

Questions for Candidates for Executive Board

- 1) **Describe your past experiences serving in a volunteer leadership role (in APHA or another organization) in the areas of governance, fundraising, budget management, and policy development.**

My direct experience in the areas of governance, fundraising, budget management, and policy development comes from my 4.5 years as the Executive Director of an APHA Affiliate, Iowa Public Health Association. We face similar issues of association management as APHA just on a smaller scale and in a state that has seen threats to public health authority and progress.

In my role of Executive Director, I serve as CEO, COO, CFO, CHRO, PIO, and more. In my first 4.5 years, with support of staff and my board, we have:

- increased our membership over 30%
- raised over \$1M in grant resources
- tripled our annual conference revenue
- declared and/or testified on over 80 pieces of state legislation
- scaled staff from 1.25 to 4.5 FTE, and 2-5 interns per year
- built a statewide volunteer immunization coalition of over 75 organizations, including partners representing historically/socially/economically marginalized communities
- been interviewed/quoted in over 100 news media (print, radio, and television)

I am also strongly connected to the Council of Affiliates (COA) and currently serve as the Affiliate Staff Representative to the COA. In this capacity, I listen to the needs of fellow Affiliates and work closely with APHA staff to host a monthly space for Affiliate staff to share concerns and best practices and to organize guest speakers to address the most pressing challenges. I also regularly serve as a mentor for Student Day Speed Networking during National Public Health Week (NPHW).

I am an active member of the Ethics Committee and worked collaboratively with other section members and the COA to organize the APHA webinar, “Building Trust and Trustworthiness in Public Health” during NPHW 2023.

Finally, before accepting any volunteer role, I ask myself several questions. What do I have to contribute that is unique to me? What voice or lens would be missing if I wasn't there? What will I learn from the opportunity? Will I have the time to honor my commitment? When there is an obvious positive answer to each of those questions, I say yes.

I have graciously said no when there was insufficient diversity on the board/committee, when I felt the role would be a good learning opportunity for a junior colleague, and when serving would negatively impact my ability to deliver on other commitments or compromise my life-work balance.

Additional relevant current and recent volunteer experience include:

- Dallas County (IA) Board of Health
- Iowa Infectious Disease Advisory Council

- Iowa Preparedness Advisory Committee
- Waukee Community School District Boundary Committee
- Board of Education and HR Committee Chair of my faith organization

2) **How do you envision growing and promoting APHA in the next 5 years? From your perspective, what are the key priorities and the emerging issues facing the membership, and how will you address them as a member of the APHA Executive Board?**

In the coming years, APHA has the opportunity to leverage our collective position as thought leaders and policy influencers to grow our membership, increase political capital at national and state levels, and appeal to new donors.

These are issues that I face daily as the Executive Director of Iowa Public Health Association, an APHA Affiliate. As I weigh strategies to achieve these priorities, I hold on to a piece of advice given to me when frustrated by a challenging political environment: *“when we can’t be policy changers, we must be conversation nudgers.”*

I am constantly looking for opportunities to nudge within the context of the professional challenges we face, and will continue to do so if entrusted with a seat on the APHA Executive Board.

Challenge/Priority: Grow & Engage Members | Nudge: Optimize the PH Workforce

By optimizing the workforce, I don’t mean time tracking and Gantt Charts (although, I do love a good Gantt Chart). I mean looking at the public health workforce as a system and including everyone – regardless of place of employment or position – as a public health ambassador.

We know that students and colleagues are leaving the field. But from conversations I’ve had, I strongly believe that while people may be seeking positions outside of traditional public health, they aren’t abandoning their public health passion. At the same time, newly trained Community Health Workers are bringing to public health a multitude of backgrounds and experiences. By intentionally engaging with people on their new career paths, we can build new relationships with entities that perhaps never considered the value of a public health lens within their organization. Think of it as a “health in all policies” approach to the workforce. As people transition in their careers and lives, APHA must remain a practical investment in their professional development and passion areas.

Over the next four years, I will champion efforts to track career patterns and develop membership growth and retention strategies that demonstrate the value of APHA engagement across fields and sectors.

Challenge/Priority: Increase Political Capital | Nudge: Sector/Affiliate Engagement

APHA and sectors and affiliates are in a unique position to collectively address the erosion of trust in public health and threats to public health authority. Our sections are filled with research and practice experts; our affiliates represent leagues of students, professionals, and retirees engaged in local systems change. The two are not mutually exclusive and there is great collaboration happening, but we can do more to take advantage of the strengths of robustness of our APHA communities.

Currently, only 17% of affiliate members are also APHA members. Data on the number of APHA members who are also state affiliate members are not available. This gap should be studied to determine what is contributing to the low number of dual memberships.

As a Board member, I will support investment in the recommendations of the Intersectional Council and Council of Affiliates to facilitate collaboration between sections and affiliates; and, membership strategies to increase the percentage of members who are both APHA and affiliate members.

Challenge/Priority: Appeal to New Donors | Nudge: Diversify our Investors

At the 2021 APHA Annual Meeting, a graph was shown during a plenary session that depicted how funding follows crisis. A 45-degree line was added to show how expectations do not likewise fall as the timeline continues. I have that drawing taped to my office wall.

In public health, we tend to court donors instead of investors. In general, donors give based on specific asks and tend toward smaller gifts at irregular intervals levels of giving and tend to give irregularly. Investors make longer-term investments that will help underwrite the organization and realize longer-term returns. APHA is valued by many one-time and sustaining donors (I am one of them), but our collective giving makes up just 1% of our budget. We have the data, stories, and initiatives to demonstrate the value of private investments in public health. We also need the mindset to make the pitch.

Throughout my 4-year term, I commit to working to increase the number and size of outside investments in APHA, and to be a resource to affiliates who are looking to do the same.