



**American Public Health Association  
Minutes of the Governing Council  
June 14, 2021  
Virtual Mid-Year Meeting**

**Convening of the Council**

The meeting was convened by APHA President José Ramón Fernández-Peña, MD, MPA. Speaker of the Council M. Aaron Guest, PhD, MPH, MSW, presided, and Greg Ullrich, JD, served as Parliamentarian. Dr. Fernández-Peña 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 2:05 p.m. ET

**II. Quorum Call**

Secretary of the Council Georges Benjamin, MD, 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. He then reviewed voting procedures and conducted a test vote to orient Councilors to the voting process within the platform.

**IV. Approval of the Meeting Agenda**

Dr. Guest then called for a motion to approve the meeting agenda. The motion to approve the agenda was appropriately moved and seconded, and hearing no discussion, the Speaker called for a vote.

**Motion: To approve the agenda of the 2021 Mid-Year meeting of the Governing Council**

**Outcome: 131 yea (99.3%); 1 nay (.7%); 3 abstaining; The motion was approved**

## V. Approval of the October 2020 meeting minutes

Dr. Guest then called for a motion to approve the October 2020 meeting minutes. The Councilor from CHPPD, Zamir Brown, MPH, raised a point of discussion requesting two edits be made to the minutes. The edits were as follows:

- 1) Top of page 15 reads the vote for LB3 was 100% in favor with 0 opposition with an opposed percentage of 0.6% — rounding error
- 2) Bottom of page 21 reads that the motion passed with 87 (54.4%) in favor with 73 (64.6%) opposed; and 9 abstaining — incorrect percentages.

Councilor Brown also requested that minutes and notes of the Governing Council use either non-binary pronouns and/or names of those speaking to avoid potential misgendering. Dr. Guest agreed to these changes and called for a motion to approve the October 2020 meeting minutes as amended. The motion to approve the minutes was appropriately moved and seconded, and hearing no discussion, the Speaker called for a vote.

**Motion: To approve the minutes of the October 2020 meeting of the Governing Council**

**Outcome: 143 yea (100%); 0 nay (0%); 7 abstaining; The motion was approved**

## VI. Governing Council Rules Vote

Next, Dr. Guest brought forth a proposal for a vote related to Governing Council policy on voting in Association-wide elections. Dr. Guest noted that it has been the policy of the Governing Council that when voting for candidates for Executive Board and Nominations Committee, Councilors are required to select the same number of candidates as open positions (i.e. if there are three open positions, each Councilor selects their top three candidates when voting). Bullet voting, or the process of selecting only one candidate as a tactic to reduce the vote total for other candidates, thus maximizing the chance your favorite candidate will be elected, has not been allowed.

Dr. Guest noted that during and following the October 2020 meeting of the Governing Council, objections were raised to this rule. Therefore, the Speaker noted, the question before the Governing Council today was to affirm by majority vote the practice of requiring Councilors to select the same number of candidates as open positions when voting in Association-wide elections.

Dr. Guest emphasized that a “yea” vote on this question maintains the ban on bullet voting, and a “nay” vote would eliminate the requirement to select the same number of candidates as open positions when voting in Association wide elections, thus allowing bullet voting. Dr. Guest then asked for a motion to affirm the ban on bullet voting. The motion was appropriately moved and seconded, and hearing no discussion, the Speaker called for a vote.

**Motion: Affirm the practice of requiring Governing Councilors to select the same number of candidates as open positions when voting in Association-wide elections**

**Outcome: 96 yea (64.8%); 52 nay (35.2%); 4 abstaining; The motion was approved**

## VII. Treasurer's Report

APHA Treasurer Benjamin Hernandez, MBA, delivered a report outlining the Association's fiscal position in FY21 and introducing APHA's FY22 budget.

Treasurer Hernandez began his report discussing FY21 finances through April 2021. Hernandez stated total revenues through April were \$14,044,092. Revenues were less than budgeted (\$14,590,192) by \$546,100. Treasurer Hernandez stated projected revenues for the full FY21 are \$15,367,166. Hernandez stated expenditures through April 2021 were \$14,098,230 — \$2,876,630 less than the budgeted \$16,974,860. Projected total expenditures for FY21 are \$16,557,056.

Treasurer Hernandez stated the current deficit as of April 2021 was \$54,138. Projections expect this deficit to increase to \$1,189,889 by the end of FY21. However, adding in revenue from investments, APHA is expected to be in the black by \$269,950. Hernandez stressed that when the FY21 budget was created, a \$2,278,668.13 deficit was expected, when in actuality a small gain is projected.

