

**American Public Health Association
Minutes of the Governing Council
June 12, 2023
Virtual Mid-Year Meeting**

Convening of the Council

The meeting was convened by President Chris Chanyasulkit, PhD. 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. Dr. Chanyasulkit welcomed and thanked the Governing Councilors for their work, and then turned the meeting over to the Speaker.

I. Call to Order

Dr. Guest called the meeting to order at 2:04 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 2023 meeting agenda and November 2022 meeting minutes. The motion to approve the consent agenda was appropriately moved and seconded and hearing no discussion, the Speaker called for

Motion: To approve the consent agenda of the 2023 Mid-Year meeting of the Governing Council to include the June 2023 meeting agenda and November 2022 meeting minutes.

Outcome: 139 yea (99%); 2 nay (1%). The motion was approved.

a vote. A point of discussion was raised, but following the opening of the vote making it out of order. Dr. Guest reminded Councilors to raise all discussion immediately following the introduction of a motion. Dr. Guest then reminded the Council of the 15-minute discussion rules which limited discussion on any agenda item to 15 minutes. After 15 minutes the Council must vote in the majority to extend discussion by an additional 10 minutes. Dr. Guest then turned the floor over to Treasurer Hernandez.

V. Treasurer's Report

APHA Treasurer Benjamin Hernandez, MBA, delivered a report outlining the Association's fiscal position in FY 2023 to date, as well as year end projections and APHA's FY 2024 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 2023 finances through April 2023. Hernandez stated total revenues through April were \$21,034, 339 and total expenditures were \$20,529,175 resulting in a current surplus of \$505,165. The Treasurer stated the Association would draw down in May and June and end the year in a deficit, but having a surplus in April is positive and an improvement from FY 22.

Treasurer Hernandez then shared projections for the close of FY 2023 in June. Projected revenues are \$23,093,882 and projected expenditures are \$23,981,786, leading to projected deficit of \$888,904. Treasurer Hernandez acknowledge the scale of the deficit, but stated compared to the FY 23 budget that projected a deficit of almost \$3 million, a swing to the positive of about \$2 million. Treasurer Hernandez noted that since the start of pandemic, when the Association has approved a deficit budget, it has always ended the Fiscal Year far better than anticipated and that APHA is in a good position to begin FY 2024.

Treasurer Hernandez then moved to discussion of the FY 2024 budget. The Treasurer noted the FY 2024 budget had been reviewed by the Finance Committee and would be presented to the the Executive Board on June 26, 2023 for approval. The FY 2024 budget is a planned deficit budget, but is within APHA's reserve abilities and lower than previous years. Treasurer Hernandez noted expected deficit budgets for the next few years as finances recover following the pandemic.

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

The Councilor from Maternal and Child Health, Deborah Jackson, ScD, MPH, was recognized and asked what needs to happen for the Association to move from deficit budgets. Treasurer Hernandez said it was difficult to predict when APHA will move from deficit budgets, but noted a few major factors. The Treasurer stated the Annual Meeting is the biggest revenue driver for APHA and with attendance returning to pre-pandemic levels, revenue is increasing. Treasurer Hernandez also noted staff's work to secure additional contracts and grants was having a positive impact. Treasurer Hernandez said planning was conservative to allow breathing room and reach a balanced budget in 2-3 years. Dr. Benjamin also noted that despite planning to go into the reserves in past years, the Association ended the year "in the black." However, two structural deficits remain, including lost revenue of approx. \$500,000 from rent of the sixth floor of the

APHA building, which will hopefully return as the real estate market levels out in Washington, DC. In addition, the Association had unanticipated expenditures over the last year related to building maintenance. Dr. Benjamin also cited the negative impact of inflation on expenses, but agreed with Treasurer Hernandez prediction that things will improve over the next couple of years.

The Councilor from CHPPD, Maurice Johnson, PhD, was recognized but stated his question was regarding inflation and was answered.

The Councilor from HIV/AIDS, Jeffrey Goodman, MPH, was recognized and asked if the numbers presented included market depreciation and appreciation of the Association's portfolio. Treasurer Hernandez stated the numbers presented exclude the investment portfolio, but these are included in the Treasurer's Report. Councilor Goodman followed up by asking if the Association had a positive return on investment in the last twelve months. Dr. Benjamin answered that overall investments were fine and helped shrink the projected deficit substantially. Dr. Benjamin also noted that the APHA office building was purchased for \$11.5 million with \$2.8 million left on the mortgage, but the building is appraised at over \$20 million.

