



**American Public Health Association
Minutes of the Governing Council
November 5 and 8, 2022
Boston, MA**

Convening of the Council: The meeting was convened by APHA President, Kaye Bender, PhD, RN, FAAN on Saturday, November 5, 2022, in Boston, MA. Speaker of the Council, M. Aaron Guest, PhD, MPH, MSW, presided, and Greg Ullrich, JD, served as Parliamentarian. Dr. Bender welcomed and thanked the governing councilors for their work, and then turned the meeting over to the Speaker.

Session I- November 5, 2022

1.0 Call to Order

Dr. Guest called the meeting to order at 3:05 p.m. ET.

2.0 Quorum Call

Secretary of the Council, Georges Benjamin, MD, confirmed a quorum was present.

3.0 Review of voting and speaking in the LUMI platform

Dr. Guest began by stating that councilors wishing to speak in the session should make their way to the nearest microphone upon which he would recognize them in order. Dr. Guest instructed councilors that when recognized they should state their name, member unit they represent and if they are speaking for or against the motion when applicable. Dr. Guest noted councilors only wishing to second a motion could do so from their seat. In addition, the Speaker reminded councilors all comments from the floor should be addressed to the Speaker and all proposed amendments must also be submitted in writing to governance@apha.org or submitted to staff using the motion forms available at the end of each table. Lastly, Dr. Guest noted that governing council rules limit discussion to 15 minutes on each agenda item. Following the expiration of these 15 minutes, the council must vote to extend the time by an additional 10 minutes.

The Speaker then reviewed voting procedures and conducted a test vote to orient councilors to the voting process within the LUMI platform using their personal devices.

4.0 Approval of the Consent Agenda

Dr. Guest called for a motion to approve the consent agenda, which included the November 2022 meeting agenda, June 2022 meeting minutes, and acceptance of written reports. The motion was made and seconded. Hearing no discussion, the Speaker called for a vote.

Motion: To approve the consent agenda (November 2022 meeting agenda, June 2022 meeting minutes, and acceptance of written reports).

Outcome: Approved by a vote of 156 (100%) in favor; 0 (0%) opposed.

Following the vote, Dr. Guest encouraged governing councilors to review the written reports from the Association's boards and committees and share them with their respective member units.

5.0 Nominations Committee Report

Dr. Guest then invited Allison Casola, PhD, Chair of the Nominations Committee, to present the committee's report and candidates for elected office. Dr. Casola began by presenting the open positions for 2022 which included president-elect, treasurer, and three executive board members. Dr. Casola then presented the candidates:

President-Elect (3-year term):

- Ella Greene-Moton
- Jeffrey Hallam, PhD, MA

Treasurer (3-year term)

- Ann Dozier, RN, PhD, FAAN
- Benjamin Hernandez, MBA
- Renata Slayton, MPH

Executive Board (4-year term)

- Kevin Borup, DrPH, JD, MPA
- Shontelle Dixon, MPH, CHES
- Claude Jacob, MPH
- Diana Kingsbury, PhD
- Gopal Sankaran, MD, DrPH, MNAMS, CHES

Dr. Casola also noted the nominees for Honorary Vice President for Canada, Latin America and the Caribbean, and the United States. Dr. Casola noted, if elected, their term would begin at the close of the 2022 Annual Meeting and expire at the close of the Annual Meeting in 2023:

- Vamini Selvanandan, MD, MPH, CCFP – Canada
- Rosana Teresa Onocko-Campos, PhD– Latin America and the Caribbean

- Mary Wooley, MA – United States

Video remarks from each of the candidates were then presented. Dr. Guest then thanked the Nominations Committee for their work, as well as the candidates for their willingness to serve and reminded councilors the voting for executive board officers and members would occur during Session II of the governing council meeting on Tuesday, November 8th. Dr. Guest then turned the floor over to Benjamin Hernandez, MBA, to present the report of the treasurer.

6.0 Financial Report

APHA Treasurer Benjamin Hernandez provided the Council with an update on APHA's finances including discussion of:

1. Fiscal Year 2022
2. Fiscal Year 2023 budget
3. Fiscal Year 2023 (first quarter)

Treasurer Hernandez began by stating that while a \$1,000,000 deficit was predicted for FY 22, APHA actually ended the year with an overall gain (profit) of \$1,196,905. Loss in net operations was \$958,496, but with returns from investments this loss was reduced to \$750, 942. Gain in net assets, including donor activity and the forgiveness of the PPP loan, was \$1,947,847 resulting in the \$1,196,905 profit.

Next, Hernandez outlined the FY 2023 approved budget. Treasurer Hernandez reminded councilors the FY 23 budget included another planned deficit, but this was within APHA's reserve ability. Hernandez stated the FY 23 budget included \$19.3 million in revenue and \$22.2 million in expenditures leading to an approved deficit of almost \$3 million. However, Treasurer Hernandez explained the budget is only a best guess estimate where the expense side is well known, but revenue is less certain and thus revenue estimates are made conservatively. Treasurer Hernandez stated over the last six years, the Association has seen significant surpluses resulting in \$6.7 million of net assets.

Treasurer Hernandez then summarized performance in Q1 of FY 23 (July 2022-Sept 2022). Hernandez stated total revenue was \$8.8 million and expenditures were \$5.8 resulting in gains of \$3 million. Treasurer Hernandez emphasized that while this looks great, following the Annual Meeting, the Association spends more than it takes in.

Treasurer Hernandez concluded with considerations for FY23 and beyond stating:

- Hard choices will be necessary, including considering dues increases, increased annual meeting fees, as well as program cuts. Small actions will not be enough.
- The budget deficits are not a surprise and it will be a multi-year process to move beyond planned deficits.

Treasurer Hernandez concluded his reported and Speaker Guest turned the floor over to questions.

Councilor Ngina Lythcott, DrPH, CHPPD, was recognized and noted that one source of income was donation. Dr. Lythcott encouraged all Governing councilors to make donations.

Councilor Mae-Gilene Begay, MSW, CHW, asked if the surplus funds from the last six years had been invested. Treasurer Hernandez responded yes and the Association's net assets including property, were \$30 million, of which \$11 million was invested to provide returns. Hernandez noted APHA is always looking for profitable investments. For example, with rising interest rates, investment had been made in short term certificates of deposit due to high short-term return.

Councilor Allison Jordan, MSW, LCSW, CCHP, Medical Care, asked for further explanation on the planned deficits and then called for a point of order on Treasurer Hernandez's plan to institute a treasurer-elect, asking if that was a position Governing Council could create here and now. Treasurer Hernandez responded that in order to add the position of treasurer-elect a request would need to be made to the Committee on Bylaws, who could then propose an amendment to the Governing Council for approval. Treasurer Hernandez then clarified that planned deficits were a result of budgeting known expenses and known revenues in circumstances where there was greater certainty in expenses resulting in a "worst case scenario."

Councilor Ann Dozier, PhD, RN, Maternal and Child Health, asked whether any balancing of the books could be considered a one-time write-off beyond the PPP loans. Treasurer Hernandez noted nothing major beyond the PPP loans was planned. Dr. Benjamin added that unsold books were the only other planned write-offs.

Councilor Denise Tahara, PhD, MPhil, MBA, NY Public Health Association, asked for further clarification on the biggest line items and biggest opportunities. Treasurer Hernandez noted on the revenue side the biggest line items are member dues, the Annual Meeting and grants and contracts so there is the opportunity to grow revenue in these areas. The vulnerabilities include a major hit to the Annual Meeting, but Hernandez noted this was experienced during the COVID-19 pandemic and the Association adapted to make it through. Dr. Benjamin also noted an almost \$400,000 loss in rent of the 6th floor of the APHA offices. The previous tenant vacated in 2020 and finding a new tenant has proved difficult as a result of the COVID-19 pandemic.

Councilor Nancy Chapman, MPH, RD, Food and Nutrition, raised concerns about placing the burden of increasing revenue on the members. Councilor Chapman encouraged APHA to look to increase subscriptions as well as push for a new tenant.

Hearing no further questions, Dr. Guest moved to the State of the Association report from APHA Executive Director, Dr. Georges C. Benjamin.

7.0 State of the Association

Dr. Benjamin began his presentation by leading a moment of silence to remember the APHA members who passed away in 2022.

Next, Dr. Benjamin provided an overview of the 2022 Annual Meeting noting there were 11,563 registered in-person attendees and 438 digital registrants. Dr. Benjamin noted the digital meeting was developed this year along with the in-person meeting in an effort to address the barrier cost of the meeting for some members. Dr. Benjamin highlighted the meeting location and stated the APHA Annual Meeting brings approximately \$20 million of economic development to the community in which it is hosted. Dr. Benjamin noted the 150th Anniversary installation at the meeting and encourage councilors to visit. In addition, Dr. Benjamin noted the two attendee lounges and health and safety measures at the Annual Meeting including mask and vaccine requirements, as well as security. Dr. Benjamin told councilors shuttle buses were available to various official hotels and highlighted the accessibility services provided during the meeting.

