



**APHA - Committee on Health Equity - Equity, Diversity & Inclusion Survey
EDI Membership Survey**

*Equity, Diversity & Inclusion Survey
APHA's Committee on Health Equity*

October 2021

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EDI Membership Survey: Background

The Committee on Health Equity, or CHEQ, is charged with ensuring APHA meets its diversity, inclusion, and social justice goals by: monitoring the diversity of its Sections, Committees, Councils, and Boards; encouraging APHA to maximize inclusion in decision-making at all levels; and recognizing and promoting best practices by APHA units, Affiliates, and Caucuses.

This year the Committee on Health Equity (CHEQ) invited, for the first time, all APHA members to participate in an Equity and Diversity Survey. This survey was conducted to measure the strengths and areas for improvement related to equity, diversity, and inclusion.

EDI Membership Survey: Process Description

Between June 15 and August, 15 2021, the CHEQ Committee conducted the 2021 Equity, Diversity, and Inclusion Survey. Participation in the Survey was voluntary yet highly encouraged by APHA. The survey was open and available to all APHA members via *Qualtrics XM* and participation was promoted through the APHA various communications channels. Anonymity was guaranteed, assuring the responses would only be analyzed reported at an aggregate level and would not be used to identify any individual member.

The data collected will be used to help identify priorities for improving APHA Equity, Diversity, and Inclusion approach; and providing recommendations for data driven learning plans from an equity, diversity and inclusion perspective.

EDI Membership Survey: Survey Structure

The survey was designed by the APHA CHEQ Committee members in consultation with other sections as needed. The Survey questions were divided into two categories: (1) equity, diversity, and inclusion related questions; and (2) demographic questions.

1. EQUITY, DIVERSITY, AND INCLUSION (EDI) QUESTIONS

Participants were asked a series of questions regarding their perceptions about the Equity, Diversity, and Inclusion culture of APHA. This was done to better understand how members experience the APHA culture as it relates to a promotion of an inclusive practice, including member recruitment, overall support, collaboration, and volunteer leadership roles.

- Tell us your perception about: The Overall Diversity, Equity and Inclusion Culture
- Tell us your perception about: Membership Recruitment & Support
- Tell us about your Personal Experiences
- Tell us your perception about: Inclusion
- Tell us your opinion about the Chair/Co-Chair of the Committee, Caucus or Section you participate in....
- Tell us your perception about: Collaboration & Volunteer Leadership Roles
- (Only for Affiliates) How do you integrate health equity in Public Health services, programs, data collection and policies representing your State, County or region?

- What opportunities of improvements, if any, can be made to improve the diversity, equity and inclusion efforts at APHA?

2. DEMOGRAPHIC QUESTIONS

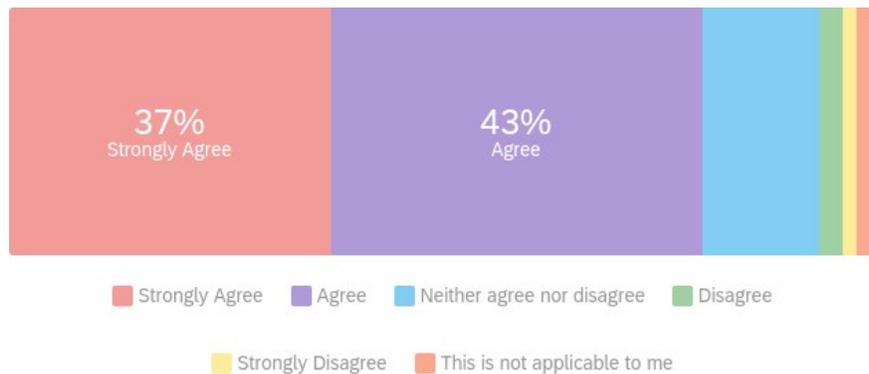
Questions focused on APHA individual membership status, age, gender, languages spoken, sexual orientation, gender identity, racial and ethnic background, and disability. The purpose of these questions was to gain a better understanding of the demographic makeup of APHA.

- How long have you been an APHA member?
- What is your current APHA membership type?
- Which of the following best describes your role APHA?
- How do you pay for your APHA membership?
- To which Section, Caucus, or Committee you belong (mention all that apply):
- What is your age?
- What is your race/ethnicity?
- To what gender identity you most identify with?
- What is your sexual orientation?
- Do you have any disability? (Please check all that to you)

EQUITY, DIVERSITY, AND INCLUSION (EDI) RESULTS

- **Tell us your perception about: The Overall Diversity, Equity and Inclusion Culture**

Responses to the overall diversity, equity and inclusion culture at APHA were overwhelmingly positive. Eighty percent of survey respondents either agreed (43%) or strongly agreed (37%) that the Institutional

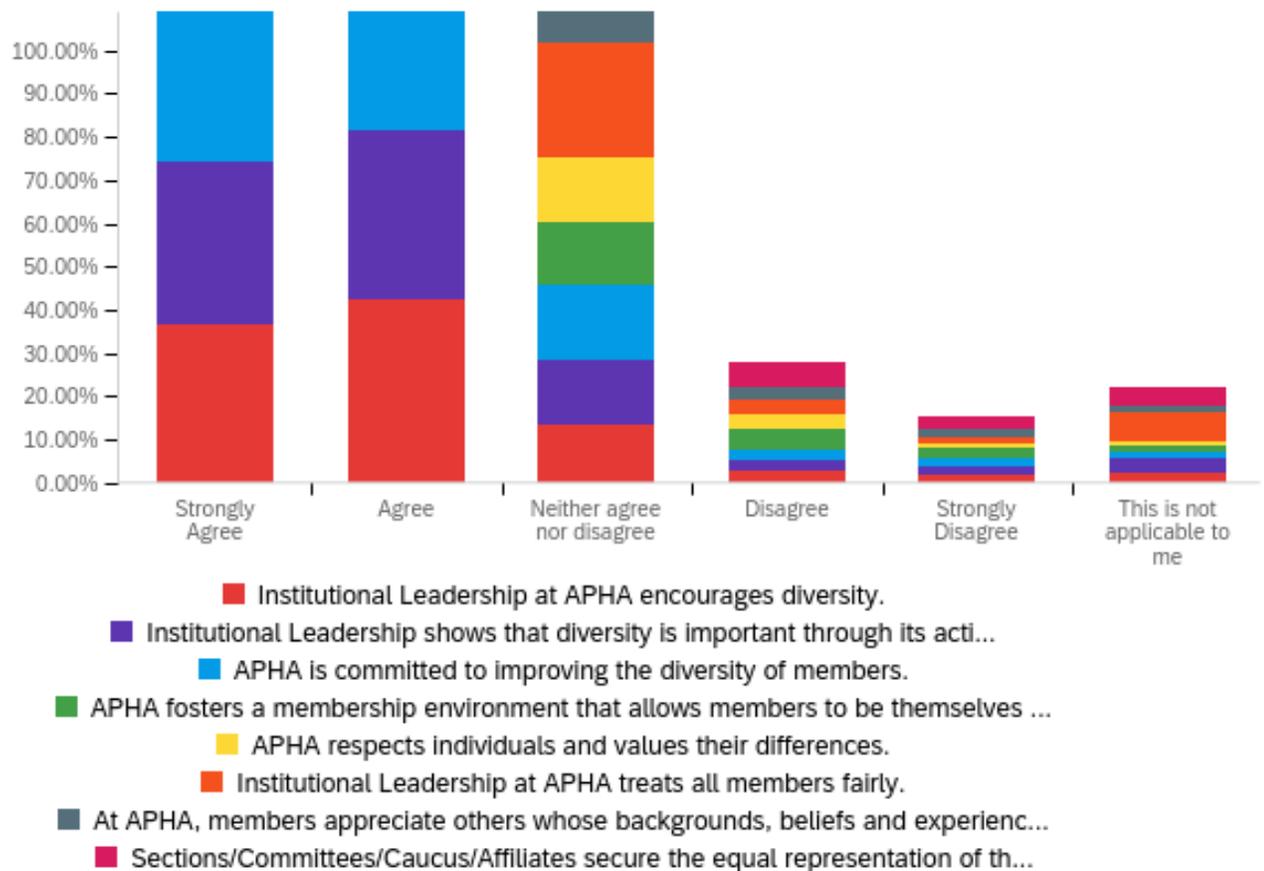


Leadership at APHA encourages diversity. When it came to APHA Leadership demonstrating the importance of diversity through its actions, slightly more than three quarter of respondents either agreed (39%) or strongly agreed (37%) with this statement. Most respondents (76%) either strongly agreed or agreed that APHA is committed to improving

the diversity of its members. Many respondents (75%) reported that APHA fosters a membership environment that allows members to be themselves and collaborate, and respects individuals and values their differences (79%). However, more than a quarter (29%) of respondents neither agreed nor disagreed with whether Institutional Leadership at APHA treated all members fairly. When asked if at APHA there is a sense of members appreciate others whose backgrounds, beliefs and experiences are different from their own, many respondents agreed (44%) or strongly agreed (32%) with this statement.

