



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

**American Public Health Association
Minutes of the Governing Council
June 10, 2024
Virtual Mid-Year Meeting**

Convening of the Council

The meeting was convened by President Ella Greene-Moton. Speaker of the Council M. Aaron Guest, PhD, MPH, MSW, presided. Georges C. Benjamin, MD, served as Secretary and Greg Ullrich, JD, served as Parliamentarian. Greene-Moton welcomed the Governing Councilors and then turned the meeting over to the Speaker.

I. Call to Order

Dr. Guest called the meeting to order at 2:01 p.m. ET.

II. Quorum Call

Secretary of the Council, Dr. Georges Benjamin, confirmed a quorum was present.

II. Review of voting and speaking in the LUMI platform

Dr. Guest began by reviewing how Councilors could request to speak within the LUMI platform. Dr. Guest then reviewed voting procedures and conducted a test vote to orient Councilors to the voting process within the platform.

IV. Approval of the Consent Agenda

Dr. Guest then called for a motion to approve the consent agenda, which included the June 2024 meeting agenda and November 2023 meeting minutes. The motion to approve the consent agenda was appropriately moved and seconded and hearing no discussion, the Speaker called for a vote.

Motion: Approve the Governing Council June 2024 meeting consent agenda which includes: 1) June 24 Meeting Agenda and 2) November 23 Meeting Minutes

Results: Approved- 136 in favor (100%), 0 opposed (0%)

Dr. Guest then noted that given the tight agenda, any questions not able to be addressed during the meeting could be emailed and would be answered by presenters following the meeting. The Speaker also reminded the Council of the 15-minute discussion rules which limits discussion on any agenda item to 15 minutes. After 15 minutes the Council must vote in the majority to extend the discussion by an additional 10 minutes. Dr. Guest then turned the floor over to Treasurer Benjamin Hernandez.

V. Treasurer's Report

APHA Treasurer Benjamin Hernandez, MBA, delivered a report outlining the Association's fiscal position in FY 2024, as well as year-end projections and APHA's FY 2025 budget. Hernandez directed Governing Councilors to the Treasurer's report with full financial details and then launched into a summary of the report.

Treasurer Hernandez began by discussing FY 2024 finances through April 2024. Hernandez stated total revenues through April were \$23,547,769 and total expenditures were \$22,707,568

resulting in a surplus of \$840,201. The Treasurer stated the Association would draw down this surplus in May and June and end the year in a deficit.

Treasurer Hernandez then shared projections for the close of FY 2024 in June. Projected revenues are \$26,123,030 and projected expenditures are \$26,804,113, leading to a projected deficit of \$681,083. Treasurer Hernandez acknowledged the scale of the deficit but stated compared to the FY 2024 budget that projected a deficit of almost \$ 1.6 million, a swing to the positive of about \$970,000. Treasurer Hernandez stated when the \$637,543 gains from non-operational activities (investments) are added to the operation loss, this results in a loss of \$43,540 which is far better than expected for FY 2024.

Treasurer Hernandez then moved to discussion of the FY 2025 budget. The Treasurer noted the FY 2025 budget had been reviewed by the Treasurer and had an initial review by the Finance and Audit Committee. Following a final review by the Finance and Audit Committee, the budget will be presented to the Executive Board at the July 15 meeting for approval. Treasurer Hernandez stated the FY 2025 budget is another planned deficit budget.

Treasurer Hernandez concluded presenting and turned the floor back to the Speaker. Dr. Guest opened the floor for questions.

The ARGC from Utah, Teresa Garret, DNP, RN, PHNA-BC, was recognized. Dr. Garret asked Treasurer Hernandez for an explanation as to the change from the FY 2024 project deficit to the current end of year projections. Treasurer Hernandez noted the biggest change comes from a higher-than-expected increase in revenue from contracts and grants. Budgeted revenue from contracts and grants was \$9.2 million versus \$10.8 million actual to date). The Treasurer directed Councilors to the second-to-last page of the Treasurer's report for more details on the changes from the budget to projected outcomes for FY 2024. In addition, Treasurer Hernandez noted revenue from the 2023 Annual Meeting was also higher than expected. Dr. Benjamin also added that some capital expenditures planned for FY 2024 were not completed as planned, resulting in

savings, but that these expenses would carry forward to FY 2025. Dr. Benjamin also noted that book sales in FY 2024 were not as high as expected.

Hearing no further questions, the Speaker then turned the floor over to Nominations Committee Chair, Nick Collins, MPH, BSN, MCHES, to deliver the report of the Nominations Committee.

VIII. Nominations Committee

Nominations Committee Chair Nick Collins, announced the open positions in 2024 which include President-Elect (three-year term) and three open positions on the Executive Board (four-year terms). The candidates are as follows:

President-Elect (two candidates for one open position):

Jeanie Holt, MS, MPH

Nandi Marshall, DrPH, MPH, CHES, CLC, CDE

Executive Board Member (six candidates for three open positions):

Danielle Campbell, MPH

Donna Marie Palakiko, PhD, MS, BS, RN, APRN

Kusuma Schofield, MEd, MPH

Jimmie Smith, MD, MPH

Melissa Toledo- Ontiveros, MA, MCJ, MPA

Ashley Wennerstrom, PhD, MPH

Collins noted a candidate orientation would occur in July; written questions for the candidates would be solicited over the summer; the candidates would be announced in the August version of the Nation's Health; and campaigning will begin on September 1.

