

Report to APHA Executive Board

On Component Groups, including Forums

Prepared by the Intersectional Council Steering Committee

October 15, 2011

Introduction:

This report focuses on the needs of the various component groups: Sections, Special Primary Interest Groups (SPIGs), Forums, and Caucuses, and recommends next steps for the development of these units as part of the overall structure of the American Public Health Association. The details of the document have been prepared by the Steering Committee of the Intersectional Council for discussion by the Executive Board at their fall Board meeting. The data presented was prepared with the assistance of the Component Affairs staff. While specific information about the six Forums is included, the recommendations offered will impact all of the component groups.

History:

Since May 2009 a moratorium on development of new component groups, such as Sections, SPIGs, or Forums has been in place at the American Public Health Association. This action was requested by then Intersectional Council Steering Committee (ISC-SC) Chair, Nsedu Witherspoon-Obot, in response to the flood of requests to form new APHA units. The Intersectional Council (ISC), at that time, was concerned with the ability of the ISC to respond adequately to new components.

Questions about the number of Forums and their impact on staff workloads are still relevant this year. In May 2011, the present ISC-SC Chair, Barbara Levin, requested that the moratorium be extended through the 2011 Annual Meeting so the ISC can specifically address issues related to the new Forums and their interest in continuing as Forums during their meeting on October 29. The major concern at this time is whether the APHA itself as an organization has the capacity to support additional growth in component units, while fully maintaining the present 58 groups: 27 sections, 6 SPIGs, 6 Forums, 18 Caucuses, and the Student Assembly.

A sub-committee of the ISC-SC chaired by Dr. Jim Leeper, working with the Component Affairs Staff, has completed an in-depth evaluation of a Forum's impact on individual Sections as well as their costs to the organization. The Forum was a new concept in the organizational structure, recommended as part of the Task Force on Association Infrastructure and Reporting (TFAIR) report, to provide a platform for discussion of issues cutting across Sections and to support short term collaboration and were designed as a member only benefit. Forums were supposed to have a lifespan of three years with the possibility of one renewal. The present Forums are now in their fifth trial year. All but one, the Healthy Communities for Healthy Aging Forum, have requested renewal.

The forums have reported membership from 200 to 900 individuals. Roughly 10% of APHA membership has participated in one or more Forums. The most recent data shows that 3183

APHA members have signed up to be members in a Forum. (See attached table 1 for additional information.)

Methodology:

To assess the impact of the Forum, the ISC-SC sub-committee surveyed the present Forum leadership as well as the leadership of the Sponsoring Sections. In addition, the subcommittee created surveys for Forum member and Section leaders. The ISC-SC requested the Component Affairs staff to review the costs involved in Forum maintenance. An analysis of the costs involved in supporting Sections, SPIGs and Forums was made by the Component Affairs staff and reviewed by Alan Baker, Interim Executive Director. Fiscal data as well as information on the impact of increasing the number of component units on Governing Council representation are included in the analysis.

At present, a staff of three is maintaining 27 Sections, 6 SPIGs, 6 Forums, 18 Caucuses, the Student Assembly, and the ISC-SC. Most of these units have meetings, budgets, blast emails, awards, convention programming, and membership issues to support. A copy of the staff review on the units has already been sent to the EB and has been reviewed by the ISC-SC.

Findings:

Considerable data has been collected in reviewing these issues. Attached data include:

- Minutes on ISC-SC discussions on the Forum issue
- Background on Forums, includes date of application, stated goals, and number of members (Table 1)
- Annual Convention Presentations by Forums
- Data from Surveys: Forum membership, Section Membership, and Forum leadership (Table 2)
- Raw Data on Surveys

The EB was already provided with graphs on membership and number of component units, impact on Governing Council seats with shifts components and cost of maintaining units report from staff.

The data collected showed:

- 1) Improved communication between Forum leadership and membership would improve effectiveness.
- 2) Increased communication between Forums and sponsoring Sections – both at the leadership and membership level would enhance the functioning of both entities.
- 3) The concept of the Forum as a short term platform for inter-Section discussion is viable. The experience of the Healthy Communities for Healthy Aging Forum exemplifies the approach that was expected by TFAIR.
- 4) The original description of the Forums precluded the involvement of non-APHA members in forum activities; this has not been enforced. Non-members do not express a willingness to join APHA. Cost was often cited as a barrier to membership.
- 5) The potential of Forum as “incubator” for new SPIGs and Sections appears limited based on the unwillingness of non-APHA members to join the association.