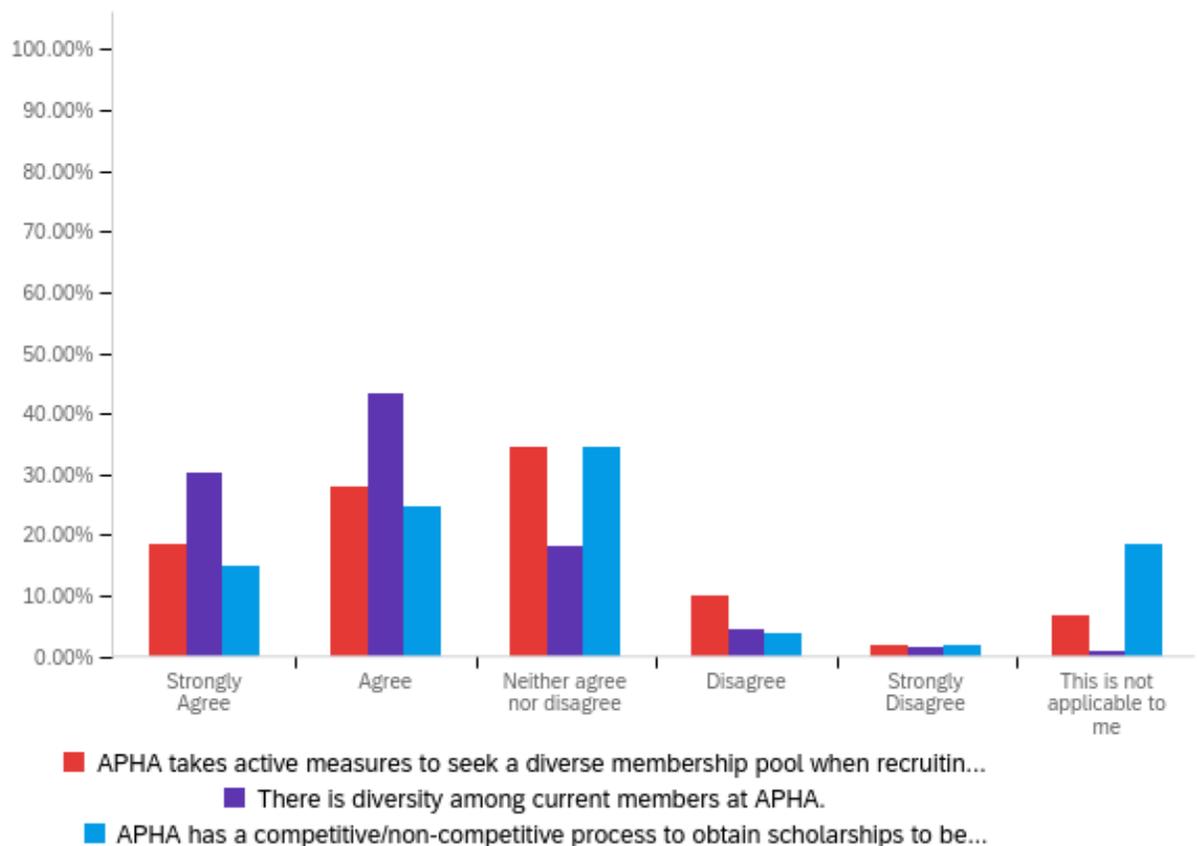
Only 7% disagreed or strongly disagreed, and 17% neither agreed nor disagreed. Respondents were asked to what degree did they feel that Sections/Committees/Caucus/Affiliates secure the equal representation of the various sectors of Public Health. Fifty-seven percent agreed that Sections/Committees/Caucus/Affiliates do secure equal representation of the different sectors of public health, while 29% neither agreed nor disagreed. Figure 1 breaks down each option by level of agreement.

Figure 1 - The Overall Diversity, Equity and Inclusion Culture



• **Tell us your perception about: Membership Recruitment & Support**

Respondents were asked to tell us about their perceptions related to APHA and membership and recruitment. There was diversity in responses when it came to APHA taking active measures to seek a diverse membership pool when recruiting new members (despite and beyond the ability to pay). Forty-five percent (45%) stated that they agreed with this statement, with 27% agreeing or 18% strongly agreeing with the statement. Only 12% strongly disagreed or disagreed with the statement, and 35% neither agreed nor disagreed. Many respondents (74%) agreed that there is diversity among current members at APHA. Lastly, we asked respondents about their level of agreement with the statement “APHA has a competitive/non-competitive process to obtain scholarships to be APHA member or to attend the Annual Meeting”. Many respondents (40%) agreed with this statement while 35% were neutral and stated that they neither agreed nor disagreed. Figure 2 breaks down each option by level of agreement.



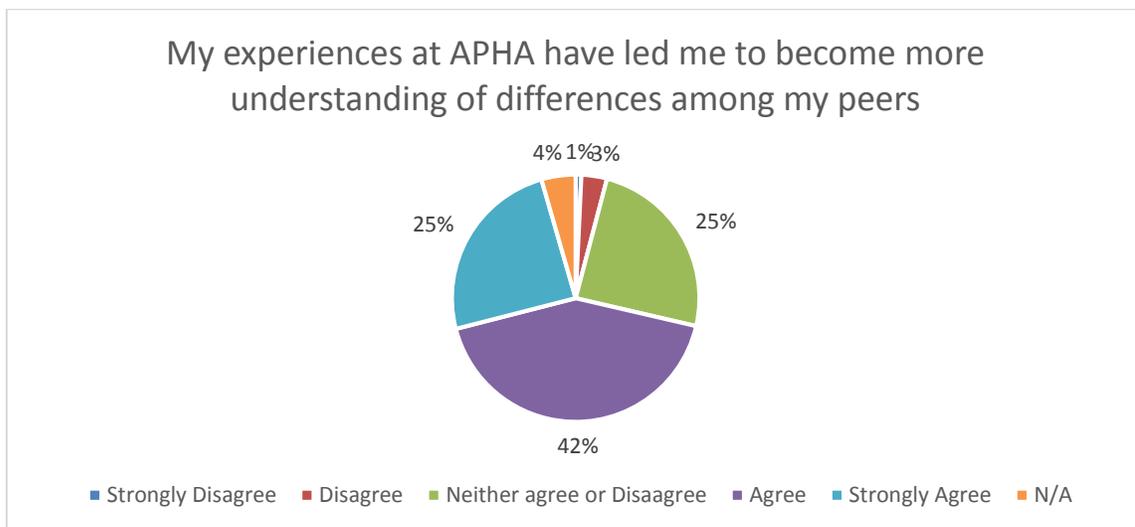
• **Tell us about your Personal Experiences**

The American Public Health Association’s (APHA) Committee on Health Equity asked members to respond to four statements based on their personal experience with APHA in relation to Diversity, Equity, and Inclusion. The four statements provided were

“My experiences at APHA have led me to become more understanding of differences among my peers,” “At APHA, getting to know people with backgrounds different from my own has been facilitated and nurtured,” “I feel discouraged to interact and/or collaborate with other groups (Section/Caucus/Committees/Affiliates) within APHA,” and “I feel excluded from participating in important decision making processes within my Section/Caucus/Committee/Affiliates, such as selecting new members or voting for the Chair position.”

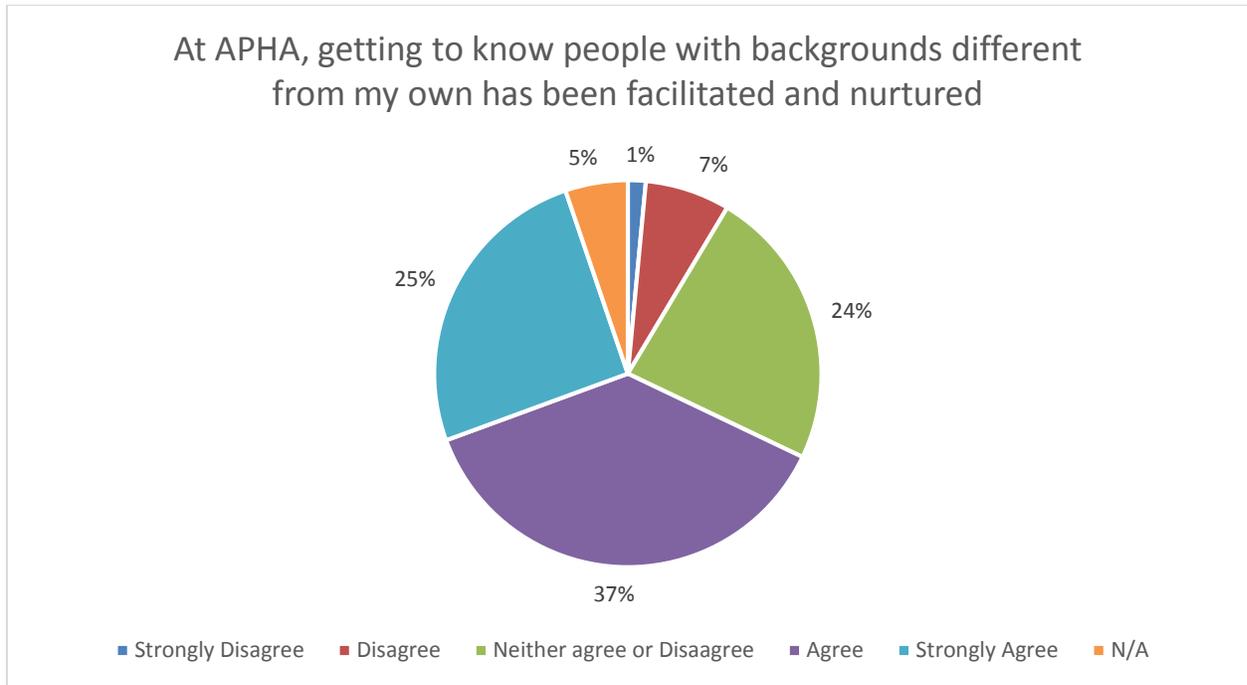
For the first statement, *“My experiences at APHA have led me to become more understanding of differences among my peers,”* 1% of respondents strongly disagreed, 3% disagreed, 25% stated that they neither agree or disagree, 42% agreed, 25% strongly agreed, and 4% of participants found it not applicable.