Treasurer Hernandez then moved to discussion of the FY22 budget stating that the deficit expected in FY21 is now projected to shift to next year. Total revenues expected for FY22 are \$15,734,349 and expected expenditures are \$18,310,097, creating an anticipated deficit of \$2,575,747. Hernandez encouraged Governing Councilors to read the letter on the first two pages of the FY22 budget which highlight mitigations to the anticipated deficit including forgiveness of the Paycheck Protection Program (PPP) loan, which would reduce the deficit to approx. \$1,375,000. The letter also notes deliberate use of reserves including APHA's 150<sup>th</sup> Anniversary activities and the Member Unit Effectiveness and Engagement Project, including replacement of the APHA Connect system.

Treasurer Hernandez turned the floor back to Speaker Guest. Dr. Guest noted there was no time for questions for the Treasurer at this time, but the Speaker would return to them later in the meeting, time-permitting.

## VIII. Nominations Committee

Dr. Guest then turned things over to Nominations Committee Chair Jen Collins, PhD, RN. Dr. Collins announced the candidates for president-elect (3-year term) and three open positions on the Executive Board (4-year terms). The candidates are as follows:

*President-Elect (2 candidates for 1 open position):*

Chris Chanyasulkit, PhD, MPH — MCH/SRH (Massachusetts)  
Ron Manderscheid, PhD, MA — MH/ATOD/PHEHP (Maryland)

*Executive Board Member (6 candidates for 3 open positions):*

Melissa (Moose) Alperin, EdD, MPH, MCHES — PHEHP (Georgia)  
Bryan Buckley, DrPH, MPH — CHPPD/HA (Maryland)  
Amy Lee, MD, MBA, CPH — PHEHP/MC (Ohio)  
Emmanuel Peprah, PhD — IH/HIV/AIDS (New York)  
Gopal Sankaran, MD, DRPH, MPH, MNAMS — IH/MCH (Pennsylvania)  
Junling Wang, PhD — APH (Tennessee)

Dr. Collins then announced the candidates for Honorary Vice President (1-year honorary term). The candidates are as follows:

*Honorary Vice-President (3 candidates for 3 open positions):*

Benita Cohen, RN, MSc, Chair of the Board of Directors of the Canadian Public Health Association — *Canada*  
Ramón Anulfo López, MD, Executive Director, Alliance of Public Health Associations and founding member of the Dominican Society for Public Health — *Latin America and the Caribbean*  
Gail Christopher, PhD, DN, ND, Executive Director of the National Collaboration for Health Equity — *United States*

Dr. Collins closed by commending the members of the 2020-2021 Nominations Committee.

## IX. Development Committee

Development Committee Chair Donna Beal, MPH, MCHES, began by showing the video, *APHA Giving*, which highlighted how donations to APHA are used. Following the video, Beal challenged Governing Councilors to participate in leadership giving, noting that from July 2020-June 2021, 27.4% of Governing Councilors contributed \$30,448. Beal then highlighted ways to give including at <https://www.apha.org/donate>, via phone, mail, planned giving, vehicle donations and through the Amazon Smile program. Beal concluded by thanking Councilors, on behalf of the Development Committee, for their service to APHA.

**X. Joint Policy Committee**

Education Board Chair and Joint Policy Committee Co-Chair Shontelle Dixon, MPH, CHES, began the JPC report by noting that 20 proposed policy statements (including six resubmitted late-breakers from 2020) were accepted into the 2021 review process in February. The proposals were divided into four main categories; A) Prevention; B) Access to Care and Equity; C) Environment and the Built Space; and D) Human Rights and Education.

Dixon stated the Science Board and JPC held their initial reviews of the proposed policy statement on April 28-29 and April 29-30, respectively. Dixon noted that the results of this assessment were provided to authors on May 21, and revisions are due August 13. Additional next steps were also highlighted, including:

- 1) Late Breaker proposed policy statements are due Oct. 14 to [policy@apha.org](mailto:policy@apha.org)
- 2) Public hearings will be held virtually as a part of the official pre-Annual Meeting programming on Oct. 18 and 19 from 2-5 p.m. MT
- 3) The Governing Council will discuss and vote to adopt the proposed policy statements during Session II at the Annual Meeting on Oct. 26 from 8 a.m.-12:30 p.m. MT

Anne Dressel, PhD, CFPH, Chair of the Action Board and Co-Chair of the JPC, and Jeffrey Hall, PhD, MSPH, MA, Chair of the Science Board and Co-Chair of the JPC, then presented the JPC’s initial assessments of the proposed policy statements. Nineteen proposed policy statements received conditional assessments, and one received a negative assessment.

