9.0- Candidate Forum

Governing Council Session I

Saturday, November 2, 2019
Contents
President-Elect .............................................................................................................................................. 3
   President-Elect Description....................................................................................................................... 3
   President- Elect Candidates ...................................................................................................................... 5
      Richard Cohen, PhD, FACHE .................................................................................................................. 5
      José Ramón Fernández-Peña, MD, MPA.......................................................................................... 10
Treasurer ..................................................................................................................................................... 13
   Treasurer Description ............................................................................................................................. 13
   Treasurer Candidate ............................................................................................................................... 15
      Benjamin Hernandez, MBA.................................................................................................................. 15
Executive Board .......................................................................................................................................... 18
   Executive Board Description ................................................................................................................... 18
   Executive Board Candidates ................................................................................................................... 20
      Charlene Cariou, MHS, CPH, CHES ...................................................................................................... 20
      Natalie DiPietro Mager, PharmD, MPH................................................................................................ 24
      Sarah Gareau, DrPH, MEd, MCHES ................................................................................................... 28
      Kathy Lituri, MPH, RDH ....................................................................................................................... 36
      Brittany Marshall, DrPH, MPH ............................................................................................................ 40
      Mohammad Torabi, PhD, MPH, MHS ................................................................................................... 45
President-Elect

President-Elect Description
The president is the Association’s chief elected officer. For three years - as president-elect, president, and immediate past-president - she/he serves as an ex officio voting member of the Governing Council, the Executive Board and its Executive Committee. Serving in the capacity as president-elect, president and immediate past president offers the opportunity for a diverse set of leadership opportunities. These opportunities, in turn, require a major time commitment. The president does not preside over affairs of the Governing Council, the Executive Board or the Association staff; these roles are filled by the Governing Council speaker, the Executive Board chair and the executive director, respectively.

In all three years, members of the presidential trio are expected to:

- Attend all three in-person meetings of the EB (see Financial Expectations).
- Participate on Executive Board committees.
- Attend interim Executive Board telephone meetings.
- Attend telephone meetings of the Executive Board Executive Committee, which functions as a leadership team between Executive Board meetings.
- Participate in other typical activities of Executive Board members.
- Organize and chair a special session at the Annual Meeting.

Expectations specific to the President-elect year are to:

- Serve as chair of the Executive Board’s leadership appointments effort (i.e. process for designating members to serve on various Association-wide boards and committees).
- Appoint the chair of the Action Board and chooses its members from among names submitted by the Sections.
- Speak to the Section chairs-elect at their annual meeting at APHA headquarters.
- Make certain designations and perform other functions that the APHA Bylaws specify.

Expectations specific to the Presidential year are to:

- Serve on the Annual Meeting Planning Committee.
- Serve ex officio on Association-wide awards committees.
- Serve on the Nominations Committee for Association-wide elected offices.
- Speak at the annual meetings at about one-third of the 54 APHA state and regional Affiliates.
- Participate in National Public Health Week events.
- Participate in multiple APHA-sponsored events during the Annual Meeting — including the opening and closing sessions, certain award programs, and others.
- Author a column for each of the 10 issues of The Nation’s Health.
- Represent APHA at other ad hoc engagements or initiatives as opportunities arise.
In many cases, before committing to run for office, individuals seek permission from their employers and make arrangements for administrative leave time. Academicians may use sabbatical leave to fulfill their duties in this office. After the person elected to the president-elect position ends their service as president, she/he may be asked to assist APHA in the role of past-president.

**Period of Service:** For the coming period, the president-elect begins service in November 2019, after the APHA Annual Meeting; begins serving as president in November 2020; and serves for one year as past-president beginning November 2021.