At the conclusion of Chair Collins' report, Dr. Guest thanked all the members of the Nominations Committee, as well as the candidates, and reminded the Council that the vote on the

slate of candidates will be held at the November 2024 meeting. Dr. Guest then turned the floor over to Bryan Buckley, DrPH, MPH to deliver the report of the Development Committee of the Executive Board.

VII. Development Committee

Development Committee Chair Dr. Bryan Buckley began by stating the goal of 100% giving by Governing Councilors by the end of the 2024 Annual Meeting to positively impact public health where people live, work and play. Dr. Buckley stressed that any amount given counts. Dr. Buckley challenged the Governing Council to reach over 50% giving by the Annual Meeting and noted that those who give by June 30 will be included in the Donors List of the APHA 2024 Annual Report. Dr. Buckley's presentation aimed to help the Council, as the governing body of APHA, support and nourish strategic initiatives, staff and their member affiliations. Dr. Buckley reminded Councilors to consider giving as encompassing their time, treasure and challenged them to give to their member unit as leaders. Dr. Buckley reintroduced other ways to give, including gifts, support, media and relationships. Dr. Buckley noted that memberships could be gifted, and individuals could choose to sponsor others to attend events such as the upcoming Policy Action Institute. Dr. Buckley then stressed the power of relationships including employer matches of donations and introductions to potential sponsors, funders, and prospective individuals. Dr. Buckley also suggested Councilors create social media fundraisers in support of the Association and forward this appeal to non-APHA members in their social network. Finally, Dr. Buckley solicited videos from Councilors highlighting why they choose to give to APHA and directed Councilors to other development opportunities such as vehicle donations and estate planning.

Lastly, Dr. Buckley presented a QR code for Governing Councilors to scan and give during the meeting. Dr. Buckley also encouraged Councilors interested in legacy giving to reach out to Torrey Wasserman. Dr. Buckley ended by thanking Councilors and members of the Development Committee for their service to APHA. Speaker Guest then turned the floor over to

the Chair of the Committee on Bylaws, Pamela Aaltonen, PhD, RN to present proposed amendments to the APHA Bylaws.

VIII. Bylaws Amendments

Dr. Aaltonen began by highlighting the guiding questions behind an ongoing comprehensive review of the bylaws being conducted by the Committee on Bylaws. These questions include: 1) Do the bylaws reflect current practice? 2) Are current practices reflected in the bylaws? 3) Is there redundancy that can be eliminated? 4) Are bylaws unnecessarily specific? 5) Are there aspects that should be added or deleted? Dr. Aaltonen directed Governing Councilors to the report of the Committee on Bylaws, as well as the annotated proposed bylaws, in their meeting materials. Dr. Aaltonen then reviewed all the proposed bylaws amendments noting each was numbered and if any Councilor wishes to remove an item from the consent agenda they could do so noting the number.

The proposed bylaws amendments on the consent agenda were as follows:

- 1.Removing unnecessary language from Article III. Membership, Section 1, Individual Membership
- 2.Removing unnecessary language from Article III. Membership, Section 3. Discontinuation of Membership
- 3.Adding language re: the APHA Code of Conduct to Article III. Membership. Section 3. Discontinuation of Membership. & New Section 5. Code of Conduct.
- 4.Adding EB authority over the Code of Conduct to Article VI. Executive Board. Section 7. Functions. Q.
- 5.Adding the abbreviation ARGC to Article V. Governing Council. Section 1. Composition
- 6.Removing language around petition to add candidates to the ballot that is no longer in line with current practice from Article V. Governing Council. Section 7. Nominations Committee, Nominations and Elections. C.

7. Clarifying ARGC and SA proxies must be members of APHA to Article V. Governing Council. Section 7. Nominations Committee, Nominations and Elections. I.
8. Adding the duty of the Executive Director to serve as Secretary of the EB to Article VI. Executive Board. Section 3. Officers.
9. Adding the establishment of SPIGS to the EB functions to Article VI. Executive Board. Section 7. Functions. Q
10. Eliminating “The Nation’s Health Advisory Committee” per the recommendation of the Executive Board as it has been inactive for a number of years and no longer provides a useful service.
11. Removing unnecessary details that do not reflect current practice with regard to exemption from dues from Article X. Dues and Finances. Section 1. Dues. A
12. Adding language regarding indemnification per legal guidance to Article XV. Incorporation, Indemnification, and Dissolution.
13. Remove dates that are unnecessarily restrictive or no longer useful for conduction of business from Article V. Governing Council. Section 7; Article IX. Constituent and Affiliated Groups, Section 1. Sections. A; and Article IX. Constituent and Affiliated Groups, Section 5. Student Assembly. A.
14. The Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments.

