WELCOME

AFFILIATE LEADER

A guide to helping you understand
APHA and Affiliate Affairs

APRIL 2023
WELCOME

Congratulations on being selected to lead your state or regional public health association. You have an exciting term ahead of you.

Since 1910, the American Public Health Association has been working with our affiliated associations to share expertise and resources, set priorities, and collaborate for greater influence on policies at the local, state and federal levels.
APHA's work is moved by its motto: “For science. For action. For health.”

To ensure our effectiveness, APHA frames its work to reflect the goals of public health leaders today.

**For science** — Together, we will leverage cutting-edge research and promote best practices.

**For action** — Together, we will advocate to put innovative policies and programs into practice.

**For health** — Together, we will improve the health of all people and all communities.

The success of this framework rests upon strong communication between APHA, our partnerships and affiliations, and then sharing that work with the public. APHA has developed guidelines specific to affiliated associations on how to best communicate your affiliation with APHA.
APHA AT A GLANCE

• 501(c)(3) charitable organization
• 50,000 members
• National office located in Washington, D.C.
• Hosts largest annual public health conference
• Publishes award-winning research journal, newspaper and online communication channels

LEADERSHIP

Georges Benjamin, MD
Executive Director

James Carbo
Chief of Staff

Susan L. Polan, PhD
Associate Executive Director of Public Affairs and Advocacy

Mighty Fine, MPH, CHES
Interim Associate Executive Director of Public Health Policy and Practice

Chris Chanyasulkit, PhD, MPH
APHA President (2022-2023)

Ella Greene-Moton
APHA President-Elect (2023-2024)

ALL ABOUT AFFILIATES

According to APHA’s Bylaws:

A state or territorial public health association, or similar association including more or less than a state and organized for the same general objectives as the American Public Health Association, may be elected by a three-fourths vote of the Governing Council as an affiliated association. No more than one such association shall be admitted from the same area.

Currently, APHA has 52 Affiliates. Each is an independent, nonprofit organization, but all Affiliates are members of APHA.

Affiliates play a vital role in APHA. They serve as the largest voting bloc on APHA’s Governing Council, helping to elect our leaders and set policy statements that determine APHA’s priorities. They are the boots-on-the-ground public health workers who share local and state priorities with APHA and help ensure APHA’s work and resources reach communities around the country. Both the Affiliates and APHA benefit from this relationship!

BENEFITS OF AFFILIATION WITH APHA

A vote on APHA’s Governing Council

Resource and leadership development opportunities, including:

• A complimentary APHA membership list from your state to help promote your annual meeting and increase your membership
• Complimentary lists of APHA Annual Meeting attendees from your state, agency members from your state and school members from your state.
• Opportunities for grant funding to increase Affiliate capacity.
• An all-expense-paid orientation at
APHA headquarters for your Affiliate’s president-elect.
• A visit from APHA’s president at your state annual meeting once every three years with airfare expenses paid by APHA.
• Advocacy training and resources.
• Access to the Affiliate Online Community, where you can communicate with other state public health association leaders.

Opportunities at the APHA Annual Meeting and Expo, including:
• Access to technical assistance and training, including Affiliate Day.
• Networking opportunities with other state Affiliate leaders.
• Participation in Council of Affiliates-sponsored scientific oral and poster sessions to help build Affiliate organizational development skills.
• Consideration for CoA awards:
  o Award for Excellence
  o Chair’s Citation
  o Outstanding Affiliate of the Year
  o Outstanding Student of the Year
  o Outstanding Affiliate Staff
  o CoA Award for Innovation in Public Health
  o Consideration for APHA Affiliate Award for Advocacy

Access to APHA publications, including:
• Complimentary access to The Nation’s Health newspaper.
• Complimentary access to the American Journal of Public Health.
• APHA monthly legislative updates.

RESPONSIBILITIES OF AN APHA AFFILIATE
As an Affiliate of APHA, each state or regional public health association must pay dues to APHA, as well as participate in annual reports on advocacy and overall organizational function. Affiliates that do not pay their dues are not able to vote on the Governing Council. This is outlined in the APHA-Affiliate Memorandum of Understanding.

Current Assessment of Affiliate Dues
Affiliates are assessed $2.50 for each member and credited $1 for each member who is also a member of APHA. Affiliates with organizational memberships are also assessed 2% of the total revenue from their organizational membership. This rate is established by the APHA Executive Board, subject to approval by a two-thirds vote of the Governing Council.

Understanding the Process
When does Affiliate dues collection to APHA begin?
The annual dues collection process for Affiliate membership in APHA typically begins in May.

