

WELCOME **AFFILIATE LEADER**

A guide to helping you understand
APHA and Affiliate Affairs

JULY 2021

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.

WHAT'S INSIDE?

This guide will introduce you to APHA's mission, history, goals and priorities; acquaint you with APHA's governance model; familiarize you with the role of Affiliates within APHA; and detail the variety of APHA benefits, resources and services available to Affiliates. You may want to keep it handy for easy reference.

WHO WE ARE

APHA champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a nearly 150-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

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 our members from all disciplines of public health and over 40 countries. Those values are:

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

APHA's work is moved by its motto: *For science. For action. For health.*

To ensure our effectiveness, APHA frames its work to reflect the goals of public health leaders today.

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 framework rests upon strong communication between APHA, our partnerships and affiliations, and sharing that work and those partnerships with the public. 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 located in Washington, D.C.
- Hosts largest annual public health conference
- Publishes award-winning research journal, newspaper and online communication channels

LEADERSHIP



Georges C. Benjamin, MD
Executive Director



James Carbo
Chief of Staff



Susan L. Polan, PhD
Associate Executive Director of Public Affairs and Advocacy



Regina Davis Moss, PhD, MPH, MCHES
Associate Executive Director of Public Health Policy and Practice



José Ramón Fernández-Peña, MD, MPA
APHA President



Kaye Bender, PhD, RN, FAAN
APHA President-Elect

ALL ABOUT AFFILIATES

According to APHA's 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. No more than one such association shall be admitted from the same area.

Today, APHA has 53 Affiliates. Each is an independent, nonprofit organization, but all Affiliates are members of APHA.

Affiliates play a vital role in APHA. They serve as the largest voting bloc on APHA's Governing Council, helping to elect our leaders and set policy statements that determine APHA's priorities. They are the boots-on-the-ground public health workers who share local and state priorities with APHA, and help ensure APHA's work and resources reach communities around the country. Both organizations benefit from this relationship!

BENEFITS OF AFFILIATION WITH APHA

— A vote on APHA's Governing Council

— Resource and leadership development opportunities, including:

- Complimentary APHA membership list from your state to help promote your annual meeting and increase your membership
- Membership list of APHA Annual Meeting attendees from your state

- Opportunities for grant funding to increase Affiliate capacity
- All-expense-paid orientation at APHA headquarters for your Affiliate president-elect
- Visit from APHA's president at your state annual meeting once every three years with airfare expenses paid by APHA
- Advocacy training and resources
- Access to the Affiliate Online Community, where you can communicate with other state public health association leaders

— **Opportunities at the APHA Annual Meeting and Expo, including:**

- Access to technical assistance and training, including Affiliate Day
- Networking opportunities with other state Affiliate leaders
- Participate in Council of Affiliates (CoA)-sponsored scientific oral and poster sessions to help build Affiliate organizational development skills
- Consideration for CoA awards:
 - Award for Excellence
 - Chair's Citation

- Outstanding Affiliate of the Year
- Outstanding Student of the Year
- Outstanding Affiliate Staff
- CoA Award for Innovation in Public Health
- Consideration for APHA Affiliate Award for Advocacy

— **Access to APHA publications:**

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

AFFILIATE RESPONSIBILITIES TO APHA

As an Affiliate of APHA, each state or regional public health association must pay dues to APHA, as well as participate in annual reports on advocacy and overall organizational function. Affiliates that do not pay their dues are not able to vote on the Governing Council. This is outlined in the APHA-Affiliate Memorandum of Understanding.

Current Assessment of Affiliate Dues

Affiliates are assessed \$1.50 for each member and credited 75 cents for each member who is also a member of APHA. Affiliates with organizational memberships are also assessed 1% of the total revenue from their organizational membership. This rate is established by the APHA Executive Board, subject to approval by a two-thirds vote of the Governing Council.

Understanding the Process

When does Affiliate dues collection to APHA begin?

The annual dues collection process for Affiliate membership in APHA typically begins in May.

Does APHA provide documentation to assist with the Affiliate 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 Affiliate representative to the APHA Governing Council will receive email notification regarding the dues assessment.