Following Dr. Aaltonen’s explanation of each proposed amendment, Dr. Guest opened the floor for discussion noting that Councilors first needed to remove an item from the consent agenda before it could be discussed.

The Councilor from International Relations, Cheryl Conner, MD, MPH was recognized and suggested adding a link to the Code of Conduct as a part of the amendments proposed as #3 as well as concern that the full Code of Conduct was not reflected in the Bylaws. Speaker Guest responded that the Code of Conduct policies and procedures needed to be included in the

Bylaws, but not the full context of this document. Dr. Conner responded by requesting that proposed amendment #3 be removed from the consent agenda.

The Councilor from Mental Health, Erica Hamilton, MPH, was recognized and requested proposed amendment #2 be removed from the consent agenda.

Dr. Guest then called for a vote on the consent agenda as amended noting a vote of two-thirds in favor was required for the motion to pass:

Motion: To approve the consent agenda of proposed bylaws amendments as amended:

- 1. Removing unnecessary language from Article III. Membership, Section 1, Individual Membership**
- 4. Adding EB authority over the Code of Conduct to Article VI. Executive Board. Section 7. Functions. Q.**
- 5. Adding the abbreviation ARGC to Article V. Governing Council. Section 1. Composition**
- 6. Removing language around petition to add candidates to the ballot that is no longer in line with current practice from Article V. Governing Council. Section 7. Nominations Committee, Nominations and Elections. C.**
- 7. Clarifying ARGC and SA proxies must be members of APHA to Article V. Governing Council. Section 7. Nominations Committee, Nominations and Elections. I.**
- 8. Adding the duty of the Executive Director to serve as Secretary of the EB to Article VI. Executive Board. Section 3. Officers.**
- 9. Adding the establishment of SPIGS to the EB functions to Article VI. Executive Board. Section 7. Functions. Q**
- 10. Eliminating “The Nation’s Health Advisory Committee” per the recommendation of the Executive Board as it has been inactive for a number of years and no longer provides a useful service.**

11. Removing unnecessary details that do not reflect current practice with regard to exemption from dues from Article X. Dues and Finances. Section 1. Dues. A

12. Adding language regarding indemnification per legal guidance to Article XV. Incorporation, Indemnification, and Dissolution.

13. Remove dates that are unnecessarily restrictive or no longer useful for conduction of business from Article V. Governing Council. Section 7; Article IX. Constituent and Affiliated Groups, Section 1. Sections. A; and Article IX. Constituent and Affiliated Groups, Section 5. Student Assembly. A.

14. The Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments

Results: Approved. 133 (99%) in favor. 1 (1%) opposed.

Discussion then returned to proposed amendment #2, which removes unnecessary language from Article III. Membership, Section 3. Discontinuation of Membership. Dr. Guest recognized Erica Hamilton to begin the discussion. Hamilton expressed concern that the grace period following non-payment of dues before termination of membership was being eliminated. Dr. Benjamin responded that, in practice, there would still be a grace period around dues but that this level of process detail was not required in the Bylaws.

The Chair of CHPPD, Maurice Johnson, Jr., PhD, MPH asked for clarification on where process details being removed from the bylaws are recorded and if these details would be something the Governing Council votes on at another time. Dr. Benjamin responded that in practice when dues are delinquent several notices are sent for renewal and only after multiple notifications is membership terminated, but as soon as dues are paid individuals are reinstated as members. Hearing no further discussion on the motion to approve proposed amendment #2, Dr. Guest called for a vote.

Motion: Motion: Approve Change # 2

A. Nonpayment of dues shall be a cause for discontinuance of membership. ~~of any constituent after a grace period to be determined by the Executive Board, provided that constituents in arrears have been notified prior to the expiration of the grace period by the Executive Director by mail or by electronic or other media transmission. Constituents whose membership has been discontinued for nonpayment of dues may be reinstated, provided such person or organization complies with the eligibility requirements then effective.~~

Rationale: Unnecessary language detail that describes process best addressed in another document.

Results: Approved. 132 (97%) in favor and 4 (3%) opposed.

Discussion then turned to proposed amendment #3, which adds language re: the APHA Code of Conduct to Article III. Membership. Section 3. Discontinuation of Membership. and New Section 5. Code of Conduct. Dr. Conner was recognized to begin the discussion. Dr. Conner proposed an amendment to the amendment to the amendment to add “based on the processes outlined in the Code of Conduct” so that the amended amendment would read as follows:
Section 3. Discontinuation of Membership. B.

If, in the opinion of t ~~The Executive Board, any APHA member acts in a manner as to reflect discredit upon APHA, membership or affiliation with APHA shall be terminated.~~ **has the authority to terminate membership for misconduct based on the processes outlined in the Code of Conduct.**

(New) **Section 5. Code of Conduct.**

Members shall adhere to APHA’s Code of Conduct when conducting APHA business or attending APHA sponsored events whether in person, online, or written or verbal communication.