Dr. Benjamin then moved to discussing the 2022 Annual Meeting program noting the 787 oral sessions and roundtables, 276 poster sessions, 42 related organization events and 340 business meetings. Dr. Benjamin highlighted offerings including the live “America Dissected” podcast with Dr. Abdul El-Sayed, featured session speaker Coffee Talks, the Public Health Awards ceremony and lunch, the Public Health Film Festival, the Social Media Lab, the Sunday “Tweet Up,” the Executive Director Fundraiser Dinner and the 150th Anniversary Celebration Party. Dr. Benjamin then discussed the November 14-16 digital meeting offerings which include all oral sessions, as well as featured and general sessions. Dr. Benjamin encouraged Governing Councilors to visit the Public Health Expo featuring 363 exhibit booths and APHA Central with APHA Press, AJPH, APHA LEAD demos, books signing, headshot lounge and Section kiosks.

Next, Dr. Benjamin addressed issues of harassment stating that APHA does not tolerate any form of harassment by members, staff, vendors or contractors and directed councilors to review APHA’s Code of Conduct and the Public Health Code of Ethics. Dr. Benjamin discussed the issue surrounding Dr. Leana Wen and noted that despite APHA’s support, Dr. Wen would not attend the Annual Meeting as a result of threats to her life. Dr. Benjamin stated an empty chair would be left on the stage during the session at which Dr. Wen was scheduled to speak to demonstrate APHA does not tolerate harassment and support the vigorous exchange scientific information and the importance of character and evidence. Dr. Benjamin also reminded councilors of basic public safety as they move about the city.

Dr. Benjamin then moved to discuss APHA’s 150 Anniversary Celebration noting the yearlong celebration and highlighting the November 2022 and December 2022 themes. Dr. Benjamin shared a new book “Public Health Then and Now: Landmark Papers from AJPH.”

Dr. Benjamin then moved to the exchange of honors between APHA and the Royal Society for Public Health in the UK. Dr. Benjamin motioned to approve honorary membership for William Roberts BSc, MSc, RN, Chief Executive of the Royal Society of Public Health, and the motion was appropriately seconded. Hearing no discussion, Speaker Guest called for a vote.

Motion: To approve honorary membership William Roberts BSc, MSc, RN, Chief Executive of the Royal Society of Public Health.

Outcome: Approved by a vote of 160 (99%) in favor; 1 (1%) opposed.

Dr. Benjamin then reviewed APHA's FY 22 revenue and expenditures and moved to a discussion of membership dues increase. He reminded the Governing Council of a previous approval by the Governing Council to allow the executive board to increase dues for a set period of time based on the 10-year average CPI. Dr. Benjamin stated during the pandemic dues were not increased and therefore, a new authority was needed. Dr. Benjamin motioned to give the Executive Board the authority to increase dues on all membership types every other year effective July 2023 by the 10-year CPI (rounded to the nearest \$5/10 for individuals) for six years. The motion was appropriately seconded and Speaker Guest called for discussion.

An unidentified councilor asked if it was possible to increase the ceiling for discounted membership. Dr. Benjamin noted this could be explored, but there are already several discounts available to members at present.

Councilor Ben Barber, Virginia Public Health Association, stated books cost \$1.1 million and only make about \$200,000 in revenue. Knowing this, Councilor Barber agreed with the dues increase, but asked that other means of revenue generation/cost cutting be explored. Dr. Benjamin addressed the issue of low revenue from books, noting that in FY 22 the books produced, including lead sellers such as CCDM, were not released. Therefore, the revenues from these publications will not be reflected in FY23.

Councilor Jeannette Jackson-Thompson, MA, MSPH, PhD, HIIT, asked if there was a maximum increase for each category? Dr. Benjamin noted increases are based on the CPI which is typically 2-3%, so the increase would likely be between \$5-10.

Councilor David Swedler, PhD, MPH, ICEHS, noted that while the use of CPI is a normal measure, this past year CPI has been approx. 8%. Dr. Benjamin responded the rate increase would be based in on a 10-year average for this reason.

Councilor Kerri Wizner, MPH, OHS, asked if there would be communication on value added for the price increase. Dr. Benjamin responded this would absolutely be done.

Councilor Linda Landesman, DrPH, MSW, HA, asked if there has been an analysis of previous dues increased and membership levels (i.e., do dues increases result in membership loss). Dr. Benjamin noted this analysis was difficult as membership increased without a resultant increase in revenue due to members are moving to lower rate dues categories.

Councilor Cee Davis, MD, MPH, FACPM, FACOG, Ethics, provided the eight considerations for a policy change in the Public Health Code of Ethics, highlighting the need for opportunity for participation and moved to table the motion until the next meeting of the Governing Council in June 2023 in order to allow analysis by the Ethics Section and other member units. Dr. Benjamin responded that this was the process previously approved by the Governing Council and without the added revenue from this increase cuts will be needed. The proposed dues increase will bring approx. \$160,000-170,000 which is 1-2 staff positions or programs within the association. The motion was

then seconded and Dr. Guest called for discussion in the motion to table. Hearing none, the Speaker called for a vote.

Motion: To table the motion to allow the Executive Board to increase dues for a set period of time based on the 10-year average CPI until the June 2023 meeting of the Governing Council.

Outcome: Defeated by a vote of 59 (34.5%) in favor; 112 (65.5%) opposed.

Following defeat of the motion to table, the main motion returned to the floor. As discussion time had expired, Dr. Guest called for a vote on the main motion.

Motion: To give the Executive Board the authority to increase dues for a set period of time based on the 10-year average CPI until the June 2023 meeting of the Governing Council.

Outcome: Approved by a vote of 115 (66%) in favor; 58 (34%) opposed.

Dr. Guest then opened the floor for questions for Dr. Benjamin. Councilor Andrea Lowe, MPH, CPH, Ethics Section, rose to express disappointment that the vote occurred without additional discussion. Councilor Lowe stated that for many people the \$5-10 increase will have a significant impact and asked councilors to give similar motions in the future further consideration. Dr. Guest then reminded Governing councilors that Governing Council rules limit discussion to 15 minutes, but Governing Council has the authority to propose an extension of the discussion time prior to the expiration of the original 15 minutes.

Councilor David Swedler, ICEHS, was then recognized and asked whether APHA has a policy about hosting Annual Meetings in states restricting reproductive rights and if not, would a policy of this nature be considered. Dr. Benjamin stated there is no current policy to this effect and APHA is careful to differentiate the host city from the host state.

Councilor Shenita Freeman, DSc, MSHIA, MPH, Aging and Public Health, was then recognized and stated that as the governing body of the association, the Governing Council should not agree to waive power as they did in giving the Executive Board the authority to raise dues.

Hearing no further discussion Dr. Guest moved to the presentation of candidates for the Nominations Committee.

8.0 Review of Nominations for the Nominations Committee

Dr. Guest then presented the slate of candidates for the Nominations Committee and noted the top three vote-getters in Tuesday's election would be elected to 3-year terms and the 4th place finisher would serve a 1-year term. In addition, Dr. Guest noted only one individual per unit can serve at any time. The candidates were as follows:

- Mae-Gilene Begay, MSW- Community Health Workers
- Angelica Hardee, PhD, MS- CHPPD
- Alison Jordan, MSW- Medical Care
- Toby Levin, PhD, MPH, CPH, CHES- Epidemiology
- Hadii Mamudu, PhD, MA, MPA, FAHA- ATOD
- Quinyatta Mumford, MPH, CHES- Arkansas Public Health Association
- Janet Rosenbaum, PhD, AM- Applied Public Health Statistics
- Ogie Umasabor-Bubu, MBBS, MPH, CPH, CIC, FAPIC- Epidemiology
- Maija Williams, MPH- Health Administration

Dr. Guest encouraged councilors to review the candidates' applications in their meeting materials. Dr. Guest stated the Nominations Committee elections would be held during Session II of the Governing Council on Tuesday, November 8th and thanked the current members of the Nominations Committee for their service. Dr. Guest then turned the floor to Jeanie Holt, MPH, Chair of the Strategic Planning Committee of the Executive Board.

10.0 Strategic Plan Update

Jeanie Holt began with a review of the Strategic Planning Committee's accomplishments for the year including:

- Revising a committee description for clarity and unity.
- Designing a strategic plan process and timeline to provide current and future Strategic Planning Committees with a roadmap for an effective process.
- Obtaining executive board approval for hiring a consultant to facilitate a revision of the current strategic plan.
- Working with APHA staff to issue an RFP and select a consultant with the goal of beginning work at the 2022 Annual Meeting.
- Participating in presentation interviews with three consulting firms and giving input to final choice.

Holt then discussed the Committee evaluation of the current APHA strategic plan, stating the current strategic plan is over five years old and outwardly focused as a strategic plan for health broadly vs. for APHA. In addition, Holt noted issues with using the leading health indicator (LHI) as measures for change stating they are slow to change, it is hard to evaluate the impact of APHA activities and there is difficulty for APHA member units to find leverage points to impact LHIs.

