

welcome *Affiliate Leader*

A guide to helping you understand
APHA and Affiliate Affairs

July 2017



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

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IMPORTANT AFFILIATE DATES & ACTIVITIES

July 2017

- July 15: Deadline for Affiliate Dues Assessment and membership lists
- Affiliate President-Elects Meeting Washington, D.C.

October 2017

- ARGC webinar

November 2017

- November 4 - 8: Affiliate Day and APHA Annual Meeting - Atlanta, GA

December 2017

- Affiliates entitled to a visit from APHA President in 2018 (dates will be confirmed)

April 2018

- April 2 - 8: National Public Health Week
- APHA sends membership dues assessment information to Affiliates

June 2018

- June 4-6: Joint CoA/ISC Midyear Meeting in Washington, D.C.

HOW TO REACH US:

The purpose of this guide is to provide new Affiliate leaders with a general overview of APHA and Affiliate Affairs. It is not intended to be a comprehensive review. For additional information, please contact APHA Affiliate Affairs at:

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congratulations on being selected to lead your state or regional public health association. You have an exciting term ahead of you. Since 1918, APHA has been working with our affiliated associations to share expertise and resources, set priorities and collaborate for greater influence on policies at the local, state and federal levels. We are the only organization that combines a 140-plus year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health.

WHAT'S INSIDE?

This guide will introduce you to the American Public Health Association's mission, history, goals and priorities, acquaint you with APHA's governance model, familiarize you with the Affiliate role in APHA, and inform you about APHA benefits, resources and services available to Affiliates. You may want to keep it handy for easy reference.

WHO WE ARE

The American Public Health Association champions the health of all people and all communities. We strengthen the profession of public health, share the latest research and information, promote best practices and advocate for public health issues and policies grounded in research. We are the only organization that combines a 140-plus year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health.

OUR VISION

To create the healthiest nation in one generation

OUR MISSION

Our mission is to improve the health of the public and achieve equity in health status.

OUR WORK

We work to advance the health of all people and all communities. As the nation's leading public health organization, APHA provides a science-based voice in policy debates otherwise too often driven by emotion, ideology or financial interests. APHA is at the forefront of efforts to advance prevention, reduce health disparities and promote wellness.

VALUES

Our values reflect the beliefs of our members from all disciplines of public health and over 40 countries:

- Community
- Science and evidence-based decision making
- Health equity
- Prevention and wellness
- Real progress in improving health

For science. For action. For health.

To ensure our effectiveness, we have developed a new framework for our work that more fully reflects the goals of today's APHA.

For science – Together we will leverage cutting edge research and promote best practices.

For action – Together we will advocate to put innovative policies and programs into practice.

For health – Together we will improve the health of all people and all communities.

The success of this new framework rests upon a consistent communication of our work both from APHA and through our partnerships and affiliations. APHA has developed guidelines specific to affiliated associations on how to best communicate your affiliation with APHA.

AT A GLANCE

- 501c3 charitable organization
- 50,000 members
- National office in the nation's capital
- Largest public health conference
- Award-winning research journal, newspaper and online communication channels

was honored to have the opportunity to hold a leadership role within APHA. In addition to the ARGCC role, I served as the Region VII (MINK) representative to the CoA.

As the Immediate Past Chair, I have encountered new challenges and learning opportunities as I chaired the CoA nominations committee and awards committee. In addition, I coordinated the APHA CoA scientific sessions for the Annual Meeting & Expo. I am working to ensure that the Affiliates get more involved with APHA boards and committees as well as receive recognition from their peers and other APHA members.

I encourage everyone to become a member of your affiliate and APHA by being an active participant and running for leadership positions. Explore what APHA and its components have to offer and take the opportunity to learn and work together towards the goal of becoming the Healthiest Nation in One Generation.

Patricia Parker, CoA Past Chair 2015-2016:

In 1996, I started working for the Missouri Department of Health, which at the time supported staff membership in the Missouri Public Health Association. I continued attending APHA's Annual Meeting and was invited by the Missouri Affiliate Representative to the Governing Council (MO ARGCC) to attend with her the meetings of the Council of Affiliates (CoA). After a few years, she decided to not seek re-election and encouraged me to run for this position.