Following the amendment to the amendment, Dr. Guest noted the allotted 15 minutes of discussion had expired and entertained a motion to extend discussion. The motion to extend discussion was appropriately moved and seconded and the Speaker called for a vote.

Motion: To extend discussion on Agenda Item VIII by an additional ten minutes

Results: Approved. 93 (69%) in favor and 40 (31%) opposed.

Discussion then returned to the amendment proposed by Dr. Conner. Dr. Guest asked Dr. Aaltonen to share her thoughts on the amendment to proposed amendment #3. Dr. Aaltonen expressed support for the amendment to proposed amendment #3.

The Councilor from Occupational Health and Safety, Councilor Trevor Peckham, PhD, MS, MPA, asked for clarification on what about the process of terminating members for conduct is new. Dr. Benjamin answered that the Executive Board has always had the power to terminate members based on conduct. However, previously there was no process for doing so. With the adoption of the Code of Conduct and the corresponding policies and procedures, this amendment clarifies the process that must be followed for termination based on conduct by the Executive Board.

Hearing no further discussion, Dr. Guest called for a vote on the amendment to proposed amendment #3 noting a vote of 50% in favor was required for approval.

Motion: Motion: Approve Change # 3 as amended

Rational: APHA now has a Code of Conduct that specifies behaviors and assigns responsibility for judication to the Executive Board.

Section 3. Discontinuation of Membership. B.

~~If, in the opinion of t~~ **The Executive Board, any APHA member acts in a manner as to reflect discredit upon APHA, membership or affiliation with APHA shall be terminated.**
has the authority to terminate membership for misconduct based on the processes outlined in the Code of Conduct.

(New) Section 5. Code of Conduct.

Members shall adhere to APHA's Code of Conduct when conducting APHA business or attending APHA sponsored events whether in person, online, or written or verbal communication.

Result: Approved. 135 (96%) in favor, 6 (4%) opposed.

With the passage of the amendment to Bylaws amendment #3, Speaker Guest called for a vote on proposed amendment #3 to the Bylaws as amended noting two-thirds approval was required for passage.

Motion: Motion: Approve Change # 3 as amended

Rational: APHA now has a Code of Conduct that specifies behaviors and assigns responsibility for judication to the Executive Board.

Section 3. Discontinuation of Membership. B.

~~If, in the opinion of t~~ **The Executive Board, any APHA member acts in a manner as to reflect discredit upon APHA, membership or affiliation with APHA shall be terminated.**
has the authority to terminate membership for misconduct based on the processes outlined in the Code of Conduct.

(New) Section 5. Code of Conduct.

Members shall adhere to APHA’s Code of Conduct when conducting APHA business or attending APHA sponsored events whether in person, online, or written or verbal communication.

Result: Approved. 135 (99%) in favor and 2 (1%) opposed.

Dr. Aaltonen concluded by thanking the Committee on Bylaws for their work and noted additional items would be brought to the Governing Council in October. Dr. Guest encouraged Councilors with questions for the Committee on Bylaws to email governance@apha.org. Dr. Guest then turned the floor over to Joint Policy Committee (JPC) Co-Chairs, Anthony Santella, DrPH, CHES, CPH, Stephen Modell, MD, MPH and Kevin Sykes, PhD, MPH to deliver their report thanking the JPC for their work.

IX. Joint Policy Committee

Action Board Chair and Joint Policy Committee Co-Chair Dr. Stephen Modell began the JPC report by noting that 14 proposed policy statements (including two resubmitted late-breakers from 2023) were accepted into the 2024 review process in February. The proposals were divided into three main categories; A) Access to Care and Equity; B) Workforce Protection Safety and Training; and 3) International Health and Human Rights.

Dr. Modell stated the Science Board and JPC held their initial reviews of the proposed policy statements on April 18 and 19 and May 2 and 3, respectively. Dr. Modell noted that five proposed policy statements received conditional assessments and nine received negative assessments. Dr. Modell reminded Councilors that authors of assessments that received negative assessments may still move forward in the process and submit revisions. Dr. Modell noted that assessments and comments were sent to the proposed policy statement authors on May 24 and revisions are due August 16. The full Science Board and JPC assessments with comments are available on the proposed policy statement webpage for members to review.

Dr. Modell then stated that following discussion and voting on the assessments for C3: Antisemitism as a Public Health Crisis and C5: Support for Health Equity and Justice in the Occupied Palestinian Territories, the JPC found that the contents of these proposed policy statements represented a departure from APHA’s intent to provide substantially new, evidence-based, policy statements on significant public health issues containing action steps that should be taken by entities external to APHA. Dr. Modell notified the Council that a decision was made by the JPC and Executive Board to remove these two policy statements C3 and C5 from the 2024 proposed policy statement review cycle. Dr. Modell noted that recognizing the great importance of the issues these statements aimed to address, the Executive Board will commission:

- a proposed policy statement to address the public health impacts of hate and discrimination, and
- an update of Policy Statement 20095, The Role of Public Health Practitioners, Academics and Advocates in Relation to Armed Conflict and War.