Holt stated the strategic portfolios provided a good opportunity for APHA member units to see themselves in the APHA strategic plan. The strategic portfolios include 1) Strengthen public health practice 2) Build a public health movement and 3) Align organizational capacity and infrastructure. Holt reiterated the purposed of the APHA strategic plan is to strengthen APHA so that together we can accomplish our mission to improve the health of the public and achieve equity in health status.

Holt then moved to discussion of the new strategic plan which will keep both the current mission statement and the strategic portfolios. It will also build on the information and learning for the APHA Your Way project and focus on:

1. Strengthening APHA

2. Increasing APHA's agility to address emerging issues, both internal and external
3. Designing metrics to measure projects and impact
4. Providing tools to inform on-going revisions to activities and workplans
5. Ensuring solid evaluation plan and timetable

Holt stated an RFP was issued to several strategic planning consulting firms and three submitted proposals all of which were qualified to accomplish the scope of work of the RFP. Each firm presented their proposal to the strategic planning committee and APHA staff, but negotiations were needed to "right size" the scope of work and budget to meet APHA's needs and resources. Holt noted a final selection will be made in the coming months.

Holt asked all governing councilors to inform their member units that strategic planning is underway and encouraged councilors to reach out to her with questions. Holt concluded by thanking the full strategic planning committee.

Dr. Guest then opened the floor for questions. Councilor Liesl Nydegger, PhD, MPH, SRH, was recognized and asked whether members had been contacted to conduct the strategic planning analysis. Holt responded that members could be involved in the strategic planning, but an outside facilitator is helpful to free up members to focus on the needs of the Association. Holt stated one of the firms is an Association member so there is no prohibition on member led firms leading the process, but they would need to submit a proposal in response to the RFP.

Councilor Marc Hiller, DrPH, MPH, Ethics, asked for a cost estimate for the strategic planning consultant. Holt answered the approved budget for the consultant was \$50,000.

Dr. Guest concluded by stating that since a strategic planning consultant had not yet been selected, the leadership roundtable meant to focus on the strategic plan scheduled for Monday, November 7th was cancelled.

Dr. Guest also reminded councilors he would host Speaker office hours on Monday, November 7th from 11:30A.M.-12:30PM in BCC 201-202. Finally, Dr. Guest reminded councilors that any amendments to the proposed policy statements to be discussed in Session II of the Governing Council on November 8, 2022 should be emailed in advance to governance@apha.org if possible.

12.0 Recess

With no further business before the Council for the day, Speaker Guest recessed the Governing Council until Session II on November 8, 2022, at 8:30A.M. ET.

Session II- November 8, 2022

1.0 Call to Order

Dr. Guest called the second session of the Governing Council to order at 8:40 A.M. ET.

2.0 Quorum Call

Secretary of the Council, Georges C. Benjamin, MD, proclaimed that a quorum was present.

3.0 Review of voting and speaking in the LUMI platform

Dr. Guest then reviewed that councilors wishing to speak in the session should make their way to the nearest microphone and they would be recognized in due order. Dr. Guest instructed when recognized, councilors should state their name, member unit they represent and if they are speaking for or against the motion when applicable. Dr. Guest noted councilors only wishing to second a motion could do so from their seat. In addition, the Speaker reminded councilors all comments from the floor should be addressed to the Speaker and all proposed amendments, must also be submitted in writing to governance@apha.org or submitted to staff using the motion forms available at the end of each table. Lastly, Dr. Guest noted that governing council rules limit discussion to 15 minutes on each agenda item. Following the expiration of these 15 minutes, the Council must vote to extend the time by an additional 10 minutes.

The Speaker then reviewed voting procedures and conducted a test vote to orient councilors to the voting process within the LUMI platform using their personal devices.

4.0 Bylaws Proposals

Dr. Guest then turned the floor over to Chair of the Committee on Bylaws, Burton Wilcke, PhD. Dr. Wilcke began by alerting the governing council to updates made in July 2022 to the guidelines on how to propose bylaws amendments and directed them to the location of this process document on the APHA website.

Dr. Wilcke then moved to discuss a request made to the Committee on Bylaws from the Caucus Collaborative to give the Caucus Collaborative a seat on the Executive Board. Dr. Wilcke noted following receipt of this request, the Committee on Bylaws requested the executive board engage in dialogue with the Caucus Collaborative. Dr. Wilcke stated that following this engagement, the executive board reported to the Committee on Bylaws that it did not believe the Caucus Collaborative should have a seat on the board at this time, but wanted to ensure a mechanism for the Caucus Collaborative to communicate with the executive board. Therefore, the executive board proposed a bylaws amendment requiring the Caucus Collaborative, upon request, to report its activities and deliberations to the executive board. Dr. Wilcke stated the Committee on Bylaws agreed and proposes an amendment to the bylaws to accommodate this request for a reporting requirement. In addition, this proposed amendment updates language related to report requirements of the Council of Affiliates and the Intersectional Council to ensure consistency. Dr. Wilcke then proposed the amendment as follows: the Committee on Bylaws moves to amend the bylaws to include a report, upon request, by the Caucus Collaborative to the executive board. Amendments to make the bylaws language regarding annual reporting consistent with respect to the Caucus Collaborative, the Council of Affiliates and the Intersectional Council are also requested.

Dr. Guest noted that as the motion came from a committee, a second was not required. The Speaker then called for discussion.

Councilor Dr. Cee Davis, Ethics Section, rose to state these amendments serve no function and there is no need to adopt them. Dr. Davis stated the Executive Board can already receive information from these bodies and this amendment infers the executive board has the option of not responding to a report and this amendment does not serve as good precedent. Dr. Benjamin responded as Secretary of the Executive Board and the Governing Council that when the Caucus Collaborative was created the goal was that it continued to grow and engage. This is the next step to require an official channel of communication with the executive board and increase engagement with the Caucus Collaborative.

Councilor Jose Ramon Fernandez Pena, MD, MPH, Immediate Past President, expressed support for the motion.

Councilor Sarah Gareau, DrPH, MEd., MCHES, Executive Board, expressed support for the motion as a means to better engage the Caucuses.

Councilor Louis Lin, MPH, Chair of the Asian and Pacific Islanders Caucus, stated the belief that the motion would allow the caucuses to have a stronger relationship with the Executive Board and expressed support.

Hearing no further discussion, Dr. Guest called for the vote, noting amendments to the bylaws require a 2/3s majority for approval.

Motion: The Committee on Bylaws moves to amend the bylaws to include a report, upon request, by the Caucus Collaborative to the Executive Board. Amendments to make the bylaws language regarding annual reporting consistent with respect to the Caucus Collaborative, the Council of Affiliates, and the Intersectional Council are also requested.

Outcome: Approved by a vote of 166 (95%) in favor and 9 (5%) opposed.

Following the vote, Councilor Shenita Freeman, Aging and Public Health, rose for a point of personal privilege. The Councilor was recognized and inquired as to whether now was an appropriate time to make a motion to reconsider the vote taken on Saturday, November 5th to allow the Executive Board to raise dues. Councilor Jeffrey Goodman, MPH, attempted to make the motion to reconsider given that his proxy voted in the affirmative for the original motion. However, this was ruled out of order as Councilor Goodman did not cast a vote on the original motion. Councilor Alison Jordan confirmed they voted in the affirmative and made a motion to reconsider the motion approved on November 5, 2022 to allow the Executive Board to increase dues for a set period of time based on the 10-year average CPI until the June 2023 meeting of the Governing Council. The motion to reconsider was seconded.

Return to Session I, Agenda Item 7.0

Dr. Guest opened the floor for discussion on whether or not the motion should be reconsidered. Dr. Guest noted that if the governing council voted to reconsider the motion, the floor would then be open to discussion of the original motion. If the motion to reconsider was defeated, discussion would return to the proposed bylaws amendments.

Councilor Shenita Freeman, APH, was recognized and stated the belief that the original vote was rushed and the yea vote gave the executive board authority to raise dues without the consent of the governing council, which gives away the power of councilors. Councilor Maurice Johnson, MPH, CHPPD, stated that the executive board was elected to serve as the Governing Council when the council is not in session. Councilor Johnson stated the believe that should the executive board choose to raise dues it would only be because it was absolutely necessary. Dr. Guest reminded governing councilors that the current discussion should be limited to support or opposition for the motion to reconsider. Councilor Alison Jordan, MC, was then recognized and stated support for the motion to reconsider based on perceived confusion within the council on the original motion. Councilor Veena Thamilselvan, Student Assembly, spoke in support of the motion to reconsider noting students did not have the chance to speak in the original discussion due to elapsed time and would like to share the effect potential dues increased could have on student membership. Councilor Nancy Chapman, FN, spoke in favor of the motion to reconsider noting the Section's request that the executive board seek alternative measures to raise revenue. Hearing no further discussion, Dr. Guest called for a vote.