- 6) The more than \$1.5 million which was reconciled as the total expense for the APHA departments is not proportioned to groups based on whether they are a Section, SPIG, or Forum. It is true that Forums and SPIGs cost less because they do not have budgets.
- 7) The workload for the Component Affairs staff, regardless of present cost, is at a maximum. Improved efficiency can help, but the number of units exceeds the staff and resource capacity to meet all needs.
- 8) A final report on these surveys will be presented to the entire ISC in a written form for review at the 2011 Annual Meeting.
- 9) Further discussion of the development of Forums or other APHA components must address the issues of limited staff time and use of scarce resources

Summary:

With the work that has already been done, the following statements can be made:

- 1) Forums have been shown to have value to individual members who participate and to Section Leadership.
- 2) About 10% of APHA membership has had some involvement with the forums.
- 3) There is appreciable cost to maintaining these organizational units.
- 4) The impact of all four types of component units: Sections, SPIGs, Forums, and Caucuses, will need to be re-evaluated after the Membership model discussion is resolved.
- 5) Most Forums have acted outside the rules established by APHA by inviting non-members, creating their own websites and listservs and sharing APHA lists. Per TFAIR recommendations, Forums were supposed to be a member only benefit.

The overall impression of the ISC-SC sub-committee on Forums is that APHA has benefitted in terms of activity level of participants, but that the program has NOT been a pipeline for new membership. However, recruitment of new members was not a stated goal of forum development.

There is another question, which should be considered at some future date. The APHA has eschewed development of "disease oriented" groups; the acceptance of the HIV/AIDS Section was a variation in this plan. It was felt at the time of the HIV/AIDS Section represented a new and major change in public health. The decision will now face the EB and the ISC whether other disease entities have reached this level, such as Cancer.

The complexity of the operations for each unit – newsletters, elections, advocacy, programming, and fund development, requires active support from paid staff. The exception from this statement may be the Caucuses, which are separate organizations under the umbrella of the APHA, but they do receive APHA staff support. These units work more independently. Because of budgetary considerations at this time, the size of the Component Affairs Department is unlikely to increase. The true limiting factor on the number of component units must be appropriate staffing and funding; for this reason the ISC-SC proposes several recommendations for immediate action; and others which will require more in-depth study by both the ISC-SC and the Executive Board.

RECOMMENDATIONS:

The ISC Steering Committee recommends the following for action by the APHA Executive Board at the October 27-28 meeting:

- 1) The present number of 58 component units be held as the maximum. Changes within the units from one status to another will be considered and appropriate action will be taken for change of status. (Example: A Forum wanting to become a SPIG will be able to do so, following appropriate requirements, such as bring 100 NEW MEMBERS into APHA.)
- 1) Current evidence suggests that the APHA members find Forums to be valuable components. Therefore, all present Forums should be continued and supported for another year without the need to reapply. During this year, the ISC-SC will update the reapplication process to make the rules more explicit and add a requirement of a Forum update report. All present Forums will be asked by the ISC Steering Committee to submit yearly performance reports as Sections and SPIGs already do. Reporting will begin with the current 2011 year. ISC will develop the questions and guidelines for the report.
- 2) The ISC-SC will provide liaison to each Forum.
- 3) The ISC-SC will work with Sections and SPIGs whose performance record has been questionable on improving their activities, or considering altering their present status, i.e., changing from a Section to a SPIG. Some SPIGs may no longer be active units. When one or more of the present component units are removed, then and only then will the ISC consider NEW applications for component units, such as new Forums. (The fact that the Healthy Communities for Healthy Aging Forum is terming and does not choose to continue, means that one spot will be available.)