<b>Policy</b>	<b>Assessment</b>
<b>A1</b>	<b>Conditional</b>
<b>A2</b>	<b>Conditional</b>
<b>A3</b>	<b>Conditional</b>
<b>A4</b>	<b>Conditional</b>
<b>A5</b>	<b>Conditional</b>
<b>A6</b>	<b>Conditional</b>
<b>B1</b>	<b>Conditional</b>
<b>B2</b>	<b>Conditional</b>
<b>B3</b>	<b>Conditional</b>
<b>B4</b>	<b>Conditional</b>
<b>B5</b>	<b>Conditional</b>
<b>B6</b>	<b>Conditional</b>
<b>B7</b>	<b>Conditional</b>
<b>B8</b>	<b>Conditional</b>
<b>B9</b>	<b>Conditional</b>
<b>C1</b>	<b>Conditional</b>
<b>C2</b>	<b>Conditional</b>
<b>D1</b>	<b>Negative</b>
<b>D2</b>	<b>Conditional</b>
<b>D3</b>	<b>Conditional</b>

They stated:

- A **positive assessment** denotes that the proposed policy statement meets policy statement guidelines, and only minor changes are needed.
- A **conditional assessment** denotes the proposed policy statement generally meets the policy statement guidelines, but needs some revision.
- A **negative assessment** denotes the proposed policy statement does not meet policy statement guidelines, or there are major flaws within the proposal.

Dr. Hall then noted that 26 policy statement adopted in 2001 are scheduled for automatic archiving at the close of the 2021 Annual Meeting. 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 justification requesting the policy statement(s) be kept active to [policy@apha.org](mailto:policy@apha.org) by June 30. Dr. Hall 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.

## **XI. Member Unit Effectiveness and Engagement Project (MUEEP)**

Executive Board Chair Deanna Wathington, MD, MPH, FAAFP, began by introducing the Member Unit Effectiveness and Engagement Project and turned the floor over to Kaye Bender, PhD, RN, FAAN, APHA President-Elect and Co-Chair of the Member Unit Effectiveness Feasibility and Priority Committee, for presentation of the report. Dr. Bender began summarizing Brighter Strategies' findings and recommendations following over a year of data collection under MUEEP. Dr. Bender noted recommendations spanned 6 areas: 1) Communications and Information Technology; 2) Volunteer Leadership; 3) Measurement and Reward;s 4) Member Growth and Development; 5) Member Engagement; and 6) Member Unit Structure.

Recommendations were classified as quick-win, high impact early investment or long-term projects depending on the estimated time, cost, staff resources and member support required.

Dr. Bender then summarized the goals and recommendations in each area of the Brighter Strategies Report:

### **Communications and Information Technology**

#### ***Goals:***

- Provide easily accessible member lists
- Improve on-boarding of new members
- Reduce burden and reliance on Section chairs to communicate information

#### ***Recommendations:***

- Improve availability of information re: unit goals and activities
- Communication guidelines and new member on-board process
- Replace APHA Connect
- Create communications specialist/increase use of liaisons to aid in cross-unit collaboration
- Better integrate communication tools with social media

## **Volunteer Leadership**

### ***Goals:***

- Better support leaders
- Provide more uniform APHA experience regardless of member unit affiliation

### ***Recommendations:***

- Transfer of knowledge system between outgoing and incoming leaders and create leaders handbook
- Ensure Section leaders are known and educate members on leaders responsibilities
- More events to engage with leaders
- Targeted leadership training

## **Measure and Rewards**

### ***Goals:***

- Stop rewarding based on member unit size alone
- Expand recognition of members

### ***Recommendations:***

- Diversify “rewards”
- Base rewards on community action, strategic alignment, member engagement

## **Growth and Development**

### ***Goals:***

- Continue to promote networking and skill-sharing among members
- Increase APHA advocacy capacity
- Increase mentoring opportunities

### ***Recommendations:***

- Build state and local advocacy strength, and build on federal advocacy
- Create a network able to “act fast” on key issue
- Develop comprehensive mentoring program
- Increase peer learning opportunities
- Promote both qualitative and quantitative research at Annual Meeting

## **Member Engagement**

### ***Goals:***

- Provide additional opportunities for members to connect
- Enable new members to better engage