Motion: To reconsider the approved motion (Agenda Item 7.0) to allow the Executive Board to increase dues for a set period of time based on the 10-year average CPI until the June 2023 meeting of the Governing Council.

Outcome: Approved by a vote of 111 (59%) in favor and 78 (41%) opposed.

Following approval to reconsider the motion, Dr. Guest opened the floor for discussion on the motion. Councilor Thamilselvan, Student Assembly, was recognized and stated the concerns of the Student Assembly. Councilor Thamilselvan stated that if dues were to increase by \$5 per year, the potential \$15 increase would be too great for many Student Assembly members who already struggle to pay membership and Annual Meeting fees.

Councilor Elizabeth Sommers, PhD, MPH, Lac, ICTHP, was then recognized and asked if the increases would apply to all categories of membership. Dr. Benjamin responded yes, the increase would apply across all membership categories.

Councilor E. Oscar Allen, DrPH, MPH, Executive Board, asked Dr. Benjamin to provide further history on the request from the governing council to allow the executive board the authority to increase dues. Dr. Benjamin responded that the governing council decided several years ago they did not want to engage in yearly debates on dues increases and thus gave the Executive Board the authority for short periods of time to raise dues. Dr.

Benjamin reminded the governing council that the executive board is the fiduciary of the Association and in effect crafts the budget and also serves as the governing council when the council is not in session. Dr. Benjamin also noted that the last time dues were increased, rates were not raised for students; there were no dues increased during the COVID-19 pandemic recognizing the price sensitivity of many members; and lastly, if dues are not increased revenues will need to be obtained elsewhere potentially resulting in program cuts.

Councilor Jeanie Holt, Executive Board, reminded the Governing Council the motion on the floor is not for a dues increase, rather, it's simply a vote on how dues will be increased. Concerns regarding increases should be brought to the executive board, but debate time of the council could be better spent.

Councilor Chris Chanyasulkit, PhD, MPH, President-Elect, stated the executive board seriously considers the impact of dues considerations and an increase would not be taken lightly, and the board has a strong understanding of the Association's finances. Councilor Chanyasulkit encouraged councilors to remember this as they vote for the new members of the executive board later.

Councilor Andrea Lowe, Ethics, was recognized and attempted to make a motion to amend the original motion. Speaker Guest clarified since the original motion was under reconsideration, amendments were not possible at this time.

Councilor Amy Lee, MD, MPH, MBA, CPH, Executive Board, was recognized and stated as a member of the Finance Committee of the Executive Board, the committee has explored opportunity to cut costs to avoid a dues increase, but there are very limited options. There need to be multiple avenues to increase revenue, including a dues increase, and hopefully the cost is not too great to the membership. Following Dr. Lee's comments, Dr. Guest clarified that the amendment Councilor Lowe proposed would be the same as a no vote on the motion to reconsider.

Councilor Shenita Freeman, Aging and Public Health, expressed appreciation for the executive board, but noted that each member section is not represented on the executive board and six years would be a long time for the governing council to give away their authority to increase dues. Dues should be discussed each year and the Council should make the best decision in that unique moment.

Councilor Kevin Borrap, DrPH, JD, MPA, Injury Control and Emergency Health Services, stated the Section voted against the original motion and will continue to do so. Councilor Borrap stated a fuller report on the impact of a dues increase on membership should be presented to the governing councilors.

Councilor Bryan Buckley, DrPH, Executive Board, stated as Chair of the Development Committee that the voice of governing councilors would not be lost should the executive board be given this authority. There is ISC and CoA representation on the executive board and this motion came as a request of governing council. In addition, Dr. Buckley

stated if the council chose to reject this motion, it needs to work to find other means to increase development and partnerships to raise revenue.

Councilor Mae-Gilene Begay, CHW, stated community health workers are one of the lowest paid public health professions and asked the executive board to consider other ways to raise revenue. Councilor Begay suggest a discounted group membership. Dr. Benjamin responded that there is an agency membership category that offers a discount and there are a large number of membership discounts and many members do not pay the full dues rate. APHA is a membership association whose budget is raised from zero each year. Membership dues are the one revenue stream that allows programming flexibility.

Councilor Gerri Mattson, MD, MSPH, FAAP, MCH, then made a motion to extend the debate by 10 minutes. The motion was appropriately seconded and hearing no discussion Dr. Guest called for a vote.

Motion: To extend debate by 10 minutes.

Outcome: Approved by a vote of 92 (51%) in favor and 89 (49%) opposed.

Councilor Maurice Johnson, CHPPD, asked for clarification that this motion simply gives the executive board authority to increase dues. It is not a vote for a dues increase. Speaker Guest confirmed this was true.

Councilor March Hiller, Ethics, asked what reduction in services are being considered, citing the decision to eliminate the print copy of AJPH. Dr. Benjamin stated that this decision would not impact the decision to no longer provide the print copy of AJPH. Even with cuts, a \$2 million budget deficit is still planned for the year. Cuts include significant reduction of in-person meetings of member groups, boards and committees; no pay raises for staff; and decisions not to fill staff vacancies. Dr. Benjamin stated APHA is using all revenue streams available, but membership dues is one of three major revenue streams and it would be irresponsible not to consider raising revenue from this stream as it would be a clear and transparent way to do so.

Councilor Steven John, PhD, MPH, HIV/AIDs, moved to table the motion until the mid-year motion of the governing council in June 2023. Dr. Guest responded that because this is a motion to reconsider that motion cannot be accepted and is out of order.

Councilor Margo Bergman, PhD, MPH, SHW, spoke in favor of the motion and expressed desire to give the executive board authority to increase dues in order to fairly compensate and have adequate levels of staffing to provide services to members.

Councilor Andrea Lowe, Ethics, expressed gratitude that the council was engaging in debate on the topic and noted the Sections support of the motion. However, Councilor Lowe raised as a point of order that the motion on the slides was incorrect. The slide was updated and debate continued.

Councilor Crystal Dixon, MPH, MA, MCHES, Environment Section, asked that the executive board consider that outside of membership dues, in order to attend the annual meeting, members faced significant registration and travel costs. If APHA would like to have the community present at its meetings, it needs to consider all costs.

Hearing no further discussion, Dr. Guest called for a vote on the motion to give the executive board the authority to increase dues on all membership types every other year effective July 2023 by the 10-year CPI (rounded to the nearest \$5/10 for individuals) for six years

Motion: To give the executive board authority to on all membership types every other year effective July 2023 by the 10-year CPI (rounded to the nearest \$5/10 for individuals) for six years.

Outcome: Approved by a vote of 126 (67%) in favor and 63 (33%) opposed.

Return to Session II, Agenda Item 4.0

Following the vote, Dr. Wilcke, continued with the report of the Committee on Bylaws. Dr. Wilcke introduced the committee's second motion to amend the bylaws to change the status of the JPC co-chairs, who currently serve on the executive board as non-voting members, to serve as voting members of the board. Dr. Wilcke noted this amendment was requested by the executive board and had the support of the Committee on Bylaws.

The floor was opened for discussion and Councilor Dozier, MCH, asked whether the JPC co-chairs were elected to their positions. Dr. Guest stated the JPC co-chairs were appointed to their position by the executive board following nomination from among the membership. Councilor Dozier stated she did not support the amendment in this case as it would give three votes to unelected members of the board. Dr. Benjamin responded that it would be good board governance to give the JPC co-chairs a vote. While in practice, the executive board largely operates on consensus, they cannot vote, but hold the same responsibility and liability as the rest of the members of the board and thus should have a vote.

Councilor Jose Ramon Fernandez Pena, Immediate Past President, recognized the full participation of the JPC co-chairs in the work of the board and expressed support for the motion.

Councilor Heather Walter-McCabe, JD, MSW, Executive Board, also expressed support for the amendment.

Councilor Davis, Ethics, stated this was a consolidation of power and an erosion of a representative body as the JPC co-chairs are not elected and encouraged the council to oppose the amendment.

Hearing no further discussion, Dr. Guest called for a vote.

Motion: The Committee on Bylaws moves to amend the bylaws to change the status of the JPC co-chairs, who currently serve on the Executive Board as non-voting members, to serve as voting members of the board.

Outcome: Defeated by a vote of 92 (49%) in favor and 96 (51%) opposed.

Dr. Wilcke then presented the final recommendation of the Committee on Bylaws and moved that the Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments.

As the motion came from a committee there was no second required. Hearing no discussion, Dr. Guest called for the vote.

Motion: The Committee on Bylaws moves that the Committee on Bylaws be authorized to make such editorial, numerical, grammatical and conforming changes to reflect the intent of these amendments.

Outcome: Approved by a vote of 182 (96%) in favor and 7 (4%) opposed.