I have been actively engaged in a leadership capacity within APHA since 2001. I served as the MO ARGCC for three terms (through 2013) while also participating on the peripheral in Health Administration Section activities. In the capacity as MO ARGCC, I also served a term as the Region VII representative to the CoA. After my region VII position ended, I served as

an at-large member of the CoA in a two-term membership on the Nominations Committee of the Governing Council (GC).

As my term as ARGCC came to a close, I realized that I wanted to continue in leadership positions and was encouraged by the CoA past chair to run for chair-elect, and by the Health Administration Section past chair to run for Governing Council. As current chair for the CoA, I am also a voting member of the APHA Executive Board.

I look forward to continuing to encourage students, early career professionals, and talented under-engaged APHA members to find their place in APHA. There is room and there is much to be done.

VOLUNTEER LEADERSHIP BENEFITS

- Participation in APHA policy development process through representation on the Governing Council.
- Being part of the unified voice speaking on behalf of and promoting health for all.
- Representation on the Action Board
- Representation on the Council of Affiliates

IMPORTANT THINGS TO REMEMBER

- Let APHA and other state and local Affiliates know about your success via the Affiliate Online Community. <http://affiliates.apha.org>
- Update the Affiliate Online Community Directory when your leadership changes. <http://affiliates.apha.org>
- Inform Affiliate Affairs when you have selected your annual meeting dates. <http://www.apha.org/events-and-meetings/apha-calendar>.
- Request APHA membership lists through Affiliate Affairs.

BENEFITS OF AFFILIATION WITH APHA

Publications

- Complimentary subscription to The Nation's Health
- Complimentary subscription to the American Journal of Public Health
- APHA monthly legislative updates

Resource & Leadership development

- APHA monthly health reform updates
- Complimentary APHA membership list from your state to help promote your Annual meeting and INCREASE your membership!
- All expense paid orientation at APHA headquarters for your President-Elect.
- Affiliate capacity building and grant opportunities.
- Visit from APHA President at your state annual meeting once every three years with airfare expenses paid by APHA.
- Advocacy training and resources
- Bi-annual conference call with APHA executive director
- Access to the Affiliate Online Community

Annual Meeting

- Access to technical assistance and training
- CoA scientific sessions to help build Affiliate organizational development skills
- CoA poster sessions
- Consideration for four CoA awards:
 - Award for Excellence
 - Chair's Citation
 - Outstanding Affiliate of the Year
 - Outstanding Student of the Year
- Consideration for APHA Affiliate Award for Advocacy

Leadership Pathways from Leaders

Jeanie Holt, CoA Chair 2016-2017:

How did I come to be a leader in APHA? I remember hearing that an acquaintance held a position on the Board of the New Hampshire Public Health Association and thought "Wow! She is pretty important!" As you know by now, sometimes you end up in leadership positions just because you are willing—and, to a great extent, that is how I have ended up where I am.

My involvement in NHPHA began when a colleague asked me to serve on the Membership Committee. The next year I ran for the Board and became President-Elect and served two years as President. About that same time, I became more involved in APHA. First, I served as the Affiliate Representative to the Governing Council (ARGC) and discovered that I enjoy governance work. Subsequently, I became the Regional Representative to the Council of Affiliates and now I have had the privilege of serving as the CoA chair. Through leadership roles I learn, I grow, I gain energy, and I make friends. So expect to see me around for as long as I can find a way to get in!

Eldonna Chesnut, CoA Chair 2015-2016:

I began my public health career with the Johnson County Health Department in 2002. My employer supported me joining KPHA and participating in the annual education conferences. At my first KPHA annual conference I became section chair for the Community Health Section. I have also been membership committee chair, director at large, conference chair, president-elect, president, and past-president.