For future consideration by the ISC-SC, the ISC, Governing Council, and EB are the following:

- 1) SPIGs moving from SPIG to Section status will need to show an additional 100 new members to APHA to support such a change, thus bringing in 200 members into APHA
- 2) Forums can move to Caucus status but require approval of the initial sponsoring Sections.
- 3) Data on Component Affairs staffing and budgetary issues will be collected and discussed in terms of improving infrastructure development of Sections, SPIGs, and forums.
- 4) Forums will be sanctioned if they do not abide by the current APHA rules

FORUM	Approved by EB	Sections Supported	Goals	Current Members
Family Violence Prevention	May 2007	Maternal & Child Health; Injury Control & Emergency Health Services	Help public health professionals and others working with family violence find others with similar interests	<u>644</u> (517 APHA ; 127 non APHA)
Health and Trade	May 2007	International Health; Medical Care	Develop and promote policies that advance economic development while sustaining life, healthy societies and the environment, and to advocate for policies that improve access to affordable, accountable vital human services, including health care, water and sanitation, education and energy	<u>563</u> (436 APHA ; 127 non APHA)
Genomics	November 2007	Maternal & Child Health; Community Health Planning & Policy Development	To ensure that personalized medicine means public medicine, APHA must be at the forefront of conversations about how genetics/genomics will be used in relationship to population health in America and worldwide. This forum will contribute to the realization of that goal	<u>470</u> (374 APHA ; 96 non APHA)
Healthy Community and Aging	May 2008	Podiatric Health; Aging & Public Health	Raise awareness within APHA about the importance of building elder friendly and family friendly communities, intentionally created and adapted for people to live, work, and play; build the capacity of the state public health affiliates to work with State and local Departments of Health and other aging and public health advocates to ensure that local planning addresses the needs of the aging population	<u>808</u> (680 APHA ; 128 non APHA)
Cancer	September 2008	Public Health Education & Health Promotion; Environment	Enable the exchange of ideas in order to facilitate dialogue and action; foster interactions with the relevant, multi-disciplinary expertise already represented within the APHA; enable collaborations with individuals currently housed within the traditional sections of APHA, to work on issues relevant to cancer to advance the science and the practice of public health; enabling the interaction between researchers and practitioners to encourage and work towards the integration of science into practice; collaborations and focused effort around cancer control within the APHA has the potential to attract new and former members to the APHA	<u>904</u> (759 APHA ; 145 non APHA)
Breast feeding	May 2009	International Health; Maternal & Child Health	Introduce a resolution supporting recent research, backing the need for better breastfeeding support; broaden the scope of breastfeeding into nontraditional venues; showcase research that cuts across disciplines, with panels at the annual meeting; assist in the "Call to Action" by mobilizing people from different disciplines to collaborate in advocacy	<u>473</u> (417 APHA ; 56 non APHA)

Forum	Feedback from Forum Leaders	Feedback from Sponsoring Sections	Survey Data from Forum Members
Family Violence Prevention	Large, growing membership with increased presence at annual meeting sessions. Active collaborations with other APHA units.	ICEHS: Co-sponsored sessions. Provides a mechanism for cross section pollination on emerging issues. MCH: Still supportive; only way to promote cross-unit collaboration.	16% response rate. 53% think the Forum enhances their APHA membership. 57% are not sure if Forum met their expectations. 52% do not know if goals are being achieved. 64% do not know if there is coordination with their Section. 42% would like the Forum to continue as a Forum, 21% as SPIG
Trade and Health	Special sessions at APHA annual meeting and high attendance at all sessions. Steady growth in membership. Educational conference calls. Policy statements. Collaboration with other units.	MC: Especially relevant to a subgroup within our Section interested in pharmaceutical issues. Forums could be powerful subcommittees within Sections.	12% response rate. 55% think the Forum enhances their APHA membership. 62% are not sure if Forum met their expectations. 56% do not know if goals are being achieved. 62% do not know if there is coordination with their Section. 49% would like the Forum to continue as a Forum, 18% as SPIG
Genomics	Well attended sessions. Engage students, professionals and academic researchers to collaborate on policy, communications and discussion. Membership from 31 Sections/SPIGs.	CHPPD: The Section has not been involved with the Forum. Forum could be of value if its goals are clear/focused, it engages members otherwise not engaged, recruits new members and is not disruptive to APHA mission. MCH: Still supportive; only structure which promotes networking across APHA units.	28% response rate. 49% think the Forum enhances their APHA membership. 63% are not sure if Forum met their expectations. 48% do not know if goals are being achieved. 49% do not know if there is coordination with their Section. 47% would like the Forum to continue as a Forum, 19% as SPIG
Healthy Communities for Healthy Aging	No response (not continuing as a Forum). Sponsoring Sections (Podiatric Health and Aging/Public Health) are positive about Forum accomplishments.	POD: It brings Sections together; positive tool as it is a much broader model. A&PH: Have co-sponsored sessions. Valuable mechanism for APHA to collaborate.	5% response rate. 59% think the Forum enhances their APHA membership. 44% are not sure if Forum met their expectations. 65 – 78% do not know if goals are being achieved. 65% do not know if there is coordination with their