Does APHA provide documentation to assist with the Affiliate dues process?
Affiliates will receive a roster of APHA members in their state as well as the APHA assessment invoice. States with more than one Affiliate will receive the membership roster for the entire state.

How does APHA notify Affiliates?
The Affiliate president, executive director and Affiliate representative to the APHA Governing Council will receive an email notification regarding the dues assessment.

APHA AFFILIATES AND THE GOVERNING COUNCIL
Each state or regional public health association elects an Affiliate representative to the APHA
Governing Council — also known as an ARGC. This person is the liaison between your Affiliate and APHA and should be an organized communicator. The ARGC represents your Affiliate’s needs, wants and concerns on the national level and casts votes during Governing Council meetings. Your ARGC is key to the APHA-Affiliate relationship and also has the opportunity to elevate your Affiliate’s work to the national stage. The Affiliate president and ARGC must be members of both the Affiliate and APHA.

The ARGC is expected to assist the Affiliate president and the Affiliate in supporting and facilitating the APHA-Affiliate relationship by:

- Ensuring APHA is informed on a timely basis of all changes in the Affiliate leadership;
- Encouraging and promoting Affiliate leadership participation in APHA activities specifically designed for Affiliates (e.g., Affiliate Presidents-Elect Meeting, Affiliate Day, CoA poster and scientific sessions, etc.);
- Working with the Affiliate president or staff to ensure timely payment of annual APHA dues;
- Staying informed and prepared with the policy direction of the Affiliate to effectively represent the Affiliate on the APHA Governing Council;
- Assisting APHA, in cooperation with the Affiliate president and policy chair, with policy, advocacy and implementation of approved APHA policies and resolutions;
- Encouraging Affiliate participation in the development and submission of grant and project proposals to APHA;
- Attending Affiliate Day, ARGC meetings and the Governing Council meetings preceding and during the APHA Annual Meeting; and
- Maintaining ongoing communication with other ARGCs and the CoA’s regional representatives.

COUNCIL OF AFFILIATES

The CoA is your Affiliate’s voice at APHA and nationwide! The council advocates for Affiliates’ interests, needs and members. Its members come from the Affiliates themselves.

The primary purpose of the CoA is to:

- Promote efficient and effective APHA-Affiliate coordination.
- Identify and resolve concerns and issues.
- Maintain working relationships with the APHA Intersectional Council, Executive Board, Membership Committee, Action Board and Governing Council.

Responsibilities of the CoA include:

- Maintaining communication with, and seeking guidance and input from, constituent states on APHA-Affiliate matters.
- Communicating ideas, concerns and issues related to APHA-Affiliate matters to the CoA chairperson.
- Ensuring that ARGCs from constituent states understand their functions and responsibilities.
- Promoting intra-regional sharing of mutually beneficial operational or programmatic information.
- Facilitating the identification and resolution of public health problems requiring interstate or regional action.

The CoA includes 10 regional representatives who serve two-year terms and 10 at-large seats. One ARGC from each of the 10 federal regions is elected or designated for CoA service. CoA members must be current members of APHA.
and their Affiliate. At the end of odd years, the terms for odd regions expire. At the end of even years, the terms for even regions expire.

Of 10 at-large representatives:

- Four are elected by CoA members to the CoA Leadership Team (chair, chair-elect, immediate past president and secretary).
- Two serve as representatives to the APHA Action Board.
- One is a representative from the APHA Student Assembly.
- Two are appointed by the APHA president and serve two-year, staggered terms. These positions do not have to be an ARGC. One at-large position is designated for an Affiliate executive director or staff.
- One is named by the CoA to focus on Affiliates’ policy efforts.

The CoA also has non-voting liaison positions. These include an early-career professional, a representative from the APHA Intersectional Council, a representative from the APHA Caucus Collaborative, a representative to the APHA Committee on Social Responsibility, a representative to the APHA Committee on Membership and a representative from the APHA History Project.

The 2022-23 Council of Affiliates:

Sarah Rines
Chair

Jessica M. Boyer, MPH, MSW
Immediate Past Chair

Denise Strehlow, MPH, MSW, RD, LD
Chair-Elect

Kaye Reynolds, DrPH, MPH
Secretary

Regional Representatives

Randy Domina, MPH
Region I (CT, ME, MA, NH, RI, VT)

Denise Tahara, PhD, MBA, MPhil
Region II (NJ, NY, PR)

Richard Cohen, PhD, MA
Region III (DE, DC, MD, PA, VA)

Rich Timmons, MPA, CGFM
Region IV (AL, FL, GA, KY, MS, NC, SC, TN)

Mark Stevens, MPA
Region V (IL, IN, MI, MN, OH, WI)

