

1. What unique skills or perspectives will you bring to Executive Board if elected?

If elected to the Executive Board, I intend to bring a vision focused on "Exceptional Expectations" for our organization in the years ahead. What does this mean? It means, I must first remember to:

- remain intentional with my integrity;
- be the embodiment of excellence;
- be prepared for organizational prosperity; and
- be mindful that integrity and excellence brings favor.

As one who has earned the reputation of being a consummate professional with exceptional experiences in the areas of general family medicine, public health policy and administration (federal, district, and local level), minority health, and health equity issues, I will bring the skill of forging strong community partnerships and initiating high-quality programs and services to our colleagues on staff, those in whom we partner, and those whose expertise we should seek. I proudly possess a solutions-oriented and engaging spirit, and it has yielded measurable and positive returns on investment. I will bring strong advocacy skills in representing the organization's interests in policy discussions and remain cognizant that those discussions and decisions have implications at the Affiliate, Caucus, Forum, and Section levels.

This vision aligns the five pillars of the APHA Strategic Plan. They are 1) Build workforce capacity and effectiveness; 2) Champion public health; 3) Advance equitable public health practices and outcomes; 4) improve member engagement and satisfaction; and 5) execute operational excellence. I will use my experiences and perspectives in public health garnered at the local, district, state and federal levels to build our workforce capacity and effectiveness by remaining intentional to upholding the tenets of public health practice, following our Code of Ethics, and preparing for our organizational prosperity, even when in periods of fiscal constraints. I will champion public health by remaining intentional with my integrity and that of our APHA Executive Board while executing the five areas of our responsibility- policy, management, program, membership, and deployment. I will advance equitable public health practices and outcomes by remaining steadfast that we, APHA, should be the embodiment of excellence. In an organization as authentically diverse and deep in our collective yearning to serve, my perspective is that it our character, intelligence, strength, and inclusive style makes the third pillar achievable. I believe that member engagement and satisfaction will improve as we, again, demonstrate the embodiment of excellence. We should certainly acknowledge where we are today, but it will not be in our best interest to downgrade our goals to fit our reality. It is better to upgrade our convictions to match our vision and destiny. To execute operational excellence, it is my perspective to lead with intentional integrity and will use my skills honed from experiences in academia, public health practice, community-based organizations, life's achievements and my losses to remain cognizant that those discussions and decisions have implications at the Affiliate, Caucus, Forum, and Section levels.

Information about my experiences and interest can be at <https://lnkd.in/eDCp9vqV>

2. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

Before making an informed suggestion, I would first need to gather information on areas for which I am not comfortably versed. The questions I have include- if APHA is seeking to grow in membership, is it through new memberships, retention of current members, or both? What is the average tenure of membership (disaggregated by Caucus, Forum, and Section)? What is the collective percentage of memberships that are also active in their Affiliates? Where and who are our student members, i.e., locations (domestic and international) and undergraduate or graduate students. Additionally, is there alignment, and encouragement, with Affiliate membership and APHA membership? Does APHA have the capacity, fiscally, and with human resources, to serve an expanded membership and meet all pillars of the current strategic plan. If the answer to the latter is no, what resources, fiscal or in human resources, would strategically make this a reasonable possibility.

As the current President of the Georgia Public Health Association, and as a member of the Mercer University Department of Public Health faculty for more than twelve years, I have had the opportunity to hear the “pros and cons” of APHA membership at the Affiliate level and from students. In most conversations I have heard, the decision is made on little to no information regarding the benefits of membership, for the individual has not spent time to research them for themselves. Secondly, the cost of membership is outside of their personal means at present, for their employer will not pay for organizational memberships, or will only pay for one organizational membership (GA Public Health Association or American Public Health Association). In the case of students, those in a mentoring capacity, have not mentioned it to them.

Without such information, my honest answer is “I don’t know.” What I am sure of is that if APHA seeks to increase growth of prospective members, and retain current members, that is a decision of active inclusion... and inclusion often necessitates change. It is not inclusion if you invite people into a space one is unwilling to change. Let us review the information and welcome the ensuing discussion.