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## **GUEST EDITORIAL**

### **MPHA Matters**

Robert Glandon

Our Michigan Public Health Association is approaching ninety years of experience. Over the years MPHA has witnessed great changes in our society and a transformation in public health conditions that influence how long and how well we live. When MPHA was founded health in this state was still significantly limited by infectious disease and poor water quality. Advances in the areas of immunizations and sanitation, highpoints in public health history, are largely responsible for an increase in life expectancy of almost twenty years. The current limits to a longer and healthier life take the forms of chronic disease. These limits are more complex and difficult to resolve. The major health issues we face today require new thinking and new approaches on social, environmental, and intrapersonal levels. As MPHA looks forward and reenergizes its commitment to promote and protect the health of the public in Michigan, this is the challenge we face.

Sound scientific research and engaged public discussion over the past few years reveal several persistent and significant health issues in Michigan. Many relate to health of our aging population, healthy lifestyles, environmental quality and access to health care. It is more than useful, it is important, to look at issues like these in some detail. Evidence based assessments should influence policy, but over-simple descriptions of health status of our state and localities can hide the reality that status is typically an average, and includes people doing well and those doing less well, some much less well. Geographically, health of Michigan residents is not evenly distributed throughout the state or in our cities. The patterns are clear; people who are poor or left out are sicker and die earlier. Unmistakably, the progress we make in health improvement in Michigan will depend in large part on our success in reaching the poor and people left out, matters of health equity and social justice.

Even before the birth of MPHA public health has been keenly aware of the importance of "working upstream", working to relieve the underlying factors that influence health of people everywhere. For well over a hundred years public health leaders have stressed the need to work upstream, catching people before they go over the dam. Upstream often involves improving education, providing good jobs, and building healthy communities - all beyond the normal public health arena. Very important, but how do we practice "upstream" without abandoning our traditional responsibilities? To have a deep impact on public health, we, as an association, need to see ourselves in context of our larger society, expand our relationships, and become more adept at developing non-traditional partnerships to influence community attitudes and practices.

One of the biggest assets of MPHA is the diversity of its membership. Currently, there are approximately three hundred members interested in improving community health who are doctors, educators, political scientists, psychologists, public health practitioners, epidemiologists, social scientists, and others. Collectively, MPHA is poised to better communicate information, understand how to motivate people, recognize common interests that will support relationships



with other organizations. Our members are the primary source of new thinking needed to achieve a goal of healthy people in healthy communities.

Earlier this year, the MPHA Board of Directors clarified the mission of our association, “To enhance the ability of the association and its members to advocate, promote and protect community health and the environment.” To be clear, there is much work to be done to build our capacity. The Board identified the top four strategic actions, three relate to strengthening our relationships and communication with others outside the association. The fourth top priority involves strengthening the association by increasing the number of members and improving the capacity of members to be effective advocates for public health in Michigan.

MPHA offers members opportunities for education, professional improvement and engagement through this journal, association newsletters and conferences but probably the greatest opportunity for member enrichment and contribution is engagement in MPHA Sections. The association sections are important to carrying out the MPHA work of strengthening public health policy and improving public health practice. Committed members in active sections are necessary if MPHA is to maintain a strong, coherent and vital presence in MI.

Presently, there are ten sections in MPHA. Six are active (Public Health Nursing, Epidemiology, Vision, Laboratory, Podiatry and Oral Health) and four are inactive (Nutrition, Reproductive Health, Environment and Community Health). Sections connect members to professional interests and major public health issues. Sections offer members opportunities for professional development and a community of common interest. In order to develop a core of committed members each section should have its own mission, one that reflects service to members and service to improve health in Michigan.

MPHA plans to expand efforts to attract public health students and young professionals. The exposure should certainly help young members, and ever-new perspective youth bring will invigorate public health advocacy and practice of the association.

Underlying all this effort is a need to increase the impact of MPHA in Michigan. This is a big challenge, but not too big to take on. To be effective we should follow our clear mission, our practical strategies, and take actions that enable members to address the major barriers, and supports to good health in our state.

