

WELCOME **AFFILIATE LEADER**

A guide to helping you understand
APHA and Affiliate Affairs

FEBRUARY 2025

WELCOME

Congratulations on being selected to lead your state or regional public health association. You have an exciting term ahead of you.

Since 1910, the American Public Health Association 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

We champion optimal, equitable health and well-being for all. We speak out for public health issues and [policies backed by science](#). We are the only organization that combines a 150-year perspective, a [broad-based member community](#) and the ability to [influence federal policy](#) to improve the public's health.

OUR VISION

To achieve optimal, equitable health and well-being for all.

OUR MISSION

To build public health capacity and promote effective policy and practice.

OUR WORK

Our work focuses on convening the leading annual gathering of public health professionals, facilitating discussions on the latest research and sharing best practices across all disciplines. Through our research journal, monthly newspaper, reports, meetings, webinars and social media engagement, we aim to foster collaboration on diverse public health issues. Additionally, we advocate at the federal level for laws and regulations supporting public health, securing funding for crucial programs and providing educational opportunities for professionals. We are committed to advancing health equity

and universal access to care and we collaborate with diverse sectors through initiatives like "health in all policies" and emphasize prevention as a cost-effective route to enhanced well-being.

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 and justice
- Prevention and wellness
- Measurable progress in improving health
- Fortitude to persevere

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.

APHA AT A GLANCE

- 501c3 charitable organization
- 22,000 members
- National office located in Washington, D.C.
- Hosts largest annual public health conference
- Publishes award-winning research journal, newspaper and online communication channels

APHA LEADERSHIP



Georges C. Benjamin, MD
Executive Director



James Carbo
Chief of Staff



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



Mighty Fine, MPH, CHES
Associate Executive Director of Public Health Policy and Practice



Deanna J. Wathington, MD, MPH, FAAFP
APHA President (2024-2025)



Nandi Marshall, DrPH, MPH, CHES, CLC, CDE
APHA President-Elect (2024-2025)

ALL ABOUT APHA AFFILIATES

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 52 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. Affiliates and APHA both benefit from this relationship!

BENEFITS OF AFFILIATION WITH APHA

A vote on APHA's Governing Council

Resource and leadership development opportunities, including:

- A complimentary APHA membership list from your state to help promote your annual meeting and increase your membership.
- Complimentary lists of APHA Annual Meeting attendees from your state, agency members from your state and student members from your state.

- Opportunities for grant funding to increase Affiliate capacity.
- An all-expense-paid orientation at APHA headquarters for your Affiliate's president-elect.
- A 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, including:

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

- Chair's Citation
- Outstanding Affiliate of the Year
- Outstanding Student of the Year
- Outstanding Affiliate Staff
- Consideration for APHA Affiliate Award for Advocacy

Access to APHA publications:

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

Advocacy Resources and Opportunities

- [Protecting Public Health Authority & Advocacy Toolkit](#)
- [PHERN](#)
- [Advocacy vs Lobbying webinar](#)
- [Participation and support from the Alliance for Disease Prevention and Response](#)

RESPONSIBILITIES OF AN APHA AFFILIATE

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 \$2.50 for each member and credited \$1 for each member who is also a member of APHA. Affiliates with organizational memberships are also assessed 2% 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 an email notification regarding the dues assessment.

COUNCIL OF AFFILIATES

The Council of Affiliates is the bridge between APHA and the Affiliates. CoA leadership oversees the coordination of Affiliate and APHA activities (i.e., mid-year meeting and Affiliate Annual Meeting sessions) to help strengthen your state public health associations.

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 Affiliate Representatives to the Governing Council (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 includes 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 the 10 at-large representatives:

- Four are elected by CoA members to the CoA Leadership Team (chair, chair-elect, immediate past president and secretary).
- Two 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.
- One is named by the CoA to focus on Affiliates' policy efforts.

