APHA Executive Board Policy on Recognition [and Discontinuation] of Caucuses

Definition of a Caucus

A Caucus is a group of at least 25 APHA members, and other non-APHA members. A Caucus has a publicly stated purpose that promotes identified public health issues; and, it shares in identified benefits from its association with APHA. (APHA Bylaws, Article IX, Constituent and Affiliated Groups, Section 9. Caucuses).

Description of the APHA Caucus Collaborative

The purpose of the Caucus Collaborative (CC), established in 2011, is:

1) To represent the interests and common concerns of the Caucuses relevant to overall Caucus administration to the Executive Board (EB), and other elements of APHA;

2) To facilitate relations between Caucus and other relevant bodies of the Association including the Council of Affiliates (CoA) and Inter-Sectional Council (ISC); and

3) To assist Caucuses in their internal management and inter-Caucus communications.

The members of the CC consist of a representative from each Caucus plus, the Chair, Chair-Elect, and the Immediate Past Chair of the Caucus Collaborative. Every year, each APHA Caucus will elect or appoint a CC representative, and an alternate to the CC. CC representatives are expected to represent their Caucuses at quarterly CC meetings (in-person, conference call, etc.) and through all CC correspondence (e-mail, mail, etc.). Caucus Collaborative representatives are expected to vote on decisions based on the best interests of their Caucuses. The CC Chair, Chair-Elect and Immediate Past Chair do not have a vote, unless they are serving as a proxy for their CC representative. (Caucus MOU, Section 5).

The Formal Affiliation of Caucuses with APHA

The Caucus designation was granted a formal affiliation through a Memorandum of Understanding (MOU) accomplished through the efforts of the Task Force on Association Improvement and Reorganization (TFAIR) in 2006.

Eligibility

To be officially recognized as a Caucus, a group applying must meet the following criteria:

- Have a minimum of 25 APHA members with an identified number of non-member participants.
- Provide a list of all members (APHA members and non-APHA members)
- Be organized around an identified public health issue of significance to APHA, in which they are formed around (1) membership in a social group, subjected to discrimination (e.g., race, ethnicity, gender, sexual orientation, immigration status, homelessness, faith, etc.) and/or (2) a social movement (e.g., peace, socialist, etc.).
• Provide a unique niche within APHA.
• Are independent and autonomous bodies that are in affiliation with APHA through a signed MOU for purposes of meeting, self-identification and educating others about their perspective(s).
• Have a formal leadership structure with at least an elected chair, a chair-elect/chair’s designated alternative, an immediate past chair. The roles of program chair, Caucus Collaborative representative and Governing Council representative may be filled by one of the officers or another member of the Caucus who has been designated these responsibilities. APHA will be notified of the outcome of elections so current leadership is always known to the Association.

• Caucuses will also:
  * Organize/hold business meetings at least once a year
  * Participate in the APHA Annual Convention by
    o Organizing sessions
    o Attending the Caucus Collaborative Meeting
    o Reviewing policies
    o Attending Governing Council Meetings as a designated ex-officio, non-voting Caucus representative
  * Participate in Caucus Collaborative meetings throughout the year
  * If the Caucus hosts a website, that website should be independent, but linked to the APHA website.
• Caucuses are encouraged to also participate in:
  a. Staffing the Caucus Collaborative Booth at the APHA Expo
  b. Contributing to National Public Health Week
  c. Making a financial contribution to APHA so the Governing Council can meet its Annual Giving goal
  d. Making Awards and/or Hosts an Annual Awards Ceremony,
  e. Having a Student/Young Professional/Early Career Professional Rep and/or Organizing an Annual Student/YP/ECP Social or Meet & Greet

**Process Initiation**

The process for establishment of a Caucus is initiated by the groups interested in such a unit with APHA Component Affairs and is guided by whether or not a moratorium on additional components exists.