### ***Recommendations:***

- Conduct more interactive meetings and revisit regional meetings
- Improve outreach to new members
- Provide leaders with new member roster
- Collect info on new member areas of interest to target outreach

## **Member Unit Structure**

### ***Goals:***

- Continue to enable “place for all”

- Ease cross-sectional collaboration
- Better enable ability to address key and emerging public health issues

**Recommendations:**

- Realign units to reflect unit choice- as strategic unit, cross disciplinary units, community units- All equal, but with different objectives
- Implement system to sunset issues that represent topic that is no longer relevant or have continues low levels of engagement

Dr. Bender then moved to detail the work of the Member Unit Effectiveness Feasibility and Priority Committee. The committee was comprised of Executive Board members, MUEEP advisory committee members and staff. Dr. Bender stated the committee was charged by the Executive Board to review the Brighter Strategies report and recommendations, considering feasibility, timing, finance, staffing and governance implications, and develop a plan of which measures to adopt that includes sequencing, timing and rationale, as well as assist with a communications plan. Dr. Bender stated the aim was to prioritize recommendations which would provide the “biggest bang for the buck.”

Dr. Bender explained that MEFPC divided into five subcommittees based on the five areas of the report (Communications and IT, Measures and Rewards, Member Engagement, Member Growth and Development and Volunteer Leadership). The Committee agreed that the recommendations around member unit structure would not be addressed until recommendations were implemented under other organizational areas. Dr. Bender stated each of the five subcommittees reviewed and analyzed the recommendations under their organizational areas, consolidating where appropriate. They then prioritize the recommendations for full Committee review and discussion.

Dr. Bender noted to the Council that the final subcommittee reports can be found in Appendices A – E of the MEFPC report to the Executive Board available at [apha.org/MUEEP](http://apha.org/MUEEP). Dr. Bender stated the full MEFPC then selected the top 10 priorities for implementation overall to present to the Executive Board. The top 10 priorities selected were as follows:

- Replace APHA Connect with a more user-friendly tool and create an easily accessible landing page for APHA members. (*Organizational Area — Communications and IT*)
- Create a transfer of institutional knowledge process between outgoing and incoming leaders. Create a clear and transparent process to help elected leaders who are unable to deliver to step down, and for a new leader to be elected. Provide current and potential leaders more guidance through a member unit-level leader handbook. Provide more targeted leadership training. (*Organizational Area — Volunteer Leadership*)
- Integration of the several data systems that hold a variety of information about members and their engagement. (*Organizational Area — Member Engagement*)
- Create a structured process to onboard new members focusing on navigating APHA and getting value out of their membership, and ensure the information on each unit, subunit, strategic goals, and activities, and how to get involved, is readily available to both current and new members. (*Organizational Area — Communications and IT*)
- Develop a comprehensive approach to connecting members with mentors. (*Organizational Area — Growth and Development*)

- APHA should diversify “rewards.” (*Organizational Area — Measurement and Rewards*)
- Educate members about who their leaders are and what they do. Provide more information about potential leaders on election day. Hold more regular opportunities to engage with leaders. (*Organizational Area — Volunteer Leadership*)
- Units should be rewarded for promoting the vision and mission of APHA. (*Organizational Area — Measurement and Rewards*)
- Offer more speed mentoring programs throughout the year. (*Organizational Area — Growth and Development*)
- Have a specific staff position established to direct and guide new members. (*Organizational Area — Member Engagement*)

Dr. Bender also reviewed recommendations the Committee did not rank in the top ten, but very strongly believe should be given every consideration and included in the mapping of the implementation plan:

- Build on APHA’s strength with federal advocacy so that APHA can elevate its voice at the national level. (*Organizational Area — Growth and Development*)
- Provide leaders with a monthly list of new members to support outreach within the units and announce new members on a monthly or quarterly basis. (*Organizational Area — Member Engagement*)
- Hold regular (monthly/quarterly) orientations for new members. (*Organizational Area — Member Engagement*)
- Hold more leader-to-leader events. (*Organizational Area — Volunteer Leadership*)
- Conduct more interactive meetings. (*Organizational Area — Member Engagement*)
- Create and communicate guidance for internal communication and refine communication specialist volunteer positions in each unit. (*Organizational Area — Communications and IT*)
- Create more unit liaison roles to help with cross-cutting goals and priorities. (*Organizational Area - Communications and IT*)
- Educate members about APHA leaders. (*Organizational Area - Volunteer Leadership*)
- Ensure the APHA Annual Meeting encourages qualitative research presentations equally. (*Organizational Area — Growth and Development*)
- Create a rapid response system. (*Organizational Area — Growth and Development*)
- Integrate communications with social media tools people already use, with an emphasis on LinkedIn. (*Organizational Area — Communications and IT*)
- Units should be rewarded for community action. (*Organizational Area — Measurement and Reward*)
- Units should be rewarded primarily for member engagement and development. (*Organizational Area — Measurement and Rewards*)
- Facilitate more peer learning opportunities with experts. (*Organizational Area - Growth and Development*)
- Offer more Continuing Education Units (CEUs). (*Organizational Area — Growth and Development*)
- Build additional state/local advocacy strength and provide guidance on a coordinated strategy with local advocates. (*Organizational Area — Growth and Development*)