Fortunately, my employer allowed me to attend APHA meetings during my term as KPHA membership chair and beyond. After my years as past-president with KPHA, I was asked to take over the ARGC role for KPHA. I

APHA HISTORY AND ACCOMPLISHMENT

- 1872-73: APHA is established and holds our first Annual Meeting under the leadership of Dr. Stephen Smith—a physician, attorney and commissioner of the New York City Metropolitan Health Board—who puts forth the concept of a national health service.
- 1900: At APHA's Annual Meeting, Walter Reed presents his findings that mosquitoes carry yellow fever giving impetus to the fields of epidemiology and biomedicine.
- 1908: The U.S. Census adopts APHA's standardized death certificate allowing the study of the main causes of death, changes in death rates and how certain causes of death could be prevented.
- 1927: APHA president Dr. Charles V. Chapin authors "Sources and Mode of Infection," which showed that disease was not spread by decaying organic matter or air or dust but by personal contact, a claim that was refuted by the AMA but later determined standard practice.
- 1944: APHA initiates the accreditation process for graduate schools of public health.
- 1948: Martha May Eliot, first female president of APHA, drafts most of the Social Security Act's language dealing with maternal and child health
- 1950: APHA member Jonas Salk develops the first successful polio vaccine.
- 1982: APHA testifies at the first congressional hearing on AIDS, an effort spearheaded by Rep. Henry Waxman, D-Calif.
- 2006 & 2013: The Pandemic and All-Hazards Preparedness Act is enacted and subsequently reauthorized, with APHA championing the importance of strengthening the nation's preparedness and response capabilities against terrorism and natural disasters.
- 2009: President Barack Obama signs into law the Family Smoking Prevention and Tobacco Control Act. APHA and its members actively advocated for passage of the law, which gives U.S. Food and Drug Administration authority to regulate the manufacture, distribution and marketing of tobacco products to protect public health.
- 2010: The Patient Protection and Affordable Care Act is enacted, with APHA at the forefront of promotion and protection of critical public health provisions in the law. Through letters, testimony and comments, and direct meetings with Congress and federal agencies, APHA continues to express support for the ACA and help refine many of the provisions in the law.
- 2011 through 2014: APHA backs U.S. Environmental Protection Agency rules under the Clean Air Act to protect the public from the negative health impacts of mercury, soot, sulfur and carbon pollution.
- 2014: The Puerto Rico Public Health Association became an Affiliate.
- 2017: Updated and signed the APHA-Affiliate Memorandum of Understanding.

LEADERSHIP



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Joseph Telfair, DrPH, MHP, MSW
APHA President-Elect

APHA AFFILIATED ASSOCIATIONS

According to the APHA Bylaws:

A state or territorial public health association or similar association, including more or less than a state, and organized for the same general objectives as the American Public Health Association, may be elected by a three-fourths vote of the Governing Council as an affiliated association. Not more than one such association shall be admitted from the same area.

An association applying for affiliation shall submit a copy of its constitution and bylaws, its last annual accounting of income and expense, a roster of its members, and such other evidences of its qualifications as may be required. Each Affiliated Association shall submit annual information as directed by the Executive Board.

The Executive Board shall consider all applications for affiliation and questions regarding continued affiliation and report its recommendations to the Governing Council.

APHA AFFILIATE DUES

Dues for affiliated associations are assessed on a capitation basis with a differential providing a lower per capita payment for Affiliate members who are also members of APHA. The capitation rate is established by the Executive Board, subject to approval by a two-thirds vote of the Governing Council.

Current Assessment of Affiliate Dues

Affiliates are assessed \$1.50 for each member, and credited \$0.75 for each member who is also a member of APHA. Affiliates with organizational memberships are also assessed one percent of the total revenue from their organizational membership.

Understanding the Process

When does membership dues collection begin?

The annual membership dues collection process typically begins in March.

Does APHA provide documentation to assist with the membership dues process?

Affiliates will receive a roster of APHA members in their state as well as the APHA assessment invoice. States with more than one Affiliate will receive the membership roster for the entire state.

How does APHA notify Affiliates?

The Affiliate president, executive director and ARGC will receive electronic notification regarding the dues assessment.

APHA EXECUTIVE BOARD

The Executive Board consists of the APHA president, president-elect, immediate past president, treasurer, speaker of the Governing Council and 12 members to be known as the elective members, elected from among individual constituents of the Association for terms of four years each by the Governing Council. The chairs of the Council of Affiliates, Intersectional Council and Student Assembly shall serve as members of the Executive Board ex officio with vote. The executive director and the 12 chairs of the Action Board, Science Board and Education Board serve as members of the Executive Board ex officio without vote. Members of the Executive Board serve on staggered four-year terms among voting members of the board selected by the Governing Council.