Dr. Modell stated once drafted, these policy statements will be reviewed in the next proposed policy statement review cycle. Dr. Modell encouraged Councilors interested in participating in these writing groups to email policydevelop@apha.org and the Executive Board will appoint members to the groups.

Dr. Modell then detailed the criteria for positive, conditional and negative assessments and then individually announced the assessment for each proposed policy statement (detailed below).

Group A: Access to Care and Equity	
Proposed Policy Statement	JPC Initial Assessment
A1: Supporting Physical Activity for Transgender Individuals	Negative
A2: Increasing Access to Telehealth Medication Abortion in the United States	Negative

A3: A Call to Protect Access to Gender Affirming Care Nationwide in the Wake of Stricter Health System Religious Practices	Negative
A4: Actions to Incorporate Traditional, Complementary and Integrative Health Care Practices into Primary Disease Prevention and Health Promotion Policies	Conditional
A5: Advancing Community-Based Participatory Practice in Public Health	Conditional
A6: The Case for Equity and Justice-Centered Racial and Ethnic Public Health Data Collection Practices	Negative
Group B: Workforce Protection, Safety and Training	
B1: Equitably Applying Artificial Intelligence in the United States Workforce Using Training and Collaboration	Negative
B2: Protecting the Health and Safety of Workers Who Respond to Disasters: Achieving Equity Through Education and Training	Conditional
B3: A Multi-Component Approach to Increasing Prescription Drug Safety	Conditional
Group C: International Health and Human Rights	

C1: Meeting the Health and Psychosocial Needs and Ensuring the Human Rights of Refugees from Nagorno Karabakh	Negative
C2: A Call for Comprehensive Solutions: Addressing Puerto Rico’s Public Health and Healthcare Crisis	Conditional
C3: Antisemitism as a Public Health Crisis	Negative *Removed from 2024 PPS Review
C4: Considering Public Health in International Sanctions	Negative
C5: Support for Health Equity and Justice in the Occupied Palestinian Territories	Negative *Removed from 2024 PPS Review

Dr. Modell then announced the public hearings on the proposed policy statements will be held ahead of the Annual Meeting programming on October 21 and 22 from 3:00-4:30 p.m. ET via Zoom, and encouraged all Governing Councilors to attend. Dr. Modell also noted that late-breaker proposed policy statements are due by 11:59 p.m. ET on October 5 to policydevelop@apha.org. The criterion for a late breaker is as follows:

- Covers and emergent event or development that occurred following the February 2023 proposed policy statement deadline.
- APHA does not have an existing statement that covers the issues.
- The Actions Steps are directly related to and appropriate to address the problem.
- The proposed policy statement is properly formatted per the author guidelines.

Dr. Modell then noted that the 14 policy statements adopted in 2004, and 15 policy statements adopted in 2014, are scheduled for automatic archiving at the close of the 2024 Annual Meeting. Dr. Modell noted that if members believe the evidence in any of these policy statement scheduled for archiving remains accurate and the action steps remain feasible and applicable and therefore the statement should be kept active, they must submit a rationale requesting the policy statement(s) be kept active to policydevelop@apha.org by July 1. Dr. Modell noted that the Science Board will review these requests and make a recommendation to the Governing Council via the JPC as to whether the statements should remain active. Dr. Modell reminded the Governing Council that while archived policy statements no longer inform APHA policy and practice, they remain as historical documents and can be updated at any time. Dr. Modell concluded the JPC report by thanking the JPC for their efforts.

Speaker Guest thanked the JPC and encouraged all members of the Governing Council to look out for emails throughout the year as to how to participate in the policy statement process and provide feedback. Dr. Guest also reminded the Council of a letter sent earlier in the year that noted one of the key responsibilities of the Governing Council is the development, review and modification of the proposed policy statements. Dr. Guest reminded Councilors to be mindful of the Public Health Code of Ethics and APHA Code of Conduct as the proposed policy statement review continues and that the JPC provides neutral assessments via a Governing Council approved process. Dr. Guest stated any real or perceived intimidation, threatening, or disparaging of fellow APHA Members or Staff throughout the policy process will not be tolerated. Any violations should be reported to the Conduct Subcommittee of the Executive Board via the means outlined in the APHA Code of Conduct.

Dr. Guest noted questions on reports could be asked in the post-meeting evaluation or emailed to governance@apha.org and then turned the floor over to David Reyes, DNP, MPH, RN, Chair of the Strategic Planning Committee of the Executive Board, to provide an update on the implementation of the strategic plan.

X. Update on the APHA Strategic Plan

Dr. Reyes began by reviewing the strategic planning process that led to the adoption of a new strategic plan at the 2023 Annual Meeting. Dr. Reyes noted the new strategic plan is a five-year plan spanning from 2024-2029.