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

The 2024-25 Council of Affiliates:

Rebeca Nevedale

Chair

Denise Strehlow, MPH, MSW, RD, LD

Immediate Past Chair

Kaye Reynolds, DrPH, MPH

Chair-Elect

Quinyatta Mumford, MPH, CHES

Secretary

Regional Representatives

Randy Domina, MPH

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

Denise Tahara, PhD, MBA, MPhil

Region II (NJ, NY, PR)

Sue Ann Sarpy, PhD, MS

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

Colin Smith

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

Alexandria Jones

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

McKenzie Cowlbeck

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

Jessica Seberger

Region VII (IA, KS, MO, NE)

Teresa Garrett, DNP, RN, APHN-BC

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

Dominik Sturz, DrPH

Region IX (AZ, CA, HI, NV)

Briana Arnold

Region X (AK, ID, OR, WA)

Other 2024-25 CoA members

Kristine Gonnella, MPH

At-Large — Affiliate Staff

Jeffery ErdmanH

At-Large

Christian Williams, DrPH, MPH

At-Large

Preet Kukreja, MHA

Action Board

Snigdha Santra, MPH

Action Board

Veena Thamilselvan

Student Assembly Representative

Nonvoting members

Robin Kimbrough-Melton

CHES Intersectional Council Chair-Elect

Pam Aaltonen, PhD, MSN, BSN

Advisory Member – CoA History Project

Jenna Bednarski, MPH

Early Career Professionals Work Group

Jose Pietro Aparicio, MD, MPH

Caucus Collaborative Chair-Elect

Elizabeth Schwartz, MPH

Affiliate representative to the Caucus Collaborative

Erica Fishman, MPH, MSW

Advisory member – APHA Committee on Membership

Karina Thurman

Advisory member – APHA Committee on Membership

Christina Williams

Advisory member – APHA Committee on Membership

Engage with the CoA

- **Get to know your CoA leaders:** Your regional representative will be your main point of contact. Introduce yourself and maintain close communication with them.
- **Attend CoA monthly meetings:** While not a requirement, come join our monthly CoA meetings (third Tuesday of every month, noon-1:30 p.m. ET). You'll get to hear more about what CoA leaders are working on. [Email](#) us for a calendar invite.
- [Connect with the CoA through the Affiliate Online Community.](#)
- **Join a workgroup:** We've got four workgroups that [you can participate in](#) that lead the work of that the CoA does each year.

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 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 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 Primary 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 task forces 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 Association Bylaws 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, Association officers and honorary members.

The Governing Council also recognizes new Affiliates. Its role is to represent the priorities of APHA members, including Affiliates.

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 ARG. This person is the liaison between your Affiliate and APHA and should be an organized com-

municator. 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. They have 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 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 and scientific 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.
- Maintaining ongoing communication with other ARGCs and the CoA's regional representatives.

APHA STRUCTURE

In addition to the Executive Board and Governing Council, APHA is comprised of 33 Sections, 17 Caucuses, five Forums, the Student Assembly and the 52 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 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
- One Health
- Oral Health
- Pharmacy
- Physical Activity
- Podiatric Health
- Public Health Education and Health Promotion
- Public Health Nursing
- Public Health Social Work

- School Health and Wellness
- Sexual and Reproductive Health
- Vision Care

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 for Public Health
- LGBTQ Health Caucus
- Men's Health Caucus
- Peace Caucus
- Socialist Caucus
- Spirit of 1848 Caucus
- Veterans' Caucus
- Women's Caucus

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: STORIES FROM THE COA

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, but you might also find new opportunities for leadership and career advancement. Below, current and former CoA leaders share their stories.

Rebecca Nevedale (2024 - 2025)

The Arizona Public Health Association (AzPHA) is my professional home. Early in my career, AzPHA gave me "low risk" opportunities to develop skills I couldn't grow in my job. And more importantly, when I volunteered to serve on an awards committee or a conference planning team, I was able to work alongside and learn from seasoned professionals. Eventually, those mentors – who now are dear friends – invited me to serve on the board. Over the years, I've served in several capacities as a member-at-large, chair of the advocacy committee, and most recently, the ARGC.

