

*welcome*

# Affiliate Leader

A guide to helping you understand  
APHA and Affiliate Affairs

**JULY 2019**



AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

# 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 nearly 150-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 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 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

## 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 the 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



*Georges C. Benjamin, MD, FACP,  
FACEP (E), Hon FRSPH*  
Executive Director



*Jose Ramon Fernandez-  
Pena, MD, MPA*  
APHA President-Elect



*James Carbo*  
Chief of Staff



*Lisa Carlson, MPH, MCHES*  
APHA President



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



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

## APHA STRUCTURE

APHA is comprised of 32 Sections, one Special Primary Interest Group (SPIG), 17 Caucuses, five Forums, the Student Assembly, and 53 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 and 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/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

### 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 workers
- 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 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, 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.

## APHA AFFILIATES AND THE GOVERNING COUNCIL

Each state and regional public health associations (Affiliates) elects an Affiliate Representative to the Governing Council. 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 President-Elects Meeting, Affiliate Day, CoA poster sessions, etc.).
- Working with the Affiliate president to ensure timely payment of annual APHA dues.
- 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 is to:

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

The CoA is comprised of 10 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)**

- Susan Franko, PhD, RRT

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

- Richard Cohen, MA, PhD

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

- Ross Hudson, LICSW, PIP

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

- Rosemary Chaudry, PhD, MPH, MHA, RN, PHNA, CPH, CPHQ

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

- S. Marisa New, MPH, OTR

### **Region VII (IA, KS, MO, NE)**

- Denise Strehlow, MPH, MSW, RD, LD

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

- Joe Grandpre, PhD, MPH

### **Region IX (AZ, CA, HI, NV)**

- Rebecca Nevedale

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

- David Reyes, DNP, MPH, RN, PHNA-BC

## **Other 2019 CoA members**

- *Jamie M. Roques, MPA, MPH, APRN*  
CoA Chair
- *Melissa (Moose) Alperin, EdD, MPH, MCHES*  
CoA Chair-Elect
- *Charlene Cariou, MHS, MCHES*  
CoA Past Chair
- *Jessica M. Boyer, MPH, MSW*  
CoA Secretary
- *Tim Gibbs, MPH, NPMc*  
At-Large - Affiliate Staff
- *Thomas Quade, MA, MPH, CPH, FRSPH*  
At-Large
- *Hali Robinett, MPH*  
Action Board
- *Teresa Garrett, DNP, RN, APHN-BC*  
Action Board
- *Mark Stevens, BS, MPA*  
Action Board
- *Ryan Tingler, MPH*  
Student Assembly Representative
- *Megan Latshaw*  
ISC Chair-Elect
- *Adrianna Boulín, MPH*  
Early Career Professionals 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 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 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 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. No 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/April.

#### *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.

## 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 legislative 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 affiliate 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

### *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 ARGCG 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 ARGCG for LPHA. Through all of 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 Meeting 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.

*Charlene Cariou, CoA Chair 2017-2018:*

My advice to all public health professionals is to find a professional home. This professional home allows individuals to find out what they are passionate about, spread their wings and get involved in meaningful work. I am lucky to have two professional homes: my state public health affiliate, the Idaho Public Health Association, and the American Public Health Association. Both organizations encourage and foster leadership through endless opportunities to engage on various levels.

I began my journey with public health leadership through my state affiliate serving as a board member, secretary, ARGC and president. With most of my leadership work happening on a local level, the opportunity of the Affiliate Representative to the Governing Council position was exciting. This role provided me with a better understanding of APHA and introduced me to the Council of Affiliates where I have served as the Region X representative and the chair-elect.

All opportunities come with the choice to say “yes.” Find your professional home and give new opportunities an enthusiastic “YES!”, when they arise. My involvement in both state and national public health has made me a more well-rounded professional and public health leader. I look forward to what comes next and am excited to work with public health leaders across the country.

*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 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!

## **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.

## IMPORTANT AFFILIATE DATES & ACTIVITIES

### *July 2019*

- Deadline for Affiliate Dues Assessment and membership lists
- July 14-16: Affiliate President-Elects Meeting Washington, D.C.

### *August 2019*

- Affiliates entitled to a visit from APHA President in 2020 (dates will be confirmed)

### *October 2019*

- ARGC webinar

### *November 2019*

- November 2-6: Affiliate Day and APHA Annual Meeting - Philadelphia

### *April 2020*

- April 6-12: National Public Health Week
- APHA sends membership dues assessment information to Affiliates

### *June 2020*

- June 7-9: Joint CoA/ISC Midyear Meeting in Washington, D.C.

### *July 2020*

- July 12-14: Affiliate President-Elects Meeting 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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