			Section. 38% would like the Forum to continue as a Forum, 24% as SPIG
Cancer	Increasing membership and paper submissions. Co-sponsor sessions with some Sections. Feel that Forum has only scratched the surface.	PHEP: Very little engagement of the Section as a whole. The trick is to make applicants for Forums articulate and stick with a product or outcome for three years' effort.	15% response rate. 50% think the Forum enhances their APHA membership. 49% are not sure if Forum met their expectations. 53 - 58% do not know if goals are being achieved. 65% do not know if there is coordination with their Section. 39% would like the Forum to continue as a Forum, 27% as SPIG, 13% as Section
Breastfeeding	Scientific program in collaboration with Sections. APHA policy statement and advocacy for breastfeeding.	IH: Co-sponsor policy, resolutions and sessions. Increased support for sections is needed, rather than a promulgation of Forums and SPIGs, however, Forums do have a function in terms of cross-section interest areas. MC: Still supportive; only structure which promotes networking across APHA units.	21% response rate. 58% think the Forum enhances their APHA membership. 68% are not sure if Forum met their expectations. 55 - 71% do not know if goals are being achieved. 55% do not know if there is coordination with their Section. 39% would like the Forum to continue as a Forum, 30% as SPIG

Section Leadership Survey Results

Response Rate: 30 respondents from 24 Sections/SPIGs (71%)

Aware of Forums: 93% yes, 7% no

Section membership in Forums: 100% don't know how many Section members are Forum members

Section collaboration: 59% no, 41% yes

Achieving goals: 69% don't know, 21% yes, 10% no

Forums continue (what form): 43% Forum, 14% SPIG, 4% not continue

Forums detract from Sections: 88% no, 12% yes

Forums attract new membership: 66% don't know, 17% yes, 17% no

Annual Meeting (2010) Abstracts/Sessions:

Forum	Abstracts	Sessions Allocated	Actual Sessions	Comment
FVP	133	3 oral, 2 poster	5 oral, 3 poster	
TH	88	2 oral, 1 poster	3 oral, 1 poster	
G	70	2 oral, 1 poster	4 oral, 1 poster	1 joint with Public Health Education and Health Promotion
HCHA	no call	2 oral	2 oral	
C	199	2 oral, 1 poster	4 oral, 5 poster,	2 joint with Medical Care, 1 joint with Women's Caucus, 1 joint with Epidemiology, 2 joint with Public Health Education and Health Promotion, 1 joint with Community Health Planning and Policy Development
B	44	2 oral, 1 poster	2 oral, 1 poster	

I. ISC – SC Discussion

11/6/10 Requirements for new Forums were completed under the previous ISC leadership. Need to work on re-application requirements (monitoring and assisting re-application process).

3/8/11 Forum Subcommittee discussion/concerns:

- 1) Cancer Forum is getting a lot of abstracts that previously went to the Epidemiology Section
- 2) Cancer Forum is interested in SPIG or Section status, which is not allowed
- 3) FVP is abusing the APHA directory, have their own website (with non-APHA members) and extending APHA benefits to non-APHA members
- 4) Forums may not remember they have to re-apply after 3 years (HCHA is not planning on re-applying; Breastfeeding may not re-apply)
- 5) We need a status report from each Forum
- 6) Forums should start providing yearly reports
- 7) Forums and sponsoring Sections will be surveyed about the effectiveness of Forums

3/9/11 Learn that Genomics Forum has a website that lists members' email addresses, phone numbers and APHA Section, which is against APHA policy.

3/10/11 It is suggested that the ISC have a liaison to each Forum; Forums may be an avenue for recruiting more APHA members; need better communication among APHA units.

3/28/11 A Forum member survey is suggested.

4/21/11 The question of whether a moratorium on new APHA units still exists is investigated. It appears that the moratorium does not still exist.

4/26/11 Broad discussion about the Forum issue; their effect on Sections; their cost to APHA; the suitability of disease-based Sections, etc. A motion is made, seconded and passed to request of the Executive Board that there be a moratorium on any new components of APHA until the Annual Meeting in November in DC.

May – Oct. At least monthly discussions plus plans for surveys