**Eligibility:** All active members of APHA are eligible to apply as a potential nominee for candidacy for the position of president-elect. Persons considering submitting an application are expected to: have a substantive track record of leadership within APHA and within the field of public health; have good interpersonal management skills; be knowledgeable about APHA’s structure and function as well as policy; be able to set aside the significant time needed to commit to a great deal of committee work that includes at least four webinar/conference calls and three face-to-face meetings per year; participate in designated meetings in the days prior to and during the full period of APHA’s Annual Meeting. Experience on a nonprofit board is desired but not necessary, and experience with governance or previous leadership position desired but not necessary.

**Financial Expectations:** As President-Elect, President, and Immediate Past-President you can expect the following:

- APHA will cover your traveling expenses to attend the two in-person meetings per year in Washington, D.C. (January and May according to APHA’s travel policy). These usually cover the designated hotel, air or ground travel, meals, and appropriate out of pocket expenses.
- APHA will also cover the two nights for the Executive Board meeting preceding the Annual Meeting (Usually Wednesday and Thursday nights) hotel accommodations, meals (Thursday and Friday), and appropriate out of pocket travel expenses related to the board meeting. Executive Board members are responsible for their Annual Meeting conference registration fee, travel expenses, meals (Saturday through Wednesday) and hotel accommodations (Friday to Wednesday) to attend the Annual Meeting.
- As with any governing board, there is an expectation Executive Board members will participate in the Association’s development efforts annually within the individual’s comfort level.
President- Elect Candidates

Richard Cohen, PhD, FACHE
President and CEO, Public Health Management Corporation

Education:
PhD, Medical College of Pennsylvania
MA, Temple University
BA, University of Maine

Biography
Recognized nationally as an authority in the public health management arena, Richard J. Cohen, Ph.D., FACHE, has been the President and Chief Executive Officer of Public Health Management Corporation, one of the largest and most comprehensive public health agencies in the country, since 1980. Dr. Cohen leads more than 3,500 employees, 350 public health programs and a family of subsidiary organizations with an operating budget of approximately $325 million. PHMC’s mission is to create and sustain healthier communities through partnerships with government, foundations, businesses, and community-based organizations, using best practices and evidence-based guidelines to address social determinants of health and improve the community’s health through direct service, intermediary services, and research and evaluation.

Known as a social entrepreneur throughout his career, Dr. Cohen is a visionary leader who has helped innovate the field of public health and not for profit management. His vision for public health is broad, utilizing a philosophy of partnership across all business lines, from primary health care, behavioral health and social services to education, financial literacy and housing. Dr. Cohen’s ability to think beyond traditional public health and the world of nonprofits has resulted in an impressive body of work that includes establishing the Pennsylvania and Delaware Public Health Institutes, initiating a multitude of public/private partnerships, and contributing to more than 30 publications and conference presentations locally, regionally, nationally and internationally. Dr. Cohen’s work gets to the heart of public health dilemmas, with insight into the marketing of human services, developing leadership, establishing public/private partnerships, assessing long-term versus short-term costs, understanding health care utilization patterns, and many other critical topics.

In addition to his commitment and leadership positions with the American Public Health Association, Dr. Cohen has held leadership roles with the Alliance for Strong Families and Communities, the National Council on Crime and Delinquency, the Pennsylvania Public Health Association, the College of Physicians of Philadelphia, the American College of Health Care Executives, Penn Presbyterian Medical Center, Penn Medicine and the Puerto Rico Public Health Trust.

Dr. Cohen holds a Ph.D. in Social Sciences/Psychiatry from the Medical College of Pennsylvania, an M.A. in Clinical Psychology from Temple University, and a B.A. in Psychology from University of Maine.

Candidate Statement
Thank you for the honor of my nomination to run for the Office of President-Elect.
I’ve had the privilege to work extensively with APHA for five decades, serving as Treasurer for nine years, as an Executive Board member, through long-term membership on the Governing Council, work with the Council of Affiliates, and participation in the Health Administration and Mental Health sections. Through this nomination, I am seeking to continue to contribute to an organization that has been foundational to me personally and professionally.