Treasurer Hernandez concluded by noting possible changes to the Treasurer position to allow overlap and training of a Treasurer-Elect were being discussed and may be presented in more detail at the Annual Meeting.

Dr. Guest then reminded the Council of the opportunity to ask additional questions during the meeting assessment survey.

The Speaker then turned the floor over to Nominations Committee Chair, Mary Armstrong, PhD, to deliver the report of the Nominations Committee.

VIII. Nominations Committee

Dr. Armstrong announced the open positions in 2023, President-Elect (three-year term), Speaker of the Governing Council (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):

Hope Rollins, BS

Deanna Wathington, MD, MPH, FAAFP

Treasurer (three candidates for one open positions)

M. Aaron Guest, PhD

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

Jessica Boyer, MPH, MSW

Monique Brown, PhD, MPH

Debra Jackson, BSN, MPH, DSc.

Shirley Orr, MS, APRN, NEA-BC

Kusuma Schofield, MEd, MPH

Lina Tucker Reinders, MPH

Dr. Armstrong then announced the candidates for Honorary Vice President (one-year honorary term). The candidates are as follows:

Honorary Vice-President (three candidates for three open positions):

Vamini Selvanandan, MD, MPH, CCFP (EM), Chair of the Board of Directors of the Canadian Public Health Association — *Canada*

Robert K. Ross, MD, President, Research!America— *United States*

At the time of Dr. Armstrong's report, the candidate for Honorary Vice-President for Latin America and the Caribbean was to be confirmed. It has subsequently been announced the candidate is Jarbas Barbosa, MD, PhD, Director of the Pan American Health Organization.

Dr. Armstrong closed by commending the members of the 2022-2023 Nominations Committee. Dr. Guest also thanked all the members of the Nominations Committee, as well as the candidates, and reminded the Council that the vote on the slate will be held at the November 2023 meeting. Dr. Guest then turned the floor over to Dr. Bryan Buckley to deliver a presentation from the Development Committee of the Executive Board.

VII. Development Committee

Development Committee Chair, Bryan O. Buckley, DrPH, MPH, began by stating a committee goal to have 100% of Governing Councilors participate in leadership giving by the end of the 2023 Annual Meeting. Dr. Buckley stressed that any amount given counts and to date, approximately 15-20% of Councilors have given, including 100% giving by the Executive Board. Dr. Buckley challenged the Governing Council to reach over 50% giving by the Annual Meeting and noted that those who give by June 30th will be included in the Donors List of the APHA 2023 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 reintroduced the developments challenge to broaden the definition of development to include financial gifts, support, media and relationships.

Dr. Buckley stated donations can be made to APHA via the Giving Fuel platform, but that the gift of APHA membership or sponsoring a student to attend an APHA event was also a great way to give. Additionally, Dr. Buckley encouraged Councilors to explore their relationships by 1) seeking a matching gift from their company/organization; 2) sharing contacts and facilitating introductions to prospective individuals, corporations, foundations or governmental funders; 3) personally asking non-APHA friends to donate to APHA; and 4) suggesting and introducing APHA to sponsors for the 2024 Annual Meeting and Expo in Minneapolis. Dr. Buckley asked that connections be emailed to development@apha.org. Dr. Buckley then detailed how Councilors could aid APHA on social media by creating and publishing fundraisers in support of APHA and by forwarding appeals via their social networks. Dr. Buckley then discussed overall means of support including: 1) Submitting a brief fundraising video of one minute or less on why you give your time and finances to support APHA to development@apha.org; 2) advocating for APHA by sharing its mission and why it is important with contacts; and 3) donating vehicles to

APHA by calling 855-500-7434 or via careasy.org/apha. Lastly, Dr. Buckley demonstrated the Giving Fuel platform (apha.org/donate) that can be sent to anyone and is set up to accept one-time, weekly, monthly or yearly donations. Dr. Buckley concluded by thanking Councilors for their service to APHA, as well as the members of the Development Committee. Speaker Guest then asked for questions.