Dr. Reyes stated the next steps in the strategic planning process were to look towards implementation based on the new vision, mission and values. The new vision adopted is to achieve optimal, equitable health and well-being for all. Dr. Reyes noted the five priority areas of the strategic plan are: 1) Build Workforce Capacity and Effectiveness, 2) Champion Public Health, 3) Advance Equitable Public Health Outcomes, 4) Improve Member Engagement and Satisfaction, and 5) Execute Operational Excellence. Dr. Reyes also reviewed the revised mission which is to “build public health capacity and promote effective policy and practice,” based on the values of community, science and evidence-based decision making, health equity and justice, prevention and wellness, measurable progress in improving public health and fortitude to persevere.

Dr. Reyes then reviewed further definitions of each priority area which will guide the implementation process and metrics: 1) How are we looking to develop the skill and capacity of the workforce to meet current and emerging needs public health needs? 2) How can we be more succinct and focused in improving more equitable public health outcomes as well as address systemic racism? 3) How can APHA be responsive to membership and measure satisfaction with engagement and the benefits of membership? 4) How can the organization structure, governance, and funding be optimized to maximize member support and mission impact? Dr. Reyes noted an additional area of focus will be how APHA is organized as member units.

Dr. Reyes informed Councilors that Brighter Strategies were contracted to help implement the strategic plan. A benefit of this is that Brighter Strategies work on APHA Your Way helped to guide the strategic plan. All staff will be involved in implementing the strategic plan via workgroups focused on the priority areas. Next steps are to: 1) develop a comprehensive implementation plan with timelines; 2) develop and conduct All Staff Strategic Planning

presentation prior to workgroups meetings; and 3) identify and set up necessary tools for project management and collaboration.

Dr. Reyes further discussed the scope of work of Brighter Strategies noting they will be responsible for project initiation and planning, provide workgroup support, develop a landscape analysis and gap identification, develop metrics and facilitate evaluation planning, provide change management and coaching support and will meet with the Executive Board and Strategic Planning Implementation Committee.

Dr. Reyes concluded his report by stating that organizational excellence will focus on changes made in support of achieving the strategic plan objectives. Dr. Reyes then thanked the Strategic Planning Implementation Committee and Brighter Strategies for their work.

The Speaker noted there was not time for questions but encouraged Councilors to either send questions to governance@apha.org or include them in their post-meeting evaluation. Dr. Guest thanked Dr. Reyes and the Strategic Planning Committee and staff. Speaker Guest then turned the floor over to Dr. Benjamin.

XI. Report of the Executive Director

APHA Executive Director Georges C. Benjamin, MD, reported on the Associations activities since the 2023 Annual Meeting. Dr. Benjamin began by discussing National Public Health Week (April 1-7) activities, discussing the themes of each day, events, and activity challenges.

Dr. Benjamin then noted the 2024 Policy Action Institute will occur June 17-18, 2024, both in-person in Washington, D.C. and online. Dr. Benjamin noted about 400 people were expected to register, and the institute would cover topics like voting, climate and reproductive rights. The FDA Commissioner will also participate in a fireside chat as a part of the Institute.

Dr. Benjamin then moved to discussion of the findings of the facial analysis conducted at the 2023 Annual Meeting. Dr. Benjamin reminded Councilors that the facial analysis looked at impressions, demographics and happiness over time. It was facial recognition identifying only faces, not unique persons, and adheres to ethical AI standards for responsible recording. Dr. Benjamin noted that the analysis was free and captured people in major sessions and the exhibit hall. Dr. Benjamin stated the analysis found that APHA Central effectively served as a centerpiece of the exhibit hall and three-quarters of sessions recorded had great or exceptional ratings. The Wellness Lounge, Leadership Lab and Press Merchandise area had particularly high impressions, as did activities such as Zumba, the APHA dance and the Monday General Session.

Dr. Benjamin then discussed the 2024 Annual Meeting, noting that registration is open, and the early bird registration rate deadline is July 15. Dr. Benjamin introduced the Giorgio Piccagli Award, which will be presented for the first time at the 2024 annual meeting to honor a student or early-career professional who demonstrates outstanding leadership and initiative. Dr. Benjamin then shared the inaugural selection committee and encouraged Governing Councilors to submit nominations for the award.

Next, Dr. Benjamin discussed APHA's recent advocacy efforts noting APHA was actively supporting FDA regulation prohibiting the menthol flavor in tobacco and sent letters to President Biden, Reverend Al Sharpton and Congressman Jim Clyburn. In addition, APHA has signed on to court amicus briefs including *Braidwood vs. Becerra* (preventative health services in the ACA) in the Fifth Circuit Court and the EMTALA case before the Supreme Court. Dr. Benjamin stated APHA signed an FDA petition to enforce menu labelling requirements. Dr. Benjamin also highlighted the launch of the Voting and Health Initiative, which will feature at both the Policy Action Institute and APHA's 2024 Annual Meeting. Dr. Benjamin also stated APHA has been actively supporting budget efforts to fund key health priorities and oppose cuts to preventative funding. Other advocacy efforts mentioned include: opposing legislation to undermine the Clean Air Act, support for vaccine safety systems, sending a letter in support of public health workers to Congress, signing comments urging labelling requirements for alcohol, testimony to

appropriations leaders urging Title IX funding and support for Congressional action to resume funding for humanitarian aid for the people of Gaza.

