for some time in revisions of the bylaws so they would be in agreement with the functions of the corporation.

In 1950, a section was formed by the sanitarians. This group had an energetic and directed approach to the problems in its field and introduced many resolutions at annual meetings. These suggestions were often successfully incorporated into the state's health programs. A secretarial section, formed a year later, proved to be a valuable addition to the Association's structure.

The third innovation evolved from the need to facilitate communications in a growing organization. A News Letter was issued for the first time in January 1950. It served a dual role—informing the members of the activities and plans of the Board of Directors and, by its policy of inviting comments from the membership, kept the Board informed of member interests. Special issues of the News Letter were printed when the Association needed to inform its members about public

health measures to be presented to the State Legislature. At the suggestion of the public health nurses who formed a section in 1952, the News Letter later included ballots in the issues preceding the annual meetings to provide an opportunity for all members to vote. The name was later changed to the News Bulletin, and under the guidance of the editor Albert Klimaszewski, its circulation had reached 750 by 1958, and plans were underway to enlarge it.

The Colorado Health Council

Following modernization of the health laws in 1947, several organizations offered public health services, but with little coordinated planning. The establishment of local public health councils by various agencies resulted in an overlapping of services in some areas and none in others. The Board of Directors of the Colorado Public Health Association concluded late in 1948 that *"It is apparent that there must be clarification of activities of the agencies which seem to be independently promoting the same objectives."*

A committee was appointed by the president, Mary Emborton Lindenberg, Director of the Denver Visiting Nurse Service,

"with the aim in view of bringing about the organization of definite systems of Public Health Councils in districts where there are at present organized or proposed health councils."

Four agencies were concerned with the organization of health councils: The Colorado Tuberculosis Association, The Colorado State Medical Society, the State Department of Health and the Colorado Public Health Association. A committee composed of three members from each of the agencies was formed to work out a plan for coordination of services.

This inter-agency committee reported its conclusions at the annual meeting of CPHA in 1949. They suggested the establishment of a

State Health Council for the coordination of local health council activities. A resolution was adopted at the meeting

"that the Board of Directors...be authorized and directed to take any and all action necessary to participate in the creation and establishment of a State Health Council in cooperation with other interested organizations."

At the close of the year, the Colorado Health Council was organized, and the Colorado Public Health Association became a charter member.

The Colorado Health Council was established, first, to organize county health councils and second, to assume leadership in legislation. The Board of Directors of CPHA agreed that the promotion of specific legislation should be the function of the Council.

Prior to the annual meeting in 1951, members of the Association submitted a resolution to the Resolutions Committee for review. The content of the resolution indicated some uncertainty regarding the wisdom of transferring legislative function to the Council:

"Whereas certain legislation urged by public health leaders in Colorado, both lay and professional, was not approved by the 1951 State Legislature, and whereas there is some doubt as to whether or not legislative activity is a proper function of CPHA, the Colorado Health Council having been established to 'obtain through cooperative effort and support a complete health program for the people of the state of Colorado,' therefore be it resolved that a special committee be established to determine (1) the intended function of the Colorado Health Council in legislative matters, to the end that maximum and proper legislative action will be insured for the future; (2) the Colorado Public Health Association's function in legislative matters, and in disseminating information concerning health legislation."

Four agencies were concerned with the organization of health councils: The Colorado Tuberculosis Association, The Colorado State Medical Society, the State Department of Health and the Colorado Public Health Association.

The Resolutions Committee called a special meeting and discussed the purposes of the two organizations, but the question remained, *"Did the Association have an obligation to function in this (legislative) area?"* They finally agreed that the committee would not consider specific legislative resolutions but might consider general resolutions. Several resolutions were presented at the 1951 annual meeting. Only one suggested legislative action, and this dealing with sanitation regulations, was endorsed by the Association and referred to the State Health Department.

The conflict within the Association regarding its legislative function was emphasized when, later in 1951, the American Public Health Association defined its policy on legislative activities. The American Public Health Association stated:

"It is not the function of a professional society to oppose or support a specific piece of legislation."

This drew a letter of protest from the president of CPHA, Robert Cameron, Director of Denver's Sanitation Division, in which he stated,

"(This) is not only unrealistic but is also a refusal on the part of the association to take a position on public health that is its absolute responsibility...I realize that in the past, people in public health have been reluctant to become involved in power politics. It is my opinion that we can no longer dodge these issues and as a professional organization, we must take a definite stand to oppose or support specific pieces of legislation."

The opinions expressed, the president believed, concurred with those of other state associations.

Although CPHA continued to support the Colorado Health Council, there was concern over the unsettled situation. The need to clarify its position on legislative activities was evident, and in 1952 the president was authorized to appoint a committee to determine the "core activities" of the Association.

Because the financial support needed by the Colorado Health Council was never adequate, the Council's legislative program was limited. When the Core Activities Committee met in 1954 to offer their recommendations to the Board of Directors, among them was the suggestion that a meeting with the member agencies of the Colorado Health Council should be called *"to either reactivate or resolve the Council."*

These agencies were reluctant to abandon the idea of a central organization for legislative study, and the Council continued for another two years. In August 1956 it ceased to function. In the hope that it might some day be reactivated, the Council did not dissolve, but assumed an inactive status, and the records were placed in the custody of the Health Education Section of the Colorado Department of Health.

Legislative Activity

Although legislative activity was curtailed, especially in the years immediately following the establishment of the Colorado Health Council, the Association retained an active interest in health conditions in the state which could be improved through legislation. Members were attentive to the report of a second survey of health facilities by Dr. Carl Buck who in 1950 stated, *"Splendid progress has been made in the past few years, but much more needs to be done,"* and when a bill for the support of local health units was introduced in Washington, the Association contacted Colorado representatives and urged support of the bill:

"In Colorado, forty-two counties are without a local health department and qualified staff. If local health services are to be strengthened in Colorado, federal assistance is essential. For that reason the Colorado Public Health Association urges favorable action on this bill..."

At the first meeting of the Board of Directors in 1952, the chairman of the Legislative Committee urged all Association members contact their legislators concerning public health

appropriations to be considered in the pending State Legislative session. The Board requested a special News Letter be sent to all members endorsing the public health measures and urging their support.

A revival of committee activity occurred in 1954 with the formation of a new Legislative Study Committee. The president, Dr. Robert Anderson, D.V.M., summarized its objectives in his instructions:

"The board wishes the legislative committee to develop a long range plan in getting many people interested enough to work for good public health legislation; to encourage many people to participate; to study plans as they are presented; to plan the drawing of needed bills."

At the annual meeting that year, the Association voted to request the State Board of Health to develop an adequate, modern food and drug law for presentation to the General Assembly,

"which will establish the means whereby the people of Colorado will be protected against the hazards of poor quality, unsafe foods and drugs."

In December, Dr. Cleere reported on the legislative program to be presented at the next legislative session. Colorado's most urgent need, Dr. Cleere believed, was an extension of local health services:

"Colorado needs assistance in getting full-time general health services into the forty-two unorganized counties. Colorado ranks forty-second among the states in state appropriations for public health."

There was some increased interest in legislative activity as it became evident that the Colorado Health Council could not provide leadership in this field. In March 1955 the Board of Directors instructed the Legislative Committee to *"take any necessary action to effect desirable health legislation."* However, the role of the Association in legislative matters was still not completely clear, and this fact served to obscure the purposes of the committee and to limit its function.

At the end of 1955, following what had become an established procedure, Dr. Cleere reviewed proposed health legislation for the coming year. The bills included mental health legislation and modernization of food and drug acts. The Colorado Nurses' Association planned to introduce a bill which would require mandatory licensure of professional nurses because it was believed that many unqualified nurses were employed, and the nursing profession was concerned that the public was inadequately protected.

The Legislative Committee had agreed at the 1956 annual meeting *"to assume responsibility for assisting with promotion of public health legislation during the coming session of the Legislature,"* and 1957 became a year of active participation in legislative matters.

Early in the year, a member of the Legislative Committee, Nicholas Pohlit, Executive Secretary, National Association of Sanitarians, reviewed the health bills under consideration by the Legislature. Norma Johannis, Director of Health Education for the Colorado Department of Health, who was chairman of the committee, issued bulletins regarding the status of the bills. The Board established a special fund for legislative committee use.

At the annual meeting a summary of the action taken by the 1957 Legislative Session was presented to the members. *"The most notable development in the last session,"* the report stated, *"was legislative action which will permit construction of a new public health building at the University of Colorado Medical Center."*

Other legislative public health successes were appropriations for the purchase of polio vaccine and for support of mental health, marking the first time any state funds were allocated to this program under the health department. The sanitarian's registration act, the bill for protection from air pollution and radiation, the labeling of habit-forming drugs bill, and the professional nurse licensure bill had all been passed. The Legislative Committee observed that the successful passage of those bills was due in part to the action of informed members who contacted their legislators for support of the bills and were able to justify the need for action. Letters of commendation were sent to members

of the State Legislature by the Association, and the president's comment, *"Colorado certainly has had a public health-minded legislature this session,"* expressed the satisfaction of the entire membership.

The Western Branch of the American Public Health Association

The Western Branch was composed of public health associations in the western area of the United States, Canada, Hawaii, and the Philippines. It had existed prior to the founding of the Colorado Public Health Association. The Association was a member of the Western Branch, but the bond between the two was not a strong one. CPHA felt the branch confined its interests too closely to the needs of the associations of the West Coast. The Branch, in turn, felt that CPHA did not adequately support regional programs.

There was evidence, however, of a desire for closer cooperation. When the Western Branch met in Denver in 1952, CPHA voted to give full support toward making the meeting a success. In the years that followed, committees appointed at different periods by the Association to survey its own programs were unanimous in recommending reinforcement of relationships with the Western Branch and participation in its activities.

At the suggestion of a committee appointed by CPHA in 1957 to study its structure as well as its relationships with APHA and the Western Branch, Dr. Robert Dyar, Vice-President of the Branch, addressed the Association membership to clarify differences between the Branch and state associations. There appeared to be a sincere effort on the part of the Western Branch to learn the wishes of CPHA and, as the Association took a more active part in Branch programs, an improved working relationship was established.

The Core Activities Committee

One of the committees appointed to study the functions of CPHA and to clarify its objectives was the Core Activities Committee formed in 1952 with Dr. Francis Candlin, D.V.M., as chairman. In May 1954 the committee's recommendations were submitted to the Board of Directors.

Most concerned changes to be made in the wording of Bylaws for purposes of clarity, but two recommendations for action were also included. The first, mentioned earlier, advised that the Colorado Health Council be either reactivated or dissolved. The second suggested that the Association compile a list of projects for future actions.

Both recommendations were accepted by the Board, and a new Core Activities Committee was formed in 1955,

"to outline a program for giving consideration to amplifying the list of program activities and considering the problem of further involving the membership in the work of the Association."

The committee, with Graydon Dorsch, Executive Secretary of the State Tuberculosis Association as chairman, spent several months analyzing four components of the Association's functions: purpose, membership, program, and Bylaws. The report of this committee was presented early in 1956.

The purpose of the Association, as stated in the 1947 revision of the constitution, was judged *"sound and applicable to present needs."* Existing patterns of membership were studied and found to form *"a membership made up largely of professionally employed public health workers with a limited number of interested citizens."*

The lay membership was composed of such individuals as volunteer health workers, and health chairmen of civic organizations. The membership plan recommended by the Committee, and later accepted by the Board

proposed different qualifications for lay membership. It suggested a structure made up primarily of employed public health workers, and *"such other persons who may not be employed in public health, but who are actively concerned with public health, such as members of boards of health, leaders of voluntary health agencies, retired public health workers, and persons in allied professions."*

The Association's program was divided into six areas: the annual meeting, Board activity, sections, special projects, the News Letter, and publicity. Of the annual meeting the report stated, *"this is the foremost activity of the Association."* It recommended that the meetings should be planned for the purpose of bringing representatives of the various fields of public health together, and should be announced at least twelve months prior to the scheduled meeting.

The Board of Directors, according to the committee, were *"the chief instruments of continuity of programs and policies."* This group, the report advised, should set up a schedule of meetings and a work program at the beginning of each year and periodically evaluate its progress. It might also provide for orientation of new Board Members and expect attendance at a reasonable number of meetings.

The Core Activities Committee defined the chief contribution of the section as *"the application of its specific skills to the promotion of the work and purpose of the Association."* It recommended that the Board of Directors assume responsibility to offer assistance, assign projects, and encourage sustained activity by the sections throughout the year.

In the fourth program area, "special projects," the committee advised that all special projects be assigned by the Board of Directors, and that committees undertaking projects translate preliminary studies regarding the project into action as soon as possible, keeping records to permit continuity of action by future committees. The News Letter, the committee's report stated, was the "lifeline to the membership." Suggestions were given for strengthening the publication to achieve greater effectiveness. In regard to the last program area, the committee urged that more consideration be

given by the Association to *"informing the public of the year-round activities of the organization through accepted publicity media."*

The Bylaws were reviewed and revisions suggested which would allow adoption of the Core Committee's recommendations. By 1956, the Board of Directors had taken action on several of the recommendations and was in the process of planning further changes.

Citations for Leadership

The high point of interest at the 1956 annual meeting was the presentation of a citation to Dr. Roy L. Cleere *"in recognition of the twenty years of outstanding leadership in the field of public health."* A volume of letters of congratulation from the many groups with whom he had worked was presented to Dr. Cleere with the appreciative statement,

"You have given the Colorado Public Health Association the benefit of your sound public health knowledge, the ability to translate the needs of the moment into channels of action, to frequently foresee future needs and steps which might be taken to meet them."

Included in the volume was a letter from Governor Edwin Johnson who concluded his message:

"It gives me particular pride to think that it was I, when Governor before, who appointed you to this position in which you served with so much credit to yourself and with so much profit to the people of the State of Colorado."

The state produced a number of leaders in the public health field. The Lasker Award, instituted in 1946 by APHA as a means of recognizing prominent work in the field of public health was awarded four times to Coloradans.

The four Colorado recipients of the Lasker Award were Dr. William Lennox, Dr. H. Trendley, Dr. Frederick McKay and Dr. Florence Sabin. The deep sense of loss at the



Dr. Roy Cleere, recipient of a 1956 citation for leadership and Director of the Colorado State Department of Public Health 1935 to 1973.

death of Dr. Sabin in 1953 had been shared by professional and lay people alike. For many years she had shared with CPHA the benefits of her skill in dealing with people and her understanding of health problems in Colorado.

Changes Initiated by Committee Recommendation

In the Spring of 1957, amendments to the Bylaws were made to carry out recommendations of the Core Activities Committee and to incorporate a rule suggested by the Public Health Nurse's Section that election of officers be made the function of the entire membership rather than the Board of Directors.

The intent of the Bylaws Committee, its chairman Dr. Mildred Doster stated, was not only to make the necessary changes but to provide flexibility, stability and security to the Association. A few months later, the president

End of a Decade

Dr. Margaret Beaver, Director of Mesa County Health Department, took advantage of the flexibility of the Bylaws to appoint a committee entirely new to the Association, the Executive Committee. The committee, to which each of the section chairmen and officers of the Association belonged, was to be an action committee, "to carry out the decisions of the Board of Directors."

The Core Activities Committee had made a thorough study of the purposes and activities of the Association and the responsibilities of the Board of Directors. An Organization Committee, with Cecilia Gillespie, Assistant Director of Tri-County Health Department, as chairman, was set up to study the Association's structure and its relationships with APHA and its Western Branch.

The Committee's recommendations regarding the Western Branch were discussed previously. The Association's Board of Directors accepted the report of the Organization Committee early in 1958 and set up objectives to carry out its recommendations. Their plans included the development of a Manual of Policies and Practices to define the purposes and responsibilities of the various officers and to give members, new in positions of leadership, the information necessary for making decisions based on Association policies. Committee recommendations for closer affiliation with the Western Branch and APHA were taken into consideration by the Association in making its plans for the future. Several members of the Association took an active part in a meeting of the Western Branch in May, 1958. Dr. Ruth Howard acted as chairman of the Committee on Health Problems of Migratory Labor and reported an increased interest in these health problems in all of the western states.

Dr. Roy Cleere's report of the meetings of APHA's Task Force Committee in the spring of 1958 and a later report of the national association's Technical Development Board were studied with interest by the Board of Directors, for they pointed out the need for cooperation in solving the increasingly complex problems in public health.

The Colorado Public Health Association completed its twentieth year early in 1958. The death of Dr. Reginald Atwater, Executive Secretary of the American Public Health Association, at this time marked the end of a long and mutually agreeable relationship. Dr. Atwater had received his early education in Colorado Springs and "*although his activities and interests were national and international in character,*" a resolution offered at the 1958 annual meeting stated, "*he had a particular affection for Colorado and the Colorado Public Health Association.*"

The Association had gradually increased in complexity during its second decade. Three new sections, Health Education, Preventive Medicine and Laboratory had been added. The programs undertaken indicated a broadening of interests and an increased tendency toward cooperative effort.

When the membership was asked to offer suggestions regarding proposed changes in 1955, the replies centered around a desire for increased representation from other service fields in the membership, and from a larger area of the state on the Board of Directors. The Public Health Nurses' section offered a resolution recommending that the Association provide opportunities for an exchange of ideas among the sections so that they might learn more about the other fields represented within the membership, and part of an annual meeting was devoted to exploring methods of "*sharing problems and success with others in the field.*"

Many of the problems which concerned the Association in earlier times were solved. Some reappeared from time to time under a new guise. Stream pollution problems took on a new aspect with the possibility of contamination from industrial radioactive waste. Recruitment of professional workers became less a matter of quantity and more a problem of quality as the broadening field of public health required additional skills.

Under the guidance of president Margaret Lewis, Director of the Denver Visiting Nurse

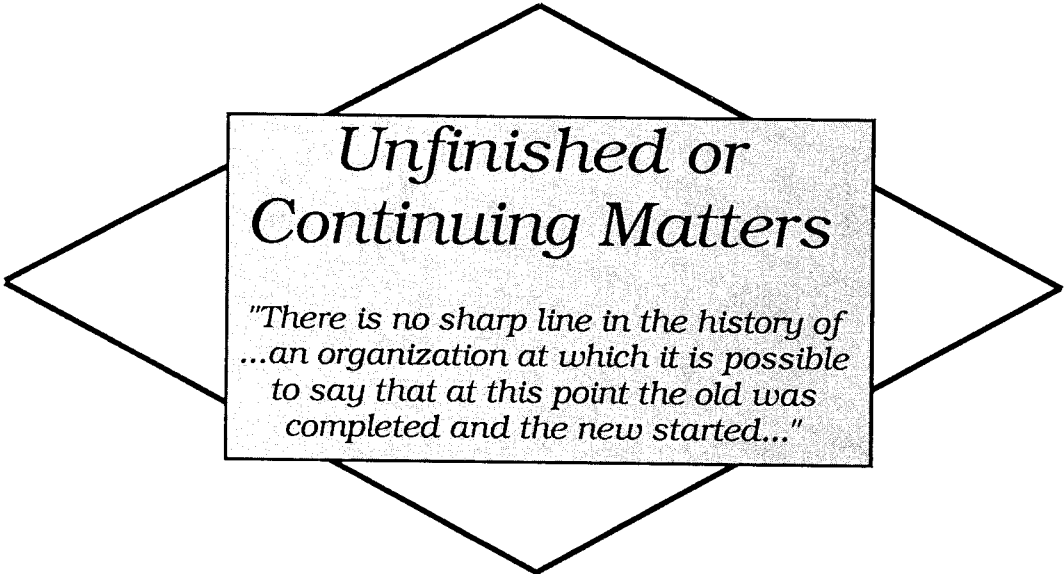
Service, the Association in 1958 was most concerned with building a sound organizational structure and establishing more effective procedures for working out solutions to the state's health problems.