5.0 Selection of the 2024 Annual Meeting Program Emphasis

Dr. Guest began by reminding councilors that recommendations for the 2024 Annual Meeting program emphasis were solicited from councilors earlier in the year. Dr. Guest stated that the program emphasis selected is then used by APHA in developing the theme and marketing for the Annual Meeting and Member Units are encouraged to have some programming in line with the meeting theme. Dr. Guest noted the brief description under each program emphasis did not need to be wordsmithed, as they simply provide a summary of what could be and why the theme was proposed to the Governing Council. APHA staff and program planners will ultimately market, finalize the language and determine implementation.

Dr. Guest then presented the proposed program emphases:

- 1) **Creating the Healthiest Nation in a Generation: Healthy Aging for All Ages**
- 2) **Creating the healthiest nation by optimizing the health of people and ecosystems**
- 3) **Reimagining Public Health: Science, Politics and Public Health in the Next Decade**

Dr. Guest stated the motion to select one of the three proposed emphases did not require a second and then opened the floor for discussion.

Councilor Sarah Gareau, Executive Board, stated support for Reimagining Public Health: Science, Politics, and Public Health in the Next Decade as it lends well to the healing and work on anti-racism in Minneapolis at present (the 2024 Annual Meeting and Expo will be held in Minneapolis).

Councilor Jessica Schwind, PhD, MPH, One Health, expressed support for creating the health of people and ecosystems. Councilor Schwind noted the One Health approach has been adopted by WHO, OIE, FIO and UNEP as a sustainable approach to tackle health threats at the source and is a team building and unifying approach that will mobilize multiple sectors, disciplines and societies while addressing collective need for clean air and water, nutritious foods and tackle climate change.

Councilor Amy Hagopian, PhD, MHA, International Health, expressed opposition to the use of the phrase “creating the healthiest nation” in the Annual Meeting program emphasis stating that it creates competition with other nations. Councilor Hagopian questioned if the phrase came from a corporate partnership and expressed her support for Option 3 stating it was vital to address politics before tackling issues such as aging and ecosystems. Dr. Benjamin responded that he created the line “creating the healthiest nation” and it is not intended to create competition, but rather give APHA a focus around improving the health of the US. APHA is known by this tagline worldwide.

Councilor Debra Jackson, DSc, MPH, MCH, expressed the Sections support for option 3.

Councilor Buckley, Executive Board, stated this was a unique time to reimaging public health with new stakeholders and expressed support for number 3.

Councilor Dana Garfin, PhD, ICTHP, stated they would love to see APHA consider how to reach individuals who don’t think like us and how to bring everyone together to make the nation healthier.

Councilor Deborah Allen, ScD, MCH, spoke in favor of Option 3, and stated the need to acknowledge that public health is political and number 3 allows us to discuss distribution of wealth and power in America and this is a critical discussion.

Councilor Bob Vollinger, Jr., DrPH, MSPH, ATOD expressed support for option 3.

Councilor Elaine Jurkowski, PhD, MSW, APH spoke in support of option 1 as a way to look at the process of health across the lifespan and is comprehensive and inclusive.

Dr. Guest then reminded councilors of the 2023 Annual Meeting Theme at the request of the Council- “Creating the Healthiest Nation- Overcoming Social and Ethical Challenges.”

Councilor Hadii Mamudu, PhD, MPA, FAHA, ATOD, expressed support for option 3 stating that public health is not apolitical.

Hearing no further discussion, Dr. Guest called for a vote and stated the winner would be based on the plurality.

Motion: Select the 2024 Annual Meeting Program Emphasis (Choose 1)

- 1) **Creating the Healthiest Nation in a Generation: Healthy Aging for All Ages**
- 2) **Creating the healthiest nation by optimizing the health of people and ecosystems**
- 3) **Reimagining Public Health: Science, Politics, and Public Health in the Next Decade**

Outcome: Option 3 selected by vote of 145 (81%) to 24 (13%) for Option 2 and 10 (6%) for Option 1.

Dr. Guest then recognized Councilor Tenaya Jackman, MPH, Hawaii Public Health Association, for a point of privilege. Councilor Jackman stated she recently became aware that the state of California has a ban on using state funds for travel to states that discriminate on the basis of sexual orientation or gender, including Georgia. Therefore, Councilor Jackman asked if the meeting planners would examine attendance rates of those funded by the state of California at the 2022 and 2023 Annual Meeting and evaluate if this law needs to be considered when planning future meetings. Dr. Guest stated discussion of the topic was out of order but allowed Dr. Benjamin to respond. Dr. Benjamin stated APHA recognizes limits to this effect, but that contracts for the Annual Meeting locations are signed 10 years out, but that APHA will definitely consider this in future decisions.

6.0 Election of Nomination Committee members

Dr. Guest then moved to the election of new members to the Nominations Committee. The Speaker informed the council the results of all elections (for both nominations committee and executive board members and officers) would be announced at the end of the meeting.

The ballot for the Nominations Committee was presented. councilors were instructed they were required to select four individuals to serve on the committee and were advised on how to vote in the LUMI platform. The top three vote getters will serve three-year terms on the Nominations Committee and the fourth-place candidate would fill the remaining one year of a vacant term. The candidates were as follows:

- Mae-Gilene Begay, MSW- Community Health Workers
- Angelica Hardee, PhD, MS- CHPPD
- Alison Jordan, MSW- Medical Care
- Toby Levin, PhD, MPH, CPH, CHES- Epidemiology
- Hadii Mamudu, PhD, MA, MPA, FAHA- ATOD
- Quinyatta Mumford, MPH, CHES- Arkansas Public Health Association
- Janet Rosenbaum, PhD, AM- APHS
- Ogie Umasabor-Bubu, MBBS, MPH, CPH, CIC, FAPIC- Epidemiology
- Maija Williams, MPH- Health Administration

A question was raised as to whether nominations would be accepted from the floor. Dr. Guest stated they would not be. Following the close of the poll, Dr. Guest then moved to the elections for APHA executive board, treasurer, president-elect and honorary vice presidents.

7.0 Election of APHA Executive Officers

Elections began with elections for president-elect. Councilors were instructed to select one of the two candidates:

- Ella Greene-Moton
- Jeffrey Hallam, PhD, MA

The next ballot presented was for treasurer, and councilors were instructed to select one of the three candidates:

- Ann Dozier, RN, PhD, FAAN
- Benjamin Hernandez, MBA
- Renata Slayton, MPH

The next ballot was for members of the executive board. Councilors were instructed to select three of the five candidates:

- Kevin Borrup, DrPH, JD, MPA
- Shontelle Dixon, MPH, CHES
- Claude Jacob, MPH
- Diana Kingsbury, PhD
- Gopal Sankaran, MD, DrPH, MNAMS, CHES

Following the vote, Speaker Guest reminded the council the results of the election would be presented later in the session.

Elections ended with a motion to elect the following slate of candidates for APHA honorary vice-president:

- *Canada* – Vaminia Selvanandan, MD, MPH, CCFP (EM)
- *Latin America and the Caribbean* – Rosana Teresa Onocko-Campos, PhD
- *United States*- Mary Wooley, MA

Dr. Guest then turned the floor over to Dr. Bryan Buckley to deliver the report of the Development Committee.

8.0 Leadership Appreciation and Development

Dr. Buckley, Chair of the Development Committee of the Executive Board, began by thanking the Governing Council for their work and support of APHA. Dr. Buckley stated donations provide flexibility for APHA in its programming and the Development Committee aims to have 100% giving by APHA leaders. The executive board achieved this goal in 2022 and to date in 2022, 41.6% of governing councilors had contributed to APHA. Dr. Buckley drew councilors' attention to a QR code on-screen to make donations via a new online platform in an effort to reach 50% giving by governing

councilors by the close of the Annual Meeting. Dr. Buckley stated the new online giving platform also allows for Section-specific donation links to help generate monetary support for individual APHA sections. Dr. Buckley then shared a short video highlighting the benefits donations provide to APHA members and the work of the Association. Dr. Buckley concluded by inviting governing councilors to share in refreshments provided by the development committee and thanked the other members of the development committee.

9.0 APHA Your Way Update

Dr. Kaye Bender, APHA President, was then recognized to provide an update on the APHA Your Way Project (formerly known as MUEEP). Dr. Bender began by reminding governing councilors of the goals of the project: 1) Create a proactive communication and outreach platform that speaks to multiple audiences and 2) Educate and establish internal champions for change to facilitate a strategy that support the desired change.

Dr. Bender noted that to date, four of the five committees formed to implement the priority recommendations of the board have begun work: Data Systems and IT, Mentoring, Onboarding and Leadership. In addition, the communications staff is regularly coordinating on a strategic and timely communications strategy with a current focus on promoting APHA's new mentoring programs.

Dr. Bender reviewed the progress towards updating APHA's Data Systems and Technology. Dr. Bender noted APHA Connect had been replaced with APHA LEAD and progress was underway to create an easily accessible landing page for APHA members and integrate multiple data systems that hold a variety of information about members and their engagement. Dr. Bender noted to-date 34,000 APHA member have APHA LEAD accounts; 7400 have logged into the new system at least once; LEAD is averaging 3100 unique visitors per month nearly doubling the averages of APHA Connect (avg. 1600 unique visitors/month); and 193 member communities are active.