Functions of the Executive Board

- Act in an advisory capacity to the executive director and direct the administrative work of the Association.
- Act as trustees of Association properties.
- Elect agency members and sustaining members.
- Coordinate and review recommendations of standing committees, the Action Board, the Science Board, the Education Board, the Council of Affiliates and the Intersectional Council.
- Act on technical standards on behalf of the Association, as the official accrediting body for the Association publications and designate the time and place for the Annual Meeting.
- Establish Special Interest Groups and Forums, and recognize Caucuses.

- Carry out Association policies and adopt interim policies, which remain in effect until the next Governing Council meeting.
- Authorize the establishment of, appoint members to, and designate the chairs and vice chairs of all Association boards, and chairs of Association committees; and appoint special Association committees and taskforces with specific functions to be accomplished within a specified time frame.

APHA GOVERNING COUNCIL

The primary role of the Governing Council (GC) as set forth in the APHA Bylaws is to:

- Establish policies for the Association and for the guidance of the Executive Board and the officers; amend the Bylaws of the Association and to adopt rules for the conduct of its own business.
- Receive and act upon reports or recommendations from any organization constituent, the Science Board, the Action Board, the Education Board, the Standing Committees and the Executive Board.
- Elect the Executive Board, the officers of the Association, and honorary members.

APHA STRUCTURE

The APHA structure is comprised of 31 Sections, two Special Primary Interest Groups (SPIGs), 17 Caucuses, five Forums, the Student Assembly, and 54 state and regional public health associations.

SECTIONS

- Aging and Public Health
- Alcohol, Tobacco, and Other Drugs
- Applied Public Health Statistics
- Chiropractic Health Care
- Community Health Planning and Policy Development
- Community Health Workers
- Disability
- Environment
- Epidemiology
- Ethics
- Food and Nutrition
- Health Administration
- Health Informatics Information Technology
- HIV/AIDS
- Injury Control and Emergency Health Services
- Integrative, Complimentary and Traditional Health Practices
- International Health
- Law
- Maternal and Child Health
- Medical Care
- Mental Health
- Occupational Health and Safety
- Oral Health
- Physical Activity
- Podiatric Health
- Population, Reproductive and Sexual Health
- Public Health Education and Health Promotion
- Public Health Nursing
- Public Health Social Work
- School Health Education and Services
- Vision Care

SPIGS

- Pharmacy
- Veterinary Public Health

CAUCUS*

- Academic Public Health Caucus
- American Indian, Alaska Native and Native Hawaiian Caucus
- Asian Pacific Islander Caucus for Public Health
- Black Caucus of Health Workers
- Caucus on Homelessness
- Caucus on Public Health and the Faith Community
- Caucus on Refugee and Immigrant Health
- Community-Based Public Health Caucus
- Family Violence Prevention Caucus
- Latino Caucus
- LGBT Caucus of Public Health Professionals
- Men's Health Caucus
- Peace Caucus
- Socialist Caucus
- Spirit of 1848 Caucus
- Vietnam Caucus
- Women's Caucus

*Caucus members are not required to be members of APHA.

FORUMS

- Breastfeeding
- Cancer
- Genomics
- Human Rights
- Trade and Health

STUDENT ASSEMBLY

APHA's Student Assembly (APHA-SA) is the nation's largest student-led organization with approximately 7,000 students who are dedicated to serving students in public health and other related disciplines by connecting individuals who are interested in working together on public health and student-related issues.

- Vision: a network of students for a healthy global society.
- Mission: to improve the future of public health by promoting excellence and professional development for students in public health and related disciplines.

Since 2004, APHA-SA has had a Section- like affiliation with APHA, and works closely with issues and projects pertinent to developing the public health workforce. APHA-SA strives to enhance students' education experiences and professional development by providing information, resources and opportunities through communication, advocacy and networking.