The standard of Colorado's health became dependent to a greater degree upon the health of the nation, and problems of national importance were beginning to be of concern to the public health workers in the state. The Association entered its third decade involved in adjusting its programs to meet the requirements of increasingly complex health conditions existing within the state and in the nation. In this it continued to display an ability to adapt and develop in a changing environment, a quality which was one of the Colorado Public Health Association's outstanding characteristics for two decades of public health service.



The Third Decade

1959 - 1968



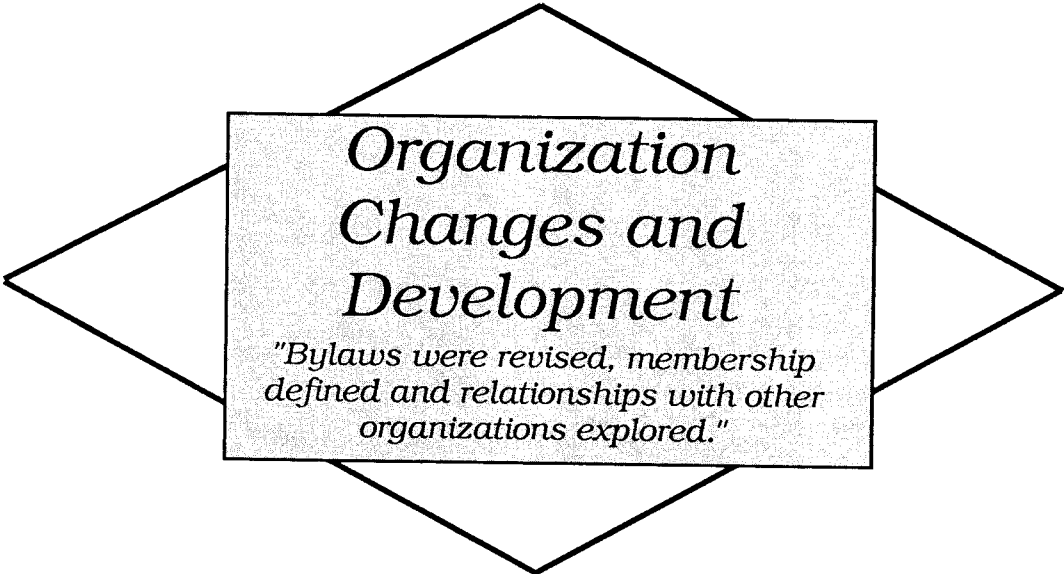
Unfinished or Continuing Matters

*"There is no sharp line in the history of
...an organization at which it is possible
to say that at this point the old was
completed and the new started..."*

There is no sharp line in the history of a county or an organization at which it is possible to say that at this point the old was completed and the new was started; such is the case in the history of the Colorado Public Health Association. Some matters carried over from the end of the 1958 Association year into the third decade were to receive the attention of the Board of Directors and the membership for many years. For example, the following questions remained:

- Should membership be composed primarily of professional public health workers or should it be open to any interested people?
- Should the Sections be given encouragement and support as a means of sustaining membership in the Association?
- Would strong support and involvement with Western Branch, APHA strengthen or reduce the effectiveness of the aims and programs of CPHA?
- To what extent should CPHA become involved in an action program to secure legislation favorable to public health?
- What is the role and responsibility of the Association to inform the general public on matters of personal and public health?

These matters appear in one form or another during the deliberations and activities of the CPHA throughout the third decade.



Organization Changes and Development

*"Bylaws were revised, membership
defined and relationships with other
organizations explored."*

Bylaws

Changes in the Bylaws during the third decade were not the result of radical departures from the original philosophy and objectives of the Association, but were made to meet changing administrative practices. Intensive work by a Constitution, Bylaws and Policy Committee during 1960 resulted in the 1961 adoption of revised Bylaws. The new revision included the following:

Three categories of membership were defined. *Active Members* included all persons professionally employed in, engaged in, or vitally interested in public health or closely related endeavors. *Sustaining Members* included any firm or corporation interested in supporting Colorado health programs, subject to approval of the Board of Directors. *Honorary Members* were chosen by the Board of Directors to recognize service to the cause of public health.

The office of President Elect was established; this person would succeed to the Presidency the following year.

The President of CPHA was defined as the representative to the Governing Council of APHA with authority to designate an eligible alternate (a Fellow of APHA) if the president was not a Fellow or could not attend the APHA annual meeting.

Five committees were designated as Standing Committees. These were Nominating, Budget and Auditing, Awards, Annual Meeting, Constitution and Bylaws.

In September 1962, the Bylaws were again revised. The new version included a provision for Agency memberships, changed the dues period from fiscal year (July 1) to calendar year (January 1), and required the president to appoint an Archivist to serve during the term of the President.

An Internal Revenue Service rule required all tax-exempt organizations to make provisions for disposing of their assets in case of dissolution. An article was added to the Bylaws in

September 1963 stating that all properties of the Association inure to the University of Colorado Medical School upon dissolution.

Membership and Dues

Membership in CPHA grew throughout its existence; however, there was a period of unusual growth during the third decade. The following statistics illustrate the trend:

| | |
|------|--------------------------------------------------------------------------------------------|
| 1946 | 336 members |
| 1962 | 451 members |
| 1965 | 434 members (including 1 sustaining member and 2 agency members) |
| 1968 | 707 members (including 26 honorary and life, 13 sustaining, and 5 agency members) |

Annual dues for individual membership in the Association were \$2.00 per year for many years, but in 1962, the Board of Directors raised them to \$4.00. Consideration was given to increase dues at various times when lack of finances seemed to thwart program expansions, but increases in the number of memberships and sustaining members helped overcome financial crises. Dues for sustaining members were set at \$50.00, for voluntary health agency members at \$25.00, and for official health agencies at one-fifteenth of one percent of the total annual budget.

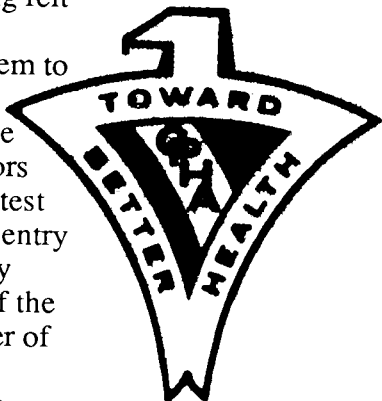
Manuals

The annual change of officers, board members and committee chairpersons resulted in problems of continuity. A Manual of Policies and Practices was adopted in 1959. Although a committee was appointed to keep the manual current, this did not occur and the manual was soon obsolete. The need for a guidance document continued to surface through the years, and in September 1968, the Organization Committee prepared a Working Manual for the

Officers, Board of Directors, and Committee Chairmen. The manual delineated the scope of duties and responsibilities of each office and position succinctly.

CPHA Emblem

CPHA had long felt the need for a distinctive emblem to identify the Association. The Board of Directors authorized a contest and the winning entry was submitted by Merle H. Ross of the Colorado Chapter of the National Foundation. The selected emblem showed a modernized adaptation of the Navajo Thunderbird, the Indian symbol of well-being.



Employment of an Executive Secretary and Director

The Boards of Directors discussed the possibility of employing a part-time or full-time Executive Secretary many times over the years. They considered the feasibility of sharing a person with a newly formed voluntary health agency which was not yet financially able to employ a full-time executive secretary. Such a proposal was advanced in 1955 during the formation of the Colorado Health Council, but the plan did not materialize.

The question was revived during 1961-1962 with the appointment of a Program Objectives Committee whose charge was to formulate objectives for the Association and make recommendations about ways to achieve them.

On the committee's recommendation, the Board of Directors, unanimously adopted a motion which stated, "...give this special committee presenting these objectives the power to move ahead with a full or part-time secretary pending availability of funds." To implement the financial aspects of such an undertaking, the Committee presented a budget totaling \$7,250. It included salary expenses for a part-time executive secretary and office operation expenses. It was anticipated that office space would be furnished by some agency or organization. Funds to meet these expenses were to come from increases in memberships, paid advertising in the Association's News Bulletin and the sale of exhibit space at the Annual Meeting.

In addition to approving an executive secretary, the Board of Directors approved the employment of a full-time Executive Director, Arthur J. Smith, on August 3, 1962. An ambitious program of activities and fund raising was envisioned:

"...The actual areas of participation by CPHA, through the Executive Director, will be limited only by broad expanses of the field of public health itself. If a new hospital is to be built, CPHA will be eager to assist in that accomplishment; if a public Sabin Vaccine project is to be undertaken, CPHA will be one of the organizations to devote time and effort to its promotion and success; if need is seen for a special project in the field of public health, safety or education, CPHA will initiate the plan and coordinate the completion of it."

An office was established in the Colorado State Department of Health Building. CPHA membership files, other records and materials of the Association were brought together for the first time. The membership lists for individual and sustaining members were given attention as these would be the major source of financial support.

It was soon apparent that close financial management was necessary to cover the expenses of this undertaking and the President appointed an emergency Finance Committee to study ways and means of using funds of the

Association to meet financial obligations. An intensive membership drive was undertaken and the membership year was changed to January 1 from a previous membership year of July 1. Members were urged to pay their 1963 dues in the last months of 1962. However, these revenue generating measures did not raise sufficient funds to meet the monthly expenses which ranged from \$630 to \$680 for the last three months of 1962.

As a result, Committees did not use funds allocated to them in the budget, the News Bulletin was mimeographed rather than printed, and other economies effected to try to meet the salary, Social Security and withholding tax payments for the Executive Director. The financial condition of the Association was eased with the resignation of the Executive Director on December 7, 1962. The four-month experience of having a full-time paid executive director to conduct the activities of the Association demonstrated the many advantages of such an undertaking. It also proved the need to have an ample reserve in the treasury or additional support from a foundation or grant.

The need for paid staff to assist with the time-consuming administrative work became more pressing as membership and activities increased. At the start of the 1966 Association year, the Board authorized a part-time secretary, at a salary not to exceed \$100 per month, to maintain the membership files and assist the President with correspondence.

Relationship to Western Branch, APHA

The relationship of CPHA to the Western Branch APHA continued to be a concern during the third decade. It was generally felt that Western Branch interposed another organization between CPHA and APHA and that some of its activities duplicated or competed with APHA. The picture became even more confusing when, in 1958, the Western Branch joined APHA in the establishment and operation of a Western Regional Office. In a formal agreement (effective January 1, 1961) Western Branch agreed to pay \$7,000 and APHA contributed

\$20,000 for two staff members for the joint administrative office.

Efforts were made by CPHA and Western Branch to improve working relationships and resolve some of the points of difference. A representative of Western Branch, Robert Mytinger, attended the Annual Meeting of CPHA. He stressed the need for solidarity in solving some of the public health problems in the West, and explained some of the services Western Branch could offer CPHA. These included billing for membership dues, mimeographing, maintaining membership files and other office support. The charge for these services would be 15¢ per member for the first year, and 8¢ per member thereafter. CPHA could also participate in the continuing education workshops conducted by Western Branch for the affiliate associations.

A topic which fostered recurring discussion was the confusing dues structure which had such complexities as the \$1.00 rebate for each member of the Association who was also a member of APHA, and the allocation from APHA to Western Branch and the Western Regional Office.

Problems resurfaced at a meeting held in San Diego, California in June 1961.

Representatives of State Affiliates were informed that the grant which provided the major support of the Western Branch and the Western Regional Office would be terminated within a year. Thirty thousand dollars needed to be raised in the Western Area to continue these operations. Some State Associations did not think dues should be increased to meet the obligation. The report of the CPHA representative at the San Diego meeting, Dr. Ruth B. Howard, stated in conclusion:

"In my opinion, this meeting showed that we had advanced little in the preceding year toward solving the crucial questions of how can Western Branch Office and Western Regional Office be supported financially, although some progress has been made in the slow process of reconciling the minority who have been active in the Western Branch who are convinced of its effectiveness and that of the Western Regional Office and are earnest in looking for ways to support it financially.

There are many others who are by no means convinced that the benefits are worth the payments asked. It seems essential in coming to grips with this problem and arriving at a fair decision to evaluate the present and potential services in terms of their present and potential usefulness to the majority of public health workers. This, so far, has not been done in concrete enough terms to give each worker a basis for understanding and decision."

At a meeting held in San Mateo, California in September 1962 State Affiliates had an opportunity to discuss the future of the Western Branch. There was unanimity in feeling that Western Branch was competing with the State Associations in the region. The delegates to the meeting proposed that Western Branch be eliminated and a "Confederation of Affiliated Associations" be formed in which each State Affiliate would be a sustaining member. Each state would contribute financially to the Confederation on a per capita membership basis. The rationale and concept of the Confederation was stated in "Position Paper No. 2" prepared by the delegates. The Board of Directors of CPHA ratified the precepts set forth in the position paper on March 15, 1963.

A member of the staff of the Western Branch and Western Regional Office, Donald Jofhines, attended a special meeting of the CPHA Board of Directors on September 15, 1964. CPHA members were invited. The Western Branch representative presented the proposed reorganization and discussion and questions followed. The Board of Directors tentatively approved participation in the reorganization plan, (subject to the opinions of CPHA members after the plan was published in the News Bulletin). Guided by what appeared to the wishes of a majority of the membership, the Board of Directors reversed its tentative approval on November 27, 1964 by a vote of 4 for and 13 against CPHA joining the Confederation of Western States Public Health Association.

The Colorado Public Health Association was not cut off entirely by the Western Branch Regional Office. Through contact with CPHA officers and individual members, Colorado members were drawn into some of the regional

activities. The Western Branch Continuing Education courses and seminars which had been previously planned were held in Colorado during 1965. Intermittent overtures by officers and staff members of Western Branch urged CPHA to reconsider becoming a member of the Confederation.

The relationship between State Associations, the Regional Branches and APHA was a concern of public health workers throughout the country. APHA appointed a Committee on Affiliated Associations and Regional Branches which met at the APHA Annual Meeting. Issues discussed were similar to those which had existed between CPHA and Western Branch. An APHA Task Force was appointed to review the relationships between APHA and the Affiliates. The Task Force recommended that a conference be held. The President Elect or another officer of each affiliate was asked to attend and answer the question, "*How as an officer can I operate most effectively in regard to my own organization and APHA?*"

The Organization Committee

The history of the first two decades of CPHA details the efforts of two committees—the Core Activities Committee (1952-1957) and its successor, the Organization Committee (1957-1960). These committees were established to help solve problems in the structure and functions of the Association. The work of both committees resulted in several Bylaws changes and lists of projects for future action. The Organization Committee had fulfilled its charge and ceased to function in early 1960.

A resolution which called for the re-establishment of the Organization Committee was adopted at the annual membership meeting held in April, 1965. The resolution proposed that the committee:

"...be directed to review the organizational and operational structure, membership desires and attitudes as to

purpose and function of the Association, and the relationship to other public health related organizations."

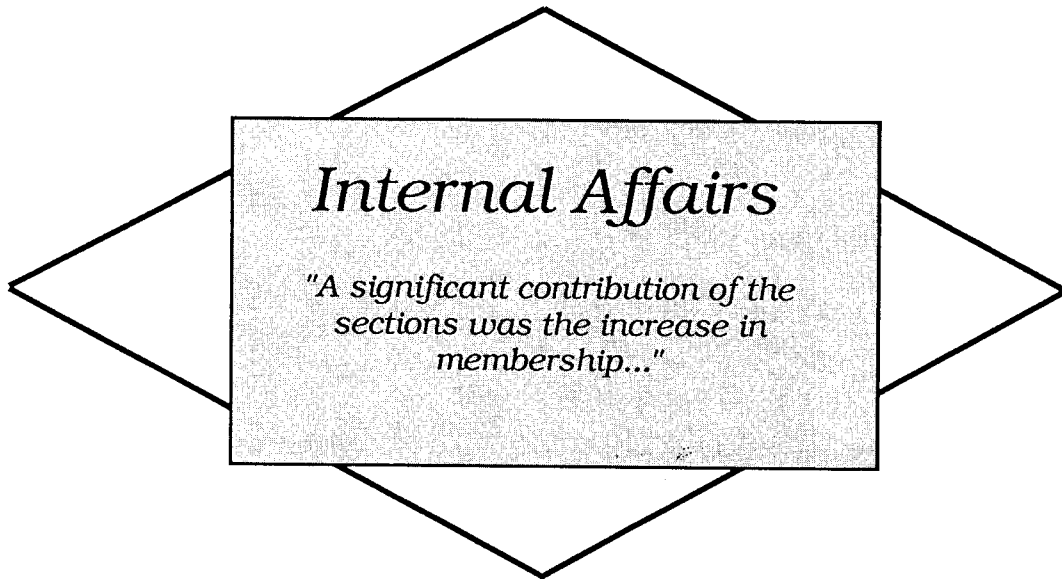
The members of the Organization Committee realized the magnitude of the assignment as early as their first meeting. Nine areas or topics were defined and the group decided that attention be given first to a redefinition of committees and their functions (in particular those functions tied in with the Bylaws or need for Bylaws revision).

Reviewing the function of the Membership Committee resulted in a recommendation concerning billing and collection of dues. Study of the Nominating Committee raised the question of a possible two-year term for the President (not implemented), a clarification of the duties of the President Elect, and the form and manner in which nominations were made.

A plan was developed by the Organization Committee for the re-organization of the committee structure and delineation of the duties of the President, Vice President and President Elect:

| | |
|------------------|-------------------------------------------------------------|
| President— | Administration and Budget Committees |
| Vice President— | Promotion, Public Relations, and Publicity Committees |
| President Elect— | Program Committee |

The previously mentioned Working Manual for the Officers, Board of Directors and Committee Chairmen was initiated, prepared and edited.



Sections

Six sections represented the various disciplines within the Association at the start of the third decade. The sections and the date they were accepted by the Board of Directors were:

| | |
|-----------------------|------------------|
| Sanitation | January 13, 1950 |
| Secretarial | June 8, 1951 |
| Public Health Nursing | May 9, 1952 |
| Health Education | May 27, 1954 |
| Preventive Medicine | May 18, 1956 |
| Laboratory | June 8, 1956 |

The sections were formed to provide a forum for members with a specific interest. The Chairman of each section became a member of the Board of Directors, giving each group closer contact with administration and program planning. In turn, it was possible for the Association to use the specific knowledge and skills of section members by assigning responsibility for special projects to benefit the entire Association. For example, the membership brochure and the CPHA exhibit in the Columbia Savings and Loan Building were prepared by the Health Education Section. And Association manuals were produced by the Secretarial Section.

A significant contribution of the sections was the increase in membership because of the requirement that section members be Association members. The annual meeting was strengthened by a diversification of topics geared to the various section interests. Most of the sections carried on group meetings during the year which enhanced the Association's image. Some sections sponsored or co-sponsored in-service training sessions.

Some sections found their original need to organize overtaken by others outside of CPHA. The Public Health Nursing Section found their group duplicated the public health activities and programs of the Colorado Nurses Association and the Colorado League for Nursing. The Colorado Association of Sanitarians became more vital than the Sanitation Section of CPHA. The fairly small Preventive Medicine Section resulted in members meeting more often in other groups such as the Local Health Officers

Association, or as committees of Medical Societies. As a result, the third decade saw four of the six sections of CPHA disband; only the Secretarial and Health Education Sections remained active in 1968.

News Bulletin

The CPHA News Bulletin reflected the growth and stability of the Association. During the early years of the Association the publication consisted of one or more mimeographed pages which were often hard to read and rarely attractive. By 1958, the News Bulletin appeared as an attractive tabloid with a standard masthead featuring the Association emblem, printed in color, and carrying many photographs in each issue.



The cartoon illustrations of WellBee (a symbol of good health practices) were original in the News Bulletin. These were provided by Dorothy Strubel, Health Educator at Weld County Health Department.

The bulletin's usefulness as a means of informing the membership regarding programs and activities of the Association markedly improved over time. Each issue began to carry a message from the President, articles on section and committee activities, annual meeting programs, new developments in Colorado health, and legislative initiatives endorsed by the Association.