Dr. Bender then moved to discuss progress towards the goals of developing a comprehensive approach to mentoring and offering more speed mentoring. Dr. Bender note the Distinguished Leaders Mentoring Series was launched in April 2022 and four webinars have been held to date with Durrell Fox, Emily Holubowich, Dr. Joseph Telfair and Martina Hone. In addition, Dr. Bender noted speed mentoring was occurring at the Annual Meeting and a new mentoring program though Higher Logic's Mentoring Match was planned to open for registration for mentors in November 2022 and mentees in January 2023. The launch of cohort mentoring is slated for 2023.

Dr. Bender noted progress was also being made with regards to improving new member onboarding with new member webinars being held regularly, along with brainstorming ideas for how to better engage members. In response to the APHA Your Way recommendations on leadership, a new leadership handbook has been drafted and will soon be reviewed by the ISC. In addition, plans are underway for new leadership trainings.

Dr. Bender concluded by stating that committees will continue to meet and work towards their objectives through early 2023 and Brighter Strategies will transition the change management initiative to APHA staff by mid-2023.

Hearing no discussion on Dr. Bender's presentation, Dr. Guest called the council into recess for 15 minutes and recommended councilors review the stretches and exercises provided by the Physical Activity section.

15-minute Recess

10.0 Report of the President

At 10:45A.M. ET Dr. Guest called the council back to order and introduced Dr. Kaye Bender to deliver the report of the president.

Dr. Bender opened with a summary of activities in her presidential year, including attendance at 15 affiliate conferences, four presentations to schools of public health, two presentations to schools of nursing/nursing organizational meetings and lots of interactions with students. In addition, Dr. Bender participated in the Alliance for Disease Prevention and Response, the Bipartisan Policy Center Committee on Public Health Forward, the National Academies of Health's Forum to Address Attacks on Health Professionals, CDC and the CDC Foundations workforce and infrastructure discussions, conducted multiple press interviews, wrote a monthly column for *The Nation's Health* and participated in Executive Board and committee meetings.

Dr. Bender noted unfinished business in a variety of issue areas including health and racial equity, rural public health, women's reproductive health, mental and behavioral health, support for the public health system and its workforce and talking "across the aisle."

Dr. Bender concluded her report with a reflection on her presidential year, stating the most difficult part of the year was the reversal of *Roe vs. Wade* by the Supreme Court. However, Dr. Bender reflected that despite the work left to be done, particularly with regards to reproductive rights, the "soul" of public health is strong and there is an amazing amount of energy and intensity about the future of public health.

Dr. Guest thanked Dr. Bender for her work and then turned the floor to Hope Rollins, Chair of the Executive Board to deliver the Executive Board update.

11.0 Report of the Executive Board

Hope Rollins began the Executive Board report by noting the importance of self-care and mental wellness. Rollins thanked the Executive Board, as well as the Governing Council for all of their sacrifices and hard work throughout the year and led them in a breathing exercise.

Rollins then discuss the goals of the 2022 Executive Board which included: 1) 150th Anniversary Planning and Execution 2) Board Member Training 3) Innovative Financial Stewardship 4) Strategic Plan Development 5) Connected and Visionary Board Members

Next, Rollins discussed the accomplishments of the committees of the Executive Board. The Membership Committee helped to launch APHA LEAD; the Governance Committee worked to increase inclusivity in the Association and leadership; the Finance and Audit Committee upheld fiduciary stewardship; the Development Committee garnered technology to enhance the giving process and APHA's development strategy; the Strategic Planning Committee worked to prepare for a new strategic plan with an enhanced process, design and roadmap; and the Committee on Corporate Social Responsibility shared ethical practices with ISC and CoA to assist in their funding strategies and sustainability. In addition, Rollins noted 100% giving by the Executive Board, fundraising webinars and development challenges, the safe return to in-person meetings, and shared learning and training in advocacy, development and networking as additional accomplishments of the 2021-2022 Executive Board.

Rollins concluded by reminding the Governing Council how much they are needed and appreciated and expressed gratitude for having the opportunity to serve as Chair of the Executive Board.

12.0 Speakers Ad-Hoc Task Force on Governing Council Engagement

Following Hope Rollin's report, Dr. Guest moved to deliver his report on the Speaker's Ad Hoc Task Force on Governing Council Engagement which was approved in 2021. Dr. Guest encouraged Governing councilors to review the task force's written report in the meeting materials. Dr. Guest then reviewed the task force objectives: 1) To identify opportunities for improving Governing Council experience, engagement and activities and 2) Identify and disseminate best practices in the councilor role to the member units by examining existing member activities and its overarching goal to engage, motivate and activate governing councilors.

Dr. Guest then thanked all the members of the ad-hoc task force. Dr. Guest noted the task force met monthly with regular subcommittee meetings and used a variety of data sources to inform its recommendations including, governing council meeting evaluations, APHA Your Way study findings, an analysis of all Affiliate bylaws and Section operation and leadership manuals.

Dr. Guest then presented the task force's recommendations:

- 1) Communicate the Governing Council's responsibility.
- 2) Develop a primer on the key responsibilities of a Governing Councilor.
- 3) Develop a handbook of Governing Council responsibilities.
- 4) Break the Governing Council orientation into three shorter sessions.
- 5) Reinstate a Governing Councilor orientation at the Annual Meeting.
- 6) Continue the Speaking with the Speaker series.
- 7) Deliver Governing Council content in multiple formats, including short-form videos, PowerPoints, and flyers.
- 8) Engagement Governing councilors in the proposed policy statement review process.

- 9) Engage Governing councilors in Member Units.
- 10) Provide Governing Council meeting content earlier.
- 11) Provide alternative means of asking questions about APHA reports.

Dr. Guest then expanded on some of these recommendations. In regards to Recommendation 8, which aims to engage Governing councilors in the proposed policy statement review process, the task force recommended one of the following strategies to engage Governing councilors be adopted:

- 1) Councilors should work to promote proposed policy statements in their member units and identify experts in the relevant area and ask them to provide feedback for the proposed policy statement review process.
- 2) Councilors should divide the proposed policy statements amongst their member units' councilors and provide feedback for each proposed policy statement.
- 3) Councilors should seek out feedback from their member units on proposed policy statements.

With regards to the recommendation that governing councilors engage in their member units, Dr. Guest noted councilors should be considered part of the leadership team of their member unit and in Sections where multiple councilors exist they should consider identifying a “whip” to ensure communication, feedback and engagement among councilors as well as define points of contact and roles within the member unit for Governing councilors.

Next, Dr. Guest presented additional recommendations outside the scope of the task force:

- Affiliate Recommendation 1: Standardize elections/appointments of ARGC Members in Affiliates.
- Affiliate Recommendation 2: Standardize terms (more than one year) of ARGC Members in Affiliates.
- Caucus Recommendation 1: Encourage 100% participation in the identification of Governing Council Representatives and GC Meeting participation.
- Past President Recommendation 1: Encourage the engagement of Past-Presidents in Governing Council discussions.

Dr. Guest then reviewed additional items that will be brought before the executive board for further discussion including:

- Review the appropriateness of the name of the Governing Council as it aligns with their role in the Association.
- Develop means of examining the potential role of adopted policy statements on the state and local levels.
- Discuss the potential of shrinking the overall size of the Governing Council through the reduction of duplicate representation (i.e., ISC Chair).
- Discuss potential opportunities to incentivize participation among member units.

Dr. Guest then detailed next steps including the development of an implementation schedule and an update on the process during the 2023 Annual Meeting session of the Governing Council. Dr. Guest asked councilors to provide feedback on the report and its

recommendations via email. Dr. Guest concluded by announcing his intent to run for one additional term as Speaker of the Governing Council to finalize implementation of the task force recommendations.

Hearing no questions on his report, Dr. Guest moved to the report of the Joint Policy Committee.

13.0 Joint Policy Committee – 2022 Report, New Proposed Policy Statements and Guideline Update

Presenting the Joint Policy Committee report were JPC Co-Chairs, Elaine Archie-Booker, RN, EdD (Education Board Chair), Danielle Campbell, MPH (Science Board Chair) and Celeste Monforton, DrPH, MPH (Action Board Chair). Dr. Guest noted their report would be three part-report focusing on the JPC Report, the Archiving of Relevant Policies, and the New Policy Proposals.

Dr. Guest reminded Councilor wishing to amend any policy statement or suggest any changes that they must have these changes documented and ideally sent to the governance@apha.org prior to standing to speak. Dr. Guest instructed councilors when they rise to Speak, to please state their name, member unit, position and if they intended to propose an amendment. Dr. Guest stated, APHA staff would work to represent proposed changes on the screens.