The Councilor from International Health, Carol Dabbs, MPH, was recognized and asked for clarification on the annual period for counting giving by Governing Councilors. Dr. Buckley clarified that the giving is counted within the fiscal year, from the beginning of July through the end of June, but in terms of meeting the goal of 100% giving by Governing Councilors this year, this metric will be calculated from June 2022 to November 2023. Hearing no further questions, the Speaker turned the floor over for the report from the Joint Policy Committee Co-Chairs, Dr. Apryl Brown, Shirley Orr, and Kusuma Schofield. Speaker Guest thanked the JPC co-chairs for their work to help orient Governing Councilors to the policy statement development process.

VIII. Joint Policy Committee

Science Board Chair and Joint Policy Committee Co-Chair Apryl Brown, MD began the JPC report by noting that 13 proposed policy statements (including one resubmitted late-breaker from 2022) were accepted into the 2023 review process in February. The proposals were divided into three main categories; A) Access to Care and Education; B) Conflict and Health and Human Rights; 3) Prevention.

Dr. Brown stated the Science Board and JPC held their initial reviews of the proposed policy statement on April 14 and 17 and April 27-28 respectively. Dr. Brown noted that eight proposed policy statements received conditional assessments and five received negative assessments. Dr. Brown then individually announced the assessment for each proposed policy statement (detailed below). The results of this assessment were provided to authors on May 26 and are available on the APHA website for Governing Councilors to review.

Proposed Policy Statement	JPC Initial Assessment
<u>A1: Public Health Action that Support Implementation of the 988 Suicide and Crisis Lifeline</u>	Negative
<u>A2: Partnering with Faith-Based Organization to Improve Global Routine Vaccinations Rates Across the Lifecourse</u>	Conditional
<u>A3: Supporting Youth Activity Opportunities in Out of School Time Programs</u>	Negative
<u>A4: Strengthening Public Health Nursing in the United States</u>	Negative

A5: Address System-Mediated Patient Safety in Community Pharmacies to Improve Public Health	Conditional
Proposed Policy Statement	JPC Initial Assessment
B1: A Call to End for Shackling During Healthcare	Conditional
B2: Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement (Sweeps) of Encampments	Conditional
B3: Cooperation in Healthcare and Public Health As A Bridge to Positive Peace Between Israel and Palestine	Conditional
B4: Respecting the Right to Health through Humane International Sanctions	Conditional
Proposed Policy Statement	JPC Initial Assessment
C1: Falls Prevention in Adults Aged 65 and Over: A Call for Increased Use of Evidence-Based Falls Prevention Algorithm	Conditional
C2: Preventing Mercury Exposure from Dental Amalgam in High-Risk Populations	Negative
C3: Youth Access to PrEP: A Public Health Approach to Increase Access to Care and Reduce HIV Incidence and Health Disparities	Conditional
C4: Actions to Incorporate Traditional, Complementary, and Integrative Health Care Practice Into Primary Disease Prevention and Health Promotion Practice	Negative

Dr. Brown then announced the public hearings on the proposed policy statements will be held virtually ahead of the Annual Meeting programming on November 1-2 via Zoom. Dr. Brown also noted that late-breaker proposed policy statements are due by 11:59 p.m. ET on Oct. 20 to policy@apha.org. The criteria 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 authors guidelines.

Shirley Orr, Chair of the Action Board and Co-Chair of the JPC, then noted that the 22 policy statements adopted in 2003 are scheduled for automatic archiving at the close of the 2023 Annual Meeting, as well as Policy Statement 20023 which was kept active for one additional year by the Governing Council in 2022. Orr noted that if members believe the science, references and actions steps of any of these policy statements remain relevant and the statement should be kept active, they must submit a rationale requesting the policy statement(s) be kept active to policy@apha.org by July 31. Orr 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.

Chair Orr then highlighted efforts by the JPC to update and improve the policy statement development process including 1) implementing a new process whereby comments submitted on behalf of a member unit require the signature of the member unit chair or policy chair; 2) sending all members' comments received by the JPC to authors for review; 3) Switching the page length limit of PPS to a word count limit by 2024; 4) beginning in 2024 JPC members will no longer be permitted to author PPS; 5) developing a JPC workgroup to examine the author guidelines to identify areas where clarification and edits are needed.