Funding for the publication improved so it was possible to schedule four or five issues each year. Five hundred extra copies of those issues which carried the legislative program endorsed by CPHA were used by members in the legislative education program.

Annual and Regional Meetings

The annual meetings of the Association showed two significant changes during the third decade—their location and program topics. The membership was concentrated on the Eastern Slope during the first two decades and meetings were scheduled in the same areas: Denver, Colorado Springs, Pueblo and Estes Park, usually.

In line with the policy of involving members outside of the major cities, the annual meetings were scheduled for the first time in Boulder, Glenwood Springs, Greeley and Durango. Denver was the site of the combined Western Branch/CPHA meeting in 1960.

The words "health" or "public health" appeared in every annual meeting theme from 1938-1958. Not until 1959 was this trend broken—the dual topics that year were "The Aging Population" and "Food Additives, Preservatives and Nutrition." Meeting themes centered on urban planning, communications, Medicare, Social Security, basic research and social drop-outs, indicating CPHA's awareness of widening influences in the health arena.

An innovation in Association activities was begun in 1965 when Regional Meetings were held in Pueblo, Greeley, Englewood, Grand Junction and Durango. The meetings were in line with the idea of taking the Association and public health matters to the membership and other interested persons in the area. The meetings began in late afternoon, dinner was provided at the meeting place and the discussions continued into the evening. The programs were a combination of information the Association officers wished to bring to the group and matters the local people wished to discuss. Attendance at the Regional Meetings was gratifying both numerically and in the discussions of CPHA policies and activities.

Meeting themes centered on urban planning, communications, Medicare, Social Security, basic research and social drop-outs, indicating CPHA's awareness of widening influences in the health arena.

Meetings were held during 1966 and 1967 in Fort Collins, Pueblo, Fort Morgan and Durango.

Committee Activities

The Continuing Education program originated as one of the activities of the Western Branch, APHA. CPHA was one of the participating State Affiliates and had representation on the

Continuing Education Committee. The Committee's focus was to update knowledge of public health practices in the Western States. Seminars varied from a few days to a week in length. Decisions on topics, speakers, and

discussion leaders were made primarily by staff members of Western Branch and the faculty of the School of Public Health, University of Colorado. State Affiliate members of the Committee assisted with local arrangements and promotion efforts.

A request was made by CPHA that the States be given more voice in formulating and planning programs, but this was not accepted by Western Branch. Colorado's strong representation on the Committee resulted in Colorado being the site for a workshop on Mental Retardation in Grand Junction and a seminar on Interpersonal Relations at Breckenridge. CPHA members attended sessions on cardiovascular diseases, medical care administration and general administration in other states.

In 1966, Western Branch adopted the policy that since CPHA was no longer an affiliate continuing education courses could not be held in Colorado, although Colorado residents could attend in other States if space was available.

CPHA's Continuing Education Committee gained strength and began to function in the planning of projects for and in Colorado. Application was made to the Department of Health, Education and Welfare for a Federal

administration and consultation, but the grant was not approved. Funds were allocated for training purposes under the Comprehensive Health Planning Act and the Continuing Education Committee explored this avenue to finance a nine-day workshop in comprehensive health planning.

The Western Branch was interested and active in promoting a Civil Defense Committee, feeling that there would have to be interstate health support in case of an emergency of considerable magnitude. CPHA established its own Civil Defense Committee in 1962 which participated in planning activities with other organizations and agencies in the State.

Two new committees were appointed in late 1967 and early 1968—the Alcoholism and Drug Abuse Committee and, the School and College Health Instruction and Careers Committee. The activities of these new committees were productive in the fourth decade.

Honorary and Life Memberships and the Distinguished Service Award

Honorary membership was conferred on five people by action of the Board of Directors in 1959:

Dr. Amos Beagler
Dr. Ella Mead
Dr. George Stiles
Dr. W.E. Buck
Dr. Charles F. Poe

A Bylaws revision in 1960 stated:

"Honorary membership may be conferred upon any person, regardless of residence, who has rendered such service to the cause of public health as to entitle him to such recognition. The right to confer Honorary Memberships will be vested in the Board of Directors."

In subsequent years, Honorary Memberships were conferred on Milton M. Miller and Mrs. Mildred Canfield.

The Association also wanted to recognize those who were members of the Association for many years. The Board of Directors established a "life member" category in 1965. A life member was defined as:

"A member who has retired from active employment in public health, has reached the age of 60 and has been a member of CPHA for ten years."

A 1967 Bylaws revision changed the membership requirement to "at least 20 years." Life members were granted all privileges of active members but exempt from payment of dues. Twenty-four life memberships had been conferred by 1968.



Dr. Ruth B. Howard, President of CPHA in 1964 and recipient of the second Distinguished Service Award, 1968.

Honorary Membership and the Florence R. Sabin Award did not meet all of CPHA's needs to recognize outstanding service by a member to the Association and to public health. The Board of Directors established the "Distinguished Service Award" to be conferred by the Board when there was a worthy recipient. Dr. Roy L. Cleere, Executive Director of the Colorado

State Department of Public Health, and a staunch supporter and participant in CPHA since its inception, was presented with the first Distinguished Service Award at the annual meeting in 1965.

The second Distinguished Service Award was presented to Dr. Ruth B. Howard at the 1968 annual meeting. The citation read, in part:

"...in recognition for her many years in public health in Colorado and her continuing service to this organization."



External Affairs

"...the Association made itself felt and heard outside its own organization to a greater extent than at any time in its history."

The third decade was one in which the Association exerted its influence outside the organization to a greater extent than at any time in its history. It had sufficient internal strength to accept some of the public health challenges and a large enough membership to carry weight in external undertakings. The Association had made advances in its own philosophy and objectives and was ready to bring about changes in public health concepts and practices for the people of Colorado.

Legislation

CPHA tried for a number of years to define its role in public health legislation following its participation in the Sabin legislative program of 1945-46. There was some fear that active participation in legislative matters might jeopardize its Federal tax-exempt status and also some feeling that it did not create a good "professional" image. During this decade, the Association demonstrated that it could take an active part in promoting legislation without resorting to the unfavorable connotations of "lobbying" and that a vigorous educational and informational program could be effective.

The Association's plan for legislative activities included the following elements:

- Appointment of a strong Legislative Committee under the chairmanship of a person willing to spend the time required.
- Establishment of a year-round committee function with increased activity prior to the legislative sessions.
- Development of a platform of legislative proposals that the Association endorsed supported or opposed.
- Development of an educational program about the proposals to be directed at CPHA membership, Legislators and the public.

The Legislative Committee, the Board of Directors and the membership in general became aware that the passage of legislation was not a simple matter and that much effort was needed to achieve results. More financial support was given, allowing the Committee to meet expenses such as increased duplication and mailing, printing additional copies of the News Bulletin, and telegrams and long distance calls.

The CPHA legislative platform included seven to ten proposals in each of the "long" Sessions of the General Assembly. Many other measures with health implications were followed by the Association through the legislative channels. The Association was as active in opposing measures at both the State and National levels as it was in supporting others. This opposition marked CPHA's willingness to stand up and be counted. The Association opposed legislative and congressional measures that dealt with the encroachment of other political agencies into the field of public health or the transfer of health programs to other departments or agencies lacking sound health concepts.

Florence R. Sabin Award

The Awards Committee and the Board of Directors of the Association carefully considered the selection of individuals to receive the Florence R. Sabin Award. The award was conferred on people not professionally employed in public health. An award was not made in 1960 since CPHA was host to the annual meeting of Western Branch, APHA held in Denver, and the Regional program did not lend itself to an award presentation. The Awards Committee recommended to the Board of Directors that no awards be given in 1963 and 1965 since suggested candidates did not meet the requirements.

Sabin Award recipients during the third decade represented a wide range of contributions to public health. Activities included participation in the establishment and continued support for local health departments and voluntary health programs, improvement in health conditions for migrant agricultural workers, promotion of visiting nurse services, research in child growth and development, and automobile safety.

Special Projects

By the mid-1960's, there was a feeling among the membership that CPHA should begin to undertake more community and statewide activities. The February 1964 issue of the News Bulletin stated:

"Many things need to be done for the public health in Colorado. Many things in public health need support and reinforcement. CPHA can and should become active in them."

A number of programs for action were proposed, and the Board of Directors adopted the fluoridation of public water supplies as its first project. A mass media campaign was planned to inform the public of the value and benefits of fluoridation. The project was presented at the 1964 annual meeting of the Association but it was evident that the membership was not enthusiastic about it. Members felt it lacked glamour and could create considerable opposition from anti-fluoridationists. Instead, they suggested undertaking a project related to Colorado's recreational health. Members felt this program was vitally needed and would be a good showcase for Colorado and CPHA.

The Recreational Health project developed as three campaigns in one:

- An informational program (directed at out-of-state people who might decide on Colorado for a vacation or home) which described Colorado as a healthful, safe place for recreation.
- A campaign directed to citizens to improve health facilities in Colorado, especially in tourist centers, to attract and protect more tourists.
- An appeal to the individual's health in recreational pursuits such as hunting, hiking, swimming or skiing.

The Special Projects Committee received strong financial support from the Association, allowing a monthly contract with a public relations consultant. The first item prepared for use in the campaign was a printing of 10,000

bumper stickers which emphasized clean water in relation to recreation: "Enjoy Water—Don't Pollute It." The emblem and name of CPHA were prominent on the sticker and all other materials used in the campaign.

An attractive brochure, "Wishing You a Happy Healthy Vacation in Colorado" was the second printed piece of the campaign. It stressed health practices and suggestions to prepare for and enjoy a vacation. The leaflet was distributed by tourist information centers, visitor's bureaus, hotels and motels. It was well received and widely used; a second printing was needed to meet demands.

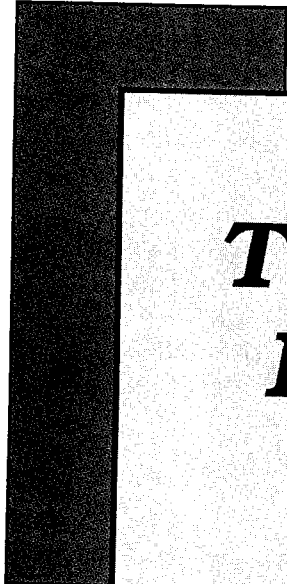
A series of radio spot announcements were prepared and distributed to the 65 stations in Colorado. These announcements carried out the theme of clean water for recreation and health, and used the same slogan as the bumper sticker.

In 1968, the need for an educational program against air pollution was felt more important than the continuation of the recreational health theme. The Special Projects Committee produced bumper stickers urging "Car Care for Cleaner Air."

End of a Decade

At the end of the third decade, CPHA's organizational structure was in fairly stable condition. However, the problem of administering the Association with volunteers employed full-time in other positions remained. Membership had increased steadily and some progress had been made in recruiting members from outside the public health arena. Additional efforts would be needed to bring together people in related fields with a vital part in shaping and administering health programs in Colorado.

The Association had begun to have an impact on health problems which affected all the people of Colorado.



The Fourth and Fifth Decades

1969 - 1988



Preface

*"...will chronicle the achievements and
frustrations of the Association in
carrying out its mission."*

The publication of a history of the fourth and fifth decades of CPHA continues efforts to chronicle the organization and activities of the Colorado Public Health Association, specifically for the last two decades prior to its fiftieth anniversary in 1988.

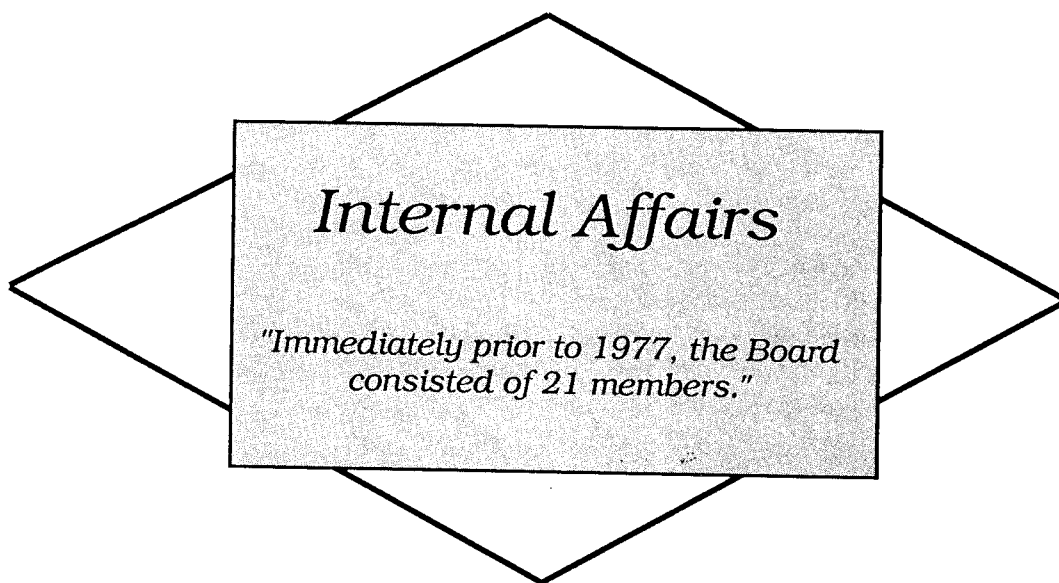
During the early part of the century, the assumption about Colorado was that a place of such pristine beauty must also be a healthful place to live. Such was not the case. A survey of the state's health, conducted by Dr. C. E. Waller of the United States Public Health Service, revealed death rates higher than those of neighboring states, even when mortality attributed to tuberculosis was subtracted.

The legacy of the mining camps, and the isolation of the later developing agricultural populations, seemed to obscure the need for such things as safe public water supplies or protection of children from communicable diseases. Only health professionals and residents of the larger communities seemed to recognize the problems.

Despite the poor economic climate of the country in the early thirties, Federal grant money was made available to the states to improve their public health services, provided the states contribute some matching tax support to this end. This seemed to provide the final impetus to a number of health oriented organizations, and individuals, to coalesce their energies into the formation of the Colorado Public Health Association in the spring of 1938.

In their concluding statement, the historians of the third decade concluded that CPHA had a fairly stable organizational structure by 1968. However there were some difficulties in administering of the organization through the volunteer efforts of members who were employed full time elsewhere. The authors recognized progress in recruiting members and in the organization's voice in public health matters, but they cautioned that *"...the organization does not become too engrossed with intra-association matters to give leadership to those things which will improve health conditions in the state."*

This history of the final two decades of the first half century will chronicle the achievements and frustrations of the Association in carrying out its mission. Shifting priorities, new technologies and changing health problems have influenced the direction and activities of the Association during the past two decades. The future, as we approach the turn of the century, promises even more challenges.



Organization and Bylaws

The original Constitution and Bylaws of the Colorado Public Health Association were drawn up in the spring of 1938.

The first Article of the Constitution stated the organization's name which remains unchanged to this day. Article II stated, *"the object of this Association is to promote public health and safety."*

Article III defined two classes of membership: "active" and "associate." Active members were *"...professionally engaged in the practice of public health..."* The right to hold office or to serve as a committee chairman was limited to active members. *"Persons residing in Colorado and interested in public health..."* were eligible for election as an associate member, could serve on committees and were entitled to other privileges of the Association.

The Officers were President, Vice President, Secretary, Treasurer, and a representative to the Governing Council of the American Public Health Association (APHA) who would attend the meetings of the Council as the delegate of the Colorado Association. The delegate had to be a Fellow of the American Public Health Association.

The Board of Directors consisted of the Officers, *"...ten additional active members chosen by the Association, and the State Health Officer, ex-officio."*

Other articles dealt with terms of office, motions and resolutions, quorum, amendments, the fiscal year and elections. Eligibility for office required at least one year's membership in the association.

The Bylaws stipulated at least two meetings a year and established annual dues at \$1.00. However, if the member was also a member of APHA (dues \$5.00), and the national association refunded the amount of the state's dues to CPHA.

Other articles identified auditing, membership and nominating committees; a program committee consisting of the officers and the State Health Officer; and several other "housekeeping" items.

In October of 1987, Chris Wiant of Tri-County Health Department was endeavoring to research the Articles of Incorporation as part of the recognition of the first half century of CPHA existence, to be staged at the Annual Meeting in 1988. After some searching, he discovered an early Colorado Public Health Association which existed for one year and then became the Colorado affiliate of the American Lung Association. The Colorado Public Health Association as we know it today was incorporated on May 19, 1949.

Over the years a number of changes have been made in the bylaws.

The revision of 1967 made no mention of a constitution except in its title. The preamble recorded the Association's "objects and purposes" as follows:

"In order to bring into closer association, interested persons and organizations for the purpose of aiding in the promotion and protection of public health, to provide for scientific advancement of members, and to extend and develop the public health movement..."

Membership included active, sustaining, honorary, life, student and agency categories. Dues were not stipulated, leaving that to the discretion of the Board of Directors, except for agency membership, which was \$25.00 annually. As agency members, health or health-related organizations were permitted to designate two persons with voting privileges at CPHA meetings. A corporate seal was described. The State Health Officer was no longer stipulated as a member of the program committee.

The representation on the Governing Council of APHA was assigned to the President, *"...or the President shall designate a member of CPHA*

"the object of this Association is to promote public health and safety."

who is a Fellow of APHA. The president shall also appoint an eligible alternate..." The office of President Elect was established.

Another duty of the president was the appointment of an archivist, to keep a record of the business of the Association.

Committee structure was reorganized to include permanent "standing committees," and "other committees," appointed as the need arose. In addition to the original three, auditing, membership and nominating, an executive committee of elected officers was designated. Budgeting was added to the responsibilities of the auditing committee, a Constitution and By-laws Committee was created, and an Organization Committee was formed. The duties of only the Executive and Nominating Committees were defined.

Topics suggested for other committees included awards, newsletter, annual and regional meetings, continuing education, time and place (for annual meetings), special projects, resolutions and legislation.

The final article of the 1967 Bylaws stated that in the event of dissolution of the Association all of its properties would "*...vest immediately and absolutely in the University of Colorado and none of the property shall inure to the benefit of any officer, director, or member of the corporation. The said property shall be used by the Board of Regents of the University of Colorado for any purpose determined by them which will aid the activities of the Medical School of the University of Colorado.*"

The Bylaws of May 1972 provided for four vice presidents, each of whom was appointed by the President and was responsible for chairing one of four standing committees: Administration, Health Issues, Program and Meetings, and Public Relations. Only the President, President Elect and the Board members were subject to a vote of the membership. At the first Board meeting of the new fiscal year, the Board selected from its membership six persons to act as the four vice presidents, secretary and treasurer.

The 1972 Bylaws made no mention of an

archivist.

A major overhaul of the Bylaws was undertaken by a consolidated Organization and Bylaws Committee, chaired by Dr. Frank Yoder, in 1977-78. The intent was to increase total membership involvement and increase the effectiveness of the Board and its standing committees. In a statement of rationale, the committee enumerated these concerns:

- An increase in the number of sections and their involvement in the functions of the Board and Association.
- A large Board whose officers are mainly appointed.
- A working manual which has no guidelines for updating and can be incorporated in the Bylaws, which is available to all members.
- Indications from the membership for more structure in the Bylaws, identification of the fiscal and the membership years, and guidelines for the organization of the Association and the Newsletter.
- Some long standing committees still in existence that are no longer functioning.
- A need for total membership to be involved in changes in the Bylaws.
- No current identification of the standing committees and their functions.
- The term of office for Vice Presidents and committee chairpersons not identified.
- Need for election of all officers, including Nominations Chairperson.

Immediately prior to 1977, the Board consisted of 21 members (President, Past President, and President Elect plus six board members appointed for terms ending in each of the next three years plus the section chairpersons).

