

Thank you for the opportunity to think deeply about the topics raised in these questions. I welcome discussion and would love to hear your reactions and ideas.

1) How do you envision growing membership and promoting APHA in the next 5 years? How is APHA 2029 different from APHA 2024? What are key emerging issues and how will you approach them?

Growing APHA membership over the next five years requires collaboration between the President, Executive Board, Membership Committee, and Membership Department. Having had the privilege to work closely with this team as chair of the Executive Board's Membership Committee, I know the value of our skilled and dedicated crew.

Attracting Affiliate Members to join APHA: One of the critical areas I would encourage APHA and the Executive Board to consider is a way to increase the number of affiliate members who join APHA. Currently, only about 12% of state affiliate members are also members of APHA. Affiliate members represent a large pool of engaged public health professionals, and they could be a key for expanding APHA membership. Approximately ten years ago, we explored a dual membership model. The pilot of this model did not satisfy either APHA or the affiliates who were part of the pilot. I will encourage the Executive Board, Committee on Membership, Council of Affiliates, and the Membership Department to create and test a new dual membership model. Even if a new dues structure isn't adopted, I will consistently promote APHA membership during my visits to state affiliates, encouraging greater integration between APHA and local public health professionals.

Enhancing Member Engagement for Retention: Retaining members is another priority. While our renewal rate is around 70%, stronger engagement can further improve this. Engagement starts from the moment someone joins. Many new members join to present their work at the Annual Meeting. Ensuring that these and all new members feel connected to the Association is essential. Building on new member webinars and informative emails already in place, I believe adding a person-to-person element—such as a greeting program or peer ambassador system—could significantly improve the new member experience and lead to their annual renewals. Some sections already have personal welcoming processes in place, and these could serve as models for broader implementation across the Association.

Final Thoughts: Growing APHA membership includes recruiting and engaging new members; it also includes creating an environment where members feel connected, appreciated, and inspired to continue their involvement. By attracting active affiliate members to join APHA and enhancing personal engagement with new members, we can ensure APHA thrives in the years to come.

By 2029, I envision APHA as an agile, inclusive, and collaborative organization, ready to tackle emerging public health challenges.

Restructuring Policy Development and Organizational Structure. APHA members and leaders have long recognized a need to overhaul of APHA's policy development process. With Speaker Aaron Guest's guidance a new process is ready for Governing Council consideration. By 2029, I expect APHA to have an efficient, transparent, and member-engaged policy development process in place. Similarly, APHA's organizational structure, with its sections, caucuses, and forums, needs to be streamlined. Repeated studies have shown that the current system is inefficient, confusing, and siloed but what a new system would be and how to achieve it has remained elusive. I propose a process similar to the work of the group led by Guest. By reviewing results of past studies and the structures of peer organizations, a group of leaders and members can develop a plan for broad organizational restructuring. By 2029, I hope we will have adopted a more flexible and inclusive organizational model that supports collaboration across components, while still fostering the sense of belonging that sections and caucuses provide.

Building Collaboration with Community Power-Building Organizations. In 2029, I envision APHA playing a central role in bridging the gap between public health organizations and community power-building groups which focus on social and structural determinants of health. A recent *Health Affairs* article highlighted the potential for collaboration between public health NGOs and community power-building organizations. Both groups see the benefits of working together, but the onus for change lies heavily on public health organizations. APHA is perfectly positioned to lead this effort. By 2029, I see APHA as a leader, building strong and active bridges between public health and community power-building groups, uniting public health's commitment to upstream change with the grassroots power of organizations building systemic change from the ground up. This alignment will make APHA a key player in shaping public health policy that truly reflects the assets and needs of communities.

Strategic Planning for the Future: As 2029 approaches, APHA will be concluding our current strategic plan and preparing for the next phase. With a new policy development process, organizational restructure, and broad community partnerships, we can lead public health to meet the challenges of the next decade.

Conclusion: By 2029, I envision APHA agile, inclusive, and community-driven. We will have modernized our internal structures and strengthened our external collaborations, making us better equipped to tackle the most pressing public health issues. If elected, I will be a member

of APHA's governance team, committed to contributing to these transformations, ensuring that APHA continues to lead with innovation and vision.

1) ***How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?***

Mentoring, inspiring, and developing leaders from underrepresented groups, including rural and minoritized populations, is crucial for APHA's survival and growth. My mentoring experiences have taken various forms, and I will leverage these, alongside learning from others, to promote leadership opportunities for members from underrepresented communities. As APHA President, I will foster a culture of mentorship and inclusion.

My Mentoring Experiences: Mentorship can be structured or informal. Over the years, I've mentored individuals through both mentee-initiated and program-matched relationships, as well as some I initiated myself. For example, I mentored a public health student I met on a train, and I guided a new affiliate president through some complex organizational challenges. I've mentored DrPH students and others through APHA's Student Assembly and state affiliate programs, helping them with career advice and connections. I have also been a mentee, drawing on the expertise and wisdom of several mentors over the years. Many of these relationships, particularly with individuals from underrepresented groups, developed organically because I remain open, approachable, and committed to nurturing emerging leaders.

Addressing Structural Barriers: APHA must assess and address systemic issues that hinder leadership development in underrepresented groups. Currently, APHA lacks demographic data on its members, which makes it hard to assess representation from rural and minoritized populations. A necessary first step, then, is to collect information to analyze our membership. If these groups are underrepresented, we can concentrate outreach and resources accordingly. If they are represented in membership but not in leadership, we can focus on leadership development designed to meet the unique strengths and needs of these groups.

Focusing on Rural Representation: Rural representation in APHA is an issue of particular interest to me. The challenge of engaging rural public health workers goes beyond APHA; it extends to state affiliates. As I have worked on strategic planning with affiliates, I have repeatedly heard concerns about attracting and retaining members working in rural areas. I have helped them incorporate this focus into their strategic planning. I believe the affiliate level is the most effective point of engagement for rural public health workers. Strengthening collaboration between APHA and state affiliates, therefore, is vital to engaging rural public

health workers. We must identify and remove barriers—financial, geographic, or technological—that prevent their full participation in both state affiliates and APHA.

Conclusion: APHA must build a leadership that reflects the diversity of the public health workforce and gives voice to their communities. As APHA President, I will continue to offer mentorship and to advocate for policies that support the growth of leaders from underrepresented groups. I will also encourage APHA to take deliberate action to track representation within its membership and leadership, address structural barriers, and collaborate with affiliates to engage rural health workers.