Dr. Bender also explained that MEFPC subcommittees were asked to confirm Brighter Strategies' colored (green, yellow and orange) icon designations related to cost, manpower and time and make revisions when appropriate. Therefore, some of the icons in the MEFPC report differ from the Brighter Strategies report.

Dr. Bender then moved to discuss next steps. Dr. Bender stated the Executive Board approved the committee recommendations on May 3, and the executive director has directed staff to develop a comprehensive and realistic mapping and integration plan of all the recommendations outlined in the committee's report based on the availability of resources. Dr. Bender noted that a group of members outside of the Executive Board will be convened to monitor the implementation process and serve as a conduit to the membership. Dr. Bender noted continued engagement/opportunities for members to provide feedback, including listening sessions, focus groups and surveys, will be planned at the 2021 Annual Meeting and beyond. Dr. Bender concluded by stressing that this will be a multi-year process and requested Councilors remain engaged and provide feedback whenever possible.

Dr. Bender turned the floor back to Dr. Guest who opened the floor for questions. APHA President, Dr. José Ramón Fernández-Peña spoke first and expressed concern that recommendations related to improving APHA's advocacy were not included in the top 10 priorities. Dr. Fernández-Peña noted that as APHA looks forward and revises its strategic plan, it is imperative that advocacy is brought to the forefront.

## **XII. Strategic Planning Committee Report**

Strategic Planning Committee Chair Catherine Troisi, PhD, began her presentation with a review of APHA's current strategic plan. Dr. Troisi noted the current plan is based on APHA's mission to "Create the Healthiest Nation in a Generation" by building a public health movement, aligning organizational capacity and infrastructure and strengthening public health practice. Dr. Troisi asked all Governing Councilors to complete a survey on the strategic plan because in the past APHA has struggled to communicate the strategic plan to the Governing Council.

Dr. Troisi highlighted that 1 in 5 of Councilors who responded to the survey did not know APHA had a strategic plan, but most had some familiarity. Dr. Troisi encouraged Governing Councilor to take the survey, if they had not already, and provide feedback on who the plan should be for and what should be taken into account when revising. Dr. Troisi noted that the priorities of this year's committee include:

- Beginning planning for new strategic plan process based on MUEEP
  - Analyzing the MUEEP plan and examining how it fits into the strategic portfolios we have – will tweaking or starting over completely be required?
- Developing a communication plan for strategic goals to EB, GC, Components, APHA staff
- Developing action items for EB
  - Reply to action alerts
- Finalizing advocacy activities that can be incorporated into courses/trainings
- Developing advocacy activities for all members and allies

Dr. Troisi then discussed way members can use APHA Action Alerts themselves, within professional networks, and with students and policymakers. Dr. Troisi concluded by noting that a revised and/or new strategic plan would be developed within the next year, and the Governing Council will be regularly updated throughout the process.

Dr. Guest then called on the Councilor from CHPPD, Ngina Lythcott, DrPH, who had a point of information. Councilor Lithcott made a motion to add an 11th priority to the MEFPC report to include advocacy to the top priorities. Dr. Guest consulted with the Parliamentarian, Greg Ullrich, as to whether the motion was in order. The parliamentarian ruled the motion out of order and Dr. Guest encouraged the Councilor to bring it up under “New Business.”

### **Report of the Executive Director**

Before the start of the Executive Director’s report, Dr. Guest reminded Councilors all questions for Dr. Benjamin would be held until after the Speaker’s announcements. He then turned the floor to Dr. Benjamin.