The 1978 Bylaws committee developed an elaborate phase-in program which removed the past president as a board member the first year. In the second year it added two vice presidents (in lieu of four), a secretary, a treasurer and the Nominations Chairman to the list of elected officers; and maintained the twelve board members whose terms would expire in the next two years. The third year witnessed a further reduction by the elimination of all but the one year term of remaining board members. The

final year of adjustment substituted two directors-at-large to replace the six who retired. Board membership at that point was nine plus the section chairpersons.

The two directors-at-large served two year terms—one elected in even numbered years, the other in odd numbered ones.

The two Vice Presidents had clearly defined responsibilities:

- The Internal Vice President would serve in the absence of the President and President Elect and would be responsible for those standing committees relating to the association's internal affairs—Budget and Finance, Organization and Bylaws, and Membership.
- The External Vice President would serve as President in the absence of all superior officers and be responsible for the standing committees relating to the association's external affairs—Legislative, Public Relations and Awards, and Resolutions.

Since 1978 the Bylaws have undergone only minor changes, one of which provided that the President would become a Director-at-Large at the conclusion of his or her term of office.



External Affairs

*"By December of 1970, thirteen
organized local health departments
served eighty-five percent of the state's
population."*

The Colorado Health Study

The relationship with the American Public Health Association culminated in an ambitious project undertaken in 1969 and completed the following year. Titled "For All The People of Colorado", the global study undertook: 1) To develop recommendations for a strengthened state and local partnership in the provision of public health services; 2) To develop a proposal for a survey of health needs, resources, and the programs of state and local governments; 3) To make recommendations for improved health services.

The first phase of the study, completed during the closing months of 1969, included the following objectives:

- Provision of public health services for all people in Colorado.
- Provision for local autonomy regarding local services.
- Development of local linkage to state policy determinations.
- Identification and definition of state-local administrative and financial relationships.
- Development of a rationale and pattern for decentralization of state services and/or regionalization of local services.
- Promotion of the extension of the state merit system to local health employees.

The Colorado Health Study was directed by Malcolm H. Merrill, M.D., M.P.H., Director of APHA's Community Health Action Planning Service. He was assisted by Byron O. Mork, M.D., and by Helen Cannon, who served as local coordinator. Funding was provided by the the State Health Department, the State Office of Comprehensive Health Planning and the State Office of Regional Medical Programs. The State Health Department provided office facilities and clerical support.

A plan to implement the APHA Study was developed by the Colorado Health and Environmental Council (CHEC), the State Board of Health and consumers. CHEC is comprised of representatives of directors of local health departments, public health nursing,

environmental health, health education, and the state health department. An exhaustive effort was made to assure that the study truly reflected the status of public health practice in Colorado and that all interested parties were involved in the promotion and implementation of recommendations.

The plan was based upon the following needs identified by the APHA study:

- Regionalization of the entire state to assure local public health services to all citizens.
- Coordination of the plan with that of the Colorado Comprehensive Planning Council.
- Improvement of the efficiency and effectiveness of the delivery of community health services statewide.
- Promotion of statewide coordination, comparability, and elimination of duplication of community health services.
- Full use of health manpower.
- Uniform enforcement of health laws, standards, rules and regulations statewide.

Among the findings of the study was that the state was financing only 10% to 15% of the total cost of providing local community public health services. It recommended that the state provide \$3.00 per capita to be matched by \$1.50 per capita locally.

The implementation plan reduced the per capita state support for local public health services to \$1.50 with a local government match of a minimum of \$1.50 plus whatever additional amounts they deemed necessary to meet local needs. State support was intended to supplement, not supplant, local support of public health services.

The state legislature passed bills in the 1973 session providing for per capita basic support for county and district health departments, and for formation of regional health departments involving two or more counties within one of the state-designated planning regions.

Health legislation provided that 10% of all per capita support for local health agencies must be used to provide services for nearby counties

through contract agreements approved by the state. Specific services, such as those of a laboratory, or whole program areas, such as community health nursing or environmental sanitation, could be tailor-made to local needs.

The 1973 legislative provision for regional services led to formation of only one regional health department. The Northeast Colorado Health Department, headquartered in Sterling, included six counties (Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma), covering most of the rural northeast corner of the state. It qualified for the extra fiscal incentives provided by law to improve services to rural areas.

During the 80's, two "West Slope" counties, Archuleta and La Plata, organized the San Juan Basin District Health Department, and Delta County also established its own local health agency. Together with the Mesa County Health Department in Grand Junction, a total of three organized departments exist west of the Continental Divide.

Although many of the objectives recommended by the APHA study were successfully implemented in succeeding years, providing essentially uniform services to all citizens of the state was not one of them. Many counties chose to maintain independent public health nursing services.

County nurses working alone, did not have the stimulation and support of working with their professional peers on a daily basis. Medical support was often non-existent or distant. The county nurse was frequently the local medical resource to a country dweller. Environmental sanitarians, too, did lack the camaraderie and team support found in organized health departments. Like the country doctor of old (still to be found in parts of Colorado), professional isolation is a way of life.

The Colorado Public Health Association has been valuable to such persons. Membership provides the opportunity to keep abreast of new developments in technical fields, administrative changes, revisions in the health laws and new programs. It creates an environment for the exchange of ideas on the problems encountered in daily public health practices.

The Annual Meeting continues to be an

important event. It offers the chance to meet and hear nationally prominent persons on timely and key issues relating to health policy. Membership in a specialty Section encouraged contact with professional peers all sharing a common goal: protection and improvement of the public's health.

Since its inception in 1950, the CPHA News Bulletin has served as a valuable adjunct to the annual meetings. It provides members with news of association affairs, including activities of the leadership committees and sections. Information is provided about legislative issues of public health significance. Publication of resolutions encourages thought about public health policy at the state and national level. The News Bulletin publishes information about APHA activities and support services. Notice of forums and continuing education programs is provided.

CPHA played a significant role in implementing the recommendations of the Colorado Health Study. Many CPHA members provided the leadership and agency resources needed to carry them out.

Legislative Efforts

The Legislative Committee chaired by Dr. Charles Dowding proposed the following items to the Governor's Call for consideration by the 47th General Assembly in 1970:

- Adoption of ambient air quality standards which would conform with the Federal Air Quality Act of 1967.
- A separate appropriations bill for increased state funding of local public health services. Noted was the fact that the state provides 10% to 15% of the funding for local health departments, but 30% to 35% of local time is spent in the enforcement of state health laws.
- Recreational environmental health legislation to correct and prevent pollution of lakes, rivers and streams as well as forests, parks, campgrounds and picnic areas.

- Amendments to strengthen the Colorado food and drug act.

At the 1971 Annual Meeting, outgoing president Dorothy Strubel charged that CPHA was "...too bland to get mad at" because of its mix of members with dissimilar interests whose only common philosophy was, "We endorse health, at least in principle." She said that referring calls for action to nonfunctioning special interest committees was non-productive because CPHA had not taken positions on controversial or unresolved health issues.

The result of her remarks was the formation of an "Action Group" by incoming president Ralph Barnes. Thirty-five members signed up. The charge to the group was to make the CPHA more dynamic in achieving its stated goal of "Better health for Colorado."

Mrs. Strubel suggested a first effort of the new Action Group might be to assist the Resolutions Committee in developing a position on legalized abortion.

At the 1971 annual business meeting, Dr. Dowding called for the following resolution:

"Resolved that the CPHA Board of Directors submit a position paper supporting a legalized abortion bill." Rita Dingman moved to amend the motion by adding, "prior to it's adoption, the position paper will be printed and distributed for membership approval."

The amendment carried 50 to 41 and the resolution was adopted as amended.

The News Bulletin of November, 1971 carried the text of the position paper on abortion legislation, unanimously approved by the Board of Directors at its meeting September 24th:

"The Colorado Public Health Association believes all women have the right to determine for themselves whether or not a pregnancy should be terminated.

We therefore support the removal of present legislative restrictions on the right of all women to have an abortion. We recommend all abortions be performed under the



Representative Patricia Schroeder at an emissions testing station, 1979.

supervision of an appropriately licensed physician, and in a licensed health facility."

A fact sheet on abortion was printed in the same issue. It was prepared by a subcommittee of the Action Group, together with a disclaimer stating that "removing restrictions on abortion does not force any woman to violate her own moral code by having an abortion." CPHA members were urged to vote approval or disapproval.

In the minutes of the Board of Directors meeting of Jan 12, 1973, legislative plans for 1973 included: "Abortion—we will support a bill which makes this a matter between the mother and her doctor through the fourth month of pregnancy."

The effort was overshadowed, however, when, in the Roe versus Wade decision January 22, 1973, the United States Supreme Court ruled 7-2 that a state may not prevent a woman from having an abortion during the first six months of pregnancy, overturning restrictive abortion laws in 48 states, including Colorado.

While few legislative issues generated as much emotion among members as did legalized abortion, many other issues captured the



Press conference of Senator Timothy Wirth for Clean Air.
(Seated from left are Tammey Fritz, Tim Wirth, Robert Yunke and James Easton.)

attention of the Legislative Committee, often in concert with the Resolutions Committee. They included the following:

- Continue support to achieving \$1.50 per capita state funding for regional and local public health services in 1972, followed by phasing in the \$3.00 per capita recommended in the 1970 APHA's Colorado Health Study.
- Support of the concept that personal and environmental health are inseparable and that efforts be made to strengthen the laws binding them, in contrast to many states where they were being separated.
- Encourage inclusion of home health care and preventive medicine as basic components of a national health care program.
- Encourage the creation of a separate Federal Department of Health independent of Education and Welfare.
- Support a bill to provide strict, comprehensive, statewide control of solid waste disposal.
- Support a bill to involve local health departments in providing family planning services statewide.
- Support a bill to establish a statewide alcohol and drug abuse control program, in addition to urging both state and Federal lawmakers to fund support of community alcohol and drug abuse control efforts.
- Continue efforts to preserve the environment and the ecology of Colorado's recreational areas.
- Encourage improvement in the health education of Colorado's children, K-12, with specific implementation suggestions. In addition, CPHA supported restoration of the recently abolished position of health education consultant in the Colorado Department of Education.
- Encourage Colorado's Congressional delegation to support a bill which would require that the ingredients in cosmetics be listed as in food and drug preparations.
- Support of a state bill to regulate the sale of fireworks.

By 1973, the most critical legislation being proposed in Colorado considered the reorganization of state services, including the removal of a number of environmental programs from health agency direction.

Many states had followed the lead of the Federal government in establishing the Environmental Protection Administration (EPA) independent of the U.S. Public Health Service. With its greater public visibility, EPA appeared to accomplish environmental improvements which had not earlier been recognized. However, a number of local and state environmental sanitarians felt that the improvements were more apparent than real, or that EPA took credit for improvements started

under the U. S. Public Health Service. By the time Colorado began to consider the splitting of health and environment in its state organizational structure, it had been able to observe the effects such a move had in other places. It was often not positive and some states had reportedly reverted to their former structure as a combined state agency.

President Lewis Hoyle, M.D., sent a letter to Governor Vanderhoof stating that CPHA was opposed to the proposed changes, and an appeal was made to all members to contact their legislators to support CPHA's opposition. Although the record of what happened to the proposed reorganization plan is not complete, Colorado did not divorce environmental health programs from the rest of the state's public health organization, at least not through 1987.

The Board of Director's minutes of the meeting of February 8, 1974 included a report from the Director of the Colorado Department of Health's Alcohol and Drug Abuse Division. The legislature had passed the bill decriminalizing the drunken driver (if no other crime had been committed). A campaign to support a bill to provide detoxification, treatment, and rehabilitation programs for problem drinkers was enthusiastically endorsed.

In 1978, Dr. Anthony Robbins, Executive Director of the Colorado Department of Health, resigned his position to move to Washington's Carter administration. Governor Richard Lamm's choice for his successor was Dr. Frank Traylor, a surgeon who had served in the State House of Representatives.

In spite of criticism from CPHA about the lack of formal public health training, Governor Lamm apparently believed that the political skills Dr. Traylor had developed were more relevant to the position, and appointed him Executive Director of the Colorado Department of Health, effective January 1, 1979. Certainly Dr. Traylor had been highly successful in getting legislation passed mandating certain immunizations for preschoolers, a law strongly supported by CPHA.

In May 1981 he was appointed by the governor to the task of administering the State

Department of Institutions in addition to the State Health Department. Senate confirmation followed.

This was followed in 1983 with the introduction of a bill to combine the Departments of Health and Institutions. The proposed move drew opposition from the CPHA Board. In its letter to the Governor, the Board requested that the health department remain a separate entity under the direction of an executive director appointed only to that position.

In a letter to Dr. Traylor, which contained additional information and elaboration on CPHA's position, the Board asserted that public health issues and preventive programs would be *"...subordinated to those of acute care. If health and institutions were joined, community health would be likely to suffer drastically."* The letter continued,

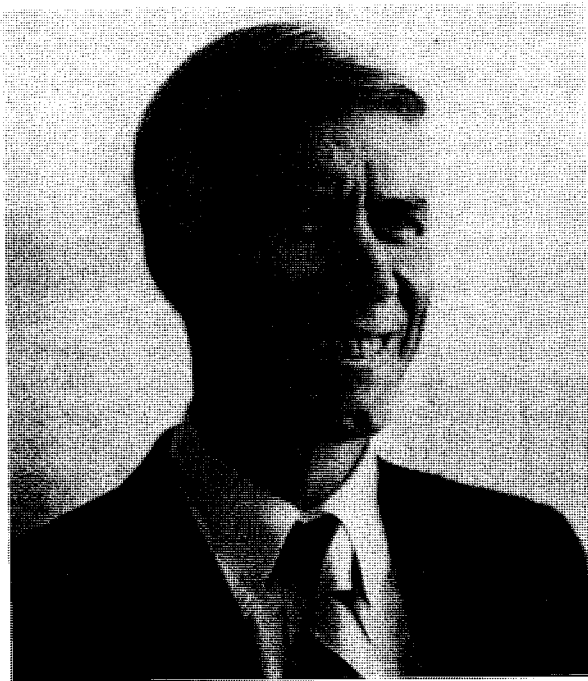
"In discussions which we have had with other states that have tried a similar combination of departments, no matter how attractive the theoretical benefits, the potential has never been realized...In Maryland, for instance, there has been no internal support for preventive programs.... In Utah we found that the combination was such a disaster that they again separated out the public health department."

The bill calling for a combined health-institutions department was withdrawn by its sponsoring senator.

Although it did not become a legislative issue, the selection of Dr. Traylor's successor in 1983 was also a topic of some controversy. Governor Lamm gave the director of the State Department of Social Services, George Goldsmith, the responsibility of recruiting the new Executive Director of the Colorado Department of Health. Goldsmith favored recruiting a lay administrator. This would have required a waiver, or change, of the statute which required that the position be filled by a licensed physician.

Although CPHA had appealed for a physician with advanced formal training in public health when Dr. Traylor was being considered in 1978,

the Board endorsed Traylor's heir apparent, Dr. Thomas Vernon. Dr. Vernon had served with distinction as an employee of the state health department since 1972. He was the state epidemiologist and later the director of the Division of Disease Control and Epidemiology. Upon Dr. Traylor's resignation, Dr. Vernon became Acting Executive Director of the agency. With his experience in epidemiology, including membership on the National Advisory Committee on Infectious Diseases to the Centers for Disease Control in Atlanta, Dr. Vernon also served on the faculty of the University of Colorado Health Sciences Center in the Department of Preventive Medicine and Biometrics.



Thomas M. Vernon, M.D., Executive Director
of the Colorado Department of Health
1983-present.

The Boards of Directors of both the Colorado Public Health Association and the Colorado Medical Society voted unanimously in favor of his appointment. So, too, did a number of CPHA members in their regular employment capacity.

On October 19, 1983 Governor Richard D. Lamm named Thomas M. Vernon, M.D., as Executive Director of the Colorado Department of Health.

The 1984 legislative agenda included bills covering the following topics of concern to CPHA:

- Field sanitation standards; farms employing field laborers were not currently required to provide portable toilets.
- Certificate of need; updating laws designed to curb profligate expansion of health facilities irrespective of public needs.
- Superfund; updating Colorado's participation with the Federal Government in the cleanup of environmentally hazardous sites.
- Child carseat exemptions; consideration of conditions under which the child safety car seat would not be required.
- Appropriate wording of laws pertaining to persons with developmental disabilities.
- Recognizing the increasing role of wood-burning stoves in air pollution problems in Colorado, CPHA initiated a public education program followed by support for legislative efforts to recognize their importance as a contributing factor on high pollution days.
- Authorization of a Chronic Disease Control program in the State Health Department.
- A provision for basic health services in Colorado.

Among the successes in this agenda, according to the May 1984 CPHA News Bulletin, were the approval of Superfund authorization, child seat exemptions held to a "tolerable minimum" and wood stove emissions recognized as an environmental threat.

CPHA's interests in the legislative activities in 1985 were reflected in some of the resolutions adopted at the annual meeting at Vail in 1984.

- Following earlier success in promoting child safety seats, and keeping subsequent erosion of the law at a minimum, the Association joined the Colorado Medical Society in promoting a mandatory seat belt law applicable to the rest of the population.
- The Environmental Health Section submitted a resolution calling for establishment of a new Sanitarian's

Registration Board, reinstating a board that had been abolished under the "Sunset Laws" during the latter '70's.

- A resolution calling for a statewide breast cancer screening program in the state health department.
- Major efforts were made by CPHA to network with other organizations concerned with medical indigency and to produce a common public health legislative position.

In addition to the legislative concerns covered by the Association's resolutions, new issues emerged to engage CPHA's attention during the 1985 session:

- Two important air quality bills were presented, one dealing with regulation of asbestos removal and the other with indoor air pollution associated with smoking in public places.
- The transportation of hazardous materials on the state's highways had become an increasingly thorny issue, especially after an accidental spill of Navy torpedoes at a busy downtown Denver interstate off-ramp. The incident caused massive congestion for the better part of a day, and consternation for the better part of a month. A bill was introduced to impose fees on shippers of such loads. The funds generated would be used to train public safety officials and establish a response system to deal with such emergencies.

The basic medical services bills, which dealt primarily with increasing financial support and distributing services throughout Colorado for Medicaid recipients and the medically indigent, received less than hoped for success. A pilot program was established for the medically indigent. The Medicaid bill expanded services by qualifying pregnant women and children under five from two-parent low-income families.

The hazardous materials transport bill was laid over for hearings, to be modified and reintroduced the next year. The asbestos control bill was gutted, but CPHA's "Clean Air Task Force" agreed to reinforce the legislation to be reintroduced later.

The Colorado Public Health Association's 1986 legislation monitoring program continued to work toward desired legislation which had not yet passed and took on some new legislative concerns.

A bill to prohibit smoking in public places and public meetings, and require designated no-smoking areas at the request of employees, was introduced in the Senate. A House bill sought a health hazard warning label on smokeless tobacco packages as well as a tax, restrictions on the distribution of free cigarettes, and funding for research on the health hazards of snuff.

Hazardous waste transportation, the medically indigent program, the motorcycle helmet program, and mandatory seat belts all enjoyed one more round under the legislative spotlight. Another continuing issue was a requirement for farmers who employ migrant labor to provide field toilets and washing facilities for workers.

In the President's Column of the August 1986 CPHA News, President Barbara Cabela noted that, *"Most of the health issues supported by CPHA and other public health oriented groups last year did not even make it to the floor for open discussion."* What she did not say, but might have added, was that Colorado has had an extremely conservative legislature for a number of years. They were inherently opposed to any new legislation which might increase governmental regulation, and the legislature was veto-proof against Governor Lamm in 1986, near the end of his term of office.

The essentially volunteer efforts of organizations such as CPHA were and are handicapped in pursuit of their legislative objectives against such formidable opposition.