Quinyatta Mumford, MPH, CHES
Region VI (AR, LA, NM, OK, TX)

Eldonna Chesnut, MSN, RN, BSN
Region VII (IA, KS, MO, NE)

Teresa Garrett, DNP, RN, APHN-BC
Region VIII (CO, MT, ND, SD, UT, WY)

Rebecca Nevedale
Region IX (AZ, CA, HI, NV)

Lauren Jenks, MPH, CHES
Region X (AK, ID, OR, WA)

Other 2022-23 CoA members

Lina Tucker Reinders, MPH
At-Large — Affiliate Staff

Adrianna Boulin, MPH
At-Large

Heather Drake, MPH
At-Large

Shirley Orr, MHS, APRN, NEA-BC
Action Board

Joyce Buckner-Brown, PhD, MHS, RRT
Action Board

Haley Moss, MPH
Student Assembly Representative

Nonvoting members

Padmini Murthy, MD, MPH, MS, CHES
Intersectional Council Chair-Elect

Pam Aaltonen, PhD, MSN, BSN
Advisory Member – CoA History Project

Alison Celigoi, MPH
Early Career Professionals Work Group

Tonya Roberson, PhD, MPH, DTR
Caucus Collaborative Chair-Elect
APHA EXECUTIVE BOARD

The Executive Board consists of the APHA president, president-elect, immediate past president, treasurer, speaker of the Governing Council and 12 members who are elected by the Governing Council from the Association membership for terms of four years each. The chairs of the CoA, Intersectional Council and Student Assembly serve as members of the Executive Board ex officio with a vote. The APHA executive director and the chairs of APHA’s Action Board, Science Board and Education Board serve as members of the Executive Board ex officio without a vote. Voting members of the board elected by the Governing Council serve staggered, four-year terms.

Functions of the Executive Board

- Act in an advisory capacity to the APHA executive director and direct the administrative work of the Association.
- Act as trustees of Association properties.
- Coordinate and review recommendations of standing committees, as well as the Action Board, Science Board, Education Board, Council of Affiliates and Intersectional Council.
- Act on technical standards on behalf of the Association, as the official accrediting body for the Association publications, and designate the time and place for the Annual Meeting.
- Establish Special Primary Interest Groups and Forums and recognize Affiliates and Caucuses.
- Carry out Association policies and adopt interim policies, which remain in effect until the next Governing Council meeting.
- Authorize the establishment of, appoint members to and designate the chairs and vice chairs of all Association boards and chairs of Association committees.
- Appoint special Association committees and task forces with specific functions to be accomplished within a specified time frame.

APHA GOVERNING COUNCIL

The primary role of the Governing Council as set forth in the APHA Bylaws is to:

- Establish policies for the Association and for the guidance of the Executive Board and the officers; amend Association Bylaws and adopt rules for the conduct of its own business.
- Receive and act upon reports or recommendations from any organization constituent, the Science Board, the Action Board, the Education Board, the Standing Committees and the Executive Board.
- Elect the Executive Board, Association officers and honorary members.

APHA STRUCTURE

In addition to the Executive Board and Governing Council, APHA is comprised of 33 Sections, 17 Caucuses, five Forums, the Student Assembly and 52 state and regional Affiliates.

Sections

- Aging and Public Health
- Alcohol, Tobacco and Other Drugs
- Applied Public Health Statistics
- Chiropractic Health Care
- Community Health Planning and Policy Development
- Community Health Workers
- Disability
- Environment
- Epidemiology
- Ethics
- Food and Nutrition
- Foot and Ankle Health
- Health Administration
- Health Informatics Information Technology
- HIV/AIDS
- Injury Control and Emergency Health Services
- Integrative, Complementary and Traditional Health Practices
- International Health
- Law
- Maternal and Child Health
- Medical Care
- Mental Health
- Occupational Health and Safety
- One Health
- Oral Health
- Pharmacy
- Physical Activity
- Public Health Education and Health Promotion
- Public Health Nursing
- Public Health Social Work
- School Health and Wellness
- Sexual and Reproductive Health
- Vision Care

Caucuses*

- Academic and Practice Linkages in Public Health Caucus
- American Indian, Alaska Native and Native Hawaiian Caucus
- Asian & Pacific Islander Caucus for Public Health
- Black Caucus of Health Workers
- Caucus on Homelessness
- Caucus on Public Health and the Faith Community
- Caucus on Refugee and Immigrant Health
- Community-Based Public Health Caucus
- Family Violence Prevention Caucus
- Latino Caucus for Public Health
- LGBTQ Health Caucus
- Men’s Health Caucus
- Peace Caucus
- Socialist Caucus
- Spirit of 1848 Caucus
- Veterans’ Caucus
- Women’s Caucus

Forums

- Breastfeeding
- Cancer
- Genomics
- Human Rights
- Trade and Health

Student Assembly

APHA’s Student Assembly is the nation’s largest student-led organization dedicated to the development of the next generation of professionals in public health and health-related disciplines, with approximately 7,000 student members.