Figure 3 - My experiences at APHA have led me to become more understanding of differences among my peers



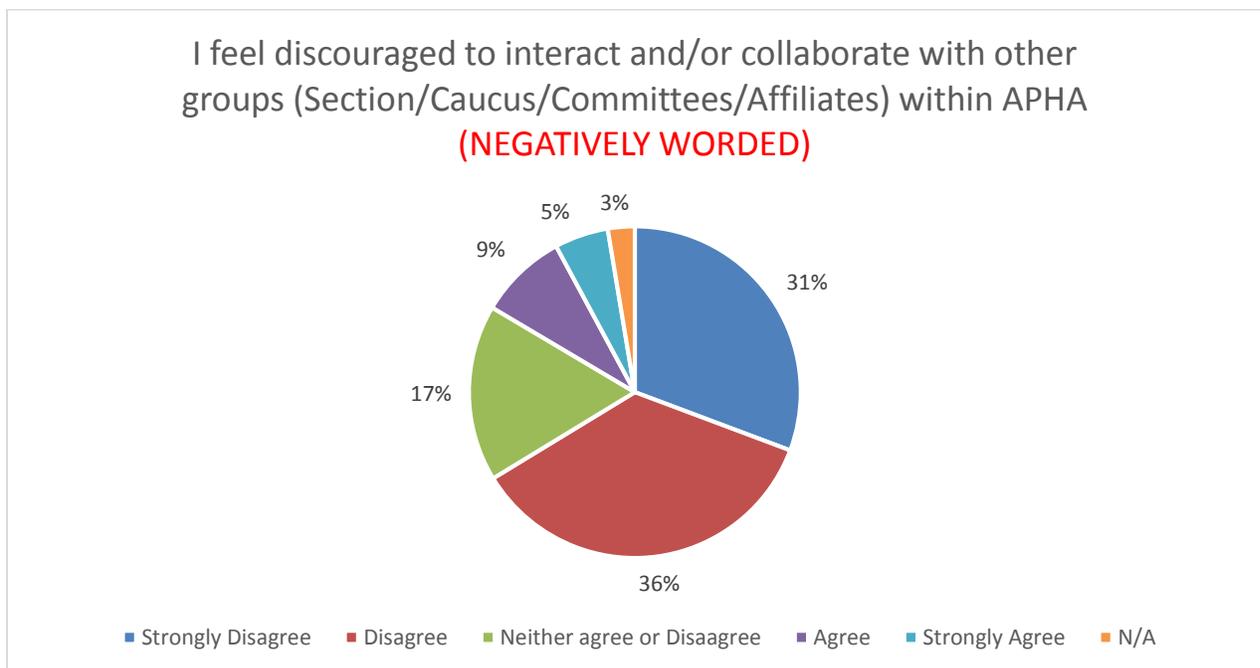
For the second statement, *“At APHA, getting to know people with backgrounds different from my own has been facilitated and nurtured,”* 1% of respondents strongly disagreed, 7% disagreed, 24% stated that they neither agree or disagree, 37% agreed, 25% strongly agreed, and 5% of participants found it not applicable.

Figure 4 - At APHA, getting to know people with backgrounds different from my own has been facilitated and nurtured



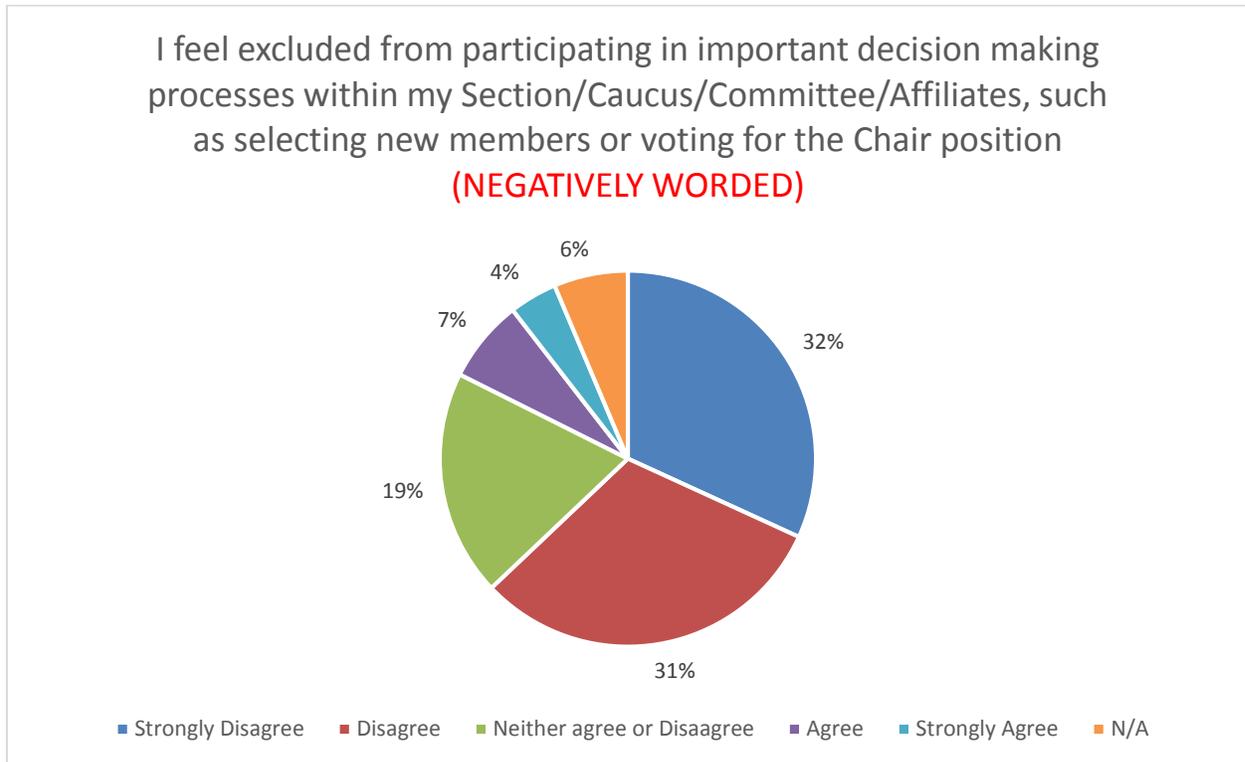
For the third statement, *“I feel discouraged to interact and/or collaborate with other groups (Section/Caucus/Committees/Affiliates) within APHA,”* 31% of respondents strongly disagreed, 36% disagreed, 17% stated that they neither agree or disagree, 9% agreed, 5% strongly agreed, and 3% of participants found it not applicable. NOTE: This is a negatively worded statement.

Figure 5 - I feel discouraged to interact and/or collaborate with other groups (Section/Caucus/Committees/Affiliates) within APHA



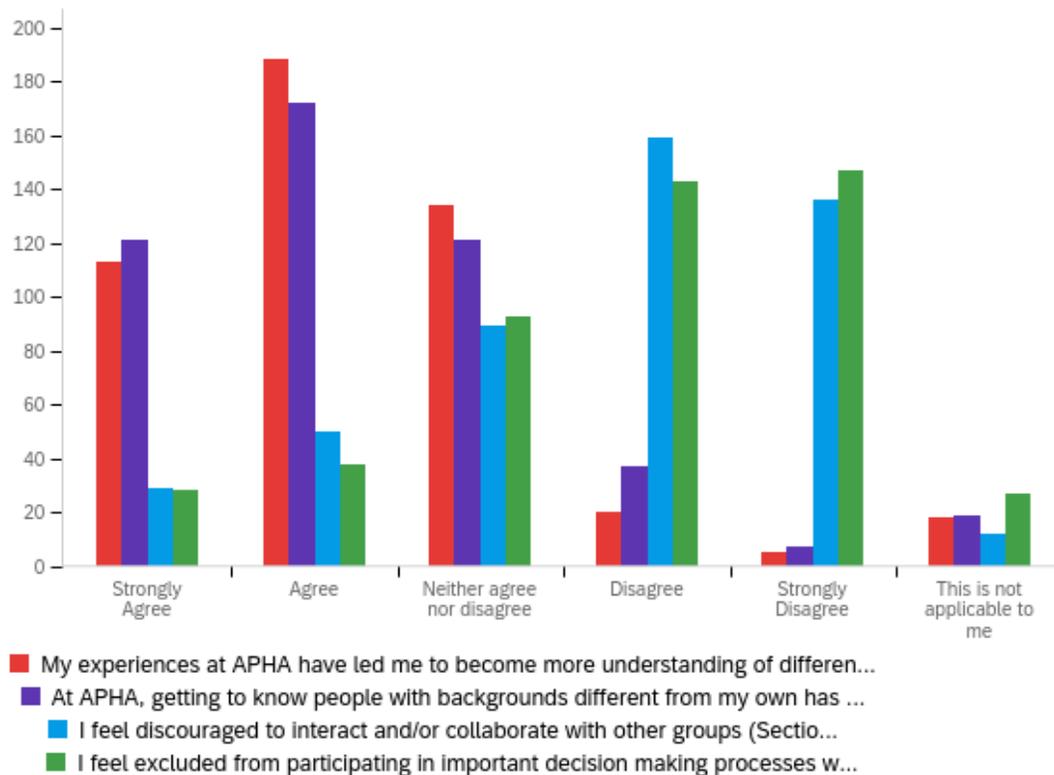
For the final statement regarding personal experience, “I feel excluded from participating in important decision making processes within my Section/Caucus/Committee/Affiliates, such as selecting new members or voting for the Chair position,” 32% of respondents strongly disagreed, 31% disagreed, 19% stated that they neither agree or disagree, 7% agreed, 4% strongly agreed, and 6% of participants found it not applicable. NOTE: This is a negatively worded statement.

Figure 6 - I feel excluded from participating in important decision making processes within my Section/Caucus/Committee/Affiliates, such as selecting new members or voting for the Chair position



Based on the results, the statement with the highest percentage of positive results was “My experiences at APHA have led me to become more understanding of differences among my peers,” with a 67% positive, and the statements with the lowest percentage of positive results was “At APHA, getting to know people with backgrounds different from my own has been facilitated and nurtured” and “I feel excluded from participating in important decision making processes within my Section/Caucus/Committee/Affiliates, such as selecting new members or voting for the Chair position” with 63% positive. Figure 7 breaks down each option by level of agreement.