1986 resolutions with legislative implications included efforts to include covering dental pit and fissure sealants as a reimbursable benefit under private insurance and public dental programs. A second encouraged legislative action to permit local health departments to charge fees for some services not specifically permitted under current statutes and to allow currently permitted fees to be adjusted upward to the point of meeting the actual cost of providing the service.

Following earlier failures to secure legal curbs on the use of tobacco, CPHA urged the State Board of Health to create a Technical Advisory Committee to research the impact of tobacco on the health of the public and to make recommendations for a statewide plan to decrease its use.

A resolution called for the CPHA Board of Directors to review the Technical Advisory Committee report and to institute appropriate action. It also urged support of legislative efforts to increase taxation, restrict sales to young people, assure public education about the health hazards of tobacco use, and protect the non-smoker from secondhand smoke.

The legislature finally passed a seat belt law in 1987, providing that a driver, if stopped for any purpose and found to be not "buckled up," may be cited and fined. Early reports indicated a significant reduction in traffic deaths almost immediately after the law was enacted.

A number of communities in the state enacted local anti-smoking ordinances, to restrict smoking in public places including government buildings, restaurants, and commercial establishments open to the public. Several counties followed suit.

Although laws affecting public health seem to change slowly, one has only to look back over the years to get the proper perspective on the accomplishments which have taken place. Although it is often frustrating to see a pet project doomed by outdated rules, CPHA's legislative efforts often ultimately resulted in laws which are actually better than originally conceived.

It appears that over time, the Association has become much more sophisticated in the preparation of its resolutions. There is better research in support of its objectives and a clear definition of what action is to be taken. The example set by the American Public Health Association in the handling of its own resolutions has been most helpful.

Issues of Importance

During the course of the '70's and early '80's, many issues received the attention of CPHA. Some were determined by polling the membership or from resolutions adopted at annual meetings. It is difficult to determine which issues actually resulted in legislative action. Most did not, often because legislation was not an appropriate response.

In 1971 the ACTION Group, with Board approval, promoted the use of recycled paper in business and governmental offices. Paper companies carrying recycled bond were identified. Businessmen and purchasing agents were shown recycled bond samples, available at most print shops, and were reminded that resource conservation was not the only benefit; solid waste disposal problems could also be alleviated. Boxes and egg crates, they pointed out, were not the only things to be generated by recycling paper products. They invited other groups to join in the promotional effort.

The ACTION group also undertook an activist role in poison control. On the recommendation of the group's chairman, Dorothy Strubel, the Board sent the following telegram to the State Game, Fish and Parks Department:

"The Board of the Colorado Public Health Association, now in session, endorses your ban on further indiscriminate use of poisons in predator control. Representing some 800 public health professionals, we do remind you that poisons can be useful in the control of zoonoses."

The ACTION Group outlined its purposes as follows: 1) to persuade CPHA to adopt a position on matters that affect the health of the public, in Colorado and in the nation; 2) to exert CPHA influence on decision makers; 3) to promote the visibility of CPHA.

They proposed to meet these objectives by preparing researched position proposals on health issues, seeking the approval of Board and members of CPHA, and making CPHA's position public following approval.



1986 Annual Meeting at the Regency Inn in Denver, Colorado.

At the CPHA Annual meeting at Estes Park in 1977, the Executive Board formed a task force on public health advocacy with the charge of:

"Writing and distributing to all CPHA members by July 30, 1977 a summary of suggestions made at the 1977 meeting related to expanding and improving the Association through 1978 public health activities, and preparing and presenting to the executive board by October 30, 1977, a 1978 public health advocacy action plan that analyzes the feasibility, impact, cost, implementation steps, and priority of each recommended advocacy action."

Some twenty advocacy topics were identified by the task force. To prioritize them a questionnaire was prepared listing the topics along with a brief explanation of each. These were mailed to all CPHA members, requesting that they score each issue from one point for the least appropriate to twenty for the most appropriate. Section identity was also requested, with the respondent's name optional. Responses were received from about half the membership.

The maximum possible score was 20 points. The highest priority issue, scoring 15.2, read, *"Educate leaders regarding health issues. Become more visible, more recognized, as experts and consultants to decision makers."* Second, with a score of 12.8, was, *"Study*

economic benefits of prevention, and publicize." Third rated, with a score of 12.4, stated, *"Educate consumers of public health services"*, with the expectation that an educated consumer public can help assure that elected decision makers recognize and appreciate the value of public health services and support them accordingly.

The top three topics, those which received by far the greatest number of votes, all related to health education activities. It gave ample testimony to the influence of the health educators in their midst on the thinking of CPHA members.

Ranking fourth at 11.8, was *"Expansion of membership. Coalition with other groups concerned about health."* Such expansion and coalitions could draw upon and influence a broader base of talents, points of view, skills and manpower in behalf of public health objectives.

Once it had established the priorities, the task force was faced with responding to the second charge by the President: to analyze the feasibility, impact, cost, and implementation steps of each recommended advocacy action. This was difficult because the top ranked topics were open-ended, requiring more commitment of time, money and energy than were available.

In 1980, President Elect Margo Rosenkranz, following up on resolutions adopted at the

Annual Meeting, publicized the Association's concerns and solicited input from members on the relative importance of each issue.

The issues given highest priority were:

- Equitable funding for rural public health.
- Energy conservation and renewable resource development.
- Hazardous materials, including management of spills.
- Responsible parenting.
- Child passenger safety.

A sixth resolution which dealt with a motorcycle helmet law was not adopted since a petition for legislative change had already been circulated and signed by CPHA members.

In the fall of 1980, the U.S. Public Health Service published a book entitled Promoting Health/Preventing Disease—Objectives for the Nation. It outlined the principle causes of illness and death in the United States, the means of control, measures for protection and specific activities for health promotion. Specific objectives to be achieved by the year 1990 were proposed. It served as a guideline for public health agencies to assess their own programs against national norms and trends and included prevention/promotion measures to meet the objectives.

There were a variety of responses to the publication. Some Federal programs, such as that for the control of high blood pressure, received an infusion of money to be used by the states to inaugurate hypertension control programs. However, these funds did not survive the budget cuts at the hands of a conservative Congress two years later. The publication boosted a trend which had started a few years earlier—a public obsession with physical fitness and exercise. Other issues covered in the report such as smoking and health, misuse of alcohol and drugs, nutrition, and control of stress and violent behavior were integrated at times into existing programs, and often pursued in the private sector.

Unfortunately, some of the objectives such as those dealing with drug use were doomed to failure. While drug enforcement people were beginning to see a decrease in the use of

marijuana and LSD, use of cocaine followed by "crack" addiction became significant problems. The enormous profits which can be realized through illicit traffic of these substances makes the best efforts of health professionals, with their limited resources, virtually impotent.

The Colorado Public Health Association, incorporated a number of the health problems recounted in the Objectives for the Nation into the resolutions and issues adopted in subsequent years.

In the May 1982 issue of the CPHA News, President Rosenkranz noted in her "More from Margo" message that CPHA was more involved in legislative activities and focusing resources on *"an issue of prime importance"*. In 1982 the issue was clean air.

Resolutions that year reflected concern for the proposed reductions in Federal funding for health programs, subsequent to the inauguration of the Reagan administration.

- One resolution dealt with the change in federal funding from categorical grants to block grants. The states would now determine how the money would be specifically allocated. An advisory council was established to advise the State Health Department about the use of Maternal and Child Health (MCH) block grant funds. The resolution called for CPHA to request official membership on the Advisory Council on Health Programs for Mothers and Children.
- Mandatory beverage container deposit laws had been adopted in several states and resulted in cleaner roadsides and recreational areas as well as contributing to conservation efforts. A resolution cited CPHA's strong support for the enactment of mandatory deposit legislation in Colorado. Colorado's beverage industry lobbied it dead.
- Resolution #3 noted that health education is an effective way to minimize preventable illness and resolved that CPHA *"...stimulate and support comprehensive community and school health education through all available means to lessen the cost of ill health and enhance wellness for all."*

- State, county and municipal workers are often employed in occupations equally hazardous to those in the private sector, yet the Federal Occupational Safety and Health Act of 1970 specifically exempts them from safety and health regulations covered by OSHA. The Colorado Occupational Safety and Health Act was legislatively discontinued in 1978. Resolution #4 strongly urged the governor, the legislature, and the Colorado Department of Health to "...create state capabilities to provide occupational health and safety services to state, county and municipal employers and their employees", using local government resources to the extent possible.
- Following national efforts to revitalize long dormant civil defense capabilities such as evacuation routes and medical response capabilities to prepare for a nuclear attack, a groundswell of public opinion developed calling for anti-nuclear war efforts. Resolution #6 called for CPHA and its individual members to participate in such efforts. It suggested activities such as support for a mutual bilateral nuclear freeze and participation in debates on crisis relocation in the event of a nuclear attack.
- Although community health nursing has a long history of discretionary funding, it is not required by law. Some areas of the state have gone without such services, leaving them entirely devoid of health or medical resources. Resolution #8 resolved that CPHA would support mandating community health services in Colorado.

"In 1986...CPHA entered into a collaborative action plan ...in an endeavor titled 'Colorado Action for Healthy People.'"

Another issue stimulated members to write letters to the editor of CPHA News. Proposed Federal legislation would require parental consent for persons under 18 to seek family planning services at federally funded clinics. Strong objections were voiced. One writer described the issue as the choice between young persons able to make well informed decisions in matters of pregnancy and birth control or continued welfare support of teenage parents who have little chance of making significant

contributions to society. Another wrote, "*The teenager to be concerned about is the one not seeking family planning services.*" Many health care providers who worked closely with adolescents were convinced that requiring parental consent for family planning services would effectively keep many teenagers from obtaining the information they needed to prevent unwanted pregnancy.

In 1981, CPHA created the Clean Air Task Force to promote efforts to combat air pollution. One of its early projects was a "Ski-a-thon", a money raiser to help fund its activities. By

1983, the task force had expanded its scope to include indoor air issues. At that year's annual meeting, it offered an air issues track, a series of presentations of specialized public health interest. Topics included smoking, energy development, heating alternatives, and public policy versus private behavior. (Plans for the following year were to address bicycling promotion, wood burning education and greater participation by local health departments in air quality protection). A major thrust of the task force was the passage of a strong national clean air act.

In early 1984 the task force announced its intent to form a coalition to work on mutually relevant legislation, especially the EPA postponement of diesel fuel regulations. Other organizations involved were the Clean Air Coalition, the Clear Air Council, and the American Lung Association of Colorado. At its October meeting, 1985, CPHA's Board of Directors was told that the Clean Air Task Force felt there was no need to continue meeting, since the members regularly met in other air quality settings.

An issue which was pursued, unsuccessfully, by CPHA in 1972-1973 was the Federal action removing environmental programs from the aegis of the U. S. Public Health Service and placing them under the newly created Environmental Protection Agency, the U.S. Department of Agriculture and the Occupational Safety and Health Administration. The topic reemerged in 1984 when the Environmental Health Section submitted a resolution critical of the fragmentation of environmental health

programs distributed throughout various Federal and state agencies.

They argued that all environmental health programs are interrelated and that increased effectiveness and economic gains would result if all environmental programs were put under one umbrella agency. The resolution recommended that CPHA refer the issue to the American Public Health Association for consideration at the national level.

Two other issue resolutions, adopted at the 1984 Annual Meeting, dealt with voter registration and asbestos. The former was to promote voter turnout especially among those in the population most harmed by the federal budget cuts in human service programs. The latter was designed to raise public awareness of the potential health hazards posed by the former widespread use of asbestos in public buildings, especially schools. Both asbestos control and indoor air pollution secondary to smoking were undertaken as legislative initiatives in 1985.

In 1986 there was renewed interest in the USPHS publications, Healthy People and Promoting Health/Preventing Disease. CPHA entered into a collaborative action plan with the Colorado Department of Health, the State Board of Health, the Colorado County Nurse's Association and the Colorado Health Officer's Association in an endeavor titled "Colorado Action for Healthy People (CAHP)." Priority problems were identified using the following selection criteria: impact on longevity, age-specific death rates, effectiveness of intervention methods, feasibility, and Colorado's prevalence of the problem compared to the nation's. CPHA members assisted in identifying the major health problems which would be addressed by the action plan. They also participated in a two day working conference during which much of the action plan was constructed. Following the conference, funding for implementation was sought.

CAHP published a progress report in the November 1986 issue of CPHA News in which two major proposals for funding were described. *"The first went to The Colorado Trust, which has recently awarded funds to*

CAHP for continued planning and implementation of the action plans." This funding was for additional staff and participation in the Centers for Disease Control Behavioral Risk Factor Surveillance project. A second proposal was submitted to the Kaiser Family Foundation.

The Kaiser Family Foundation announced on April 1, 1987 that CAHP had been selected as one of eleven projects to be funded in the first phase of its community health promotion effort. The Colorado Trust would continue to support CAHP by matching Kaiser's grant dollar for dollar. The Kaiser staff and CAHP's steering committee arranged to develop a specific plan for using the funds. Technical assistance was also sought from the Stanford Research Center to help to initiate community-based health promotion activity throughout Colorado.

An assessment tool to collect data and obtain local opinion on health needs was tested in Gilpin County. The Behavioral Risk Factor Survey developed by CDC was undertaken statewide during early 1988 to provide additional data. The prevalence of such risk factors as tobacco use, alcohol consumption and seat belt use were to be determined.

Additional concerns of CAHP involved two initiatives with Governor Roy Romer's office: teen pregnancy and substance abuse. CAHP staff worked with the Governor's office to coordinate these projects.


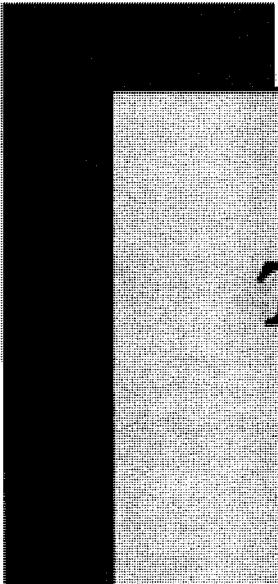
The most important single new public health problem to confront the state in the eighties was that of AIDS, the Acquired Immune Deficiency Syndrome. Having been unrecognized before 1981, it has stimulated a great deal of medical and epidemiologic research. Its most fearsome aspects are an extremely high fatality rate, and its destruction of the natural defense systems of the body.

With the body of knowledge concerning AIDS changing almost daily, CPHA could not assume a meaningful role in addressing the epidemic directly. However it did do what it does best: inform its members about AIDS through the CPHA News and other channels, and use its health professional members to teach the

general public. Quelling the fears of an often panicked public required the best efforts of many public health workers to guide officials in prudent and responsible responses.

In retrospect, the past two decades of the Colorado Public Health Association's existence extended the legacy of its founders. New issues continued to arise as older ones were resolved. Much of CPHA's effort during the last two decades had been directed outward into legislative activity, education and influencing public policy. Internally, the Association has thrived on the foundation laid previously.

The impact of two of the most important occurrences of the period are as yet unknown. The potential for improvement in the health of the public through implementation of the Colorado Action for Healthy People initiative is great. It could rival the benefits of the 1931 Waller report and the APHA study of health conditions directed by Dr. Malcolm Merrill in 1968 - 1969. The challenge to the public health community presented by AIDS is formidable. CPHA undoubtedly will be involved in efforts to combat this disease for years.



The First Half Century

A review of the public health movement in Colorado for the past fifty years reveals a kaleidoscope of events which had a significant impact on the health of Colorado citizens. Many of the challenges that faced public health and the Association in 1938 were met successfully. The people of Colorado are generally healthier and living longer. The Association is strong and active. However, new challenges and opportunities await both.

Everyone recognizes that a healthy mind in a healthy body is a desirable goal. Significant advances were made in the field of genetics and even those with impairments may now be able to minimize the consequences of imperfections by medical means, often preventive in nature. Surgical procedures can often repair defective hearts and other body parts. There are medicines for the control of diabetes and allergic disorders. Physical therapy may improve mobility adding immeasurably to the quality of life and to the capacity to be self sufficient. The screening of newborns for PKU and other metabolic disorders has resulted in savings of millions of dollars by averting lifelong institutional care for the mentally retarded victims of these diseases.

Thirty years ago "a wholesome diet" included meat, eggs, whole milk and other dairy products in addition to cereal products, fruits and vegetables. Then it was found that a diet high in cholesterol was associated with the high death rates found especially among middle aged men. Reduction of dietary cholesterol was followed by an amazing drop in mortality associated with heart disease. A healthy diet is a fundamental tool of preventive medicine and public health. So are childhood immunizations, provision of safe water supplies, and programs to assure that all babies are given a chance for a healthy start in life. Fifty years ago few people were as knowledgeable about diet as the average citizen is today. Except for smallpox vaccinations and diphtheria toxoids, few childhood immunization products were available. Now most states have mandatory childhood immunizations laws, and polio, measles, rubella, and smallpox have virtually disappeared.

These examples illustrate the impact of disease prevention and health promotion. A less obvious preventive arena is that of environmental sanitation. It has been stated that more lives have been saved through development of safe water supplies and sanitary disposal of sewage wastes than all medical endeavors combined. The imposition of quarantines helped stem the ravaging spread of "the black death" or bubonic plague, which threatened the world's population between the fourteenth and seventeenth centuries. However, once rats and their fleas were discovered as the means of spread, rat control efforts confined plague primarily to rodent wildlife. After mosquitoes were brought under control U.S. efforts to build the Panama Canal succeeded. Yellow fever, carried by the *Aedes aegypti* mosquito, had devastated earlier efforts by other nations.

Compared to the epidemics of earlier times, improvements in the health of the public in the past half century may seem somewhat pallid. During the course of a day improvements are indiscernible, but they mount up. Looking back over the past fifty years, the accomplishments have been considerable. Most of these accomplishments are not the direct result of CPHA's existence. They have often been the accomplishments of CPHA's members in their public health positions. CPHA has influenced those members, who in turn have influenced others—including public decision makers.

Scant attention has been paid in this history to one appeal CPHA has for its members—fun. The annual meetings have always had their serious side: the imparting of knowledge and the sharing of ideas and experiences. But they have also provided time to enjoy some of the features of the host community in a truly beautiful state. Entertainment is often featured at the awards banquets.

As Dr. Stephen Smith, the first president of the APHA once said, "The American Public Health Association had its origin in that natural desire which thinkers and workers in the same field, whether of business or philanthropy, or the administration of civil trusts, have for mutual council, advice, and cooperation."

The Colorado Public Health Association could say it as well.



Appendices

Committee Note:

In this publication little note was made of the **people** active in the Colorado Public Health Association. This was often because the records used to compile the history did not adequately reflect the identity of those most involved.

Yet this document could not be complete without an attempt to identify the "movers and shakers" of the organization. These appendices include the initial and most current versions of the Bylaws, the Articles of Incorporation, the locations and themes of the annual meetings, and the officers, board members, committee chairpersons, section leaders and recipients of CPHA awards.

Unfortunately, information is sketchy or not available on other than elected officers during the first three decades. Since 1968 there are some gaps in the available records. Any help the membership can provide for future printings of this document would be appreciated.

Original Consitution and Bylaws

Constitution

Article I

The name of this Association is the Colorado Public Health Association.

Article II

The object of the Association is to protect and promote public health safety.

Article III

Membership:

There shall be two classes of members:

a. Active Members: Persons in Colorado professionally engaged in the service of public health, whether employed by public or private agencies, or in individual private practice of medicine or its allied professions may be elected as active members. The right to hold office, or to serve as chairmen of committees shall be limited to active members.

b. Associate Members: Persons residing in Colorado and interested in public health shall be eligible to election as associate members. They may serve on committees, except as chairmen, and shall be entitled to all privileges of the Association, except holding office.

Article IV

Offices:

1. The officers of this Association are a President, a Vice President, a Secretary, and a Treasurer, who shall be elected by the Association and shall serve from the close of the meeting at which they are elected until the close of the next annual meeting and until their successors are elected and qualified. A representative to the Governing Council of the American Public Health Association will also be elected annually by the Association.