Dr. Monforton began by reminding the Governing Council that 16 proposed policy statements we revised and resubmitted in August and reviewed by the JPC in September. Dr. Monforton noted C3 and C4 were combined into one proposed policy statement and resubmitted as C3 and B3 and C6 were withdrawn. Dr. Monforton stated nine revised proposed policy statements received positive assessments in this second review and seven received negative assessments (A1, A2, B4, C3, C5, D3 and D4). The authors of A2, B4 and C3 moved their proposed policy statements forward to the public hearings despite the negative assessment, while A1, C5, D3 and D4 were withdrawn and may be resubmitted in 2023. Dr. Monforton also noted that three late-breakers were submitted by the October 17th deadline. One of these proposed late-breaker policy statements were accepted by the JPC co-chairs and moved to the public hearings as LB1. The remaining two were not accepted as they did not meet the criteria of a late-breaker. Dr. Monforton indicated that two public hearings were held on November 1st (Group A, B, and Late-Breakers) and November 2nd (Groups C and D) with an average of 100 participants in each hearing.

Danielle Campbell then presented recommendations on archiving proposed policy statements. Campbell noted that 13 policy statements adopted in 2002 are up for archiving this year. These include 20021, 20022, 20023, 20024, 20025, 20026, 20027, 20082, 20029, 200210, 200211, 200212, 200213. Campbell noted APHA members were asked to review these policy statements and consider three potential options:

- Allow the policy statement to remain on the archiving consent agenda.
- Update a statement scheduled for archiving in the 2020 proposed policy statement cycle.
- Request to keep active a policy statement proposed for archiving.

Requests to keep statements active were due by June 30th. Campbell stressed that archived policy statements remain available to APHA members and serve to provide historical context.

Campbell noted the Science Board received one complete request to keep active Policy Statement 20023, Support Health Aging through the Promotion and Prevention of Disease and Injury and one request without an accompanying rationale to keep active [Policy Statement 20025](#), Preserving the Right to Know Information and Encouraging Hazard Reduction to Reduce the Risk of Exposure to Toxic Substances. Campbell stated the Science Board reviewed these requests and asses wither the science, references and action steps in 20023 and 20025 remain current. Campbell informed the Governing Council that the remaining 11 policy statements adopted in 2002 and scheduled for archiving will be automatically archived at the close of the 2022 Annual Meeting and updates of archived policy statements may be submitted by members into subsequent proposed policy statement cycles.

Campbell then presented the Science Board's recommendation to keep active for one additional year, policy statement 20023, Support of Healthy Aging through Promotion and Prevention of Disease and Injury.

Dr. Guest reminded the Council that as the motion comes from a committee, a second is not required. Dr. Guest then called for discussion. Hearing none, Dr. Guest called for the vote.

Motion:	The Science Board RECOMMENDS policy statement 20023, Support of Healthy Aging through the Promotion and Prevention of Disease and Injury be kept active for one year by the Governing Council.
Outcome:	The motion was approved by a vote of 168 (97%) in favor; 4 (5%) opposed.

Campbell then presented the Science Board recommendation to archive policy statement 20025, Preserving the Right to Know Information and Encouraging Hazard Reduction to Reduce the Risk of Exposure to Toxic Substances be archived by the Governing Council at the close of the 2022 annual meeting as scheduled.

Dr. Guest reminded the Council that as the motion comes from a committee, a second is not required. Dr. Guest then called for discussion. Hearing none, Dr. Guest called for the vote.

Motion:	The Science Board RECOMMENDS policy statement 20025, Preserving the Right to Know Information and Encouraging Hazard Reduction to Reduce the Risk of Exposure to Toxic Substances be archived by the Governing Council as scheduled at the close of the 2022 Annual Meeting.
Outcome:	The motion was approved by a vote of 173 (95%) in favor; 10 (5%) opposed.

Following the vote, Dr. Elaine Archie-Booker proceeded with discussion of the regular proposed policy statements. Dr. Archie-Booker presented the policy statement consent agenda, stating that the JPC recommends the following 10 proposed policy statements for adoption by the Governing Council (A2, A3, A4, B1, B2, C1, C2, C7, D1, and D2). Dr. Archie-Booker then motioned on behalf of the JPC to approve the proposed policy statements consent agenda:

A2: Intellectual Property Protections and Profits Limit Global Vaccine Access
A3: A Call to Expand International Debt Relief for All Developing Countries to Increase Access to Public Resources for Health Care
A4: Support Decent Work for All as a Public Health Goal in the United States
B1: Advancing Environmental Health and Justice: A Call for Assessment and Oversight of Healthcare Waste
B2: Gas Stove Emissions Are a Public Health Concern: Exposure to NO2 Increased Risk of Illness in Children, Older Adults, and People with Underlying Health Concerns
C1: A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
C2: Preserving Public Health Capacity by Protecting the Workforce and Authority
C7: Advancing Health Equity Through Protecting and Promoting Access to Voting
D1: Reimagining Public Health Leadership for Health Equity: Moving Towards Collaborative and Community-Centered Applied Practice
D2: Ensuring Equitable Access to Affordable Prescription Medications

Dr. Guest then asked councilors if there were any items they wished to remove from the consent agenda. Dr. Guest reminded councilors the only way to discuss or propose amendments to any of the proposed policy statements on the consent agenda was to remove the statement from the consent agenda. Councilor Shenita Freeman, APH, was recognized and asked that A4 be removed from the consent agenda. Hearing no further, Dr. Guest called for a vote on the revised consent agenda (with A4 removed):

A2: Intellectual Property Protections and Profits Limit Global Vaccine Access
A3: A Call to Expand International Debt Relief for All Developing Countries to Increase Access to Public Resources for Health Care
B1: Advancing Environmental Health and Justice: A Call for Assessment and Oversight of Healthcare Waste

B2: Gas Stove Emissions Are a Public Health Concern: Exposure to NO2 Increased Risk of Illness in Children, Older Adults, and People with Underlying Health Concerns
C1: A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
C2: Preserving Public Health Capacity by Protecting the Workforce and Authority
C7: Advancing Health Equity Through Protecting and Promoting Access to Voting
D1: Reimagining Public Health Leadership for Health Equity: Moving Towards Collaborative and Community-Centered Applied Practice
D2: Ensuring Equitable Access to Affordable Prescription Medications

Motion:	That the Governing Council adopt the consent agenda as amended including proposed policy statements A2, A3, B1, B2, C1, C2, C7, D1 and D2.
Outcome:	The motion was approved by a vote of 179 (98%) in favor; 4 (2%) opposed.

Following the vote, Dr. Guest opened the floor for discussion on A4, Support Decent Work for All as a Public Health Goal in the United States, which was removed from the consent agenda. Councilor Freeman, APH, expressed support for proposed policy statement, but moved to amend the statement to: 1) Add “across the lifespan” to Line 23 to read: “The International Labor Organization (ILO) defines decent work as work that is “productive, delivers a fair income, provides security in the workplace and social protection for workers and their families, offers prospects for personal development and encourages social interaction, gives people the freedom to express their concerns and organize and participate in the decisions affecting their lives and guarantees equal opportunities and equal treatment for all across the entire lifespan” 2) To add “ageism” to line 27 to read “In the United States, inadequacies in labor laws, structural racism, failed immigration policies, ageism, and other factors have increased income inequality and stressful and hazardous working conditions and reduced opportunities for decent work, thus adversely affecting workers’ health and ability to sustain themselves and their families.” 3) To amend line 609 to include “caregivers for children and older adults” to read “**State legislatures** should: (a) implement occupational safety and health coverage for state and local employees, amend workers' compensation laws to provide universal coverage, including for migratory and seasonal agricultural workers, home care workers, caregivers for children and older adults, employees of small companies, and other categories of workers.” Councilor Nancy Simcox, MS, OHS, and one of the proposed policy statement co-authors, spoke in agreement to the proposed amendments. The motion was seconded and Dr. Guest called for further discussion. Hearing none, the Speaker called for the vote.

Motion:	Amend B4 to add to “across the lifespan” to Line 23; “ageism” to Line 27 and amend line 609 to include “caregivers for children and older adults”.
Outcome:	The motion was approved by a vote of 178 (100%) in favor; 0 (0%) opposed.

Dr. Guest then returned to discussion of A4 as amended. Hearing no further discussion, the Speaker called for the vote to adopt A4 as amended.

Motion:	Adopt proposed policy statement A4 as amended.
JPC Recommendation:	Adopt.
Outcome:	The motion was approved by a vote of 183 (100%) in favor; 0 (0%) opposed.

Dr. Archie-Booker then provided the JPC’s recommendations on the proposed policy statements not included on the consent agenda. Dr. Archie-Booker stated the JPC did not recommend adoption of the following two proposed policy statements:

B4: Support for Women’s Inclusion in HIV-Related Clinical Research
C3: A Public Health Approach to Firearm Violence and Injury Prevention

The JPC then made the motion to adopt proposed policy statement B4 with the recommendation that the statement not be adopted. Dr. Guest reminded councilors, a yea vote would adopt the proposed policy statement, a nay vote would not adopt the proposed policy statement in line with the JPC recommendation.