I’ve seen firsthand APHA’s critical role in ensuring equitable access to a culture of health through its focus on strengthening the public health profession across this country and around the globe. Throughout my career, I’ve watched the expansion of public health, extending past physical/behavioral health into areas of social services, education, workforce development, housing and beyond. Public health is a ‘broad tent,’ requiring a commitment to innovation, convening partners, fiscal/administrative management, research, policy, and transparent communication. I’m grateful for the experience gained through my leadership positions with groundbreaking organizations such as APHA, NNPHI, the Alliance for Strong Families and Communities, and the National Council on Crime and Delinquency. In leading Public Health Management Corporation for 40 years, I’ve had the privilege of managing an agency that provides direct and indirect public health services to individuals, families and communities through a network of subsidiaries and more than 350 programs.

The APHA President-Elect position should serve to amplify the voices of affiliates, sections, components and members, harnessing the best and brightest ideas to continue APHA’s mission. Through discussion and listening, I am committed to helping APHA chart its leadership into the next decade and beyond.

I humbly ask for your support and look forward to working with you to boldly continue APHA’s leadership in public health service.

Written Questions Response

1. How would you propose to inform the nation’s population about the importance to public health science, specifically with respect to the Affordable Care Act?

As the nation’s leading public health advocate, APHA’s policy platform is significant – so too is APHA’s responsibility to inform and educate its membership on those policies. As President-Elect, I would look to make the organization’s policies the foundation of my leadership and advocacy, working collaboratively with the Governing Council and other leaders to ensure that the policies guide the priorities of the organization at the national and component levels.

It’s imperative that we’re consistent in communicating policies and advocacy. Aligning the organizational position on important issues begins at the national level, with a thoughtful approach to arming all APHA components with the tools and resources they need to carry forward the advocacy and messaging within their communities. Our sections, affiliates, caucuses and groups play a critical role in communicating at the local level.

Additionally, because our work is rooted in science, our communications should be as well. Using data to shine a light on the public health challenges such as health inequities, reproductive rights and access to care allows us to stay focused on issues and away from politics. Our discourse can and should always be framed by science and research, and our organizational voices should be unified and data-driven. Moreover, this science-driven approach should be prioritized with key leaders and groups – both within
APHA and externally within our communities – who can then work to enlist adoption and influence behaviors.

2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

At the heart of the matter, the goal of APHA – creating the healthiest nation in one generation – is everyone’s goal. There’s certainly no disputing its importance. Getting there is what’s most challenging. Fortunately, APHA has the benefit of a roadmap in the rich policies that have been developed. This body of work shapes our nation’s public health policy. It is a significant responsibility.

As President-Elect, I fully intend to continue the proud APHA tradition of advocating for the issues that our organization has identified as critical to the health and well-being of our nation. Issues like gun violence, food insecurity, health equity, suicide and environmental health are impacting us at both the national and local level. Great work being done at the local level should be shared across the entire organization to maximize positive impact on these critical public health issues. I see the President-Elect as a key part of that effort – convening conversations across the organization that engage leadership in meaningful ways and build stronger ties across sections/affiliates/caucuses through strong advocacy and focused work.

As the primary voice for public health advocacy, the power of APHA lies in the combined strength of a highly regarded, well-respected national organization with robust state affiliate groups driving the message and advocacy at the local level.

3. **How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?**

As the CEO of one of the largest public health organizations in the country, with roots in the poorest big city in the country (Philadelphia), I have to consider how factors like structural inequality impact not only the people we serve across our region but, just as importantly, our colleagues who work at PHMC. For more than 40 years, I have worked to create a culture at Public Health Management Corporation (PHMC) that is strengthened by diversity and in which there is vigilance around inclusion. I would bring that same focus to the President-Elect role. Developing leadership among members from underrepresented groups requires transparency and partnership. I am committed to working with colleagues from across the organization to ensure that all groups are recognized, heard and represented.