Figure 7 - Personal Experiences

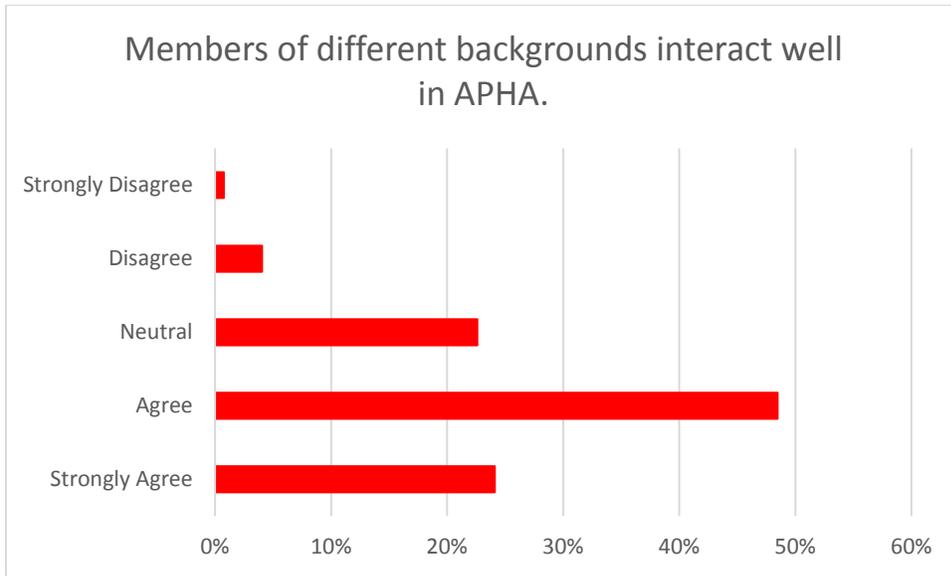


• **Tell us your perception about: Inclusion**

In regards to the request of information “Tell us your perception about: Inclusion (Please select one response for each statement).” The statement that more participants disagree with is about “age” followed by “communication.” The statement that more participants agree with is about “not tolerate jokes” followed by “open environment.” Finally, the statement that more participants neither agree nor disagree is about “institutional commitment” and “communication.”

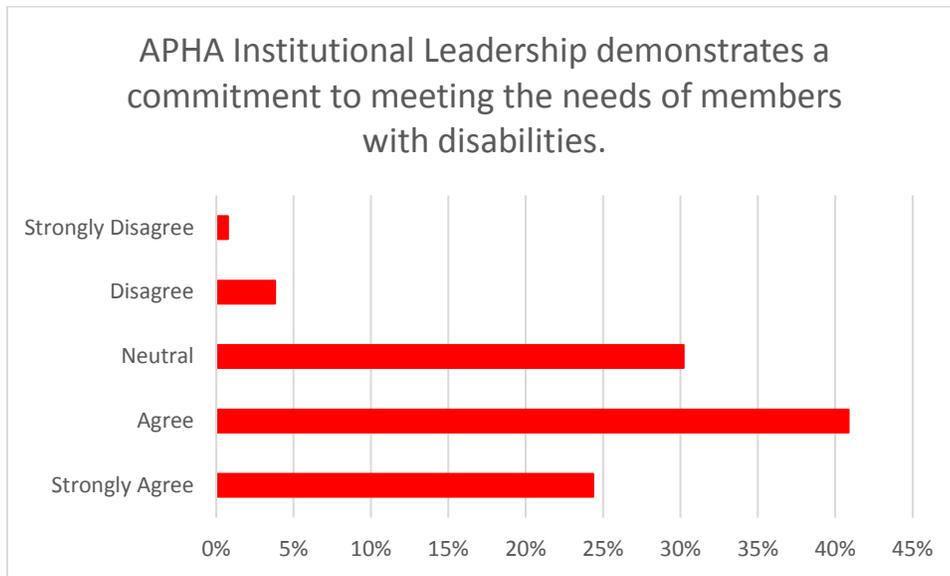
Around one fourth of participants strongly agree that *members of different background interact well in APHA*. Only 1% strongly disagree and 4% disagree.

Figure 8 - Members of different backgrounds interact well in APHA



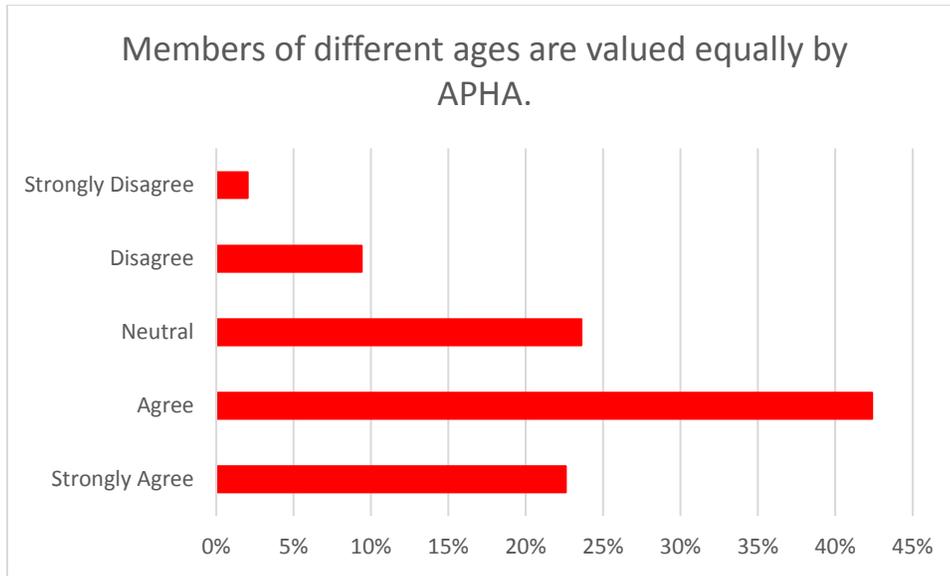
Around 30% of participants neither agree nor disagree that *APHA institutional leadership demonstrates a commitment to meeting the needs of members with disabilities*. Again, 5% of them disagree or strongly disagree with the statement.

Figure 9 - APHA Institutional Leadership demonstrates a commitment to meeting the needs of members with disabilities



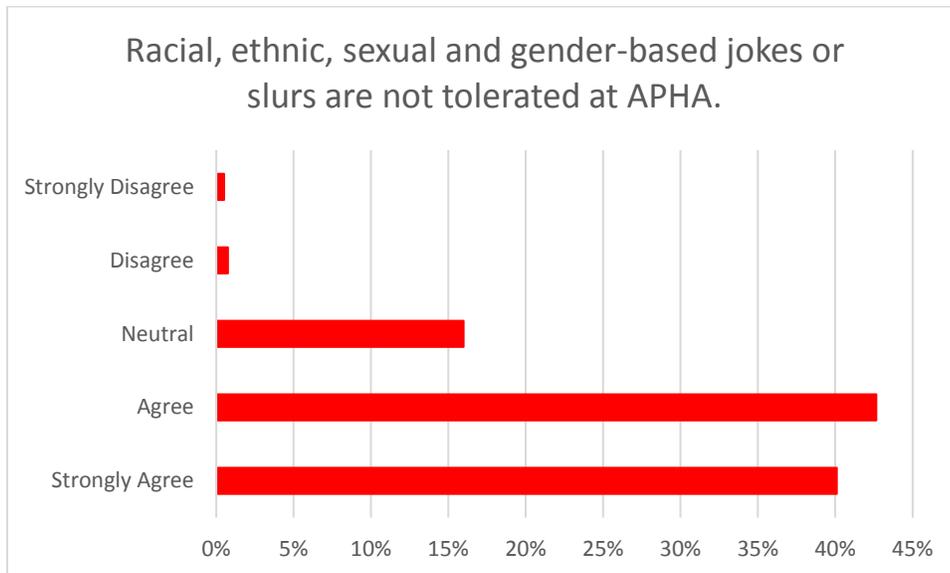
More than 65% of participants either agree or strongly agree that *members of different ages are valued equally by APHA*. Around 11% either disagree or strongly agree with the statement.

Figure 10 - Members of different ages are valued equally by APHA



More than 83% of participants either agree or strongly agree that *racial, ethnic, sexual and gender-based jokes or slurs are not tolerated at APHA*. Around 16% neither agree nor disagree with the statement.

Figure 11 - *Racial, ethnic, sexual and gender-based jokes or slurs are not tolerated at APHA.*



- **Tell us your opinion about the Chair/Co-Chair of the Committee, Caucus or Section you participate in....**

The CHEQ Committee requested respondents to provide their personal opinion about three statements about the Chair/Co-Chair of the Committee, Caucus or Section they participate. The three statements provided were: *“The leadership selection process follows an inclusive, well communicated procedure, where members of the Section/Committee/Caucus/Affiliates are consulted and included”*; *“the chair/co-chair is/are committed to, and support(s), diversity, equity and inclusion”*; and *“the chair/co-chair handle(s) matters related to diversity, equity and inclusion matters satisfactorily.”*

With respect to questions regarding, 55% to 60% agreed or strongly agreed, with approximately 24% neither agree nor disagree. (Figures 8 &9)

With respect to question regarding *“The chair/co-chair handle(s) matters related to diversity, equity and inclusion matters satisfactorily.”* Fifty percent agreed or strongly agreed with 30% neither agree nor disagree. (Figure 10)

Figure 12 - *The leadership selection process follows an inclusive, well communicated procedure, where members of the Section/Committee/Caucus/Affiliates are consulted and included.*