I was completely uninvolved with APHA

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

until I took on the ARGC role, and in fact, didn't know much about APHA at all. I attended my first Affiliate Day just weeks after being appointed ARGC and was completely confused! I wrote pages and pages of notes – new membership software to research, language to include in bylaws, templates for educational campaigns, ideas for conference sponsorships and more. Beyond those transactional learnings, I felt so connected to all the people in that room. Just like me, those people were dedicated to setting a table where like-minded professionals could collaborate and advocate for change. They understood the tensions between wanting to do so much and having so little volunteer (and financial) resources. They benefited greatly from the mentorship they received from colleagues at their own state affiliate and wanted to pass that on to the next generation of public health workers. And best of all, they were completely different from me, with such a broad array of professional backgrounds – academics, local health officials, epidemiologists, environmentalists... the list went on! Attending my first Affiliate Day was nothing short of

inspiring, and truly a turning point in my career.

I was stunned when I was asked to represent Region IX on the Council of Affiliates (CoA). A few years later, I was even more stunned when I was asked to be the Chair! It has been such a meaningful experience to connect with other affiliate leaders more regularly and work on projects together. APHA, and especially the CoA, is where I can feel connected to public health worlds that I don't intersect with in my day-to-day life. It's where I can see the bigger picture and how local-level public health work I do every day changes systems at the national level. It's where "my people" are, and I'm so grateful to have built so many new relationships and friendships.

Our professional associations are the infrastructure where people can develop new skills, help nurture other professionals along their path and advocate for change. I'm a more well-rounded professional because of my engagement in APHA and AzPHA. I would love to talk with any affiliate leader about how we can all collaborate effectively together.

Denise Strehlow (2023-2024)

My current work is a culmination of previous professional and personal experiences. I have many colleagues, leaders, mentors and friends who have helped me in my path to leadership in APHA as the current Council of Affiliates Chair. The CoA is a wonderful group of dedicated individuals who along with the Affiliate Affairs team promote the work of Affiliates and provide a communication channel for all Affiliates to APHA as well as for APHA to Affiliates.

I began my professional working career as a registered dietitian in Illinois and later moved to Missouri. Changes in the health care environment led me to the St. Louis County Department of Public Health and my introduction to public health. I was volunteered for a newly developed grant writing team and encouraged to enroll in a grant writing workshop at St. Louis University in the School of Public Health. The class was great, the grant writing team worked well and I was introduced to the MPH/MSW program. I had always thought I'd pursue an MSW to complement my RD and the joint degree pro-

gram fit my professional and personal interests.

A mentor and professor introduced me to the Eastern Missouri Chapter of the Missouri Public Health Association (one of the MPHAs). I got involved in St. Louis University hosting the public health meetings and I was hooked on the diversity of potential opportunities to improve our community. During the public health meetings, I met many wonderful friends, leaders and mentors. One of the leaders, mentors and now friend is Pat Parker. She was the ARGC for MPHA for 12 plus years and she was extremely passionate about public health, MPHA, APHA and sharing her ties and talents. Pat invited me to share her hotel room for the APHA 2008 Annual Meeting and Expo in San Diego and my interest in all things APHA began.

Through Pat's mentorship and friendship, I attended my first CoA Affiliate Day and CoA Awards Reception (now the PHMC/CoA Awards Reception) as well as sat in on the APHA Governing Council sessions. I continued my involvement with MPHA and attended each APHA along with my forever roomie Pat

Parker. When Pat completed her last term as ARGC, she nominated me as the next ARGC. I served as MO ARGC for several terms and as the Region VII Representative on the CoA. During my MPHA work, the region began our collaboration as MINK (Missouri, Iowa, Nebraska and Kansas) with an annual conference bringing the region together. I served as the CoA Secretary before the CoA Chair-elect and currently Chair.