Dr. Guest then opened the floor to questions on the JPC presentation. The Councilor from Maternal and Child Health, Debra Jackson, was recognized and asked whether those proposed policy statements that received negative assessments will move forward in the policy statement development process. Shirley Orr answered that the authors whose statements received conditional assessments and negative assessments have the opportunity to move forward in the proposed policy statement process. Orr highlighted that the difference between a conditional and negative assessment is the degree to editing or additional evidence required.

The Councilor from CHPPH, Maurice Johnson, was recognized and asked for the projected time for the public hearings on Nov. 1 and 2. Dr. Brown responded that the timing would be announced closer to the date and Dr. Guest promised to share the time once decided. Shirley Orr noted they would likely be in the late afternoon or early evening to ensure access regardless of timezone.

Hearing no further questions Speaker Guest thanked the JPC and encouraged all members of the Governing Council to look out for emails through the year as to how to participate in the policy statement process and provide feedback. An additional question was then received from the Councilor from Vision Care, Andrea who asked for the link to the policy statements scheduled for archiving. Speaker Guest detailed where the list was located on the website and agreed to send the link following the meeting: https://apha.org/-/media/Files/PDF/Policy/20232024_Policy_Statements_to_be_archived.ashx

IX. APHA Your Way Update

Dr. Guest then turned the floor over to President Kaye Bender, PhD, RN, FAAN, APHA, to provide an update on APHA Your Way. Dr. Bender began by providing background on the APHA Your Way Project (formerly the Member Unit Engagement and Effectiveness Project (MUEEP)). Dr. Bender noted the project was launched in 2019 with the aim to determine how APHA could better engage with its members. From 2019-2020 Brighter Strategies conducted interviews, surveys and focus groups with APHA members in public health. In 2021 ten priority recommendations were made to improve member experience and value. Dr. Bender reminded the Governing Council of the five staff committees that worked to implement these priorities from 2021-2023: technology, mentoring, onboarding, leadership and measurement and reward.

Dr. Bender then provided a summary of the results of each of the committees. Through the efforts of the technology committee, APHA LEAD launched on August 3, 2022, replacing APHA Connect. Dr. Bender noted that to date there are 200 LEAD communities and the platform averages 400 daily users (double the number of daily users on Connect, the previous platform). Dr. Bender highlighted that LEAD empowers members by providing interactive communications, a member directory, an events calendar, mentoring opportunities and more.

Dr. Bender then highlighted the progress of the mentoring committee including the 8responsibilit of the Distinguished Leader’s Mentoring Series. To date there have been six webinars featuring a diverse roster of public health leaders with an average of 47 participants per session. Dr. Bender noted the series provides a unique opportunity for members to engage with leaders in the field in an intimate setting. In addition, Dr. Bender noted the launch of Mentor Match in March 2023 within the APHA LEAD platform. To date 200 mentors and nearly 300 mentees have been registered and there are over 85 active mentor-mentee relationships.

Dr. Bender then moved to discuss the successes of the onboard committee including the launch of a new member webinar in June 2022 to help new members get the most out of their membership and understand how to navigate APHA. These webinars are held quarterly and average 75 participants per session. In addition, Dr. Bender highlighted the new “live chat” feature on the APHA website which has provided quick responses to over 1000 member inquiries since its launch in April 2022. Dr. Bender also mentioned the “Big Interview” and “Savy Student Loan Forgiveness” webinars which were held to orient APHA members to these member perks that provide free interview practice and CV design, and can help save members up to 30% on services respectively. Dr. Bender also previewed the new leadership handbooks that was requested as a part of APHA Your Way. The new handbook was drafted to help facilitate leadership transitions and engagement, as well as provide best practice for governance and detail roles and 8responsibilities of the various leadership positions.

Dr. Bender then noted that the work of the measurement and reward committees will resume following the approval of a new strategic plan with the aim to diversify rewards in line with engagement and efforts in support of the strategic plan.

Dr. Bender concluded by discussing upcoming projects as a part of APHA Your Way including:

- The release of the leadership handbook by the Annual Meeting with accompanying training
- A revamp of the membership and section landing pages on the APHA website

- The launch of new videos promoting member benefits
- The return of APHA LEAD demos at the Annual Meeting
- A member survey focused on APHA lead around the 1-year anniversary of the launch
- The launch of member reports within APHA LEAD to allow sections to obtain timely updated rosters
- The introduction of a “buddy system” at the 2023 Annual Meeting to help new members navigate the conference.