APHA AFFILIATES AND THE GOVERNING COUNCIL

Each state or regional public health association elects an Affiliate representative to the APHA Governing Council — also known as an ARGC. This person is the liaison between your Affiliate and APHA and should be an organized communicator. The ARGC represents your Affiliate's needs, wants and concerns on the national level and casts votes during Governing Council meetings. Your ARGC is key to the APHA-Affiliate relationship and also has the opportunity to elevate your Affiliate's work to the national stage.

The ARGC is expected to assist the Affiliate president and the Affiliate in supporting and facilitating the APHA-Affiliate relationship by:

- Ensuring 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 or staff to ensure timely payment of annual APHA dues;
- Staying informed and prepared with the policy direction of the Affiliate to effectively represent the Affiliate on the APHA Governing Council;
- Assisting APHA, in cooperation with the Affiliate president and policy chair, with policy, 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; and
- Maintaining ongoing communication with other ARGCs and the CoA's regional

representatives.

COUNCIL OF AFFILIATES

The CoA is your Affiliate's voice at APHA and nationwide! The council advocates for Affiliates' interests, needs and members. Its members come from the Affiliates themselves.

The primary purpose of the CoA is to:

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

Responsibilities of the CoA include:

- Maintaining communication with, and seeking guidance and input from, constituent states on APHA-Affiliate matters;
- Communicating ideas, concerns and issues related to APHA-Affiliate matters to the CoA chairperson;
- Ensuring that ARGCs from constituent

states understand their functions and responsibilities;

- Promoting intra-regional sharing of mutually beneficial operational or programmatic information; and
- Facilitating the identification and resolution of public health problems requiring interstate or regional action.

The CoA is comprised of 10 regional representatives who serve two-year terms and 10 at-large seats. One ARGC from each of the 10 federal regions is elected or designated for CoA service. 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 10 at-large representatives:

- Four are elected by CoA members to the CoA Executive Board (chair, chair-elect, immediate past chair and secretary).
- Three serve as representatives to the APHA Action Board.
- One is a representative from the APHA Student Assembly.

- Two are appointed by the 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.

The CoA also has four non-voting liaison positions. These include an early-career professional, a representative from the APHA Intersectional Council, a representative from the APHA Caucus Collaborative and a representative from the APHA History Project.

The 2021 Council of Affiliates:

Teresa Garrett, DNP, RN, APHN-BC
Chair

Melissa (Moose) Alperin, EdD, MPH, MCHES
Immediate Past Chair

Jessica M. Boyer, MPH, MSW
Chair-Elect

Denise Strehlow, MPH, MSW, RD, LD
Secretary

Regional Representatives

Sarah Mayberry Rines
Region I (CT, ME, MA, NH, RI, VT)

Charlie Vidal, MD, MPH, MBA
Region II (NJ, NY, PR, VI)

Richard Cohen, PhD, MA
Region III (DE, DC, MD, PA, VA, WV)

Jimmie Smith, MD, MPH
Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

Erica Fishman, MPH, MSW
Region V (IL, IN, MI, MN, OH, WI)

Kaye Reynolds, DrPH
Region VI (AR, LA, NM, OK, TX)

Eldonna Chesnut, MSN, RN, BSN
Region VII (IA, KS, MO, NE)

Tara Thomas-Gale, MPH
Region VIII (CO, MT, ND, SD, UT, WY)

Rebecca Nevedale
Region IX (AZ, CA, HI, NV)

Katie Cueva, PhD, DNP, MPH, RN, PHNA-BC
Region X (AK, ID, OR, WA)

Other 2021 CoA members

Tim Gibbs, MPH, NPMc

At-Large — Affiliate Staff

Adrianna Boulin, MPH

At-Large

Susan Franko, PhD, RRT

Action Board

Shirley Orr, MHS, APRN, NEA-BC

Action Board

Joyce Buckner-Brown, PhD, MHS, RRT

Action Board

Emily Bartlett, MPH

Student Assembly Representative

Nonvoting members

Thomas Doker, DVM, MPH, DACVPMI

Epidemiology, CPH

Intersectional Council Chair-Elect

Pam Aaltonen, PhD, MSN, BSN

Joyce Gaufin

Advisory Members - CoA History Project

Bryan Buckley, DrPH, MPH

Early Career Professionals work group

Juanita Booker-Vaughns, EdD

Caucus Collaborative Chair-Elect

Ella Greene-Moton

Caucus Collaborative Affiliate liaison

APHA EXECUTIVE BOARD

The Executive Board consists of the APHA president, president-elect, immediate past president, treasurer, speaker of the Governing Council and 12 elective members who are elected by the Governing Council from the Association membership for terms of four years each. The chairs of the CoA, Intersectional Council and Student Assembly shall serve as members of the Executive Board ex officio with a vote. The APHA executive director and the chairs of APHA's Action Board, Science Board and Education Board serve as members of the Executive Board ex officio without a vote. Voting members of the board elected by the Governing Council serve staggered, four-year terms.