Over the past several decades, one of my key philosophies has been creating programs and mechanisms to build a culture of next-generation public health leadership through the development of well-educated and well-informed employees. PHMC has spearheaded academic partnerships with institutions like Drexel University, Philadelphia College of Osteopathic Medicine and Bryn Mawr College. We’ve created
best-in-class public health internship programs, and have a variety of professional development opportunities for PHMC staff that demonstrate our collective commitment to strengthening our field. All of our work in this area is soundly rooted in diversity and inclusiveness.

Growing APHA requires a true commitment to mentorship. In the early stages of my career, I benefitted greatly from strong mentorship of leaders forging visionary paths in the field of public health. Over the years, I’ve been committed to doing the same for young professionals with a passion for the important work that we do. As I’ve shared with the Student Assembly, I am committed to working with leadership from across the organization and with the student assembly to develop a public health mentorship program that would include the establishment of a next-generation officer position within each section/affiliate/ caucus/ SPIG/forum.

4. **How do you propose to engage the membership and communities served by APHA in use of social media platforms?**

If elected, I would first work to understand how the organization currently partners with APHA components (sections, affiliates, caucuses, groups, etc.) in its social media outreach. In an organization as large and diverse as APHA, it’s expected that some areas may be using social media effectively while others are not. Best practices can be shared across the organization, along with a social media strategy that can be implemented at the local levels.

Using social media to engage membership and communities served by APHA should be part of an overall strategy that looks to connect with and better understand what’s most critical to our members and to the communities they serve. APHA’s national policies can and should serve as a guidepost for the development of local case studies that demonstrate the impact of our work. Social media is an asset that can further the adoption of ideas, influence behaviors and share information in a manner like never before.

5. **Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.**

I am deeply committed to looking for new and innovative ways to grow APHA members. In my role as President and CEO of Public Health Management Corporation (PHMC), I was primarily responsible for working with APHA in the establishment of an organizational membership for PHMC employees, similar to the agency memberships provided to other institutional groups such as universities and colleges. Creating an organizational membership for PHMC – the only one of this kind – resulted in APHA expanding its membership by 3,000. Additionally, I believe APHA should focus on membership retention. This comes through inclusive and engaged listening, as well as responsiveness to member feedback. While securing new members is certainly important, it is easier to retain current members in a way that increases their involvement and engagement, and their ambassadorship for APHA. As a result, the organization becomes stronger, components become more committed to the mission and vision, and thus, more attractive to new members.

APHA needs to continue and expand on innovative membership growth concepts that can maximize the power of multipliers, like the organizational membership initiative outlined above or dual APHA and
affiliate memberships. As knowledge of an interest in the social determinants of health grows, a student-focused initiative can be expanded to ancillary professional groups and other schools connected to the work of public health. This cross-sector view both advances our work and provides access to potential new members who share our commitment to the health of our communities and nation.

In strengthening the relationship with current members and creatively reaching out to new members, APHA will deepen its ability to fulfill its mission to improve the health of the public and achieve equity in health status.
José Ramón Fernández-Peña, MD, MPA
Director of Health Professions Advising, Northwestern University
Founder and Executive Director, Welcome Back Initiative

Education:
MD, National Autonomous University of Mexico
MPA, New York University

Biography
José Ramón Fernández-Peña, MD, MPA – Is the director of Health Professions Advising at Northwestern University where he leads the university's efforts to support students interested in pursuing careers in the health sector.

Previously, Dr. Fernández-Peña was an Associate Professor (now Emeritus) and the Associate Chair in the Department of Health Education at San Francisco State University where his work focused on health workforce diversity and cross-cultural communication in health. Prior to this, he worked at Mission Neighborhood Health Center in San Francisco as director of Health Education, where he managed the health education programs in the HIV, Adult Medicine, Women’s, and Teen clinics. Before arriving in California, he was an associate director for quality management at Bellevue Hospital Center in New York City.