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1 In 2011 the ISC recommended that a moratorium be adopted on new components due to APHA staffing limitations. In 2014 an extension of a moratorium on APHA components was approved by Executive Board. This moratorium states that there can only be 58 components (Section, SPIG, Caucus and Forum). However, if a component is discontinued, the next group on the APHA Component Affairs waiting list may apply to become an APHA component.

A proposal for consideration as a Caucus must include:
• Leadership information
• Statement of intent
  o Clearly articulated purpose and need for the Caucus
  o How the proposed Caucus will support APHA’s mission and goals
  o Identified achievable and measurable outcomes in the promotion of the identified public health issue
  o Assurance that the proposed Caucus is non-duplicative of existing components’ activities (Section, SPIG, Caucus, Forum, or Committee).
• Bylaws
• Membership roster
• Signed Memorandum of Understanding (MOU)

Approval Process

1. The Caucus Collaborative will provide recommendations on each application to the Executive Board (EB) who will review and provide feedback on the Caucus proposal.
2. The Component Affairs staff will seek additional feedback from the ISC-SC on how the Caucus proposal fits within the existing components and forward comments to the EB.
3. The EB will study the proposal and take action on recognition of the proposed Caucus.
4. New Caucuses will be given 2 years to come into full compliance to determine viability and sustainability.

Caucus Term and Expectations

1. After the initial review, and a follow-up review in 2 years, the Executive Board will review Caucus (performance/measurable outcomes) every 3 years. If a Caucus is not fulfilling its purpose, the Caucus Collaborative and APHA component staff will facilitate counseling and technical assistance.
2. Caucuses that do not submit their member list identifying at least 25 APHA members by December 31 (and have not corrected this problem by January 31) will be notified after January 31 that the Caucus will be ineligible to participate in that year’s Annual Meeting activities (scientific sessions, business meetings, etc.)
3. Component staff will initiate MOU language by May 31 of the third year of a Caucus’s term, for Caucus consideration and completion by December of that same year; Caucuses that fail to sign their MOU by December 31 will be given notice by the Caucus Collaborative or APHA Component staff. If this situation is not remedied by January 31 the Caucus’s proposed APHA Annual Meeting activities will be cancelled that year.
4. Circumstances which might lead to a Caucus losing its APHA affiliation:
   a. Failure to act as a functioning group and existing in name only
   b. APHA members below the required number of 25
   c. Lack of a signed MOU

Caucus Support and Responsibilities
The Executive Board will provide a liaison with whom the Caucus Collaborative or individual Caucuses may communicate.

Support and responsibilities are articulated in a signed MOU.

To be submitted to Component Affairs by:

**December 31:** annual paperwork, membership list, and MOU (in the year in which it is due). Caucuses that submit later than December 31 but before January 31st may experience a delay in program planning while all items are verified. When lists are cleared by Component Affairs, the Caucus will be able to initiate program planning for the annual meeting. Those who do not have materials on file by January 31st or who do not meet the minimum number of APHA members by this date will not be eligible to hold scientific sessions at the next annual meeting. If a Caucus is able to satisfy all the conditions of Caucus membership by January 31 of each year, its sessions will be eligible to be posted by the APHA print deadline of August 1 of each year.

**Discontinuation/Modification**

1. Caucuses that fail to meet the conditions specified in the Caucus’ signed MOU in any given year may result in the Caucus Collaborative, in consultation with Component Affairs, making a recommendation to the Executive Board that a year be granted to assist the Caucus in improving the Caucus’ infrastructure. If no change occurs, the Caucus will no longer be recognized as an APHA component.

2. Caucuses may elect at their own discretion, to withdraw or modify their official affiliation with APHA by:
   - evolving into an APHA on-line community
   - merging with an existing component
   - becoming a subcommittee of another APHA component upon the agreement of the other component

3. To facilitate the discontinuation/modification process, Caucuses should send written notification/request to the Caucus Collaborative leadership, Component Affairs staff and the Executive Board Chair.

Reviewed by the Caucus Collaborative: August 18, 2015
Approved by Executive Board: September 21, 2015