2. President and Vice President: The duties of the President and the Vice President shall be those commonly understood as connected with these positions.

3. Secretary: The Secretary shall act as Secretary of the Association, and of the Board of Directors, and as chairman of the Committee on Membership. He shall keep a list of all members of the Association with the dates of their election. He shall send bills to all members who have not paid their dues, and he shall conduct such part of the correspondence of the Association as is usually conducted by the Secretary of similar organizations.

4. Treasurer: The Treasurer shall have charge of the funds of the Association, and all funds shall be disbursed by him; but all orders on said funds shall be countersigned by the president. He shall furnish to the Association at each annual meeting, and at such time as called on by the Board of Directors, a financial statement of all receipts and disbursements since the last annual meeting; and this statement, together with all books, vouchers, and all necessary documents, shall be referred to the Auditing Committee.

5. The representatives to the Governing Council of the American Public Health Association will attend the annual meetings of the Council, serving as the delegate of the Colorado Association; and will submit a report of these meetings to the State Association at the first regular state meeting following the national meeting. He must be a Fellow of the American Public Health Association.

Article V

Administration:

Board of Directors—the affairs of this Association shall be administered by a Board of Directors, consisting of the officers, ten additional active members chosen by the Association, and the State Health Officer, ex-officio. The president shall be chairman of the Board of Directors. The Board shall make its own rule of procedure.

The Board of Directors shall have power to fill vacancies occurring during the year between annual meetings among the officers and directors.

The Board of Directors may appoint such committee as it may deem desirable. A majority of the Board of Directors shall constitute a quorum.

Article VI

Term of Office:

All officers and members of the Board of Directors shall be elected for one year, or until their successors are elected and qualified. Officers elected at any annual meeting shall begin their duties on the close of the meeting at which they are elected.

Article VII

Motions and Resolutions:

All motions and resolutions presented at any meeting of the Association, involving matters of policy, administration, or business, shall be referred to the Board of Directors, who shall consider the same and forthwith report its recommendations back to the Association.

The Board of Directors shall have full powers of the Association in all matters demanding action between meetings of the Association, and shall submit at the next succeeding meeting a report of all actions taken by them under authority of this section.

Article VIII

Quorum:

A quorum of any meeting of the Association shall consist of not less than ten active members, at least two of who shall be officers of the Association.

Article IX

Amendments:

This constitution may be amended by the vote of a majority of all members of the Association present at any annual meeting, provided notice of the proposed amendment has been given in writing to the Secretary and transmitted by him to the members ten days before the annual meeting.

Article X

Fiscal Year:

The fiscal year of the Association shall coincide with the calendar year.

Article XI

Election:

1. Officers of the Association shall be elected at each annual meeting by ballot or vive voce.

2. No member shall be eligible for office who has not been a member of the Association for one year.

3. Vacancies in the office of president shall automatically be filled through succession in the following order: Vice President, Secretary, Treasurer. All vacancies other than that in the office of president shall be filled through appointment by the Board of Directors.

Bylaws

Article I

Meetings:

There shall be at least two meetings each year to be held at such times and places as may be selected by the Board of Directors.

Article II

Dues:

Active and associate membership dues shall be one (\$1.00) dollar per annum, payable in advance as of January 1. In case a member is also a member of the American Public Health Association (dues \$5.00) and the amount the State Association dues is refunded by the American Public Health Association to the State Association, no additional regular dues shall be collected.

Article III

Committees to be Appointed by the President:

1. An Auditing committee shall consist of three members whose duties shall be to examine annually the books of the Treasurer, and report their findings at each annual meeting.

2. A Membership Committee shall consist of three or more members of the Association,

including the Secretary, who shall be an ex-officio member and chairman of the committee. This committee shall investigate the qualifications of all applicants for membership.

3. A Nominating Committee shall consist of three members who shall recommend to the Association candidates for election to the several offices of the Association.

Article IV

Application for Membership:

All applications for membership shall be sent to the Secretary who shall refer the same to the Membership Committee.

Article V

Rules of Order:

Business sessions of the Association shall be conducted in accordance with the current edition of Roberts' "Rules of Order."

Article VI

Program:

The Program Committee shall consist of the officers and the State Health Officer.

Article VII

Amendments:

These Bylaws may be amended by the vote of a majority of all members of the Association present at any annual meeting, the call for which shall have specified the particular amendment to be acted upon, or the Bylaws may be suspended at any meeting by a two-thirds vote of all members present.

Current Constitution and Bylaws

Article 1

Name

The name of this association shall be the Colorado Public Health Association, which hereinafter shall be referred to as the "Association."

Article II

Purpose

Section 1: To bring together interested persons involved with protection of public health.

Section 2: To create a forum for exchange of ideas on health issues.

Section 3: To enhance health consciousness through the assumption of a leadership role in public health activities.

Section 4: To promote professional growth of its members.

Article III

Membership

Section 1: Any person interested in the purpose of this Association shall be eligible for individual membership in the Association.

Section 2: The Board, at its discretion, shall accept as agency members any association, firm, corporation or other organization interested in supporting the purpose and activities of the Association.

Section 3: Each individual member shall be entitled to one vote in the general activities of the Association.

Section 4: The Association shall be an affiliate of the American Public Health Association.

Article IV

Dues

Section 1: Dues for individual or agency members shall be set by the Board.

Section 2: Members who are full-time students and who are earning less than \$12,000 per year may elect to pay fifty percent (50%) of individual dues.

Section 3: Retired members 55 years or older and no longer deriving significant income from health-related professional activities may elect to pay twenty-five (25%) of individual dues.

Section 4: Lifetime memberships conferred before July 1977 shall not require dues.

Section 5: Dues shall be collected by the Treasurer for the membership year which shall be January 1 through December 31. Membership will be delinquent if dues are not paid by March 1 of the current membership year.

Article V

Officers and Terms of Office

Section 1: The officers of the Association shall be President, President-Elect, Internal Vice President, External Vice President, Secretary and Treasurer.

Section 2: The term of office shall be two years except for the President and President-Elect who shall serve for one year each.

Section 3: The term of office shall be from the close of the annual Meeting through the close of the second Annual Meeting following election, except for the President and President-Elect.

Section 4: The President-Elect shall automatically become President at the close of the current term of office or in the event of a vacancy in the office of President.

Section 5: The President shall automatically become a Director-at-large at the close of his/her current term of office.

Section 6: The officers shall be elected as provided in Article X.

Section 7: Officers except President and President-Elect may be removed from office by two-thirds vote of the Board. The President or President-Elect may be removed only by a recall election of the Association.

Section 8: Vacancies of an elected office, except President and President-Elect, shall be filled by the President with the approval of the Board for the unexpired term of the vacant office. If the office of President-Elect becomes vacant, the vacancy shall be filled by a special election of the membership or at the next general election, as directed by the Board.

Article VI

Duties of Officers

Section 1: The President shall:

A. Be the chief executive officer of the Association and have general supervision over its business and affairs and its officers, agents and employees, subject to the approval of the Board of Directors.

B. Preside at all meetings of the Board, Executive Committee and the general membership.

C. Serve as ex-officio member of all Committees except the Nominations Committee.

D. Sign and execute in the name of the Association all deeds, contracts and other instruments authorized by the Board.

E. Act as representative of the Association at meetings or other activities concerning public health, or designate such a representative.

F. Perform all other duties incident to the office of President and as may be assigned him/her by the Board.

G. Appoint a parliamentarian to serve at the Annual Business Meeting and any other meeting as directed.

H. Automatically become a Director-at-large at the end of the current term.

Section 2: The President-Elect shall:

A. Serve as President in the absence of the President and upon the termination of the office by the President for any reason.

B. Be responsible for Section Coordination and act as liaison between the Board and the Sections both at the Annual Meeting and other meetings.

C. When possible, attend Executive Committee meetings of Sections at the Committee's request to enhance communication between the Sections and the Board.

D. Advise the Board of Directors of any proposed actions of the Sections that would significantly alter the Association's objectives and purposes.

E. Consult with individuals representing new Sections of the Association in the development of their objectives, purpose and bylaws for submission to the organization and Bylaws Committee.

F. Have the privilege of appointing, with the approval of the President, one member of each standing committee with the exceptions of the Executive and the Nominations Committees.

G. Automatically become President at the end of the current term.

Section 3: The Internal Vice President shall:

A. Serve as President in the absence of the President and President Elect.

B. Be responsible for those standing committees relating to the internal affairs of the Association, namely, Budget and Finance, Organization and Bylaws, and Membership.

C. Act as an ex-officio member of these committees and a liaison between the committees and the Board.

D. Confer with the President regarding members to act as chairmen of these committees.

E. Represent said committees on the Board.

Section 4: The External Vice President shall:

A. Serve as President in the absence of the President, President Elect, and the Internal Vice President.

B. Be responsible for those standing committees relating to the external affairs of the Association, namely the Legislative Committee, Public Relations and Awards, and Resolutions Committee.

C. Act as an ex-officio member of these committees and a liaison between the committees and the Board.

D. Confer with the President regarding members to act as chairpersons of these committees.

E. Represent said committees on the Board.

Section 5: The Secretary shall:

A. Keep the minutes of all meetings of the Board and Executive Committee and be custodian of the records and the seal of the Association.

B. Consult with the President in preparing the agenda for all meetings of the Board, Executive Committee and meetings for the general Association.

C. Maintain official membership rolls of the Association and collaborate with the membership chairperson to keep the rolls current.

D. Prepare all notices of the Association in accordance with the provisions of these bylaws.

E. Perform all other duties incident to the office of the Secretary and such other duties as may be assigned by the Board of the President.

Section 6: The Treasurer shall:

A. Have responsibility for all funds and securities of the Association.

B. Deposit all such funds in the name of the Association and carry out the financial transactions of the Association upon approval of the Board.

C. Submit a financial report annually for audit.

D. Maintain copies of auditor's reports of the Sections of the Association.

E. Collect all dues of the Association in collaboration with the Membership Chairperson.

F. Serve as a member of the Budget and Finance Committee.

Section 7: Affiliate Representative to the Governing Council shall:

A. Represent the Association at all APHA Governing Council meetings held at the APHA Annual Conference.

B. Transmit the position of the Board on resolutions and other matters to the APHA Governing Council and vote on issues as per direction provided by the Board.

Article VII

Board of Directors

Section 1: The elected officers of the Association, the Chairperson of each Section, the Nominations Committee Chairperson, three Directors-at-large and the Affiliate Representative to the Governing Council shall constitute the Board of Directors.

Section 2: Directors-at-large (except the outgoing President) shall:

A. Be elected as provided for in Article V.

B. Serve for a two-year term, one being elected in even years and one elected in odd years.

C. Be eligible to serve two consecutive terms but then shall not be eligible for re-election until one year has lapsed.

D. Serve a term of office from the close of the Annual Meeting through the close of the second Annual Meeting following election.

E. The past President shall serve as Director-at-large for one year following the term of office as President.

Section 3: The purpose of the Board shall be to transact the business of the Association between Annual Meetings, approve or establish major administrative policies including the budget, approve establishment of and/or dissolution of Sections and perform such duties as are specified in these bylaws.

Section 4: Meetings of the Board shall be held at the call of the President or on the call of the majority of the Board members. A minimum of three meetings shall be held each year. Notice of the meetings shall be made to all Board members at least three days prior to the meeting.

Section 5: A quorum of the Board shall be a majority of the membership of the Board.

Section 6: Directors-at-large and the Nominations Committee Chairperson may be removed from office by two-thirds vote of the Board.

Section 7: Vacancies of a Director-at-large or the Nominations Committee Chairperson shall be filled by the President with the approval of the Board for the unexpired term of the vacant office.

Section 8: The Affiliate Representative to the Governing Council shall:

- A. Be elected as provided in Article V, serve for a three-year term.
- B. Be eligible to serve two consecutive terms.
- C. Serve a term of office from the close of the Annual Meeting through the close of the third Annual Meeting following the election.

Article VIII

Standing and Special Committees and Sections

Section 1: The standing committees shall be Executive, Program, Budget and Finance, Organization and Bylaws, Membership, Legislative, Public Relations and Awards, Resolutions, Nominations and Audit.

Section 2: The Executive Committee shall:

- A. Consist of the President, President-Elect, Internal and External Vice Presidents, Secretary and Treasurer.
- B. Exercise the powers of the Board only on emergency matters arising between regular Board meetings.
- C. Meet at the call of the President and only when deemed an emergency. A report of all action will be submitted to the Board at the following scheduled Board meeting.
- D. Have a quorum consisting of a majority of its members.

Section 3: Ad hoc committees shall:

- A. Be approved by the Board of Directors and exist for a stated purpose and a predetermined length of time.

B. Submit periodic reports to the Board of Directors as deemed necessary.

C. Have the President or his representative as an ex-officio member.

Section 4: Committee Chairpersons shall:

A. Be appointed by the President in consultation with the Vice Presidents within one month of the close of the Annual Meeting, except the Nominations Committee chairperson who is elected by the membership.

B. Serve for one year from the time of appointment through the close of the following Annual Meeting.

C. Appoint the members of his/her committee by the first board meeting following the Annual Meeting.

D. Obtain records of the committee from the previous chairperson and submit records to the incoming chairperson at the close of his/her term.

E. Prepare and submit reports of the committee's activities to the respective Vice President coordinator or President before each Board meeting or as deemed necessary by the Board.

F. Prepare an annual report and submit to the respective Vice President coordinator or the President 30 days prior to the Annual Meeting.

G. Attend Board meetings without vote when appropriate for that function of the Association.

H. Follow the guidelines established in these bylaws when conducting the business of their respective committees.

Section 5: An Audit Committee of three (3) members shall:

A. Be appointed by the President and be responsible to the President.

B. Be responsible for conducting an annual audit and in no instance shall funds be transferred from one treasurer to another without an audit.

C. Audit the financial records of Sections.

Section 6: Section shall:

A. Represent an occupational discipline or a program area with a strategic role in public health.

B. Have no fewer than ten members or be dissolved by the Board.

C. Submit proposed bylaws and/or revisions to the Organization and Bylaws Committee for review, which will then be submitted to the Board for action.

D. Collaborate with the President-Elect to maintain exchange of information between the Section and the Board.

E. Be represented on the Board of Directors by the chairperson or an official representative and be entitled to one vote in Board action.

F. Be open to all members of the Association and all members of the Section shall be members of the Association.

G. Submit a budget and Annual Report to the Board yearly and such records and reports as deemed necessary- sary by the Board.

H. Inform the Public Relations and Awards Committee of any educational offerings that may benefit the total Association.

I. Maintain all Section records and reports and submit to incoming Section officers.

J. Encourage the Section Committee Chairpersons to work closely with the corresponding Association Committee Chairpersons.

K. Follow the guidelines in these bylaws and any special rules of the Association when conducting the business of the Section.

Article IX

Functions of Committees

Section 1: The Program Committee shall:

A. Be responsible to the President-Elect.

B. Develop general plans and budget and coordinate arrangements for the Annual Meeting.

C. Coordinate efforts with Public Relations and Awards Committee to publicize Annual Meeting.

D. Work closely with the President, Secretary and all standing committees to facilitate a suitable order of business for the Annual Meeting.

E. Establish subcommittees necessary to facilitate the planning of the Annual Meeting. The Program Chairperson shall be an ex-officio member of these subcommittees.

F. Develop and coordinate Regional meetings as deemed necessary.

Section 2: The Budget and Finance Committee shall:

A. Be responsible to the Internal Vice President.

B. Include the Treasurer as a member.

C. Prepare the yearly proposed budget for presentation to the Board for action. The fiscal year will be from July 1 through June 30 of each year.

D. Review Committee and Section requests.

E. Notify each Committee and Section of the amount of money budgeted for its activities for the year.

F. Receive and review supplemental requests throughout the year and submit to the Board for action.

Section 3: The Organization and Bylaws Committee shall:

A. Be responsible to the Internal Vice President.

B. Review the Bylaws of the Association and submit recommendations for change at the Annual Meeting.

C. Inform the Board, notify the membership of, and send proposed bylaw changes to the membership at least 30 days prior to the Annual Meeting.

D. Review actions of the Board to insure that they are consonant with the Constitution and Bylaws of the Association.

E. Review Section Bylaws and be available to the Section for consultation.

F. Recommend appropriate action on Section Bylaws to the Board.

G. Respond to questions about parliamentary authority at meetings of the Association in the absence of a parliamentarian.

Section 4: The Membership Committee shall:

A. Be responsible to the Internal Vice President.

B. Promote membership in the Association using systematic methods to reach all potential members.

C. Collaborate and cooperate with Section membership chairpersons to promote membership.

D. Maintain and submit current membership roster to the Secretary.

E. Collaborate with the Treasurer for the purpose of sending membership renewal forms to the membership.

F. Evaluate and maintain a supply of membership application forms and membership cards.

G. Cooperate with the Public Relations and Awards Committees to evaluate and maintain brochures and promote membership.

Section 5: The Legislative Committee shall:

A. Be responsible to the External Vice President.

B. Support and encourage legislation that is designed to upgrade public health standards and promote improvement of the people of Colorado.

C. Voice opposition to legislation contrary to the best interests of the general health of the citizens of the State.

D. Advise the Board on legislative matters.

E. Prepare resolutions for the Annual Meeting that will afford the Association an opportunity to take affirmative action on health legislation important to public health in Colorado.

F. Inform the members of the Association concerning legislation of importance in local, state and national levels through the newsletter and/or other media.

Section 6: The Public Relations and Awards Committee shall:

A. Be responsible to the External Vice President.

B. Be concerned with policy formation and execution designed to create and maintain a positive public image for the Association.

C. Develop and maintain lists of influential citizens of Colorado who should be kept aware of the principles, purposes and activities of the Association.

D. Develop public information items for release to the media concerning such items as awards, the Annual Meeting, Section activities, etc.

E. Develop plans for enhancing the public image of the Association through the conduct of statewide public information campaigns on issues supported by the Association.

F. Collaborate with the Membership Committee to evaluate and maintain brochures promoting membership.

G. Publish a news bulletin no less than quarterly and establish deadlines for news items to be accepted for printing by the first Board meeting following the Annual Meeting.

H. Annually develop a slate of nominees for each of the awards granted by the Association according to the objectives and guidelines for awards.

I. Maintain a record of those persons having received each of the awards granted by the Association.

Section 7: The Resolution Committee shall:

A. Be responsible to the External Vice President.

B. Collaborate with other committees to prepare appropriate resolutions to be acted upon at the Annual Meeting.

C. Encourage and solicit resolutions from the Sections whose action would affect the total Association, and consult with the Sections to promote appropriate resolution format.

D. Present proposed resolutions to the Board prior to presentation to the Business Session of the Annual Meeting.

E. Inform the membership of all resolutions acted upon at the Annual Meeting in the newsletter immediately following the Annual Meeting.

Article X

Nominations and Elections

Section 1: The Nominations Committee shall:

A. Be representative of the total membership and include at least one representative from each Section.

B. Prepare a slate of candidates for elective offices becoming vacant at the next Annual Meeting with no less than two candidates for each office.

C. Present a tentative slate to the Board at the last scheduled Board meeting prior to the Annual Meeting.

D. Collaborate with the Organization and Bylaws Committee in preparing the ballot format and to include a place for write-in candidates for each office.

E. Obtain permission of nominees to have their names placed on the ballot and to serve if elected.

F. In even-numbered years, prepare a slate for President-Elect, External Vice President, Treasurer, one Director-at-Large and a Nominations Chairperson.

G. In odd-numbered years, prepare a slate for President-Elect, Internal Vice President, Secretary, one Director-at-Large and a Nominations Chairperson.