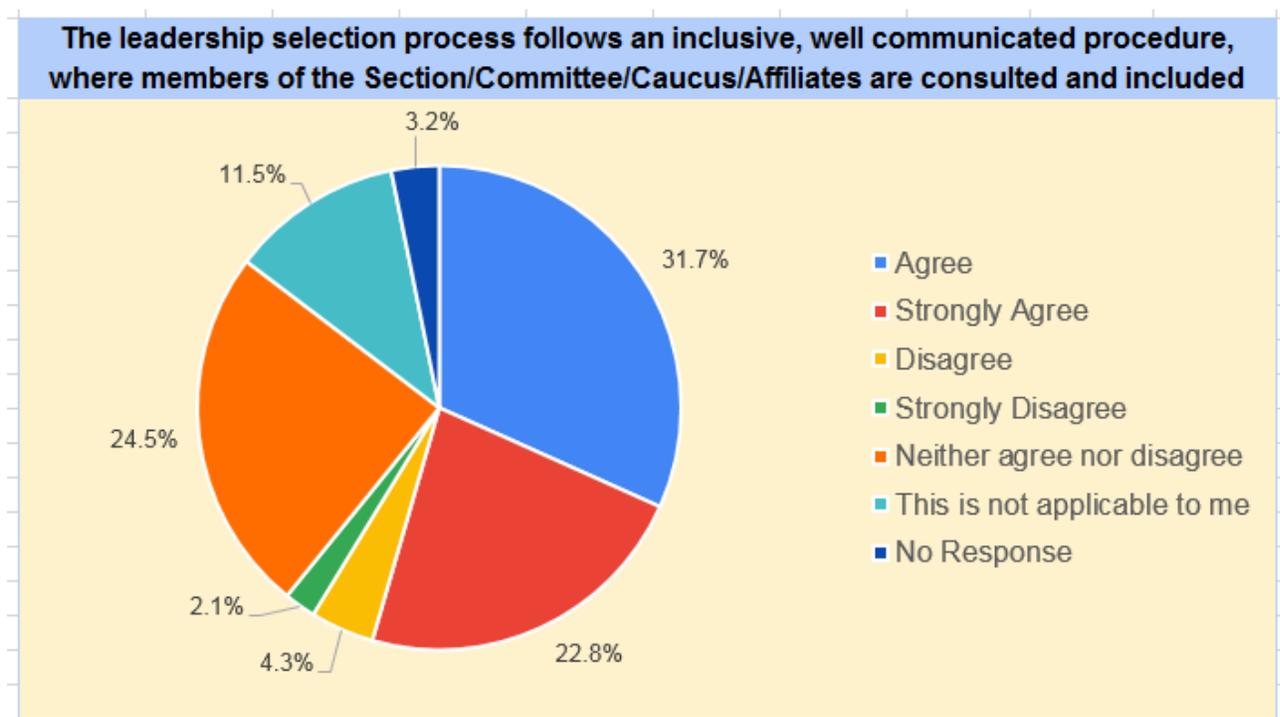


Figure 13 - *The chair/co-chair is/are committed to, and support(s), diversity, equity and inclusion.*

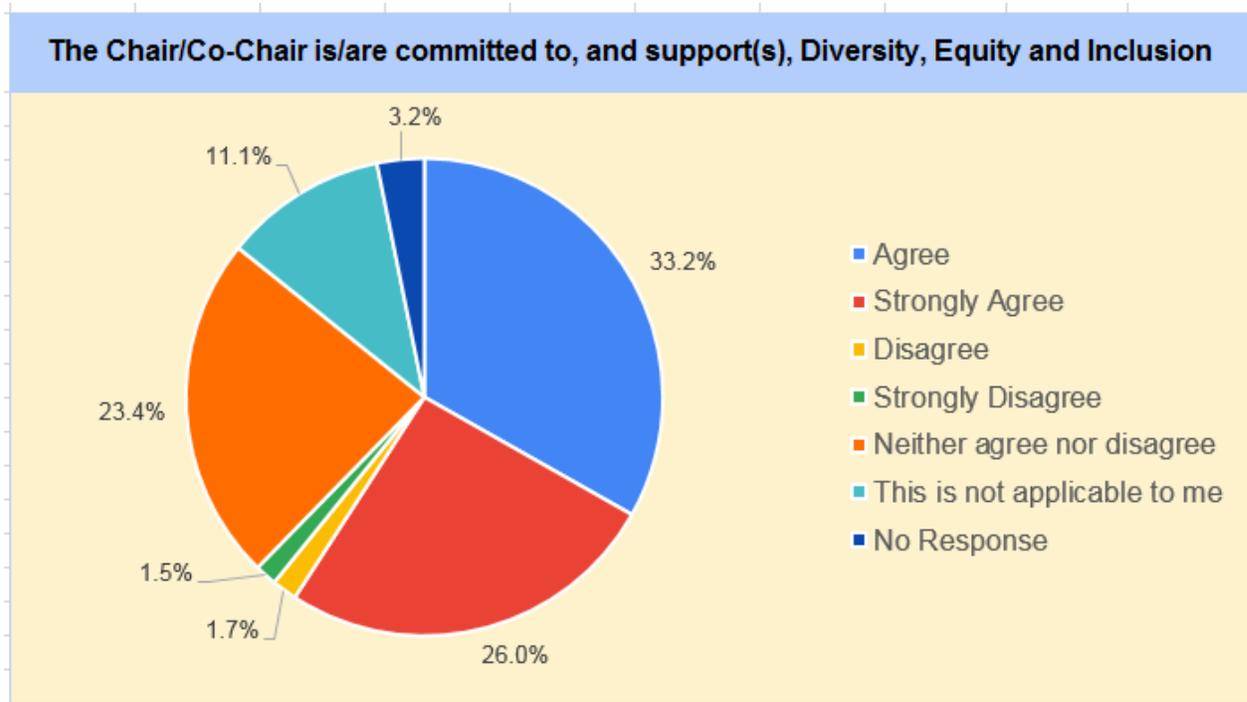
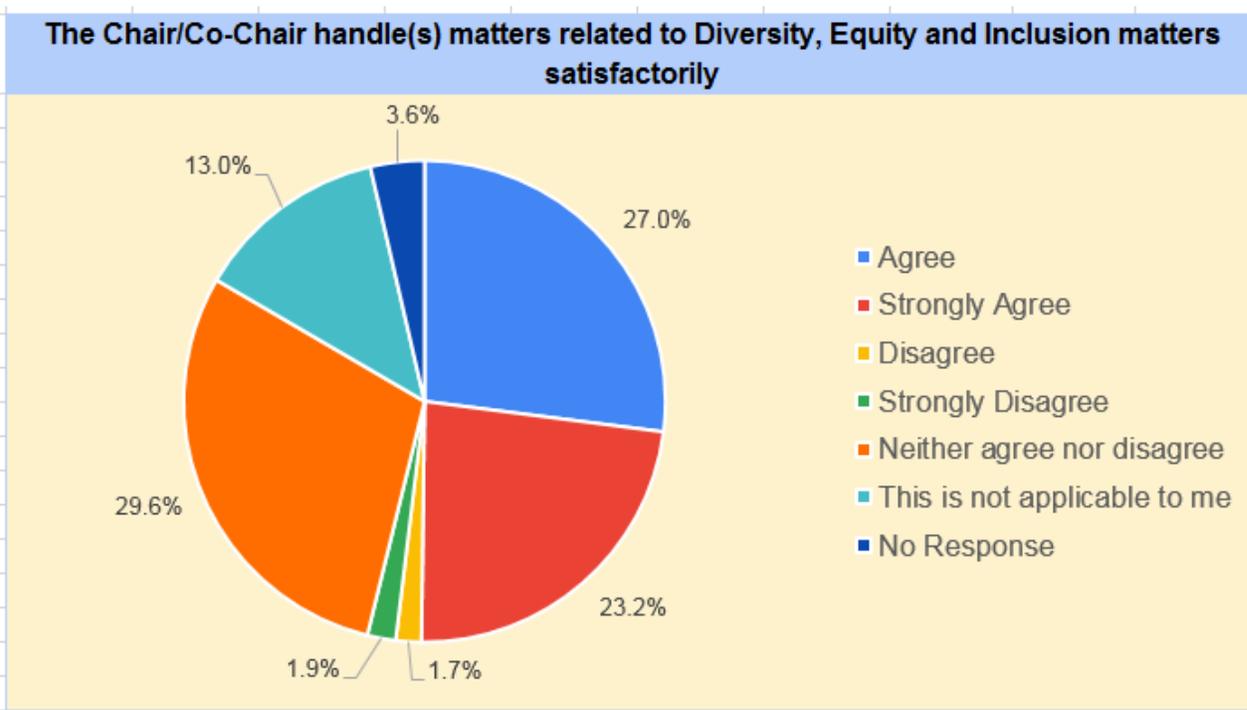


Figure 14 - The chair/co-chair handle(s) matters related to diversity, equity and inclusion matters satisfactorily.



- **Tell us your perception about: Collaboration & Volunteer Leadership Roles**

This question asked members to share their perceptions about collaboration and volunteer leadership roles, “Tell us your perception about: Collaboration and Volunteer Leadership Roles (Please select one response for each statement). The responses were collected using an agreement scale format that included the responses (Strongly Disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree, and Not Applicable).”

Forty percent of members responded to these questions.

- Members of different backgrounds are encouraged to apply for higher-level roles, such as Governing Council or Executive Board.

Four hundred seventy-two members responded to the statement, *Members of different backgrounds are encouraged to apply for higher-level roles, such as Governing Council or Executive Board*. Over fifty percent of the respondents agreed that members of different backgrounds were encouraged to apply for higher-level roles, 37.3% agreed, and 25.8% strongly agreed, another 24.6% were neutral in their response answering, neither agree nor disagree. Less than 5% of respondents disagreed with, 3.6% disagreed, and 1.1%. Finally, 7.4% did not feel the statement applied to them.

- Members from minority groups are supported in attaining volunteer leadership positions.

Four hundred seventy-two members responded to the statement, *Members from minority groups are supported in attaining volunteer leadership positions*. More than fifty percent (55.1%) of the respondents agreed that members from minority groups are supported in attaining volunteer leadership positions with the organization, 33.5% agreed, and 21.6% strongly agreed. A little over a quarter of the respondents held a neutral perception 28.2%, answering neither agree nor disagree. The remaining respondents either disagreed or indicated that the statement did not apply to them, 4% disagreed, 2.5% strongly disagreed, and 9.9% did not apply to them.

- There is a collaboration development path for all members of APHA.

Four hundred sixty-seven members responded to the statement, *There is a collaboration development path for all members of APHA*. Over 44.7% of the respondents agreed that there was a collaboration development path for all members of APHA, 27.6% agreed, and 17.1% strongly agreed. Another third, 34.9%, was neutral on whether there was a collaboration development path for all members. About ten percent (48/10.3%) were not in agreement, 8.4% disagreed, and 17.1% strongly disagreed. For the remaining respondents (9.8%), it did not apply to them.