Functions of the Executive Board

- Act in an advisory capacity to the APHA executive director and direct the administrative work of the Association.

- Act as trustees of Association properties.
- Coordinate and review recommendations of standing committees, as well as 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 Affiliates and 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 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 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

In addition to the Executive Board and Governing Council, APHA is comprised of 32 Sections, one Special Primary Interest Group (SPIG), 17 Caucuses, five Forums, the Student Assembly and the 53 state and regional Affiliates.

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 and Information Technology
- HIV/AIDS
- Injury Control and Emergency Health Services
- Integrative, Complementary and Traditional Health Practices
- International Health
- Law
- Maternal and Child Health
- Medical Care
- Mental Health

- Occupational Health and Safety
- Oral Health
- Pharmacy
- Physical Activity
- Podiatric Health
- Public Health Education and Health Promotion
- Public Health Nursing
- Public Health Social Work
- School Health Education and Services
- Sexual and Reproductive Health
- Vision Care

SPIG

- Veterinary Public Health

CAUCUSES*

- Academic and Practice Linkages in 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
- Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals
- Men's Health Caucus
- Peace Caucus
- Socialist Caucus
- Spirit of 1848 Caucus
- Veterans' 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 is the nation's largest student-led organization dedicated to the development of the next generation of professionals in public health and health-related disciplines, with approximately 7,000 student members.

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

LEADERSHIP PATHWAYS FROM PEOPLE WHO HAVE BEEN THERE

Taking on a new leadership role within your Affiliate can be overwhelming, especially if you're new to APHA. By reaching out to other Affiliate leaders, not only will you grow stronger within your own organization, you might find new opportunities for leadership and career advancement. Below, current and former CoA leaders share their stories:

Teresa Garrett, CoA chair (2020-2021)

I am a bit of an accidental public health practitioner. It was the mid-1990s and I needed a job that had benefits! The home care company that I worked for had just merged with another company and eventually folded. In my family, I was the person who needed the job that had health insurance. A dear friend said, "Why don't you apply for this job with the Utah Department of Health working in the tuberculosis program?" I said, "Sure, and do we still have that!?" So many years later, we are still struggling with TB in certain communities and I am still a public health nurse with benefits!

I am also a joiner. One of the things I noticed early in my public health career was that every group of professionals had an association, and each member was eager to share successes, lessons learned and best practices with anyone who would listen. I intentionally joined as many of these groups as would benefit the program area I worked in. I found my way to the Utah Public Health Association — a great place to network, learn and expand my understanding of public health. I served in many leadership roles and currently serve as the Affiliate Representative to the Governing Council. I became active in APHA because of my role within my Affiliate.

APHA is quite an organization to navigate. And it can be done. I found my way to the Public Health Nursing Section and proudly call that my national, professional home. Through the PHN Section, I have friends and colleagues across the country and access to just-in-time information, best practices and trends. Having a state and national professional home gives me a variety of experiences and opportunities to volunteer and contribute. Most importantly, it has helped me

become a better public health professional and leader. Best to you in your journey — whether it be intentional or accidental.

**Melissa (Moose) Alperin, CoA chair
(2019-2020)**

It was Nov. 13, 1991, and I was sitting in the lobby of a large hotel in downtown Atlanta, rehearsing my upcoming presentation for the zillionth time. I was attending my first APHA Annual Meeting and as a recent MPH graduate, I was the “new professional” on a panel of health education powerhouses about to discuss the “Future of Health Education: Year 2000 and Beyond.” Early in my MPH program, my mentor instilled in me the importance of finding a professional home...and getting involved! It therefore seemed like a no-brainer when I was asked to represent the young professional perspective on that long-ago panel.

I’ve attended every APHA Annual Meeting since that first one and, more importantly, I’ve been an engaged and involved member, sometimes through formal leadership positions and

sometimes as a worker bee.