H. The Board may vote to reduce the number of candidates for any office to one if it is deemed to be appropriate.

Article XIII

Amendments

These bylaws may be amended in whole or in part at any Annual Meeting by two-thirds vote of those members present and voting provided that such amendments are presented to the Board of Directors thirty (30) days prior to the Annual Meeting and provided the previous notice is appended to the call of the Annual Meeting.

Article XIV

Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern all meetings of the Association, Executive Committee, Board of Directors and all committee meetings in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Association may adopt.

Revised to incorporate official amendments to date, as reflected in the records of the Association.

Articles of Incorporation

KNOW ALL MEN BY THESE PRESENT: That we Norma Johannis, P.W. Jacoe, Mildred Canfield and B.C. Booth,

citizens of the United States, have associated ourselves for the purpose of forming a body corporate and politic, not for pecuniary profit under the provisions of Article 13, Chapter 41, 1935 Colorado Statutes Annotated, and we hereby make, execute and acknowledge this certificate in writing of our intentions so to become a body corporate and politic, under and by virtue of said statute.

FIRST: The corporate name of our said corporation shall be The Colorado Public Health Association.

SECOND: The object for which our said Corporation is formed and incorporated is for the purpose of bringing into closer association, interested persons and organizations for the purpose of aiding in the promotion and protection of public health, to provide for scientific advancement of members, and to extend and develop the public health movement.

THIRD: The affairs and management of our said Corporation are to be under the control of a board of directors consisting of twenty-four (24) members and Elaine Bogen, Dr. Millard Schafer, Dr. Loder, Dr. Robert Downs, Dr. Francis Candlin, Houston Waring, Dr. Florence Sabin, Mrs. Robert Bosworth, Helen Cannon, Helen Burke, Dr. Lloyd Florio, Mrs. Fay Swisher, Tanata Parrino, Agnes McKenna, Mark Harrington, Dr. Roy L. Cleere, Mrs. Mary Emberton, John Brown, Sara Lou Harrison, Norma Johannis and others to be elected,

are hereby selected to act in such capacity and to manage the affairs and concerns of said Corporation for the first year of its existence or until their successors are elected and qualified.

FOURTH: The principal office of said Corporation shall be located in the city and County of Denver and State of Colorado.

FIFTH: The Board of Directors shall have power to make such prudential by-laws as they may deem proper for the management of the affairs of this Corporation according to the statute in such case made and provided.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seals, on this 19th day of May, A.D. 1949.

Norma Johannis
P.W. Jacoe
Mildred Canfield
B.C. Booth

Officers

1938-39

President: Amos L. Beaghtler, M.D.
 Vice President: Roy L. Cleere, M.D.
 Secretary: Lucille O'Reilly; Helen Cannon
 Treasurer: Omer R. Gillette, M.D.

1939-40

President: Roy L. Cleere, M.D.
 Vice President: Fred A. Farney
 Secretary: Helen Cannon
 Treasurer: Omer R. Gillette, M.D.

1940-41

President: Charles M. Smith, M.D.
 President Elect: Dudley Peters Glick
 Secretary: Helen Cannon
 Treasurer: James S. Cullyford, M.D.

1941-42

President: Dudley Peters Glick
 Vice President: Edna Burke, R.N.
 Secretary: Helen Cannon
 Treasurer: Robert Portman

1942-43

President: John Fountain, M.D.
 Vice President: Ellen Purdue, R.N.
 Secretary: Evelyn Horton, R.N.
 Treasurer: Virginia Adkins, R.N.

1943-44

President: Lloyd Florio, M.D.
 Vice President: Omer R. Gillette, M.D.
 Secretary: Evelyn Horton, R.N.
 Treasurer: Frances Williams Hedges

1944-45

President: Lloyd Florio, M.D.
 Vice President: Helen Burke
 Secretary: Eleanor Lee Heron
 Treasurer: Frances Williams Hedges

1945-46

President: Millard Schafer, M.D.
 Vice President: Mary Emberton, R.N.
 Secretary: Eleanor Lee Heron
 Treasurer: Frances Williams Hedges

1946-47

President: Florence R. Sabin, M.D.
 Vice President: Robert A. Downs, D.D.S.
 Secretary: Alfred E. Kessler
 Treasurer: Pearl Parvin Coulter, R.N.

1947-48

President: Alfred E. Kessler; Robert A. Downs, D.D.S.
 Vice President: Robert A. Downs, D.D.S.
 Secretary: Norma Johannis
 Treasurer: Georgia Travis

1948-49

President: Mary Emberton, R.N.
 Vice President: John Brown
 Secretary: Sarah Lou Harrison
 Treasurer: Norma Johannis

1949-50

President: Rolan H. Loder, M.D.
 Vice President: Francis Candlin, D.V.M.
 Secretary: Neven Kilpatrick
 Treasurer: Norma Johannis

1950-51

President: Norma Johannis
 Vice President: Ward Chadwick, M.D.; Gladys Kinsman Lewis, M.D.
 Secretary: Ruth Raatama
 Treasurer: Agnes McKenna

1951-52

President: Robert J. Cameron
 Vice President: Margaret Beaver, M.D.
 Secretary: Graydon Dorsch
 Treasurer: Norma Johannis

1952-53

President: David Duncan, M.D.
 Vice President: Marlene Gardner; Margaret Beaver, M.D.
 Secretary: B.C. Booth
 Treasurer: H.A. Sauberli, M.D.

1953-54

President: Graydon Dorsch
 Vice President: Robert K. Anderson, D.V.M.
 Secretary: Arguyle Seikel
 Treasurer: H.A. Sauberli, M.D.; Helen Mason

1954-55

President: John Brown
 Vice President: Cecilia Gillespie, R.N.
 Secretary: Arguyle Seikel
 Treasurer: Helen Mason

1955-56

President: Robert K. Anderson, D.V.M.
 Vice President: Claude O. Roberts, M.D.
 Secretary: Margaret Lewis, R.N.
 Treasurer: Robert W. Ballinger, M.D.

1956-57

President: Helen Cannon
 Vice President: M.D. Baum, D.V.M.
 Secretary: Margaret Lewis, R.N.
 Treasurer: P.W. Jacoe

1957-58

President: Margaret Beaver, M.D.
 President Elect: Margaret D. Lewis, R.N.
 Vice President: Edward Cruz
 Secretary: Mildred Doster, M.D.
 Treasurer: Lyle Buckles
 Past President: Helen Cannon

Board Members: Marguerite Beach, Elizabeth Fedrizzi, George (Jack) Houk, P.W. Jacoe, Mrs. Cyril Lyster, Lorin Mackey, Eleanor Maguire, Muriel Sorby, Gerard Billings, Mildred Canfield, Bernice DiSessa, H.S. Fischbach, Robert Perry, Richard J. Reece, Eula P. Rogers, V.E. Wolhauer, Dorothy Adams, John Anderson, Peggy Carrol, William S. Haynes, Oscar Marks, Fred Matter, Disa Meldrum, Glenn Mills.

Section Chairpersons: Gerard Billings (Health Education), Mary Lorenz (Nursing), Martin Baum (Preventive Medicine), Lou Boatright (Secretarial), Marilyn Neumann (Laboratory).

Committee Chairpersons: Helen Cannon (Nominating), William S. Haynes and Ruth Howard (Awards), Richard J. Reece (Program), P.W. Jacoe (Bylaws, Budget and Audit), Nicholas Pohlit (Legislative), Polly Newcomb (Membership), Albert Kilmaszewski (News Bulletin), Cecilia Gillespie (Organization), John Anderson (Resolutions).

1958-59

President: Margaret Lewis, R.N.
 Vice President: Glen Paul
 Secretary: Alice deBruyn Kops, R.N.
 Treasurer: Merle H. Ross

Board Members: Gerard Billings, Mildred Canfield, Bernice DiSessa, H.S. Fischbach, Robert Perry, Richard J. Reece, Eula P. Rogers, V.E. Wolhauer,

Mildred Doster, Dorothy Adams, John Anderson, Peggy Carrol, William S. Haynes, Oscar Marks, Fred Matter, Disa Meldrum, Glenn Mills.

Committee Chairpersons: Margaret Beaver (Nominating), Jack Stanley (Annual Meeting), Dorothy Gerrard (Budget and Audit), Nicholas Pohlit (Legislative), Frank Fiske (Membership), Albert J. Kilmaszewski (News Bulletin), Cecilia Gillespie (Organization), J. Robert Cameron (Resolutions), Norma Johannis (Publicity and History), Elizabeth K. Kaho (Manual and Policy), Helen Mason (Sustaining Membership).

1959-60

President: Roy L. Cleere, M.D.
 President Elect: John S. Anderson, M.D.
 Vice President: Gene Jenkins
 Secretary: Alice deBruyn Kops, R.N.
 Treasurer: Merle H. Ross

Section Chairpersons: O.J. Weimann (Environmental Health), Paul R. Mico (Health Education), Gertrude Austin (Nutrition), C.S. Mollohan (Venereal Disease).

1960-61

President: John Anderson, M.D.
 Vice President: Lucille Boatright
 Secretary: Alice deBruyn Kops, R.N.
 Treasurer: Elizabeth Kaho

1961-62

President: Charles (Jack) Stanley
 Vice President: Janelle Krueger, R.N.
 Secretary: Neven Kilpatrick
 Treasurer: Elizabeth Kaho

1962-63

President: Martin D. Baum, D.V.M.
 Vice President: Janelle Krueger, R.N.
 Secretary: Neven Kilpatrick
 Treasurer: Elizabeth Kaho

1963-64

President: Charles H. Dowding, M.D.
 President Elect: Ruth B. Howard, M.D.
 Vice President: Theresa Brofman
 Secretary: Peter G. Stevenson
 Treasurer: Janelle Krueger, R.N.

Board Members: Theresa Brofman, Frank Brown, James Hurley, Phyllis Mack, Disa Meldrum, Hope Runnels, Dorothy Swanson, Mrs. Joseph Pettit, Arthur Warner, J. Douglas McCluskie, Janelle Drueger, John Brown, Bernice DiSessa, Mary Lou Newnam, Henry Kassel, Sherman Warburton, Christine Reger, Kathryn Eber, Geri Weedin,

William S. Haynes, Agnes M. John, Mildred Doster, Frank A. Justice, Charles D. McGuire.

1964-65

President: Ruth B. Howard, M.D.
Vice President: Marie Wickert
Secretary: Peter G. Stevenson
Treasurer: Robert B. Hickman

Board Members: Arthur Warner, J. Douglas McCluskie, Janelle Drueger, John Brown, Bernice DiSessa, Mary Lou Newnam, Henry Kassel, Sherman Warburton, Christine Reger, Kathryn Eber, Geri Weedon, William S. Haynes, Agnes M. John, Mildred Doster, Frank A. Justice, Charles D. McGuire.

1965-66

President: Eleanor M. McGuire, R.N.
Vice President: J. Douglas McCluskie, D.V.M.
Secretary: Geri Weedon
Treasurer: Robert B. Hickman

Board Members: Christine Reger, Kathryn Eber, Geri Weedon, William S. Haynes, Agnes M. John, Mildred Doster, Frank A. Justice, Charles D. McGuire.

1966-67

President: Albert J. Kilmaszewski
Vice President: Dorothy Strubel
Secretary: Geri Weedon
Treasurer: Robert B. Hickman

Committee Chairpersons: Harvard Larson (Awards).

1967-68

President: J. Douglas McCluskie, D.V.M.
Vice President: Polly Newcomb, R.N.
Secretary: Emmett Zerr
Treasurer: Robert B. Hickman

Section Chairpersons: Patricia Townley (Secretarial).

1968-69

President: Mildred Doster, M.D.
President Elect: Harold Cary
Vice President: Arthur Warner, M.D.
Secretary: Emmett Zerr
Treasurer: Harvard Larson, D.V.M.

Section Chairpersons: Louise Davis (Secretarial).

Committee Chairpersons: Robert Hickman (Nominating), Graydon Dorsch (Annual Meeting), Dorothy Strubel (Awards), Pat Townley (Bylaws),

Charles Dowding (Legislative), Dan Tipton (Membership), Irma Applegren (Continuing Education).

1969-70

President: Harold Cary; John Frucella
President Elect: Dorothy Strubel
Vice President: John Frucella
Secretary: Patricia Block, M.P.H.
Treasurer: Harvard Larson, D.V.M.

Board Members: Irma Applegren, Robert Ballinger, John Cobb, William McFetridge, George Moore, Constance Murray, Tom Peabody, Dorothy Randell, Jane Best, P.W. Jacoe, Peg Little, Sam MacDonald, Charles C. Macnamara, Ed Sheflin, Major Tappan, Adele P. Nelson, Ralph Barnes, Leland R. Kaiser, Ted Naiman, Dorothy Swanson, Mae J. Swartz, Arthur L. Warner, Douglas Wigle, Carole B. Winkler.

Section Chairpersons: Margaret Schickell (Secretarial).

Committee Chairpersons: Margaret D. Lewis (Awards), Dudley Leonard (Annual Meeting), Pat Townley (Audit), Donald J. Davids (Bylaws), Charles Dowding (Legislative), Dan W. Tipton (Membership), Mildred Doster (Organization), Donald D. Manning (Budget), Arthur L. Warner and Adele P. Nelson (Continuing Education), Bob Gilmore (Alcohol and Drug), Paul Yetter (Environmental Health), Kathryn Eber (History), John Sbarbaro (Special Projects and Resolutions), Bryna Cooke (School Health), J.E. Wohlaver (Regional Meeting).

1970-71

President: Dorothy Strubel
President Elect: Ralph Barnes
Vice President: Constance Murray
Secretary: Irma Applegren
Treasurer: William McFetridge

Board Members: Jane Best, P.W. Jacoe, Peg Little, Sam MacDonald, Charles C. Macnamara, Ed Sheflin, Major Tappan, Adele P. Nelson, Carol B. Winkler, George Moore, Leland R. Kaiser, Ted Naiman, Dorothy Swanson, Mae J. Swartz, Arthur L. Warner, Douglas Wigle, Ruby Vitullo.

Section Chairpersons: John Burnett (Health Education), Alberta L. Hogan (Secretarial).

Committee Chairpersons: Rosie Cessor (Nominating), Margaret D. Lewis and Pat Townley (Awards), Sam MacDonald (Annual Meeting), Donald D. Manning (Budget and Audit), Don

Davids (Bylaws), Bob Gonring (Legislative), Dan Tipton (Membership), Priscilla Faulkner (News Bulletin), Mildred Doster (Organization), Charles Dowding (Resolutions), Carolyn Kercheck (Special Projects).

1971-72

President: Ralph Barnes
President Elect: Charles Macnamara
Vice President: Sam MacDonald
Secretary: Carolyn Kercheck
Treasurer: Sam MacDonald and William McFetridge
A.P.H.A. Representative: Ralph Barnes

Board Members: Leland R. Kaiser, David McGuire, Ted Naiman, Dorothy Swanson, Mae J. Swartz, Ruby Vitullo, O.R. Wieman, George Moore, Lewis Hoyle, Dudley Leonard, Robert S. McCurdy, Rita O'Neal, Judy Peck, John Sbarbaro, Joseph Vigil, Geri Weedon, Dan Tipton, Harvard Larson, Mary Jo Biewick, Margaret Schickell, Joe Palomba, Dalton Roberts, John Burnett, Curtis Shaffer.

Section Chairpersons: Dick Prescott (Health Education), Rogene E. Rupp (Secretarial).

Committee Chairpersons: Frank Otoupolik and Irma Applegren (Nominating), Mary Newcomb (Awards), Tom Connors (Annual Meeting), Melvin W. Wilkey (Budget), Donald J. Davids (Bylaws), Edgar Cleaver (Legislative), Dudley Leonard and Wayne Bachand (Membership), Nancy Arnold (News Bulletin), Dorothy Strubel (Organization and Action Group), Harvard Larson (Resolutions), Jean Bauman (Alcoholism and Drug Dependency), Bibsy Hurley (Continuing Education and Regional Meetings), Joe Palomba (Environmental Health), Ron Engler and Carolyn Sharpe (Scholarship), Chuck Lawrence (Special Projects).

1972-73

President: Charles Macnamara
President Elect: Lewis Hoyle
Vice President: Dalton Roberts
Vice President: John Bogby
Vice President: Geri Weedon
Vice President: Tom Connors
Secretary: Carolyn Kercheck
Treasurer: Sam MacDonald

Board Members: Dudley Leonard, Robert McCurdy, Rita O'Neal, Judy Peck, John Sbarbaro, Joseph Vigil, Geri Weedon, Mary Jo Biewick, Dan Tipton, Harvard Larson, Margaret Schickell, Joe Palomba, Dalton Roberts, John Burnett, Curtis Shafer, Robert McAfee, Thomas Connors, Rogene

Rupp, John R. Bagby, Ray Nordstrom, Donald Davids, Harriett Oyler, Nona Schwartz.

Section Chairpersons: Dick Prescott (Health Education), Clarice Keys (Secretarial).

Committee Chairpersons: Rogene Rupp (Nominating), Dick Prescott (Annual Meeting), Joseph Vigil (Budget and Audit), Virgil Clark and Ralph Barnes (Bylaws), Arthur Warner (Legislative), Wayne Bachand (Membership), Ralph Barnes (Organization and Smoking and Health), Polly Newcomb (Public Relations and Awards), Harriet Oyler and Dorothy Strubel (Resolutions, News Bulletin and Action Group), Chuck Lawrence (Continuing Education), Norma Hean Bauman (Alcohol and Drug), Dan Tipton (Environmental Health), Bob Bowland (Publicity), John Burnett (Scholarship).

1973-74

President: Dr. Lewis Hoyle
President Elect: Harvard Larson, D.V.M.
Vice President: Don Davids
Vice President: Dalton Roberts
Vice President: Robert McAfee
Vice President: Dan Tipton
Vice President: Harriet Oyler
Vice President: Neal Mehring
Secretary: Rogene Rupp
Treasurer: Raymond Nordstrom
Past President: Charles Macnamara

Board Members: Mary Jo Biewick, Dan Tipton, Margaret Schickell, Joe Palomba, Dalton Roberts, John Burnett, Hal Dewlett, Curtis Shafer, Robert McAfee, Thomas Connors, Rogene Rupp, John R. Bagby, Ray Nordstrom, Donald Davids, Harriett Oyler, Nona Schwartz, Sam MacDonald, Polly Newcomb, Neal Mehring.

Section Chairpersons: Carrie Burkholder (Health Education), Liz Littlefield (Secretarial).

Committee Chairpersons: Mildred Yingling (Nominating), Charles Dowding (Awards), Charles Macnamara (Annual Meeting and Organization), Polly Newcomb (Budget and Finance), John Burnett (Legislative), Charles Lawrence and Sam MacDonald (Membership), Jane Cunningham (News Bulletin), Nona Schwartz (Actions and Resolutions), Orville Stoddard (Environmental Health), Mary Jo Biewick (Continuing Education), Bob Gonring (Smoking and Health), Tom Connors (Publicity).

1974-75

President: Harvard Larson, D.V.M.
President Elect: Bernice DiSessa
Secretary: Rogene Rupp

Board Members: John R. Bagby, Tom Connors, Nona Schwartz, Geri Weedon, Robert McAfee, Rogene Rupp, Ray Nordstrom, Don Davids, Sam MacDonald, Polly Newcomb, Neal Mehring, Mary Jo Biewick, Teresa Brofman, Hal Dewlett, Joseph Palomba, Richard Poole, Dalton Roberts, Margaret Shickell, Margaret Valdez.

Section Chairpersons: Carrie Burkholder (Health Education), Betty Meroney (Secretarial).

Committee Chairpersons: Charles Dowding (Awards), Barbara French and Stephanie Hudson (Annual Meeting), Fern Scott (News Bulletin).