APHA Executive Director Georges Benjamin, MD, began his report with a quote “until the story of the hunt is told by the lion, the tale of the hunt will always glorify the hunter,” stressing that public health needs to do a better job of telling its own story. Dr. Benjamin highlighted the Association’s commitment to land naming when appropriate in APHA public activities. Dr. Benjamin stated this was done during the 2021 Policy Acton institute and a commitment has been made to the AIANH Caucus to work on this with them in Denver. Dr. Benjamin stated this is an important next step in APHA’s equity work and asked for the Governing Council’s support.

Dr. Benjamin then moved to discussion of National Public Health week, which was held April 5-11, 2021, noting it was a success. Dr. Benjamin stated the Policy Action Institute was moved to be part of National Public Health week this year. Dr. Benjamin stated there were over 500 participants and it was the first public appearance for Assistant Secretary of Health Rachel Levine. Next Dr. Benjamin detailed plans for the Annual Meeting, noting that the meeting includes opportunities to participate in person and online and will serve as a hybrid model for the future. Dr. Benjamin stressed that the meeting will be held in person only if the SARS-CoV-2 pandemic is controlled enough to resume large events, travel is restored sufficiently to support the meeting, significant immunity is accomplished, and masking and physical distancing are discretionary. Dr. Benjamin noted APHA has contingency plans to shift to all virtual if conditions require. Because the meeting is scheduled to occur in Denver, the schedule for all events are on Mountain Time.

Dr. Benjamin noted expectations for 50% in person and 50% virtual participation of approximately 10,000 people. Each member unit has been allocated 50% of their session in-person in Denver and 50% online. Roundtable and poster sessions will be online only and oral sessions will be in-person and virtual. Dr. Benjamin stated all sessions will be recorded and available for on-demand viewing for three months. Exhibitors will have an in-person and virtual presence (small number virtual only).

Dr. Benjamin then reviewed the three attendance models beginning with in-person. Dr. Benjamin noted this was the best option for those seeking networking, comradery and education. The in-

person experience will offer 60 concurrent sessions (30 in person and 30 virtual); face-to-face interaction with exhibitors, presenters and colleagues; virtual platform access for posters, roundtables, on-demand content and online networking tools; and awards ceremonies and social hours. Dr. Benjamin then detailed the virtual experience, touting this as the best option for access to education content with the flexibility of a remote experience. The virtual option will offer: 30 concurrent virtual sessions, some of which will be livestreamed; virtual platform access for posters, roundtables, on-demand content and online networking tools and activities; and access to exhibitors through the virtual expo. Finally, Dr. Benjamin presented the final option to purchase the General and Featured sessions following the Annual Meeting. Those who select this option will receive recordings of the general and high-level featured sessions (14-20 sessions out of 1,000) and the ability to earn continuing education credits. Dr. Benjamin noted this is the most affordable option and ideal for organizations and schools to show employees/students.

Dr. Benjamin then highlighted major changes to the 2021 Annual Meeting program, including:

- JPC Public Hearings (Oct. 18-19)
- Virtual Business Meetings (Oct. 18-22)
- On Demand Content- Posters and Films (Oct. 18)
- Live Virtual Poster Sessions (Oct. 21-22)
- Opening General Session (1 hour earlier, 11 a.m.-12:30 p.m. MT, Oct. 24)
- Sunday Oral Session Slot (New slots added: 2-3:30 p.m. MT and 4-5:30 p.m. MT)
- Monday General Session (Now kicks off day at 8:30 a.m. MT, Oct. 25)
- Expo Hours (2 hours of unopposed expo/lunch time on Monday and Tuesday)
- APHA Awards Ceremony (moved to 12-2 p.m. MT, Oct. 26 — paid ticketed event)

Dr. Benjamin stated the Opening Session Keynote Speaker will be Heather McGee, JD. Dr. Benjamin noted her book, “The Sum of Us” really speaks to the theme of social cohesion and makes a compelling case for the importance of addressing racism and how it hurts all in society. Dr. Benjamin then noted that the closing session will be the kickoff to APHA’s 150<sup>th</sup> Anniversary celebration and David Satcher, MD, PhD, will be the speaker. Each month following the kickoff will have a theme and the Association’s work will align with these themes. Dr. Benjamin stated celebrations will occur year-round and culminating at the 2022 Annual Meeting.

Dr. Benjamin then moved to discussion of the COVID-19 pandemic. Dr. Benjamin thanked Governing Councilors for all their work in fighting the pandemic, noting cases totals have exceeded 33 million and the US has reported over 600,000 deaths. Dr. Benjamin discussed vaccinations, noting 308 million vaccines have been given to date with 61% of the population having received one dose and 51% having received two doses. Dr. Benjamin discussed APHA’s efforts to establish the Alliance for Disease Prevention and Response with other front-line public health institutes, the business community, hospital and medical associations, and community health workers.