Sarah Rines, CoA Chair (2022-2023)

When my public health career began in 2007, I was fortunate to have colleagues and mentors who were active members of the Maine Public Health Association (MPHA) and the American Public Health Association (APHA). When landing in my first position addressing tobacco prevention at a community coalition in rural Maine, I didn't have a background in public health or connection to the broader work. Eager to learn more and get connected, I joined my local association and started my journey to be an enthusiastic, public health advocate.

Having mentors active in the public health community provided me an im-

portant avenue into get connected. I was encouraged to participate in the MPHA and APHA Annual Meetings. I have had the opportunity to present tobacco control strategies multiple times at the APHA Annual Meeting with the first being in 2011. Attending that meeting was really valuable (and overwhelming) and left me wanting to get more connected.

After participating in work groups and events, I was invited to join the Maine Public Health Association Board of Directors in 2017. This appointment has led me on a wonderful journey to discover and get connected within the American Public Health Association. MPHA invited me to join the role of Affiliate Representative to the Governing Council (ARGC). I didn't know much about the ARGC role other than it required participating in specific sessions at the APHA Annual Meeting.

I am so glad I accepted the Maine ARGC role – it has created leadership opportunities, allowed me to build connections (and friendships), and provided an opportunity to learn more about APHA as an organization. I love serving as the

ARGC role, including regularly meeting with my fellow New England ARGCs and participating in Governing Council. That position has also provided pathways to leadership positions at both my local affiliate and within APHA.

I have had the opportunity to serve as President of the Maine Public Health Association. From the ARGC role, I was able to serve as the Regional Representative for Region 1 (New England states) on the Council of Affiliates (CoA). The CoA is a wonderful group to be involved with, the participants are engaged and fun, leading to meetings that are action-based and collaborative. After serving on the CoA for a few years in the Regional Representative role, I was appointed to the Leadership Team – serving as chair for 2022-2023.

Each role I've had the opportunity to serve in has provided an opportunity to further engage, find my voice, learn more about the efforts of APHA. The CoA Chair is an ex-officio member of the APHA Executive Board. Providing an opportunity to share the affiliate perspective and voice at this level.

It can be hard to know where to begin when you start your journey with APHA. Each level of involvement peels back a layer and helps to build the full picture. Enjoy the journey, relationships you form, and find your pathway.

ACCESSING THE AFFILIATE ONLINE COMMUNITY

The Affiliate Online Community is your resource to connect with other Affiliate leaders, collaborate and share resources. If you're a new leader within your state public health association and NOT already a member of APHA, you should have received an email from the Affiliate Affairs staff providing you with your login information to [access your account](#). If you're an APHA member, log in with your current APHA LEAD credentials. Questions? Contact Ursula Oguejiofor, APHA Affiliate Specialist at Ursula.Oguejiofor@APHA.org.

Use the login and password provided in your onboarding email from Affiliate Affairs (or your APHA LEAD login and password) to access your account through the login box on the main page of the AOC. The first time you log in, make sure to change your password to something unique and one that you will remember for future logins. If you have issues

logging in, please contact Ursula.Oguejiofor@APHA.org.

THE LEADERS' CORNER

The Leaders' Corner offers Affiliates access to a wealth of valuable APHA resources. You can find all the information listed in this guide and more on The Leaders' Corner.

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.
- Inform APHA Affiliate Affairs when you have selected your annual meeting dates: email Ursula.Oguejiofor@APHA.org
- 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

April 7-13, 2025

National Public Health Week

May 2025

APHA sends membership dues assessment information to Affiliates

June 2-3, 2025

Council of Affiliates Mid-Year Meeting (virtual)

June 16-18, 2025

Policy Action Institute in Washington, D.C.

July 19-22, 2025

Affiliate Presidents-Elect Meeting in Washington, D.C.

July 31, 2025

Deadline for Affiliate dues to APHA

August 2025

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

September 16, 2025

Get Ready Day

November 1, 2025

Affiliate Day at APHA's Annual Meeting in Washington, D.C.

November 2-5, 2025

APHA Annual Meeting and Expo in Washington, D.C.

November 2025

Affiliate Policy and Advocacy Survey distributed to Affiliates



AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.