- Vision: A network of students for a healthy global society.
- Mission: To improve the future of public health by promoting excellence and professional development for students in public health and related disciplines.

*Caucus members are not required to be members of APHA.
Since 2004, the Student Assembly has had a Section-like affiliation with APHA and works closely with issues and projects pertinent to developing the public health workforce. The Student Assembly strives to enhance students’ education experiences and professional development by providing information, resources and opportunities through communication, advocacy and networking.

LEADERSHIP PATHWAYS: STORIES FROM THE COA

Taking on a new leadership role within your Affiliate can be overwhelming, especially if you’re new to APHA. By reaching out to other Affiliate leaders, you may find new opportunities for leadership and career advancement as you grow stronger within your own organization. Below, current and former CoA leaders share their stories:

Sarah Rines, CoA Chair (2022-2023)

When my public health career began in 2007, I was fortunate to have colleagues and mentors who were active members of the Maine Public Health Association and the American Public Health Association. When landing in my first position addressing tobacco prevention at a community coalition in rural Maine, I didn’t have a background in public health or connection to the broader work. Eager to learn more and get connected, I joined my local association and started my journey to be an enthusiastic, public health advocate.

Having mentors active in the public health community provided me an important avenue to get connected. I was encouraged to participate in the MPHA and APHA Annual Meetings. I have had the opportunity to present tobacco control strategies multiple times at the APHA Annual Meeting with the first being in 2011. Attending that meeting was really valuable (and overwhelming) and left me wanting to get more connected.

After participating in work groups and events, I was invited to join the MPHA Board of Directors in 2017. This appointment has led me on a wonderful journey to discover and get connected with APHA. MPHA invited me to join the role of Affiliate Representative to the Governing Council. I didn’t know much about the ARGC role other than it required participating in specific sessions at the APHA Annual Meeting.

I am so glad I accepted the Maine ARGC role – it has created leadership opportunities, allowed me to build connections (and friendships) and provided an opportunity to learn more about APHA as an organization. I love serving in the ARGC role, including regularly meeting with my fellow New England ARGCs and participating in Governing Council. That position has also provided pathways to leadership positions at both my local affiliate and within APHA.

I have had the opportunity to serve as president of the Maine Public Health Association. From the ARGC role, I was able to serve as the Regional Representative for Region 1 (New England states) on the Council of Affiliates. The CoA is a wonderful group to be involved with; the participants are engaged and fun, leading to meetings that are action-based and collaborative. After serving on the CoA for a few years in the Regional Representative role, I was appointed to the leadership team – serving as chair for 2022-2023.

Each role I’ve had the opportunity to serve in has provided an opportunity to further engage, find my voice and learn
more about the efforts of APHA. The CoA Chair is an ex-officio member of the APHA Executive Board, providing an opportunity to share the affiliate perspective and voice at this level.

It can be hard to know where to begin when you start your journey with APHA. Each level of involvement peels back a layer and helps to build the full picture. Enjoy the journey and the relationships you form, and find your pathway.

Jessica Boyer, CoA chair (2021-2022)

In May 2000, I graduated from college with the path I had set for myself slowly becoming harder to navigate. I spent four years in college studying communication and political science with the intention of becoming a political journalist. After a year on the editorial staff of my college newspaper without a faculty advisor and a difficult university administration as well as the shift print journalism was beginning to take, I was not sure if I was destined to be the lead political reporter for The New York Times. So naturally, I thought public interest law would be perfect for me. However, I needed a job with benefits (way back before the Affordable Care Act was even a notion and dependents could stay on their parents’ insurance plans) and I had to pay the bills while I studied for the LSAT and applied to law schools.

I began to search for jobs at nonprofits that could use the communication skills I honed during college. I applied for a job as a communications officer at a public health nonprofit. I didn’t know anything about public health, but I knew how to write so I got the job. Working in communications gave me the opportunity to learn so much about the work of the organization and the communities it served. I was hooked!