APHA AFFILIATES AND THE GOVERNING COUNCIL

Each state and regional public health associations (Affiliates) elects an Affiliate Representative to the Governing Council (ARGC). The ARGC is expected to assist the Affiliate president and the Affiliate in supporting and stimulating the APHA/ Affiliate relationship by:

- Ensuring that APHA is informed on a timely basis of all changes in the Affiliate leadership.
- Encouraging and promoting Affiliate leadership participation in APHA activities specifically designed for affiliates (i.e. Affiliate Presidents-Elect Meeting, Affiliate Day, CoA poster sessions, etc.).
- Working with the Affiliate president to ensure timely payment of annual APHA dues assessments.
- Staying informed and prepared with the policy direction of the Affiliate in order to effectively represent the Affiliate at the APHA Governing Council.
- Assisting APHA, in cooperation with the Affiliate President and legislative chair, with legislative advocacy and implementation of approved APHA policies and resolutions.

- Encouraging Affiliate participation in the development and submission of grant and project proposals to APHA.
- Attending Affiliate Day, ARGC meetings, and the Governing Council preceding and during the APHA Annual Meeting.
- Maintaining ongoing communication with other ARGCs and the Council of Affiliates Regional Representatives.

COUNCIL OF AFFILIATES

The primary purpose of the Council of Affiliates (CoA) is to:

- Promote efficient and effective APHA-Affiliate coordination.
- Identify and resolve concerns and issues.
- Maintain working relationships with the Intersectional Council (ISC), Executive Board, Membership Committee, Action Board and Governing Council.

The CoA is comprised of ten regional representatives who serve two-year terms. One is elected or designated from among the ARGCs within each of the 10 federal regions. CoA members must be current members of APHA and their Affiliate.

At the end of odd years, the terms for odd regions expire. At the end of even years, the terms for even regions expire. Of nine at-large representatives:

- Three are reserved and elected to the CoA Executive Board.
- Three serve as representatives to the APHA Action Board.
- One is a representative from the Student Assembly.
- Two are appointed by APHA president and serve two-year, staggered terms. These positions do not have to be an ARGC. One at- large position is designated for an Affiliate Executive Director or Staff.
- Members of the CoA elect the Executive Board of the CoA.

Responsibilities of the CoA

- Maintains communication with and seeks guidance and input of constituent states on APHA/Affiliate matters.
- Communicates ideas, concerns and issues related to APHA/Affiliate matters to chairperson.
- Ensures that ARGCs from constituent states understand their function and responsibilities.
- Promotes intra-regional sharing of mutually beneficial operational or programmatic information.
- Facilitates the identification and resolution of public health problems requiring interstate or regional action.

Regional Representatives

Region I (CT, ME, MA, NH, RI, VT)

- Burton Wilcke, Jr., PhD

Region II (NJ, NY, PR, VI)

- Allison Braid

Region III (DE, DC, MD, PA, VA, WV)

- Tim Gibbs, MPH, NPMc

Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

- Melissa (Moose) Alperin, MHP, MCHES

Region V (IL, IN, MI, MN, OH, WI)

- Hope Rollins

Region VI (AR, LA, NM, OK, TX)

- Jamie M. Roques, MPA, MPH, APRN

Region VII (IA, KS, MO, NE)

- Denise Strehlow, MHP, MSW, RD, LD

Region VIII (CO, MT, ND, SD, UT, WY)

- Joe Grandpre

Region IX (AZ, CA, HI, NV)

- John Packham, PhD

Region X (AK, ID, OR, WA):

- Charlene Cariou, MHS, MCHES

Other 2017 CoA members

- Jeanie Holt, MS, MPH, CoA Chair
- Charlene Cariou, MHS, MCHES, CoA Chair-Elect
- Eldonna Chesnut, MSN, CoA Past Chair
- Lois Hall, MS, At-Large – Affiliate Staff
- Cassandra Chess, MPH, At-Large – Nominations
- Gerald Ohta, MPH, Action Board
- Shirley Orr, MHS, APRN, NEA-BC, Action Board
- Hope Rollins, Action Board
- Jennifer Dykhuizen, MPH, CoA Student Representative
- Kathy Lituri, RDH, MPH, ISC rep to the CoA