Finally Dr. Bender encourages Governing Councilors to visit www.apha.org/apha-your-way for additional updates. Dr. Bender then thanked the staff, Executive Board and members who undertook the implementation of APHA Your Way to make APHA better for all.

Dr. Guest then opening the floor for questions. Seeing no questions, Dr. Guest moved to the update on the APHA Strategic Plan.

X. Update on the APHA Strategic Plan

David Reyes, DNP, MPH, RN, Chair of the Strategic Planning Committee of the Executive Board, began by highlighting the strategic plan purpose which is to strengthen APHA so that together we can accomplish the mission to improve the health of the public and achieve equity in health status. Dr. Reyes noted the charge of the Strategic Planning Committee is to guide, facilitate and support work across the Association and through the lifecycle of the strategic plan. Dr. Reyes noted the strategic plan will be updated this year and was last updated in 2019. Dr. Reyes noted that the Committee worked with staff to hire a consultant and then assisted the consultant in gathering information from member units, members and other stakeholders to design a new strategic plan. Once a plan is in place, the committee will provide monitoring and follow up to ensure the best possible implementation and evaluation of the plan.

Dr. Reyes reviewed the three strategic portfolios in the current strategic plan including strengthen public health practice, build a public health movement and align organizations capacity and infrastructure. Reyes stated these served as a guide for the updated plan. Dr. Reyes stated Davidoff Mission-Driven Business Strategy consulting group has been hired to facilitate the development of a new strategic plan. Dr. Reyes then highlighted the three phases of the project: discovery phase (Dec. 2022-March 2023), mission driven strategic plan development (March 2023-Aug. 2023) and strategic plan approval (Aug. 2023-Nov. 2023), followed by implementation. Dr. Reyes discussed how the plan aims to examine the needs of membership and align infrastructure and resources to meet these needs, as well as reinforce the value of public health and champion the field. Dr. Reyes stated a new strategic plan will be approved by the Executive Board by the 2023 Annual Meeting. Dr. Reyes concluded by thanking the members of the Strategic Planning Committee and Dr. Guest then opened the floor for questions.

The Councilor from Maternal and Child Health, Debra Jackson, was recognized and asked whether the report from the discovery phase was available for review, as well as what the plans were for engaging the Governing Council prior to approval of the strategic plan. Dr. Reyes responded that leadership of the ISC, Sections, Affiliate and Caucuses were involved in the discovery process and will be a part of upcoming work groups. Dr. Reyes noted that the results of the discovery phase were still in draft at this point. Dr. Benjamin added that the bulk of information used in the strategic planning process came from member input gathered during APHA Your Way.

Hearing no further questions, the Speaker thanked Dr. Reyes and turned the floor over to Dr. Benjamin.

XI. Report of the Executive Director

APHA Executive Director Georges C. Benjamin, MD, reported on the Association's activities since the 2022 Annual Meeting. Dr. Benjamin began by discussing National Public Health Week (April 3-9) activities, noting the Association received a presidential proclamation for National Public Health Week 2023.

Dr. Benjamin then noted the 2023 Policy Action Institute will occur June 15-16, 2023 both in-person in Washington, D.C. and online.

Dr. Benjamin then moved to discussion of the 2023 Annual Meeting, noting that abstract acceptances were sent June 1, 2023, registration and housing opened June 5 and interest was high amongst exhibitors. Dr. Benjamin stated Annual Meeting attendees must be up to date on COVID-19 vaccines and masking will be discretionary with a final decision on mandatory masking to be rendered closer to the meeting date.

Dr. Benjamin then reviewed the decision parameters surrounding the location of the Annual Meeting. Dr. Benjamin noted there are only 12 cities that have the capacity to facilitate the APHA Annual Meeting due to the high attendance rates, hotel and convention center room capacity, airline access, anti-tobacco laws and overall cost requirements of the meeting. Dr. Benjamin discussed concerns regarding the California Law AB 1887 which prohibits state funded travel to states that discriminate against the LGBTQ community, which include Georgia where the 2023 Annual Meeting will be held and Texas where the 2026 meeting is to be held. Dr. Benjamin noted the cities hosting the Annual Meeting, Atlanta, Georgia, and San Antonio, Texas, are both relatively progressive, but acknowledge that APHA members who are California state employees or work for state-funded organization or universities cannot use state funds to attend these meetings. Dr. Benjamin encouraged members to support funding for students for California state universities to attend. Dr. Benjamin noted APHA's consideration of additional issues including women's rights, tobacco use, guns, and health insurance coverage and note the possibility to address concerns in around these issues via rallies, etc, while in states like Georgia and Texas.