- There are training processes set up for new members willing to become volunteer leaders or become more involved.

Four hundred sixty-eight members responded to the statement, *There are training processes set up for new members willing to become volunteer leaders or become more involved*. More than a third (41.5%) of the respondents agreed that training processes were set up for new members willing to become volunteer leaders or more involved in the organization, 24.8%, and 16.7%. About fifteen percent (15.5%) did not agree with the statement, 12.2% disagreed, and 3.6% strongly disagreed. Another 31.8% neither agreed nor disagreed, and the remaining 10.7% felt the statement did not apply to them.

- Sections/Committees/Caucuses/Affiliations provide research/writing support to new members on abstract writing, mentoring, or other technical skills.

Four hundred sixty-six members responded to the statement, *Sections/Committees/Caucuses/Affiliations provide research/writing support to new members on abstract writing, mentoring, or other technical skills*. One-third, (34.1%), of the respondents agreed that supports were available to new members through sections/caucuses/committees/affiliations, 13.3% strongly agreed, and 20.8% agreed, while another third (37.3%) *neither agreed nor disagreed with the statement*. Almost twenty percent (16.3%) *did not agree with the availability of supports*, 12.2% disagreed, and 3.6% strongly disagreed. The remaining 12% of the respondents felt the statement did not apply to them.

- **(Only for Affiliates) How do you integrate health equity in Public Health services, programs, data collection and policies representing your State, County or region?**

There were 23 valid responses to the question about *“How do you integrate health equity in public health services, programs, data collection and policies representing your state, county, or region?”* The emerging themes include (1) work within the organizations, (2) collaborate with others, and (3) individual services.

Nine members indicate that they focus on recruiting diverse workforce to their organizations and offering trainings to reinforce the concept of diversity and inclusion. One particularly said *“we offer minority membership scholarships.”* Also, one member stated that *“we have an Equity in All Things lens through which we consider all of our activities.”*

Five members indicate that they actively work with community, regulators, budget makers, and other stakeholders from diverse identities. For instance, they identified affinity groups based on disability, veteran status, race/ethnicity, LGBT, and religion.

Five members indicate that they integrate health equity in their own works/services. For instance, two members said they share their experiences with students at class or actively participate in various health events. However, a member reported that s/he opposes politically correct based policies like the critical race theory.

Finally, four members said that their organizations or states do not have any health equity program although they believe that health equity is important. Since the question is conditional on the affiliation status, the number of respondents is quite small. Future research such as focus group discussion would be useful to extract more concrete ideas about how APHA members integrate health equity in their state, county, or region.

- **What opportunities of improvements, if any, can be made to improve the diversity, equity and inclusion efforts at APHA?**

Overall, respondents showed appreciation for this initiative and the opportunity to provided positive feedback to improve and expand the equity, diversity and inclusion process within APHA and its stakeholders.

On one hand, respondents provided different comments regarding three key themes: equity, diversity, and inclusion; on the other some recommendations were administrative or technical improvement recommendations that were shared EDI with APHA leadership for further attention.

EDI comments were grouped and listed below:

- Provide a clear concept of what APHA considers “equity-diversity-inclusion,” including “health equity.” The conversation should start at the executive level with a more proactive and comfortable approach to racial equity.
- Improve the implementation of what works in terms of Equity-Diversity and Inclusion. Define specific EDI metrics, and develop standard policies and procedures for members and volunteers. Ensure that diversity, equity, and inclusion statements are a part of the mission and/or vision of APHA and state affiliates.
- Consider staff members who reflect APHA’s ethnic and racial populations and can speak these issues and serve as role models for public health professionals.
- Provide training opportunities and open conversations about unconscious bias among APHA members. Webinars and open spaces focus on EDI topics may help.
- Economic support and scholarships for students, early-career professionals, seniors, and members of color with limited economic resources, not only for membership but also for events and conferences.
- Reduced price or open access to APHA articles in the American Journal of Public Health (the association’s journal)
- Funding/Mini-grants for Sections to be able to do DEI and anti-racism efforts in their areas. Also funding for affiliates so DEI can be supported at the state/local levels and reach advocates who are not National APHA members.
- Make an effort to balance diversity representation across APHA. Including members from the private sector, community members and rural communities, and other members from different backgrounds. Elder and young members. Nurses and non-academia representation. No traditional religious and conservative groups. Some also recommended having sections for retired professionals.
- More transparency in role assignments, volunteer opportunities, and leadership positions.
- Increase efforts to recruit members from the Hispanic and Indigenas communities, and provide them with leadership opportunities.
- Invest money toward efforts to recruit new members from diverse settings, including college student members, and by setting up APHA student organization chapters at some universities.
- Provide onboarding sessions and leadership opportunities for new members. Develop mentoring programs that allow diverse candidates to gain exposure to leadership positions and understand how decisions are made.
- Deploy consistent communication strategies to members, and from affiliates on a local level; especially in leadership change, leadership opportunities and collaboration opportunities.
- Provide more information about how other states have had successful efforts in improving diversity, equity, and inclusion.
- More options for disabled APHA members, particularly more options for persons with mental health.

- Provide bridging opportunities to members of our communities who may not be affiliated with APHA but are doing community work in health equity.
- Provide open dialogue opportunities, promote tolerance toward divergent ideas, and Listen to nonmembers.
- Focus on topics that affect public health like the opioid crisis, access to healthy foods and childhood obesity, failing public schools, getting people back to work; population health, and safety.

Some members even recommended to have more round table discussions and think-tanks regarding recommended actions and strategies for implementation of EDI strategies, increasing innovation and simpler systems.

In general all comments recommended *“value each person as a gift.”*

Further analysis of the comments offered by the DEI respondents is presented as *“APHA’s road to equity”* in **Annex 1** of this document.

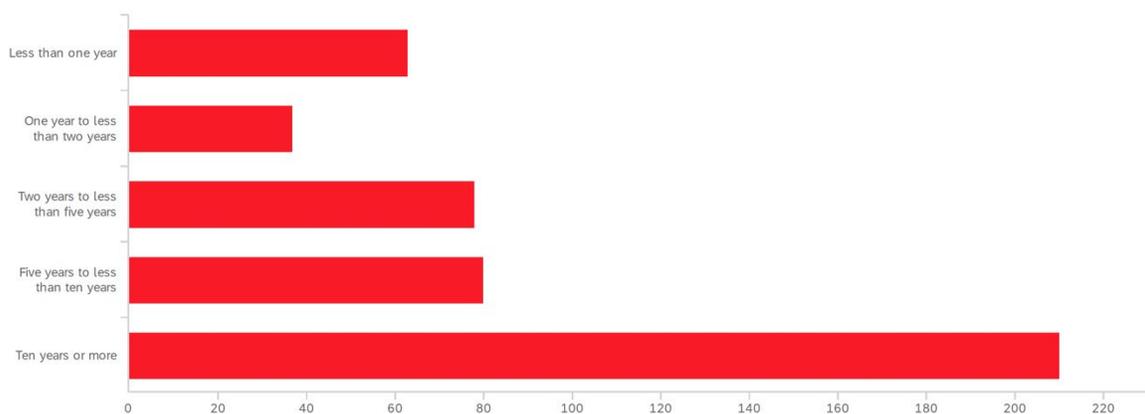
DEMOGRAPHIC RESULTS

- **Length of time as a member**

The largest group of respondents, approximately 44.9%, have been APHA members for ten years or more, and the second largest group, 17.1%, have been members for five to ten years. The smallest group was those who have been members for one year to less than two years at 7.9%.

Figure 15 - APHA Membership

Q16 - How long have you been an APHA member?

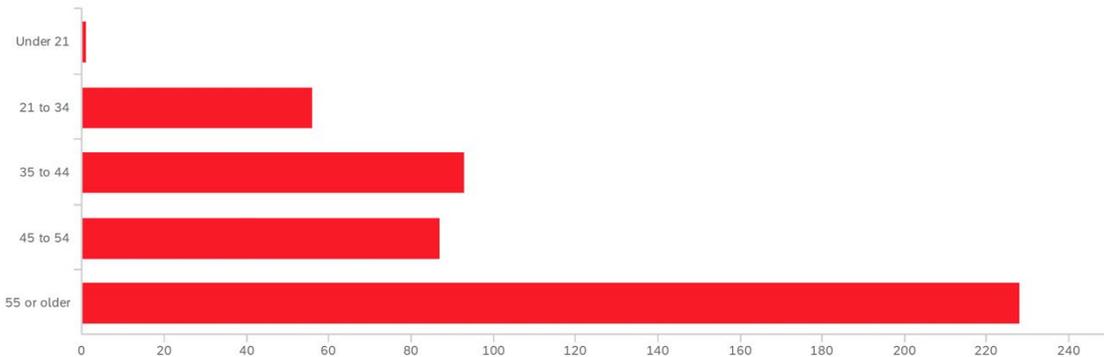


- **Current Age**

About 49.0% of respondents are 55 years or older. Another 20.0% are aged 35 to 44 years. Only one person or 0.2% were under the age of 21.

Figure 16 - Membership Age

Q17 - What is your age?