1975-76

President: Bernice DiSessa
President Elect: Carl Johnson, M.D.
Vice President: Sam MacDonald
Vice President: Richard Poole
Vice President: Carl Johnson, M.D.
Vice President: Joanne Richmond
Secretary: Rita LeFevre
Treasurer: Margaret Shickell

Board Members: Sam MacDonald, Neal Mehring, Polly Newcomb, Mary Jo Biewick, Teresa Brofman, Hal Dewlett, Joseph Palomba, Richard Poole, Dalton Roberts, Margaret Shickell, Margaret Valdez, John Bagby, Karen Marczyński, Elaine Schaber.

Section Chairpersons: Geri Weedon (Environmental Health), Karen Marczyński (Nursing), Rita LeFevre (Secretarial).

Committee Chairpersons: Mildred Yingling (Awards), Mary Jo Biewick (Nominating), Richard Young (Audit and Property), Sally Hasbrouck (Annual Meeting), Roy Hervey (Finance), Neal Mehring (Membership), Dorothy Strubel (News Bulletin), Harvard Larson (Organization), Jack Houek (Actions and Resolutions), John Burnett (Centennial), Carl Johnson (Comprehensive Health Planning), Ted Dubin and Ed Fay (Environmental Health).

1976-77

President: Franklin Yoder, M.D.
President Elect: Carl Johnson, M.D.
Vice President: Robert Hickman
Vice President: Karen Marczyński
Vice President: John Bagby
Vice President: Richard Poole

Secretary: Jane Kutsuma
Treasurer: Margaret Shickell
Past President: Bernice DiSessa

Board Members: Mary Jo Biewick, Teresa Brofman, Hal Dewett, Joseph Palomba, Richard Poole, Dalton Roberts, Margaret Shickell, Margaret Valdez, John Bagby, Karen Marczyński, Elaine Schober.

Committee Chairpersons: Joanne Shidler (Program), Roy Hervey (Budget), Neal Mehring (Membership).

1977-78

President: Carl Johnson, M.D.
President Elect: Joanne Shidler
Vice President: Robert B. Hickman
Vice President: Tom Connors
Vice President: Elaine Shober
Vice President: Mary Lou Newnam
Secretary: Fern LeMaster
Treasurer: Margaret Shickell

Board Members: John Bagby, Karen Marczyński, Elaine Shober.

Section Chairpersons: Herschel Nuss and Richard Opp (Administration), Duane Janssen (Environmental Health), Margo Rosenkranz (Health Education), Judy Spencer (Nursing), Robert Sherwood (Preventive Medicine).

Committee Chairpersons: Signe Stortz (Awards), John Burnett (Annual Meeting), Franklin Yoder (Bylaws), Dorothy Strubel, Irma Appelgren and Phil Armstrong (News Bulletin), John Donnelly (Advocacy Task Force).

1978-79

President: Joanne Shidler
President Elect: Sam MacDonald
Vice President: Karen Marczyński
Vice President: Fern LeMaster
Secretary: Connie Guist
Treasurer: Sheila Marquez

Board Members: Pete Stevenson, Fern LeMaster, Sue Williams, John R. Bagby, Carol Salas, Elaine Schober, Mac Swartz, Lynn Brofman, Harry Ferguson, Ann Goodall, Duane Janssen, Margo Rosenkranz, Sheila Marquez, John Donnelly, Meredith Tipton, Connie Guist, Sam MacDonald, Kenneth Lampert.

Section Chairpersons: Pat Predmore (Health Education), Marie Swigert (Nursing), John Donnelly (Preventive Medicine), Irma Appelgren

(Secretarial), Dorothy Strubel (Executive Coordinator).

Committee Chairpersons: Irma Appelgren (Nominating), Margo Rosenkranz (Annual Meeting), Margaret Shickell (Budget and Finance), Christine Herrera (Organization and Bylaws), Marie Miller (Legislative), Melvin Davis (Membership), Phil Armstrong (News Bulletin), Harvard Larson (Resolutions), Marilyn Stember and Carolyn Kercheck (Public Relations and Awards).

1979-80

President: Sam MacDonald
President Elect: John H. Donnelly, M.D.
Vice President: Walter Scott
Vice President: Dallis Pierson
Vice President: Pat Predmore Campbell
Secretary: Emmett Zerr
Treasurer: Sheila Marquez

Board Members: Mae Swartz, Fern LeMaster, Margo Rosenkranz, Lynn Brofman, Pat Campbell, Connie Guist, Martin Lutner, Mary Crow, Meredith Tipton.

Section Chairpersons: Herschel Nuss (Administration), Robert Schlageter (Environmental Health), Ann Goodall (Health Education), Charlene Smith (Nursing), Robert Sherwood (Preventive Medicine), Carol Salas (Secretarial).

Committee Chairpersons: Barbara Cabela (Nominating), George Knox (Budget and Finance), Lynn Turco (Annual Meeting), Meredith Tipton (Awards), Mae Swartz (Membership), Phil Armstrong and Sheila Kane (News Bulletin), Franklin Yoder (Organization), Mary Garcia (Public Relations).

1980-81

President: John H. Donnelly, M.D.
President Elect: Margo Rosenkranz
Vice President: Dan W. Tipton
Vice President: Bob Schlageter
Vice President: Dallis Pierson
Secretary: Jean Schene Snow
Treasurer: Mildred Yingling

Board Members: Pat Campbell, Connie Guist, Mae Swartz, Lynn Turco, Marilyn Stember, Meredith Tipton, John Bagby.

Section Chairpersons: Herschel Nuss (Administration), Robert Schlageter (Environmental Health), Denise Blanchard and Kay L. Johnson (Health Education), Mae J. Swartz (Nursing), Enrico

A. Leopardi (Preventive Medicine), Bonnie St. Onge (Secretarial).

Committee Chairpersons: Mary Jo Biewick (Nominating), Karen Berg (Annual Meeting), Dallis Pierson (Budget and Finance), Patsy McAteer (Legislative), Sam MacDonald (Membership), Sheila Kane and Marilyn Stember (News Bulletin), Connie Guist and John Bagby (Organization and Bylaws), Barbara Cabela (Resolutions), Jim Czupor (Public Relations and Awards).

1981-82

President: Margo Rosenkranz
President Elect: Kathleen McCormick
Vice President: Dan Girdano
Vice President: Bob Schlageter
Secretary: Jean Snow
Treasurer: Mildred Yingling

Board Members: Marilyn Stember, John Bagby, Carol DeYoung, Lynn Turco.

Section Chairpersons: Herschel Nuss and Neal Griggsmiller (Administration), Julia Schott (Environmental Health), Peggy da Silva, Tommy Kofed and Denise B. Gradner (Health Education), Margie Gates (Nursing), John Muth (Preventive Medicine), Fern LeMaster and Loweta Yearling (Secretarial).

Committee Chairpersons: Alison Harper (Nominating), Sheila Marquez (Annual Meeting), John Donnelly (Organization and Bylaws), Carol DeYoung and Patsy McAteer (Legislative), Sam MacDonald (Membership), Martha Eastman and Ann Lockhart (News Bulletin), Ann Lockhart (Public Relations and Awards), Barbara Cabela (Resolutions), Kathy McCormick (Resource), Peggy da Silva (Clean Air Task Force).

1982-83

President: Kathleen McCormick
President Elect: John Muth, M.D.
Vice President: Dan Girdano
Vice President: Bob Schlageter
Secretary: Jean Snow
Treasurer: Neal Griggsmiller

Board Members: Lynn Turco, Marilyn Shahan.

Section Chairpersons: Neal Griggsmiller (Business), Julia Schott (Environmental Health), Franciso D. Sabichi and Arlyss Grosz (Health Education), Pat Barnett (Nursing), Robert Sherwood (Preventive Medicine), Carol Salas (Secretarial).

Committee Chairpersons: Jeanne Nicholson (Nominating), Ann Lockhart (Public Relations and Awards), Charles Fletcher (Annual Meeting), Dan Girdano (Budget and Finance), John Muth and Margo Rosenkranz (Organization and Bylaws), Kathryn Rosenberger (Legislative), Tom Lacher and Martha Eastman (News Bulletin), Barbara Cabela (Resolutions), Peggy da Silva (Clean Air), Beverly Poleschook (Study Groups), Helen Crennell (History), Marilyn Shahan (Resource).

1983-84

President: John Muth, M.D.
President Elect: Donald C. Iverson
Vice President: Jerry Stromberg, Ph.D.
Vice President: Bob Schlageter
Secretary: Katy Benjamin
Treasurer: Neal Griggsmiller

Board Members: Kathleen McCormick, Marilyn Shahan.

Section Chairpersons: Neal Griggsmiller (Business), James Dingman (Environmental Health), Charles Fletcher, Joyce Hooker and Karen Rosenberg (Health Education), Jeanne Nicholson and Barbara Cabela (Nursing), Ralph Wooley and Richard Hopkins (Preventive Medicine), Rita LeFevre (Secretarial), Joy Ranum (Nutrition).

Committee Chairpersons: John Nagle (Nominating), Katy Benjamin (Annual Meeting), Ann Lockhart (Awards), Angela Tinnes (Legislative), Carolyn Zaweckis (Membership), Thomas Lacher (News Letter and Logo Design), M. Patricia West (Resolutions), James Easton (Clean Air Task Force).

1984-85

President: John Nagle (acting); Jerry Stromberg, Ph.D. (elected)
President Elect: John Nagle
Vice President: Ray Mohr
Vice President: Stanley Ferguson
Secretary: Donna DeBell
Treasurer: James Dingman
Past President: John Muth, M.D.

Board Members: Pat Walstrom, Eugenia McClure.

Section Chairpersons: Neal Griggsmiller (Business), Charles Fletcher and Joyce Hooker (Health Education), James Dingman (Environmental Health), Barbara Cabela (Nursing), Richard Hopkins (Preventive Medicine), Louise LaMark and Betty Day (Secretarial), Joy Ranum (Nutrition).

Committee Chairpersons: Robin Koons (Nominating), Karen Straud (Annual Meeting), Caroline Zaweckis (Awards), Neal Griggsmiller (Finance), Bruce Wilson (Legislative), James Easton (Membership and Clean Air Task Force), Tom Lacher and Catherine Janes (News Bulletin), M. Patricia West (Resolutions).

1985-86

President: John Nagle
President Elect: Barbara Cabela
Vice President: Chris Wiant
Vice President: Stanley Ferguson, Ph.D.
Vice President: Terry Sullivan
Secretary: Margaret Tate
Treasurer: James Dingman

Board Members: Pat Walstrom, Barbara Gordon, Jerry Stromberg.

Section Chairpersons: Donna DeBell (Business), Lloyd Williams (Environmental Health), Penny Larson and Grace Linn (Health Education), Jeanne Nicholson (Nursing), Jerry Stromberg (Preventive Medicine), Betty Day (Secretarial), Joy Ranum (Nutrition).

Committee Chairpersons: Robin Koons (Nominating), Karen Berg-Straud (Annual Meeting), James Easton (Membership and Clean Air Task Force), Catherine Janes (News Bulletin), Barbara Cabela (Resolutions).

1986-87

President: Barbara Cabela, M.S.
President Elect: M. Patricia West
Vice President: Chris Wiant, M.P.H.
Vice President: Walter (Snip) Young
Secretary: Margaret Tate
Treasurer: James Dingman

Board Members: Barbara Gordon, John Nagle, Frank Judson.

Section Chairpersons: Donna DeBell (Business), John Nagle and Gloria Latimer (Health Education), Patsy McAteer (Nursing), Laurie Harken (Preventive Medicine), Donna Barton (Secretarial), Connie Auran (Nutrition), Ellenjean Morris (Social Work).

Committee Chairpersons: Shirley Kelly (Nominating), Grace Linn (Annual Meeting), Chris Wiant (Budget and Finance), Walter (Snip) Young (Legislative), James Easton (Membership and Clean Air Task Force), Cathy Stickler (NewsLetter), Caroline Zaweckis (Public Relations and Awards).

1987-88

President: M. Patricia West

President Elect: Chris Wiant, M.P.H.

Vice President: Grace Linn, M.A.

Vice President: Walter (Snip) Young

Secretary: Ellenjean Morris

Treasurer: James Dingman

Past President: Barbara Cabela

Board Members: Frank Judson, Margaret Tate,
Jerry Stromberg.

Section Chairpersons: Donna DeBell (Business),
Roger Stasiak (Environmental Health), Gloria
Latimer (Health Education), Marilyn Bosenbecker
(Nursing), John Muth (Preventive Medicine), Donna
Barton (Secretarial), Jennifer Anderson and Helene
Kent (Nutrition), Janna Youmans (Social Work).

Committee Chairpersons: Joy Ranum
(Nominating), Dawn Repola (Annual Meeting),
Caroline Zaweckis (Awards), Patsy McAteer
(Legislative), James Easton (Membership), Cathy
Stickler (News Letter), Susan Hill (Resolutions),
John Donnelly (History), Carolyn Kercheck (Public
Relations), John Nagle (Resource Development).

Annual Meetings

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| <p>1958 <i>"Planning in the 50's for the 70's"</i> May 15, 16 Grand Junction</p> <p>1959 <i>"Problems of an Aging Population: Food Additives, Preservatives and Nutrition"</i> June 11, 12 Estes Park</p> <p>1960 <i>"Application of Behavioral Sciences to Public Health Problems"</i> May 24-26 Denver</p> <p>1961 <i>"Orbit and Re-entry: Basic Research and its Application to Public Health"</i> May 18, 19 Pueblo</p> <p>1964 <i>"Urban Planning for Health"</i></p> <p>1967 <i>"Public Health: Mirage or Mission"</i> April 18-20 Colorado Springs</p> <p>1969 <i>"Health and Human Ecology: Can We Survive?"</i> May 6-8 Fort Collins</p> <p>1970 <i>"Health Services: Front and Center"</i> May 26-28 Denver</p> <p>1971 <i>"Collywobbles of Public Health: or What Ails Us?"</i> May 17-19 Pueblo</p> <p>1972 <i>"Public Health Perspective: A Potpourri"</i> May 24-26 Breckenridge</p> <p>1973 <i>"Public Health: Rape or Repair?"</i> June 7-9 Steamboat Springs</p> <p>1974 <i>"Getting the Message Across"</i> June 4-6 Colorado Springs</p> | <p>1977 <i>"Contemporary Determinants of Health"</i> June 14-16 Vail</p> <p>1978 <i>"Designs for Better Health"</i> June 13,-15 Colorado Springs</p> <p>1979 <i>"Prevention through Education"</i> May 21-23 Colorado Springs</p> <p>1980 <i>"Directions of the Decade"</i> June 17-19 Denver</p> <p>1981 <i>"Survival of the Fittest: Money, Management and Mud"</i> May 26-28 Steamboat Springs</p> <p>1982 <i>"Participating in the Future of Public Health"</i> May 11-14 Colorado Springs</p> <p>1983 <i>"Quality of Life in Colorado: A Public Health Concern"</i> May 22-25 Vail</p> <p>1984 <i>"Public Health in Colorado: Meeting New Challenges"</i> May 21-24 Colorado Springs</p> <p>1985 <i>"The Erosion of Public Health in Colorado: The Silent Epidemic"</i> May 20-23 Denver</p> <p>1986 <i>"Public Health: Strategies for Action"</i> May 20-22 Vail</p> <p>1987 <i>"Reflections and Projections: Mining the Gold and Molding the Future"</i> June 1-3 Aspen</p> |
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Awards

SABIN AWARD

The Florence Sabin Award was established in 1947 by the Colorado Public Health Association. The award is made for achievement in the public health field, in recognition of the outstanding leadership of Dr. Florence Sabin in the promotion of better public health in Colorado. The person must not be employed full-time in public health.

- 1948 Dr. Solomon Kauver
- 1949 Dr. Henry F. Hoffman
- 1950 Mark Harrington
- 1951 None
- 1952 Dr. William F. McGlone
- 1953 Dr. Fredrick S. McKay
- 1954 Mrs. Frederick B. Orman
- 1955 Dr. James Waring
- 1956 Dr. N.J. Miller
- 1957 Dr. John Zarit
- 1958 Dr. Ella A. Mead
- 1959 Dr. George Dwire
- 1960 None
- 1961 Mrs. James Noland
- 1962 Dr. John Simon, Jr.
- 1963 None
- 1964 Dr. Chester H. Bliss and Mrs. H.A. Talbott
- 1965 (Special Distinguished Service Award)
Dr. R.L. Cleere
- 1966 Theresa Brofman
- 1967 Dr. Alfred H. Washburn
- 1968 Dr. Horace Campbell
- 1969 Dr. Edith E. Beechel
- 1970 Sen. Ruth S. Stockton
- 1971 Dr. Leonard J. Mestas
- 1972 Mrs. Saralee Pollock
- 1973 None
- 1974 Joseph A. Reich, Sr.
- 1975 Mr. Francis Welborn
- 1976 Mrs. Betty Chronic
- 1977 None
- 1978 None
- 1979 John C. Cobb, M.D.

- 1980 Lt. Gov. Nancy Dick
- 1981 Frances Thompson
- 1982 Linda Moulton Howe
- 1983 Dr. Mildred Doster
- 1984 Scott McInnis
- 1985 Jennifer Anderson
- 1986 Congresswoman Patricia Schroeder
- 1987 Roger Mitchell, M.D.

ROY L. CLEERE DISTINGUISHED SERVICE AWARD

The Colorado Public Health Association's Distinguished Service Award was renamed in 1974 in honor of Dr. Cleere who was director of the Colorado Department of Health for 38 years. The award goes to someone (a current member of CPHA) who has made an outstanding contribution to the association and to public health in Colorado. It was established in 1965. Dr. Cleere was the first recipient in 1965.

- 1965 Dr. Roy L. Cleere
- 1966 None
- 1967 None
- 1968 Ruth Boring Howard, M.D., M.P.H.
- 1969 None
- 1970 R. Samuel Johnson, M.D.
- 1971 John A. Lickty, M.D., M.P.H.
- 1972 Charles H. Dowding, Jr., M.D., M.P.H.
- 1973 Robert A. Downs, D.D.S.
- 1974 Margaret Daugherty Lewis
- 1975 Mildred Doster, M.D.
- 1976 Evelyn Beatty
- 1977 Rita Dingman
- 1978 None
- 1979 Mary (Polly) Newcomb
- 1980 Ralph Barnes
- 1981 Mae Swartz
- 1982 Mildred Yingling
- 1983 Margie Gates
- 1984 Bernice diSessa
- 1985 John H. Donnelly, M.D., M.P.H.
- 1986 Tom Vernon, M.D.
- 1987 John Muth, M.D.

P.W. JACOE MEMORIAL AWARD

The award was established in 1972 by an anonymous CPHA member in recognition of Mr. Jacoe's devotion to duty, his excellence of work and accomplishments, his interest, his leadership and contributions to the physical science field of public health. The award is to be given to a person working in public health who has made an outstanding contribution in the field of physical sciences. The recipient must work in a public health laboratory, in water pollution, air pollution, radiological health, occupational health, sanitation or public health engineering.

1974 Robert Siek
1975 William N. Gahr
1976 None
1977 None
1978 John Martyny and Bruce Wilson
1979 John Potterat
1980 Albert J. Hazle
1981 Belmont S. Evans, Jr.
1982 Dr. Roy M. Buchan and Dr. Hans H. Johnson
1983 None
1984 Miriam Orleans
1985 Bryan Miller
1986 Eldon Savage
1987 None

CHAMP AWARD

The Community Health Action-Motivated Person Award was created in 1982 and goes to a full-time public health employee who is not in a high level management position. The recipient must be a member of CPHA and will be selected on the basis of his or her helpful, courteous and professional service in working with the public and fellow employees and whose outstanding service brings credibility and respect to the public health agency.

1982 Fern LeMaster
1983 Wanda MacFarlane
1984 Carolyn Kercheck and Peggy daSilva
1985 Jeanne Nicholson
1986 Janet Thorne
1987 Mrs. Jimmie Combs