He is also the founder and executive director of the Welcome Back Initiative (WBI), a program to assist immigrant health professionals already living in the U.S. through the necessary steps to enter the U.S. health workforce. The WBI currently includes centers in California, Massachusetts, Rhode Island, Washington, Maryland, New York, Colorado, Pennsylvania, and Maine. In 2011, it received the E Pluribus Unum prize from the Migration Policy Institute. The program has served more than 17,000 people from 168 countries and has assisted thousands in joining the US health workforce.

He is a founding member of the steering committee of IMPRINT, a coalition of organizations working to promote and implement best practices in the integration of immigrant professionals. He has advised the White House Domestic Policy Council on the economic integration of foreign-trained professionals and has served as an expert panelist on this topic at national and international fora.

In 2011, he received the “Champion of Health Professions Diversity” award from The California Wellness Foundation and was recognized by the White House as a “Champion of Change” for his work on immigrant integration. He is an active member in the American Public Health Association (APHA) where has served among other roles, as Executive Board chair. In 2012, he received the Henry J. Montes President’s Award from APHA's Latino Caucus for his work with the Latino community.

Dr. Fernández-Peña earned his medical degree from the National Autonomous University of Mexico, and his masters’ degree in public administration from New York University.

Candidate Statement
I am running for the role of President-Elect of APHA because I believe I have the personal qualities and professional credentials that will enable me to be an effective representative of APHA to its affiliates, students and academic partners, policy makers, and the larger public health community.
Over the past 20 years, I have had the opportunity to serve the association in several roles: I have served in leadership positions in the Latino Caucus (chair, Policy Committee), the Action Board (chair), the Joint Policy Committee (co-chair), and the Executive Board (chair). Through these experiences, I have developed a profound understanding of the challenges we face as well as of the opportunities that lie ahead.

My career in the field of health started 40 years ago when I earned my MD in Mexico, and, after coming to the United States, I pursued a graduate degree in public administration – all of which I have applied to my work as a clinician, administrator and educator and in the policy realm. My personal experience as an immigrant has also informed and shaped my work in launching the field of skilled immigrant integration.

The common thread throughout my career is my passion for education, not only as an academic but as a life-long learner. I am a good speaker but more importantly, I’m an equally good listener. I look forward to listening and learning from our public health family across the country so that we can become an even stronger and more effective voice for the nation’s health.

Written Questions Response

1. How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?

Through a number of different strategies using valid data to debunk myths about what the ACA is or isn’t; such as participating in forums, panels, and any other opportunity available to convey accurate information outside academic and/or professional channels, such as radio, television, and the press. By participating in town halls and holding elected officials accountable for ensuring the inclusion of health in all policies. By promoting community-based participatory research that includes strategies to disseminate its findings through natural community networks.

2. How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?

Our strategic plan provides a road map that promotes collaboration. I think it would be easy to entice partners to work with us in achieving any number of milestones. By tailoring presentations or conversations with specific audiences and by carefully listening to their own ideas, plans, and strategies, we can engage in collaborative process that would enrich us all.

3. How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?
I have been an educator in public health for more than 20 years and, more often than not, I have been the only Latino faculty around. I am also an immigrant and a gay man. As such, I have always made a point of seeking out students who are underrepresented in the health professions, immigrants, first generation, LGBTQ, and other minoritized students. As an active member of the Latino Caucus of APHA, I make a point of connecting every year with new members and I make myself available to them as a guide/mentor, first at the annual meeting, and on an ongoing basis after that. I will continue to seek out new members, refer new students, and make myself available as President Elect, President, and Immediate Past President.

I have always lived in urban settings and therefore, I have no experience working in rural communities. Through my new affiliate, the Illinois Public Health Association, I have started to engage with students from rural areas. While I anticipate some differences working in a rural setting, I also expect that the opportunities to mentor and inspire will be similar.