Dr. Benjamin concluded the presentation and Speaker Guest opened the floor for questions. While the Speaker waited for questions, Dr. Benjamin noted APHA also signed a letter to Congress in support of mandatory funding for an adult vaccination program.

The Councilor from Ethics, Marc Hiller, DrPH, MPH, asked what APHA is doing to advocate for reproductive rights, including abortion, in the wake of the Supreme Court overturning *Roe v. Wade*. Dr. Benjamin stated APHA was a part of the original *Roe v. Wade* case over 50 years ago and was recognized in the dissent in the recent overturning. APHA has also actively supported access to emergency contraception in the media and the courts.

The Councilor from International Health, Jirair Ratevosian, DrPH, MPH, asked to what extent is APHA planning around Project 2025? What assessments are being done and what is being done to protect public health and the Association? Dr. Benjamin stated Project 2025, led by the Heritage Foundation and put together by a series of conservatives, is an effort to pass a range of extremely conservative policies including dismantling CDC, as well damaging initiatives around voting access, housing, education and SDOH. APHA is working with others to advocate for the protection of CDC and to build trust in science. The Alliance for the Public's Health is building a grassroots campaign to promote public health, stressing the need for both education and politics. Dr. Benjamin stated the importance of voting in support of public health. Dr. Benjamin also noted APHA is also involved in a coalition started by the Robert Wood Johnson Foundation examining public health legal authority, which would be severely undermined by Project 2025. He noted the real challenge will be a push regardless of the outcome of the election to put policies of Project 2025 in place depending on who is in Congress. Councilor Ratevosian responded that the legal authorities involved will be important regardless of the outcome of the election and was glad to see APHA taking leadership on this.

The Councilor from Sexual and Reproductive Health, Liesl Nyggerder, PhD, MPH, asked Dr. Benjamin to capitalize on the expertise of the Sexual and Reproductive Health Section to promote access to reproductive health. Dr. Nyggerder also asked if APHA was doing anything about the anti-diversity, equity and inclusion (DEI) legislation currently passed or proposed. Dr. Benjamin responded that APHA has promoted and continues to promote diversity, equity and inclusion and has not stepped away from using the language or engaging in DEI policy. APHA continues to capture communities that have identified racism as a public health issue and has identified a series of policies that, if put in place, begin to erode the fundamentals of structural racism. The Association has been actively promoting these in communities that have declared racism as a public health issue. APHA has supported affirmative action submissions to the Supreme Court and Dr. Benjamin sits on several groups examining the issue of health inequities. For example, on June 26, the National Academies will issue the “Unequal Treatment Revisited” report which Dr. Benjamin was on the Committee for and invited Governing Councilors to attend a webinar launching the report.

Councilor McKenzie Cowlbeck, MPH, CPH, the Oklahoma ARG, asked if the outcome of the election is not in alignment with public health because of the rise of third-party voting does APHA have a multi-year plan to continue to support public health? Dr. Benjamin responded that APHA is actively planning for what happens if positive leadership is not part of the next administration and stressed that this is the most important election in recent history. Dr. Benjamin stressed that APHA and others are working on how to be more assertive with good health practices moving forward.

Dr. Benjamin concluded by thanking the Governing Council for all their work. Hearing no further questions, Dr. Guest moved to provide his report on the Speaker’s Ad Hoc Committee on the public health policy statement process.

XII. Update of the Speaker’s Ad Hoc Committee

Dr. Guest stated that the ad hoc committee reviewing the policy statement process stemmed from comments, frustration and a lack of understanding of the policy statement development process.

Dr. Guest noted that while the JPC and Governing Council have made regular changes over the last 30 years, these have been incremental, and it is time for an overhaul. In addition, the Speaker highlighted gaps in the policy statement database, which can limit APHA's ability to respond to emerging changes. Dr. Guest also noted burnout among leaders in the policy statement development and review process as a concern. Dr. Guest's presentation offered a high-level summary, and the Speaker noted additional materials and reports would be available to the Governing Council later.

Dr. Guest stated the new ad-hoc task force was formed with the overarching question of "What is the ideal process and purpose of the APHA proposed policy statement process?" The goal is to ensure alignment of purpose, expectation and use. The ad-hoc committee was instructed not to identify challenges or opportunities within the current system, but rather, to reimagine it from the bottom up.

The Speaker stated nine members agreed to serve on this ad-hoc committee, including two past presidents, six current executive board members, three past elected executive board members, three executive board chairs, four education board chairs, two action board chairs and two science board chairs. The group is supported by four APHA staff members. Dr. Guest stressed that the ad-hoc committee is aiming for the best possible model and while no option will meet everyone's requirements, the goal is what is best for APHA and public health. Dr. Guest then reviewed the committee's guiding principles including: to create a more efficient, effective and quicker process; to be transparent and ensure the process is grounded in science and peer review and matches the mission, vision and values of APHA and the Public Health Code of Ethics; as well as benefitting APHA.