Dr. Benjamin moved to provide an administrative update on the Association noting that former Associate Executive Director for Public Health Policy and Practice, Dr. Regina Davis-Moss departed APHA to become the President and CEO of In Our Own Voice: National Black Women's Reproductive Justice Agenda. Mighty Fine, MPH, is currently serving as interim Associate Executive Director. Dr. Benjamin also noted that Dr. Celeste Phillips joined APHA as a Public Health Advisor for Health and Medical Affairs.

Dr. Benjamin reminded the Governing Council that a membership dues increase of approximately \$5/year was approved at the 2022 Annual Meeting and will be built into the FY 2024 budget.

Dr. Benjamin highlighted APHA's work on building public health infrastructure. APHA is a part of two coalitions, The House of Medicine Coalition and the Coalition for Trust in Health and Science, to address mis/distrust in information. In addition, Dr. Benjamin stated APHA is a part of a major coalition to address concerns about public health legal authority and continues to work with several groups to address vaccine hesitancy.

Dr. Benjamin shared contribution to a report from the Office of Science and Technology Policy which presented a Report to the President entitled "Supporting the U.S. Public Health Workforce." The three recommendations of the report included: 1) Create a new Standard Occupational Classification for public health 2) Create an all of government campaign to recruit and retain people in public health careers and establish new pathways and increase existing opportunities for personnel exchanges between federal, state, tribal and territorial health officials, as well as support exchanges with local public health systems and private sector organizations and 3) Develop and sustain a robust public health workforce that is rooted in support for health workers and building communities of practice to ensure health equity is central to work moving forward.

Dr. Benjamin also discussed recent presentations to the House Select Subcommittee Roundtable, "Preparing for the Future by Learning from the Past: Examining COVID Policy Decisions" and an Energy and Commerce Subcommittee on Oversight and Investigations, "Looking Back Before Moving Forward- Assessing CDC's Failures in Fulfilling its Mission," where Dr. Benjamin testified on how best to positively support the CDC.

Dr. Benjamin also then highlighted APHA's legislative successes, including the D.C. Circuit Court's rejection of a challenge to the EPA greenhouse gas endangerment finding which keeps intact a finding that supports the standards the EPA is developing to reduce greenhouse gas emissions from the fossil-fuel fired power sector, the transportation sector and the oil and gas industry. Dr. Benjamin also noted the Supreme Court's decision by a vote of 7-2 in *Health and Hospital Corporation of Marion County v. Talevski* to preserve Medicaid recipients' right to sue, noting APHA filed an friend of the court brief in this case.

Dr. Benjamin then highlighted additional legislative actions stating that APHA, along with 68 distinguished deans and professors of public health across the nation, filed an amicus brief to the U.S. Court of Appeals for the Fifth Circuit in support of the federal government's requested stay in the recent ruling in the case of *Braidwood vs. Becerra* in which plaintiffs are challenging the Affordable Care Act's coverage of certain no-cost preventative services. In the brief, APHA and public health experts explain the importance of cost-free preventative services. In addition, Dr. Benjamin noted APHA endorsed legislation to ban commercial asbestos, advocated for abortion and birth control access, endorsed a bill to combat hunger among older Americans, supported the President's budget, supported transgender rights and endorsed legislation to restore access to federal nutrition programs for formerly incarcerated individuals.

Dr. Benjamin concluded presenting and the Speaker opened the floor for questions. The Councilor from Medical Care, Linda Green, MD, was recognized and asked for action in Atlanta, GA around "Cop City"- the Atlanta Public Safety Training Center - based on APHA's policy statement on police violence. Dr. Benjamin said he would consider the request. Councilor McKenzie Cowlbeck, MPH, CPH, of the Oklahoma Public Health Association, asked as to plans

to help protect pregnant and transgender individuals attending APHA Annual Meetings in “hostile” states. Dr. Benjamin noted the Association had not flagged major items of concern with regards to safety, but that the Association would continue to monitor the situation in Atlanta and will be visiting San Antonio to discuss concerns with city officials. In Atlanta, there would be security personnel and pre-meeting surveillance and APHA would work with law enforcement to protect members both in the convention center and traveling to and from the meeting. Councilor Colbeck followed up by asking if a pregnant person needed an abortion in Texas and the current “bounty law” still stands how would APHA protect them? Dr. Benjamin responded that APHA would consider this carefully and determine how best to handle this scenario.