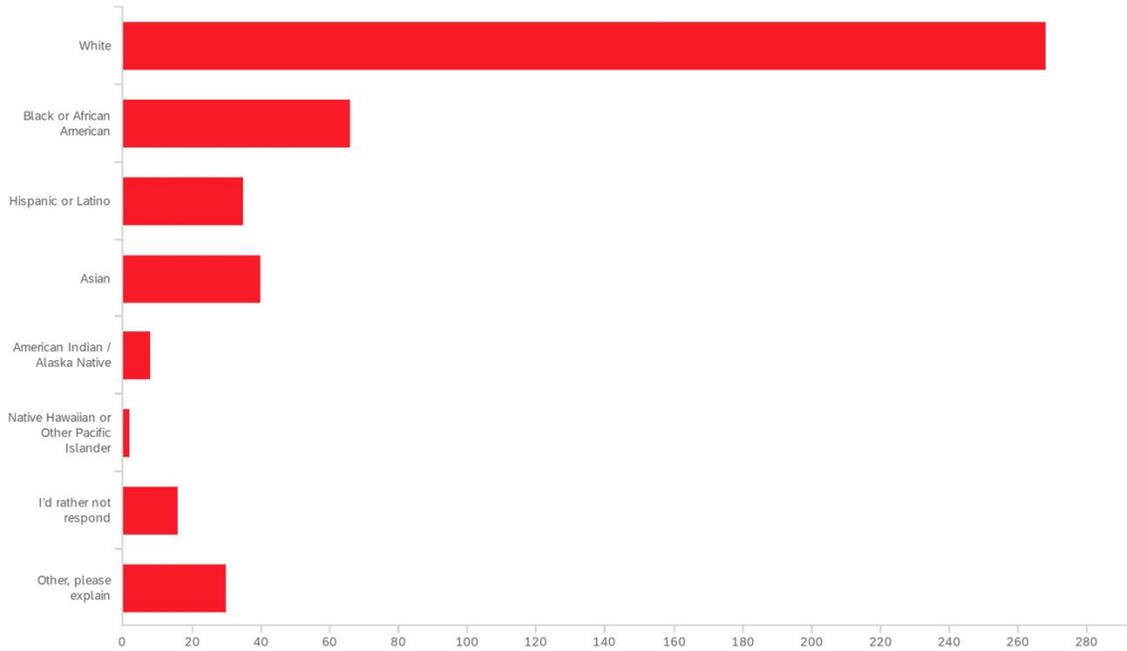


- **Race and ethnicity**

A majority of respondents (57.3%) identified as White. The next most common race was Black or African American with 14.2% of respondents. Another 7.5% identified as Hispanic or Latino. Within “Other,” 14 people, or about 3.0%, specified themselves as multiracial or having both a racial and ethnic identity.

Figure 17 - Membership Race/Ethnicity

Q18 - What is your race/ethnicity?

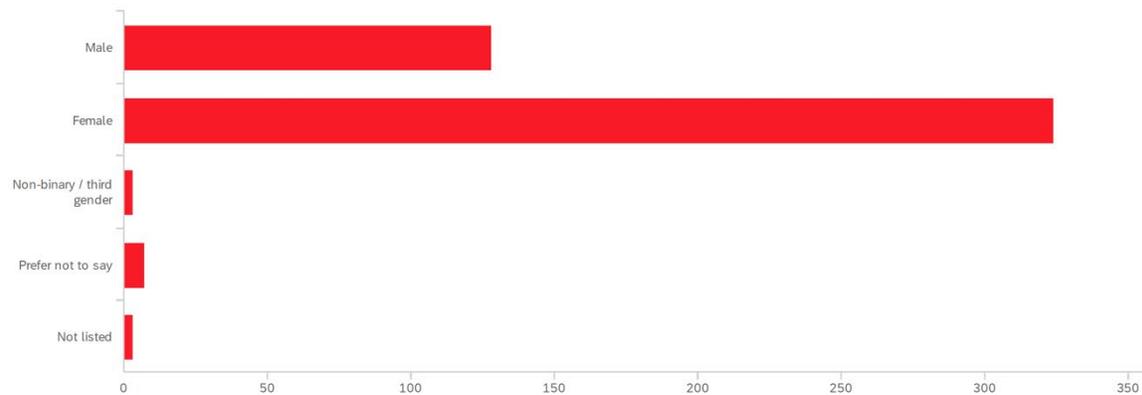


- **Gender identity**

Over two thirds (69.7%) of respondents identified as female, while 27.5% identified as male. Approximately 0.7% identified as non-binary or third gender.

Figure 18 - Membership Gender Identity

Q19 - To what gender identity you most identify with?

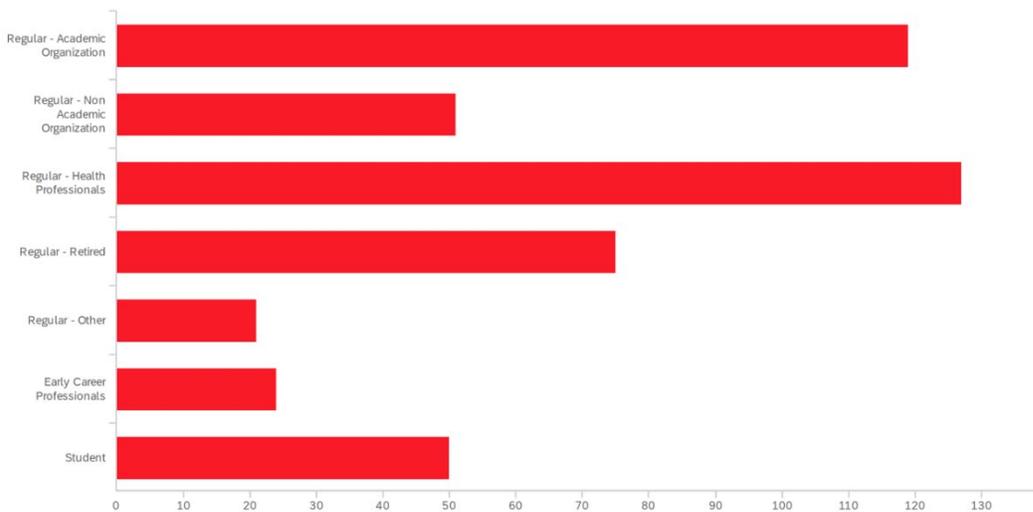


- **Type of membership**

The most common type of membership is a regular health professional membership at 27.2% of the respondents. Closely behind are regular academic organization memberships with 25.5% of respondents. The least common membership types were other regular memberships (4.5%) and Early Career Professionals (5.1%).

Figure 19 - Type of Membership

Q20 - What is your current APHA membership type?

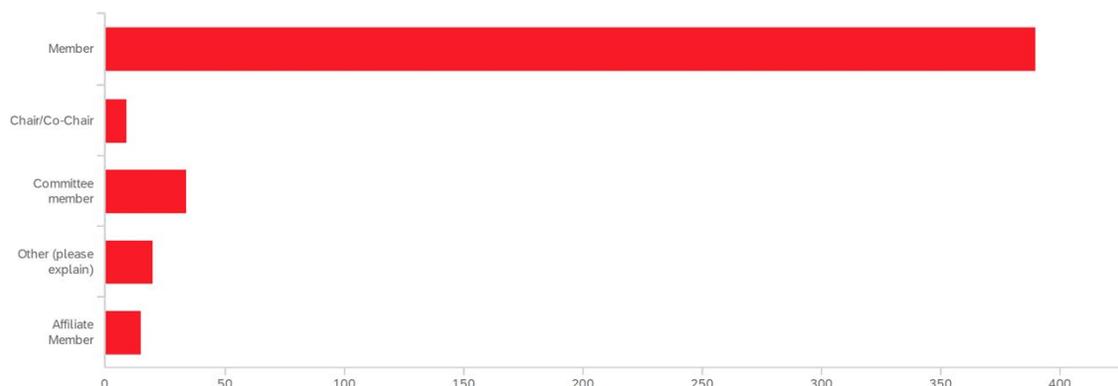


- **APHA roles**

The majority of respondents, 83.3%, were members only. About 7.3% were committee members, 3.2% were affiliate members, and 1.9% were chairs or co-chairs.

Figure 20 - APHA Roles

Q21 - Which of the following best describes your role APHA?



- **Sections, caucuses, and committees**

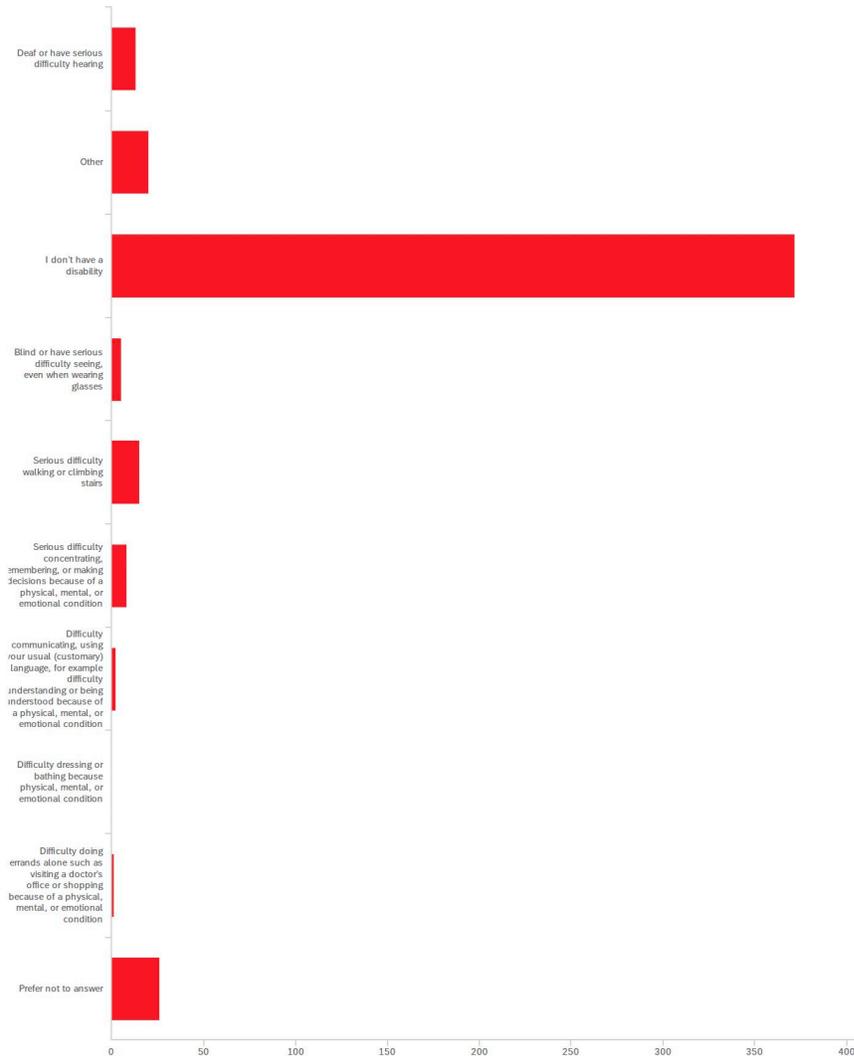
The most common two sections for respondents were Epidemiology and Maternal and Child Health. Around 20 respondents specifically mentioned being in a caucus, and another 6 specified being on a committee or subcommittee.