Dr. Guest shared the committee is operating on a process of define, discuss, research, discuss, recognizing that at any point they may need to revise, discard or identify items for implementation. At present the group has defined and generated ideas, researched alternatives

and identified best practices, and had now reconvened to select a process with promise. The Speaker noted the committee is now also looking to identify additional questions and seeking feedback from key stakeholders. Next steps will include further defining proposed processes, seeking additional feedback and revising to produce a new APHA policy statement process followed by implementation and evaluation post adoption. The Speaker stated a macro- and micro-group have now been formed to further develop the new proposed process.

Dr. Guest also identified other areas of concern including evaluation of policy statements once adopted, recruitment of members to participate in the policy statement process and engagement of state affiliates and local organizations in the process. The Speaker then presented a timetable of next steps with a final broad conceptualization finalized in September and listening sessions at the Annual Meeting ahead of discussion and adoption of a new process by the Governing Council at the Annual Meeting. Dr. Guest noted feedback was currently being sought from key stakeholders and additional feedback would be sought in September but encouraged Councilors to reach out with feedback or questions as any points. Dr. Guest concluded by noting that post adoption, an implementation task force would be formed with evaluation built into the process. The Speaker asked the Governing Council to trust in the process, provide feedback and embrace change.

Dr. Guest stated three working groups were formed with Group 1 tasked to identify the strengths of the current system; Group 2 to conduct of comparison of peer organizations practices; and Group 3 to determine what does APHA need/want from the policy statement process. The Speaker noted Group 1 had Identified the strengths, weaknesses, and opportunities of the existing APHA Proposed Policy Statement Process, as well as researched the intent of the process, current structure, historical advances and changes. To date, Group 2 has conducted reviews of 11 peer organizations' policy statement processes and identified best practices. The group identified areas where APHA's existing process excels and others where it may be outdated and selected specific activities recommended for inclusion in a revised policy process. Dr. Guest stated Group 3 has conducted a review of all APHA documents to review the purpose, role and definition of APHA policy statements; identified the intent of the process and statements

within the APHA legislative/advocacy structure and developed a unified definition that sets forth the purpose, role and expectations for an APHA policy statement.

XIII. Announcements and Reminders

Dr. Guest then turned to announcements and reminders. The Speaker asked everyone to please complete the Mid-Year Meeting Evaluation that will be sent after this meeting concludes by June 17. Dr. Guest stressed that feedback in the meeting evaluations helps ensure that Councilors' needs are met. Dr. Guest also encouraged Councilors to ask additional questions or make recommendations for the Annual Meeting agenda in the evaluation.

Additionally, moving toward the Annual Meeting, Dr. Guest reminded everyone of the APHA Code of Conduct. The Code of Conduct sets out the expectations of membership in the Association and the behavior expected of members of the Association. Dr. Guest stressed that APHA takes seriously any violations of the Code of Conduct – and the Executive Board is empowered to take a range of actions for violations up to and including member expulsion from the Association. The Speaker stated that any real or perceived intimidation, threatening, or disparaging of fellow APHA Members or Staff throughout the policy process will not be tolerated. Any violation of this should be reported to the Conduct Subcommittee of the Executive Board via the means outlined in the APHA Code of Conduct.

Dr. Guest also reminded everyone of the “Speaking with the Speaker” event on September 23. Registration noting this will include an overview of the Annual Meeting agenda and procedures of the Council in an in-person setting.

In addition, Dr. Guest recommended everyone review the GC Standing Rules. The Speaker noted that at the 2023 Annual Meeting, there were multiple reports of Councilors feeling unsafe on the last day. So, although the Speakers have acted with discretion before, Dr. Guest stressed the rules will be enforced and urged Councilors to remember there will be no photography, audio or video recording. Dr. Guest noted that GC Meetings are open to the public, and there will be designated

Gallery Seating Area. The Speaker stated there will be no campaigning or sharing of material on the floor of the Council, with a designated spots for any campaigning for the APHA National Office. Dr. Guest noted that Councilors will be identified with specific pins – and only Councilors are allowed on the floor of the Council which will be clearly marked with ropes and stanchions.

Dr. Guest reminded Governing Councilors that proxy submissions for those unable to attend the Annual Meeting should be submitted no later than October 16, 2024, and no proxies will be available to be registered after this date.

The Speaker encouraged Councilors to submit questions to aaron.guest@asu.edu.

The Councilor from Public Health Nursing, Jennifer Fricas, PhD, MPH, RN, was called on with a Point of Order, and noted that the QR code on the slides for the mid-year meeting was incorrect. Speaker Guest thanked Dr. Fricas and directed Councilor that the evaluation link would be sent immediately following the meeting.

XIII. Adjourn

Having completed business, Dr. Guest thanked the Governing Council and asked all to complete the post-meeting survey. The meeting was adjourned at 4:24 p.m. ET.

The Governing Council will reconvene at 3:00 p.m. CT on Saturday, October 26, 2024, in Minneapolis, MN.