Councilor Tenaya Jackman, MPH, of the Hawaii Public Health Association, was then recognized and asked that for future meetings, could the Association consider laws that restrict freedoms. Dr. Benjamin responded and stated that this would be considered in future Annual Meeting site selection. Councilor Jackman also asked if APHA would consider supporting the state public health association in efforts to lobby against restrictive laws in Georgia and Texas. Dr. Benjamin could not speak for the Affiliates but said that APHA would certainly support them in advocacy efforts against these laws should the state association choose to engage in them.

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.

XII. Update of the Speaker’s Ad Hoc Committee

Dr. Guest then delivered an update on the Speaker’s Ad Hoc Committee that was approved at the 2021 Annual Meeting. Dr. Guest reminded Councilors of the committee’s objectives:

- 1) Identify opportunities for improving the Governing Council experience, engagement and activities.
- 2) Identify and disseminate best practices in the Councilor role to the member units by examining existing member unit activities.

Dr. Guest provided an update on the 11 report recommendations and four ongoing topics. With regards to distinguishing the role of the Governing Council from the Executive Board during training, the Speaker noted this had been implemented in the Governing Council orientation and that a leadership handbook was in development under APHA Your Way which highlighted these distinctions. Dr. Guest also noted a one-page primer of Governing Council responsibilities had been developed and included in the Section Leadership Handbook. Dr. Guest stated the Governing Council orientation had been broken down into three shorter sessions and the Governing Council orientation at the Annual Meeting would be reinstated in November 2023. The Speaking with the Speaker series has continued with sessions held in January, February and April, as well as one planned for October 2023. Speaker Guest stated that work continues to deliver content to Governing Councilors in multiple formats including emails, videos, webposts and APHA LEAD discussions. Dr. Guest also noted work to engage Governing Councilors in the proposed policy statement development process including training from the JPC and Policy Chairs Working Group. Dr. Guest noted continued communication with the ISC about the

importance of engagement of Governing Councilors in leadership meetings and stated he and APHA staff would continue to communication with Section leadership on the roles of the Governing Councilor. Dr. Guest highlighted the Governing Council's active LEAD community as a great place for engagement and connection amongst Governing Councilors. Dr. Guest highlighted work to share best practices in the Governing Council role as well as efforts to provide Governing Council meeting material earlier stating they'd be made available as soon as they are received. Lastly, Dr. Guest noted the ability to ask questions in post-meeting surveys and the production of after meeting reports and that additional alternative means of asking questions on APHA reports are being explored.

Dr. Guest then provided updates on additional considerations. The Speaker noted that the request to review the appropriateness of the name of the Governing Council had been forwarded to the APHA Executive Board but tabled during APHA Your Way and the strategic planning process. Dr. Guest stated a means of examining the potential role of adopted policy statements at the state and local level was underway as a part of APHA Your Way. The Speaker also noted that the request to discuss shrinking the size of the Governing Council had also been sent to the Executive Board, but discussion is not occurring at this time. Lastly, Dr. Guest stated potential opportunities to incentivize participation amongst members units had been discussed by the APHA Board and Staff and discussion would continue with the ISC, but that representation on Governing Council should serve to motivate participation. Dr. Guest concluded that implementation is ongoing and a written report on the activities would be provided at the 2023 Annual Meeting and asked for continued engagement from the Council.