Dr. Benjamin stated the goals of the Alliance are to support the opportunity for everyone to be healthy and to ensure we have the necessary, comprehensive infrastructure to protect us from COVID-19 and all future disease and health challenges. Alliance activities have included: coordination across public health responders; information-sharing on initiatives to increase vaccination rates focused on underserved communities; discussion of solutions, opportunities

and needs the Alliance can address; and means to measure and evaluate success in efforts to end the pandemic, advance equity and build a strong and resilient public health system. Dr. Benjamin highlighted work of the Alliance including: a National Town Hall with the Black Coalition Against COVID-19; school health report of *Infection and Prevention Control in K-12* with the COVID Collaborative; serving as a strategic advisor on an Ad Council partnership to increase vaccine confidence; and development of a workforce paper sent to the White House.

Next, Dr. Benjamin discussed the impact of APHA and *AJPH*'s news media coverage. Dr. Benjamin stated between Jan. 1-April 30, 2021, the two combined received 8,008 hits and had 14.7 billion audience impressions, for a value of \$599.1 million. Dr. Benjamin noted this has increased traffic to APHA and *AJPH* websites with 1,924,696 total users and 5,121,362 total page views. Social media following has also increased to 1,067,952 followers across platforms. Dr. Benjamin noted media sentiment toward APHA has on the whole been positive or neutral.

Dr. Benjamin then discussed the 2021 advocacy priorities, noting that COVID-19 is the Association's top priority. Other priorities include:

- Expanding insurance coverage and access (ACA Supreme Court decision pending)
- Racism as a public health problem
- Health impacts of climate change and environmental health
- Violence prevention
- Access to reproductive health services
- Rebuilding the public health system.

Dr. Benjamin noted APHA members were involved in the revision of the framework for "The 10 Essential Public Health Services." Dr. Benjamin also noted APHA is looking at ways to engage assault on legal authorities of public health institutions. He also highlighted critical elements to rebuilding public health including workforce protection, data and infrastructure improvements and funding increases (\$4-5 billion). Next, Dr. Benjamin discussed emerging issues APHA is advocating on, including: addressing voter suppression; persistent epidemics of opioid addiction, obesity, STIs, tobacco and e-cigarettes; impact of pandemic shutdowns on chronic conditions and preventative care; and mental health and domestic violence.

Next, Dr. Benjamin discussed APHA's new partnerships. These include:

- Alliance for Disease Prevention and Response
- COVID Collaborative
- Resolve to Save Lives
- YouTube
- Sustainability Forum
- George Washington University and Frank Sesno Podcast
- Kaiser Permanente fellowship and scholarship program
- de Beaumont Healing Through Policy initiative.

Dr. Benjamin then provided further detail on the Kaiser Permanente and APHA Scholar program, noting it provides scholarships for graduate students with a commitment to leadership in community health administered by APHA; a yearlong fellowship at KP for MPH students; access to APHA's networking and professional development opportunities; a virtual learning

community with content focused on serving the most underserved communities; and the opportunity to compete for positions as post-graduate Administrative Fellows.

Dr. Benjamin noted APHA has been capturing declarations of racism as a public health crisis. Since 2019 there have been over 170 declarations adopted by four states (Michigan, Minnesota, Nevada and Wisconsin), 97 cities and 69 counties, as well as by governors, mayors, county executives, town councils, boards of health and school districts. Dr. Benjamin demonstrated APHA's database, which captures these declarations. Dr. Benjamin also noted the success of the APHA Press book "Racism: Science and Tools for the Public Health Professional" as well APHA's *Advancing Racial Equity* webinar series and accompanying discussion guide. Dr. Benjamin then detailed the partnership with de Beaumont, National Collaborative for Health Equity and APHA called *Healing through Policy: Creating Pathways to Racial Justice*. The project looks at evidence-based policies to promote health and racial equity and works to promote their implementation. Dr. Benjamin stated the "truth, racial healing and transformation framework" is being used in this effort and offers an overarching comprehensive strategy for adaption by local communities to support progress toward needed systemic change.