Councilor Danielle Campbell, Science Board Chair, was recognized and spoke in favor of B4 as an individual and author of the proposed policy statement. Councilor Campbell noted the proposed policy statement aims to update archived policy statement 9115, Support for Women’s Health Research. Councilor Campbell noted women are disproportionately impacted by HIV/AIDs yet are underrepresented in populations who participate in HIV clinical research, thus limiting women’s ability to benefit from scientific advances created health inequity. Councilor Campbell stated the proposed policy statement aimed to address factors that impede women’s inclusions in HIV-related research. Councilor Campbell spoke to a global resurgence to meaningfully include women in HIV-related research. Councilor Campbell stated the proposed policy statement focused on a women’s right to choose to participate in research to limit the gaps in research and knowledge. Councilor Campbell asked that the Governing Council support the proposed policy statement, B4, to fill a gap in APHA’s existing policy statement database. Councilor Campbell stated the belief that the proposed policy statement was rooted in the best scientific evidence and developed in partnership with DoD ethicists, HHS clinicians, HHS guideline panel member and medical doctors.

Councilor Steven John, HIV, was then recognized and asked that Governing Councilor vote in favor of adopting proposed policy statement B4. Councilor John noted women in the US have lower rates of HIV treatment success compared to men; among black people in the US, 25% of HIV incidence is among women though gay, bisexual and other men who have sex with men have long been the priority population for HIV treatment and prevention research; black women experience HIV 11x that of white women and 4x that of Latino women, highlighting issues of equity; and excluding women from research perpetuates racist and sexist practices in women's health.

Councilor Sarah Gareau, Executive Board, spoke as an individual in support of B4 and shared her experience with the COVID-19 pandemic and the HIV epidemic noting the lack of inclusion of women in vaccine trials and research. Councilor Gareau noted despite reduced rates of new HIV infection in women, there is still work to be done in the research space. Councilor Gareau noted the policy statement authors addressed previously raised concerns that the statement did not adequately address opposing views and asked councilors to support adoption of the proposed policy statement.

Councilor Debra Jackson, Maternal and Child Health, spoke in favor of B4 based on her experience working on prevention of mother to child transmission of HIV in Africa. Councilor Jackson noted without the participation of pregnant women in HIV research babies would not be saved. Councilor Jackson also asked for a reason the JPC recommend that statement not be adopted. Dr. Guest then allowed the JPC to respond. Dr. Monforton noted the JPC assessments (both the Spring and the Fall), as well as the author's response, are available on the APHA website for all Governing councilors to review. Councilor Jackson responded that a summary of the JPC final decision on the floor of the Governing Council would be appreciated.

Councilor Chandra Story, Women's Caucus, PhD, MHS, PHEHP, was then recognized. Councilor Story who was a co-author on B4, shared her experience working with women impacted by HIV and stressed the importance of adopting proposed policy statement B4 for women of color. Councilor Story reiterated that the proposed policy statement was reviewed by a variety of experts.

Councilor Durrell Fox, HIV/AIDs Section Proxy, was then recognized and provided history of HIV research over the past 30 years. Councilor Fox shared his experience working on a clinical trial in 1991 to see if ACT could be used to reduce mother to child transmission. The study was closed early because of the huge success rate, resulting in 2/3 reduction in mother to child transmission.

A motion was made by Councilor Sarah Gareau, Executive Board, to extend discussion on B4 by ten minutes. The motion was properly seconded and hearing no discussion, Dr. Guest called for a vote.

Motion: To extend discussion of B4 by 10 minutes.

Outcome: The motion was approved by a vote of 128 (82%) in favor; 29 (18%) opposed.

Councilor Michelle Williams, Chair of the Women’s Caucus, noted her work with African American women in the South and stated that to not have them included in clinical trials in unacceptable and expressed her support for the proposed policy statement B4.

Councilor Haley Moss, MPH, Student Assembly Chair, shared her experience as a member of the Science Board noting sometimes we forget “good is the enemy of great” and that in this incidence, the data JPC was asking for in its feedback simply were not available. More research in this area is needed, as is called for in the proposed policy statement and asked the Governing Council to support B4.

Hearing no further discussion, Dr. Guest called for a vote on the motion to adopt B4.

Motion: Adopt proposed policy statement B4.

JPC Recommendation: Do not adopt.

Outcome: The motion was approved by a vote of 152 (85%) in favor; 26 (14%) opposed.

Dr. Archie-Booker then proceeded with the JPC’s next motion to adopt proposed policy statement B4 with their recommendation that the statement not be adopted. Dr. Guest reminded the Governing Council as the motion comes from a committee, it does not require a second and a yea vote would adopt the policy and a nay vote would not adopt the proposed policy statement in line with the JPC recommendation. The Speaker then called for discussion.

Councilor Joseph Telfair, DrPH, MSW, MPH, FRSPH, MCH, expressed support of the proposed policy statement noting the authors expertise and care to adopt the recommendations of the JPC, as well as suggests made during the public hearings.

Councilor Veena Thamilselvan, Student Assembly, spoke as co-author of the proposed policy statement C4. Councilor Thamilselvan, provided an overview of the proposed policy statement noting it provided a framework for different stakeholders to intervene on firearm injury prevention which is critical with the ever-evolving data.

Councilor Jennifer Carmona, DPH, CHPPD, was then recognized and spoke in opposition of adopting C3. Councilor Carmona supported the theoretical framework presented in the proposed policy statement but stated fundamentally addressing firearm

violence requires legislation and this should be central to a proposed policy statement on the topic. Councilor Carmona also expressed concern that the problem of firearms should be central to an APHA policy statement on the topic.

Councilor Debra Jackson, MCH, expressed support for the C3 noting the problem of firearm violence and injury in the United States.

Councilor Swedler, ICEHS, spoke in opposition to C3, noting that proposed policy statement is not well written and the recommendations offered in it are not as thorough as needed.

Hearing no further discussion, Dr. Guest called for the vote.

Motion: Adopt proposed policy statement C3.

JPC Recommendation: Do not adopt.

Outcome: The motion was defeated by a vote of 33 (19%) in favor; 145 (81%) opposed.

Dr. Archie-Booker then introduced the JPC's motion to adopt proposed policy statement LB1, noting the JPC's recommendation was to adopt the proposed late-breaker policy statement. Dr. Archie-Booker reminded the Governing Council that late-breaker policy statements cannot appear on the consent agenda. Dr. Guest then called for discussion.

Councilor Joseph Telfair, MCH, expressed support for the adoption of LB1 and stated it was a key opportunity to act on a critical emergent issue.

Councilor Erica Hamilton, MPH, Mental Health, expressed the Sections support for LB1.

Hearing no additional discussion, Dr. Guest called for a vote.

Motion: Adopt proposed policy statement LB1.

JPC Recommendation: Adopt.

Outcome: The motion was approved by a vote of 177 (99%) in favor; 1 (1%) opposed.

This concluded the JPC report. Dr. Guest thanked the JPC, as well as the policy statement authors, policy chairs and policy reviewers and cited the importance and use of APHA policy statements.

Dr. Guest then noted that following the announcement of the election results, the council would adjourn until the 2023 Mid-Year Meeting of the Governing Council on June 12, 2023. Dr. Guest encouraged all governing councilors to complete a post-meeting evaluation, stressing the importance of councilor feedback. In addition, he noted individuals continuing on governing council would soon be contacted with key dates for 2023. Dr. Guest concluded by thanking governing councilors for their service.

14.0 Announcement of Nominations Committee Election Results

Dr. Guest noted Mary Armstrong, PhD, would serve as the Nominations Committee Chair for 2022-2023 and asked all newly elected Committee members to please meet with Dr. Armstrong following the meeting.

The following individuals were elected to the Nominations Committee for a three-year term:

- Angelica Hardee, PhD, MS- CHPPD
- Quinyatta Mumford, MPH, CHES- Arkansas Public Health Association
- Maija Williams, MPH- Health Administration

The following individual was elected to the Nominations Committee for a one-year term:

- Mae-Gilene Begay, MSW- CHW

12.0 Announcement of Nominations Committee Election Results

Ella Greene-Moton was elected as President-Elect to serve a 3-year term as President-Elect, President and Immediate Past President

Benjamin Hernandez was re-elected to serve a 3-year term as Treasurer.

The following three individuals were elected to serve a 4-year term on the Executive Board:

- Shontelle Dixon, MPH
- Claude Jacobs, MPH
- Gopal Sankaran, MD, DrPH, MNAMS, CHES

By unanimous vote the following individuals were elected as APHA 2022-2023 Honorary Vice Presidents. They serve a one-year term.

- *Canada* – Vamini Selvanandan, MD, MPH, CCFP
- *Latin American and the Caribbean* – Rosana Teresa Onocko-Campos, PhD
- *United States*- Mary Wooley, MA

14.0 Adjourn

With no remaining business before the Council, Dr. Guest adjourned the meeting

The Governing Council's 2023 midyear meeting will take place virtually on Monday, June 12, 2023, from 2-4:30 p.m. ET.