Within two years of taking that job, I was enrolled in an MSW/MPH program, taking classes at night while working my full-time job. Around that same time, I was encouraged to become involved with my state Affiliate, the Pennsylvania Public Health Association. Richard Cohen (the name may sound familiar to some) was and still is the president/CEO of the organization I worked for, Public Health Management Cooperation. Richard was very active in PPHA and strongly supported my participation; I have since served as treasurer, president-elect, president and ARGC. It was a great opportunity to develop my leadership skills in a tangible way and to further apply what I was learning in graduate school and on the job. It also opened my eyes to the diversity of public health sectors across the Commonwealth, recognizing that the role of public health in the rural counties in Pennsylvania could be very different than in Philadelphia or Pittsburgh.

It seemed only natural that my involvement with PPHA led to APHA. Again, with Richard’s encouragement, I began attending APHA Annual Meetings and Affiliate Days. I loved being able to connect with other public health folks from across the country. It was fascinating to hear about their work and how they were addressing the pressing public health issues in their states. Getting involved with the Council of Affiliates has been one of the highlights of my career. The CoA has provided me with the opportunity to hone my leadership style in a safe and collaborative environment, learning from great leaders around the country. I truly value the close profes-
I encourage all Affiliate leaders to approach their leadership with intentionality. Don’t think of it as time bound, but rather, on a continuum. Everything you do for your Affiliate will have a greater impact on your day-to-day work and your community. Please feel free to reach out to me directly to discuss the CoA and how our work can further support Affiliates.

Teresa Garrett, CoA chair (2020-2021)

I am a bit of an accidental public health practitioner. It was the mid-1990s and I needed a job that had benefits! The home care company that I worked for had just merged with another company and eventually folded. In my family, I was the person who needed the job that had health insurance. A dear friend said, “Why don’t you apply for this job with the Utah Department of Health working in the tuberculosis program?” I said, “Sure, and do we still have that!?” So many years later, we are still struggling with TB in certain communities and I am still a public health nurse with benefits!

I am also a joiner. One of the things I noticed early in my public health career was that every group of professionals had an association, and each member was eager to share successes, lessons learned and best practices with anyone who would listen. I intentionally joined as many of these groups as would benefit the program areas I worked in. I found my way to the Utah Public Health Association — a great place to network, learn and expand my understanding of public health. I served in many leadership roles and currently serve as the Affiliate Representative to the Governing Council. I became active in APHA because of my role within my Affiliate.

APHA is quite an organization to navigate. And it can be done. I found my way to the Public Health Nursing Section and proudly call that my national, professional home. Through the PHN Section, I have friends and colleagues across the country and access to just-in-time information, best practices and trends. Having a state and national professional home gives me a variety of experiences and opportunities to volunteer and contribute. Most importantly, it has helped me become a better public health professional and leader. Best to you in your journey — whether it be intentional or accidental.

ACCESSING THE AFFILIATE ONLINE COMMUNITY

The Affiliate Online Community is your resource to connect with other Affiliate leaders, collaborate and share resources. If you’re a new leader within your state public health association, you should have received an email from the Affiliate Affairs staff providing you with your login information to access your account: https://affiliates.apha.org/home. If not, please contact the APHA Affiliate Manager at arianne.noorestani@apha.org.

Use the login and password provided in your onboarding email from Affiliate Affairs to access your account through the login box on the main page of the AOC. The first time you log in, make sure to change your password to something unique and one that you will remember for future logins. If you have issues logging in, please contact the APHA Affiliate Manager at arianne.noorestani@apha.org.
APHA STAFF HAS YOUR BACK

APHA’s Affiliate Affairs Department is here to support you throughout your journey as an Affiliate and APHA leader. This guide gives you a general overview of APHA and Affiliate Affairs, but you’ll pick up much more along the way. For additional information, or if you have any questions, please contact APHA Affiliate Affairs:

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IMPORTANT THINGS TO REMEMBER

- Use the Affiliate Online Community as a tool to reach other Affiliate leaders, inform APHA and other state and local Affiliates of your success, and update information when your leadership changes: https://affiliates.apha.org.
- Notify APHA Affiliate Affairs when you have selected your annual meeting dates: https://www.apha.org/events-and-meetings/apha-calendar.
- Reach out to your regional representative on the CoA or to APHA staff if you have questions. They’re your support system.

DATES AND ACTIVITIES

May 2023
APHA sends membership dues assessment information to Affiliates

June 5-6, 2023
Council of Affiliates Mid-Year Meeting

June 16-18, 2023
Affiliate Presidents-Elect Meeting

July 2023
Affiliate Annual Report Survey distributed by APHA (due end of August)

July 31, 2023
Deadline for Affiliate dues to APHA

Nov. 11-15, 2023
Affiliate Day and APHA Annual Meeting in Atlanta

February 2024
Affiliate Policy and Advocacy Survey distributed to Affiliates

April 1-7, 2024
National Public Health Week