Dr. Benjamin then moved to address the June 2020 issue of *AJPH*, which included 13 commentaries on e-cigarette use. Dr. Benjamin noted that one commentary on flavors by Erkkila, Kovacevic and Yach concerned some advocates. Doubt was raised as to APHA's policy on tobacco industry engagement because Dr. Yach is funded by the tobacco industry, and two other commentators worked for organization who received big tobacco funding. Dr. Benjamin noted these associations were declared and *AJPH* receives no tobacco industry funding. Dr. Benjamin maintained APHA has not changed its policy regarding tobacco industry funds but expressed that it is critical *AJPH* has editorial freedom and the ability to foster evidence-based debate. APHA has discussed the issue with ATOD leadership; developed anti-tobacco statement with AASPA; signed onto a statement on menthol; and signed onto the Campaign for Tobacco Free kids pledge.

Dr. Benjamin concluded by calling for a re-establishment of civil norms to include being kind and respectful to others and treating others how we want to be treated.

#### **XIV. Announcements and Reminders**

Dr. Guest began his announcement noting that a group has been created in APHA Connect to allow Governing Councilors to share information with the Governing Council or connect via direct message. This was done to help identify fellow Councilors, and the current roster is available in the document library. Email addresses are not included, but Connect allows for direct messaging. Dr. Guest stated key information for Governing Councilors will continue to come via email and on the web, but we hope this group serves as a means of collaboration and info sharing amongst Governing Councilors.

Next, Dr. Guest stated the Leadership Roundtable Session at the Annual Meeting on Sunday, October 24 from 3:30-5:30 p.m. will be focused on MUEEP. Dr. Guest encouraged Governing Councilors to attend.

Finally, Dr. Guest concluded by sharing the plans for the Governing Council Sessions at the Annual Meeting. Dr. Guest relayed that the Governing Council sessions will be in-person in Denver on Saturday, October 23 from 3-6 p.m. MT, and Tuesday, Oct. 26 from 8-12:30 p.m. MT. Dr. Guest stressed APHA's commitment to safety and noted APHA believes the presence of leaders is critical to the success of the unique networking, discussion, career advancement and camaraderie opportunities provided through in-person attendance.

Dr. Guest then opened the floor for questions. The Councilor from the Disability Section, Anthony Cahill, PhD, MPA, MAT, was first to speak. Councilor Cahill asked Treasurer Hernandez what kind of reserves does APHA have and how much of them have we been using? Dr. Benjamin responded noting APHA has \$10 million in reserves and they have not been used in FY21. Dr. Benjamin also highlighted that the PPP loan forgiveness would reduce the anticipated deficit in FY 22 by approximately \$1 million. The other expenses accounted for in the deficit are for the 150<sup>th</sup> Anniversary, replacement of APHA Connect and the temporary loss of revenue from vacant rental APHA office space. Treasurer Hernandez then noted that if APHA brought in no money they could survive the better part of a year. Hernandez stressed this was not the situation APHA was in, but noted it illustrates reserves are healthy.

David Swedler, PhD, MPH, Councilor for ICEHS, asked if there would be a vaccine requirement for attending the APHA Annual Meeting and if not what are the masking regulations? Dr. Benjamin answered stating there would not be a vaccine requirement as it could not be enforced and would provide a false sense of security as hotel employees and guest, convention center workers, etc. would not be under the mandate. However, Dr. Benjamin stated vaccinations will be strongly encouraged. Dr. Benjamin stated masking would be discretionary, but encouraged, assuming it remains discretionary by the city of Denver and Colorado Convention Center (\*per updated guidance issued by the Association on August 9, 2021, a mask mandate will be in place at the 2021 Annual Meeting and Expo. For updated information, please visit- <https://apha.org/Events-and-Meetings/Annual/Registration-Information/Infection-Control-Update> ).

Dr. Guest then provided additional information regarding the earlier motion to add an 11<sup>th</sup> priority around advocacy to the MUEEP efforts. Dr. Guest noted the role of the Council at this stage is to receive comments. Therefore, he will forward the comments around advocacy to the Executive Board for discussion. It would be out of order for the Governing Council to vote on the matter. Councilor Lythcott changed their request to include advocacy in the 10 existing priorities, and Speaker Guest agreed to take this to the Executive Board.

Speaker Guest also answered a written question in the chat, noting that all Governing Councilors are required to attend the Annual Meeting in-person or identify a proxy to serve in their place.

**XIII. Adjourn**

Hearing no further discussion, Dr. Guest thanked the Governing Council and asked all to complete the post-meeting survey and review written reports from APHA Boards and Committees. The meeting was adjourned at 4:10 p.m. ET.

The Governing Council will reconvene at 3:00 p.m. MT on Saturday, Oct. 23 in Denver, Colorado.