XIII. Announcements and Reminders

Dr. Guest began discussing the APHA Code of Conduct. Dr. Guest highlighted that the APHA Code of Conduct covers matters of decorum, collegiality, communication, harassment and discrimination. Dr. Guest stated that following the establishment of a Code of Conduct a mechanism was needed to enforce and respond to reported violations of the Code of Conduct through a clear process for receipt, retention and treatment of reported violations. A "policy and procedures" document was approved by the Executive Board in May 2023. Dr. Guest informed the Council that any APHA member may submit any concerns, issues or complaints regarding violations fo the APHA Code of Conduct ("concerns") via electronic report, email or mail. Following receipt of a concern, the Conduct Subcommittee of the Governance Committee of the Executive Board will 1) meet with the reporting member and respondent to determine if further investigation is warranted 2) prepare recommendations for finding and determination including corrective and disciplinary action is recommend. Dr. Guest noted possible corrective/disciplinary action includes: letter of warning, letter of reprimand, exclusion from specific meeting/sessions, removal from leadership positions, suspension or expulsion with or without the possibility of reinstatement. Dr. Guest noted that there is an appeals process in the

case that expulsion is recommended. In addition, the Speaker noted that anonymous reporting is not permitted, but the reporting member may request their names be kept confidential from the respondent. Violations can be reported at any time, but the more time that has passed since the perceived violation the more challenging the investigation.

Dr. Guest then recognized Councilor Teresa Garrett, DNP, RN, PHNA-BC, Utah Public Health Association, who asked if there were any non-Executive Board members on the Governance Committee. The Speaker responded the Governance Committee was made up of only Executive Board members.

Dr. Guest then moved to a discussion of the proxy process for the APHA Annual Meeting. Dr. Guest reviewed the process for appointing a proxy stating that the proxy is registered for the entire session and must be registered ahead of the Annual Meeting by the Section Chair or Affiliate President. Speaker Guest highlighted challenges with the proxy process stating that the number of proxies continue to rise and this may result in limited access to information or decisions by the proxy. The Speaker spoke to the challenge of registering proxies on site, as well as limited participation in the emergency proxy process instituted in 2022. Dr. Guest instructed the Council that the deadline for registering proxies for the 2023 Annual Meeting is Oct. 20. All member units should also register emergency proxies, available in case of an emergency, by Nov. 3. No proxy registrations will be allowed onsite at the Annual Meeting. If a Governing Councilor is unexpectedly unable to attend, only a listed emergency proxy from the respective member unit will be permitted to serve for the Governing Council.

The Speaker then opened the floor for questions. The Councilor from CHPPD, Maurice Johnson, was recognized and asked what does it mean that a proxy had to serve for a full session. Dr. Guest noted Saturday was one session and Tuesday is another, so a proxy would have to serve either for all of Saturday or all of Tuesday, or they could be appointed to serve for both sessions. Johnson then noted a need to figure out a strategy to avoid conflicts for Governing Councilors who also have poster and oral sessions. Dr. Guest agreed and stated that while he's worked to limit the time required at the Annual Meeting for the Governing Council, that he would continue to look into this and address it with staff. The Councilor from International Health, Carol Dabbs, asked if member units could name more than one emergency proxy. Dr. Guest responded that yes, member units were welcome to list multiple emergency proxies, but should have one at a minimum. The Councilor from Maternal and Child Health, Debra Jackson, was then recognized, if the emergency proxy spreadsheet would go to Chairs or Section Whips. Dr. Guest responded the request for emergency proxies would go to all Governing Councilors (including Section Chairs). Councilor Jackson also suggested Governing Councilors reach out to Section Program Planners to help avoid presentation overlap with the Governing Council sessions. Dr. Guest then moved to the Governing Council Schedule during the Annual Meeting noting that agenda items should be submitted by Sept. 1, 2023.

- Nov. 1 and 2: 3:30-5 p.m. ET, Public Hearings on the proposed policy statements (Virtual)
- Nov. 11: 2-2:45 p.m. - Governing Council Orientation (In-person, Atlanta)
- Nov. 11: 3-6 p.m. - Governing Council Session 1 (In-person, Atlanta)
- Nov. 13 : 12:30-2:00 p.m. - Candidate Forum (In-person, Atlanta) * Changed to Roundtable Discussion of Strategic Plan from 9-10:30 a.m. (In-person, Atlanta); All Governing Councilors invited to the ISC/CoA Candidates Forum on Oct. 25 from 6-8:30 p.m. ET (Virtual)
- Nov. 14: 8:30 a.m. -1:30 p.m. - Governing Council Session 2 (In-person, Atlanta)

Dr. Guest also noted the final Speaking with the Speaker session to prepare for the Annual Meeting would be held virtually on Oct. 10 from 2-3 p.m. ET.

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 4:23 p.m. ET.

The Governing Council will reconvene at 3 p.m. ET on Saturday, Nov. 11, 2023 in Atlanta, GA.