- **Disability**

A majority of respondents (82.1%) did not report having a disability. The next most common response was “Prefer not to answer” with 5.7% of responses. The most common disability reported was difficulty walking or climbing stairs (3.3% with a serious difficulty, 0.9% with a mild or moderate difficulty).

Figure 21 - Disability

Q24 - Do you have any disability? (Please check all that to you)

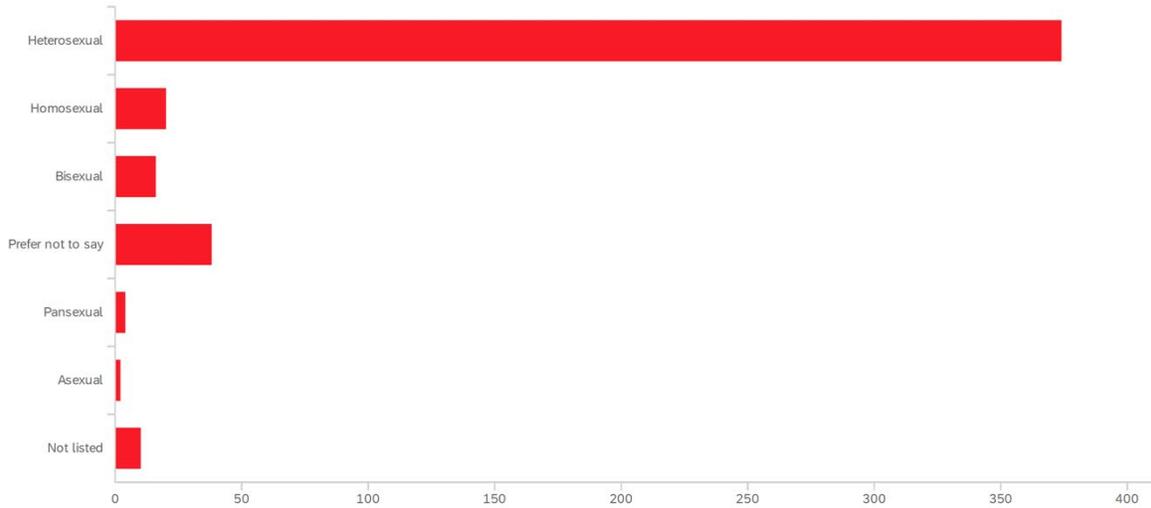


- **Sexual orientation**

A majority of respondents, at 80.6%, reported themselves as heterosexual. Approximately 5.2% described themselves as lesbian, gay, or homosexual. However, the second most common response was “Prefer not to say,” with 8.2% of responses.

Figure 22 - Membership Sexual Orientation

Q28 - What is your sexual orientation?

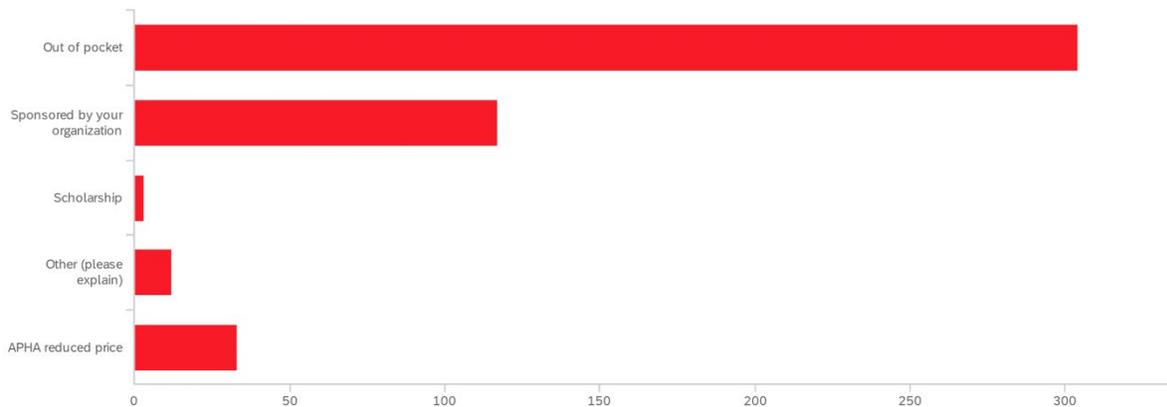


- **Membership payment**

Nearly two thirds of respondents (64.8%) pay for their membership out of pocket. The next most common method was by being sponsored by their organization at 25.0% of respondents. Only 0.6% reported paying for their membership with a scholarship.

Figure 23 - Membership Payment

Q29 - How do you pay for your APHA membership?



- **Conclusions**

- Overall, most respondents agreed that the APHA is “committed to diversity and inclusion.” However, there is a number of opportunity for improvement recommended from which APHA may benefit.
- A number of administrative-related recommendations were provided to improve recruitment, and appointment process as well as transparency in decision making processes.
- APHA definition of “equity, diversity, and inclusion” including “health equity” is seen as a need from respondents to delineate a proactive approach to health equity through a comprehensive and inclusive work agenda.
- Diversity-seeking respondents emphasized the need of finding a balance between different representative groups; including conservative and non-traditional religious members.
- An inclusive approach should embrace diverse communities, despite their membership and representation within APHA, providing a comprehensive understanding of the needs and opportunities from a larger perspective.
- There are three key elements that respondents highlighted as opportunities for improvement: access to APHA by providing financial support for underrepresented populations, intentional recruitment of members from diverse background and ideas, and increased access to leadership positions from members from diverse communities.
- The high response rates to the Survey from leaders and members is encouraging, although more work needs to be done to ensure a majority of members are familiar and comfortable with the APHA’s Equity, Diversity and Inclusion approach.

- **Annex 1: A Road to Equity**

APHA DEI Question 14 themes driving survey results

Proposing an APHA “road to equity” in its leadership and member focused activities:

The following selection of topics and quotes is a representative identification of the feedback expressed by over 1200 comments offered by members and leaders during the diversity and inclusion assessment survey.

- Cost of membership registration, conference participation and attendance. And failure to recognize the implicit contribution of conference coordinators, speakers and leaders.
- APHA understanding and application of the concept of diversity and inclusion through the recruitment, training and leadership selection (Special groups and Government Council) clearly demonstrates exclusion of minority groups and unclear processes to engage the less economically advantaged membership.
- Communication among committees or other external groups, and with the leadership representatives is poor and often fails due to the complexity of the organization and lack of an organized process for successful exchange of information and experiences.
- Conference presentation and participation seem to be influenced by “favoritism” and lack of an organized process of fair inclusion.
- Lack of a process to drive towards consensus on APHA definition of “health equity”.
- Leadership fails to promote the inclusion of fair representation of views of faith leaders and how these interact with public health.
- Transparency is challenged by membership as there is no clear minority recruitment campaign and diversity in all levels is poorly represented.
- Term limits in all leadership positions.

The following are exceptionally significant quotations of comments offered by the DEI respondents that illustrate their experience in APHA membership:

- *“More active messaging and an assertive transparent campaign to recruit diverse membership and to speak about how this diversity strengthen us and our work”.*
- *“APHA should be more transparent about how to navigate opportunities for leadership and participation”*
- *“Foster more intergenerational events that improve diversity, connecting and those who are up& coming in relation to experiences past and present, to shape the future – vis a vis diversity & inclusion on all fronts”.*

- *“More targeted investment of all resources in historically and currently marginalized communities, increasing support for large public health initiatives that disproportionately affect people of color and members of marginalized groups (e.g., single payer/nationalized health system, vaccinations) through more engaging and direct communications (including a presence in media), organizing of APHA members, public health professionals, and public health students to exert constituency pressure on elected officials, and direct lobbying and political pressure on lawmakers by APHA to ensure that all divisions, all trainings, all sessions in the annual meeting share improvements in diversity, equity and inclusion”.*
- *“Over my years as APHA member, I have discovered, to my pain and chagrin, that some forms of diversity (racial, ethnic, sexual orientation/gender identity, national origin) are valued, whereas others, notably traditional religiosity other than Islam are not.”*
- *“Find ways to adjust costs of being a member, costs of attending the annual meeting-also, provide more support for the unreal amounts of free labor given to APHA through the components and other leadership positions/appointments”.*
- *“The organization is heavily academic. If you want to have greater diversity, we need to have greater participation in leadership from practitioners, who are more diverse than academia in general.”*
- *“These question or front line workers are difficult to answer because members often tend to attend their own sections and cliques tend to dominate the meetings. What is clear is that there is limited representation of historical and traditional underrepresented minorities at any level of APHA that is African Americans, Hispanics, Puerto Ricans and Mexicans.”*
- *“I think we need to re-think our approaches to conferences in the public health and research field more broadly- how can we do this equitably and sustainably (while recognizing the need/benefits from face-to-face interactions from time to time).”*
- *“APHA has several members that work in private industry on healthcare services. It is equally important to collaborate with this members as it is with those that are more academic or front line workers. It takes all players to collaborate and improve the health of our nation.*
- *“I’ve never been able to attend the conferences. I have an extensive background in public health, rural health, medical care, safety net healthcare policy and financing, immigrant health, farmworker health, community health worker programs, Medicaid, aging, caregivers, structural determinant work, even healthcare philanthropy, but APHA would never know it since there doesn’t seem to be a mechanism for that in the organization, no complaints, glad to support and learn, hit just sayin’. I am a retired Latina MD, county health officer, consultant and community activist”.*