My initiation into APHA was through its Public Health Education and Health Promotion Section. When my mentor became the PHEHP chair-elect, I served as the Section’s membership chair and later served as Section councilor and governing councilor. I then stepped away from elected office but have stayed engaged in other ways, such as reviewing conference abstracts. Most recently, my primary APHA service has been through the Affiliates. I served as the Georgia ARGC for six years and for two of those years was the Region IV representative on the Council of Affiliates. I became the 2019-2020 CoA chair, which also provided me the opportunity to serve on the APHA Executive Board for one year as an appointed member.

My experience with my state Affiliate, the Georgia Public Health Association, spans just as long as my time with APHA, but it has been a very different journey. During my time as the ARGC, I served on the GPHA Executive Board, but I haven’t held the offices you would expect. I’ve never been a committee chair, the health education section chair or even the president of

my Affiliate. Instead I've been a loyal and steady member and a volunteer who raises her hand when needed.

Both styles of leadership, formal and informal, have been important to my professional service — and both are critical, necessary and of enormous value to our organizations.

My involvement in GPHA and APHA has provided opportunities for personal growth. I have been able to expand my professional networks, gain perspectives broader than my own, mentor the next generation and build my own leadership skills. As I was encouraged early in my professional journey, my advice to others is to find your niche and get involved!

Jamie Roques, CoA Chair (2018-2019)

My involvement in my Affiliate, the Louisiana Public Health Association, began in the spring of 1981. I attended an annual educational conference in Lake Charles for public health workers. From that first conference, I was "hooked." I had the opportunity to meet Dr. Sara Braud, who was our ARGC at that time,

and her report of APHA activities sounded like an organization I wanted to be part of. I knew then that I wanted to become active in APHA.

For 37 years, I have been very active in my Affiliate and have served on the Governing Council/Executive Board. I have served in more than 10 leadership positions with my Affiliate, Sections and APHA since joining. I am currently the ARGC for LPHA. Through all these leadership roles, I learn new things, meet new people and have had some of the best experiences of my life! I have also enjoyed mentoring "new" public health leaders.

Public health was not just my career. It was my passion and became an integral part of my life. I loved working in the field of health prevention and promotion. Advocating for health policy was eventually a requirement for my career and continuing doing so for public health priorities was a natural fit for me.

I became a member of APHA over 20 years ago and have been attending their Annual Meetings during that time frame. At some point, I was asked to be the Region VI CoA representative,

and I agreed. This turned out to be a great decision on my part and has become a major highlight of my public health career. It afforded me the opportunity to meet and work closely with some of the most interesting and dynamic public health leaders from around the country. It also gave me an opportunity to get to know and work intimately with the talented staff of APHA.

I strongly encourage anyone with a passion for public health and a desire to serve to become active in their Affiliate and to share their talent by reaching out to APHA and getting involved. There are so many opportunities to do so. I promise you won't regret it.

APHA STAFF HAS YOUR BACK

APHA's Affiliate Affairs Department is here to support you throughout your journey as an Affiliate and APHA leader. This guide gives you a general overview of APHA and Affiliate Affairs, but you'll pick up much more along the way. For additional information, or if you have any questions, please contact APHA Affiliate Affairs at:

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IMPORTANT THINGS TO REMEMBER

- Use the Affiliate Online Community as a tool to reach other Affiliate leaders, let APHA and other state and local Affiliates know about your success, and update information when your leadership changes: <http://affiliates.apha.org>
- Inform APHA Affiliate Affairs when you have selected your annual meeting dates: <http://www.apha.org/events-and-meetings/apha-calendar>
- Reach out to your regional representative on the CoA or to APHA staff if you have questions. They're your support system.

DATES AND ACTIVITIES

May 2021

APHA sends membership dues assessment information to Affiliates

June 6-7, 2021

Council of Affiliates Mid-Year Meeting

July 2021

Affiliate Annual Report Survey distributed by APHA (due end of August)

July 12-13, 2021

Affiliate Presidents-Elect Meeting

July 31, 2021:

Deadline for Affiliate dues to APHA

Oct. 23-27, 2021

Affiliate Day and APHA Annual Meeting in Denver

February 2022

Affiliate Policy and Advocacy Survey distributed to Affiliates

April 4-10, 2022

National Public Health Week