4. **How do you propose to engage the membership and communities served by APHA in use of social media platforms?**

I think I can engage through social media in a similar way that I engage with my family and friends, but with different content. Posting and sharing perspectives, opportunities, data, images, can be a very powerful way to build a following and convey important messages. I appreciate the power and effectiveness of these platforms, but we need to reach beyond the silos and “echo chambers” they tend to create.

5. **Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.**

I strongly believe that we need to embark on an extensive review of our value proposition by consulting our constituents and studying alternative business models. We have talked about this extensively over the years but little action has taken place. The membership has remained more or less stable, as has attendance to annual meeting, but there has been no ostensible growth. I hope the reignite this conversation as President Elect.
Treasurer

Treasurer Description
The treasurer monitors the financial affairs of the Association. The treasurer receives and reviews monthly financial statements from the executive director and reports quarterly to the Executive Board on the financial status of the Association. Association financial records are audited annually by a CPA firm selected by the Finance and Audit Committee at the direction of the Executive Board. The treasurer serves ex-officio as a voting member of the Governing Council, the Executive Board and its Executive Committee. Service as treasurer requires a major commitment of time working with the Board, staff and the Finance and Audit Committee (a description of the Finance and Audit Committee can be found following the position description). The treasurer’s role is one of oversight and reporting to the Board about the financial status of the Association, as well as participating in fiscal decision-making that affects the Association.

Period of Service: For the coming period, the treasurer begins service in November 2019, after the APHA Annual Meeting. The term of service is for three years ending in November 2022; re-election is possible.

Eligibility: All active members of APHA are eligible to apply as a potential nominee for candidacy for the position of treasurer. Persons considering submitting an application are expected to have a substantive track of leadership within APHA and within the field of Public Health. Additionally, those interested in the position should have good interpersonal management skills, financial management skills, and writing and communication skills. Candidates should possess the ability to comfortably read and analyze financial documents, have an understanding of banking, audit and finance issues and should be interested in and comfortable with financial data. Experience on a nonprofit board is desired but not necessary. Experience with governance or previous leadership position is desired but not necessary. The treasurer should be able to set aside the significant time needed to commit to a great deal of committee work that includes at least four telephone conferences and three face-to-face meetings per year, as well as participate in designated meetings in the days prior to and during the full period of the APHA Annual Meeting. The treasurer oversees the Finance and Audit Committee and may be asked to participate in the work of the Committee on Social Responsibility.

Financial Expectations: The person elected treasurer can expect the following:

- APHA will cover your traveling expenses to attend the two in-person meetings per year in Washington, D.C. (January and May according to APHA’s travel policy). These usually cover the designated hotel, air or ground travel, meals, and appropriate out of pocket expenses.
- APHA will also cover the two nights for the Executive Board meeting preceding the Annual Meeting (Usually Wednesday and Thursday nights) hotel accommodations, meals (Thursday and Friday), and appropriate out of pocket travel expenses related to the board meeting. Executive Board members are responsible for their Annual Meeting conference registration fee, travel
expenses, meals (Saturday through Wednesday) and hotel accommodations (Friday to Wednesday) to attend the Annual Meeting.

- As with any governing board, there is an expectation Executive Board members will participate in the association’s development efforts annually within the individual’s comfort level.

**Description of the Finance and Audit Committee:** This committee, which is chaired by the treasurer, provides financial oversight for the Association, and brings its findings to the Board. Included in its mission is improvement of the budget process, the budget document, financial activities, and the audit process. Additionally, the committee is responsible for developing and maintaining appropriate investment guidelines for APHA funds and accounts as well as monitoring investment performance. The Finance and Audit Committee meets a legal requirement of Sarbanes-Oxley. The Finance and Audit Committee works closely with the APHA Chief Financial Officer. In addition, APHA retains investment and finance advice from an outside firm specializing in working with health organizations. Finance and Audit Committee responsibilities include but may not be limited to:

- Oversight of budget process and monitoring of budgetary activities
- Review of proposed budget for recommendation to the Board for approval
- Oversight of auditing process
- Review of annual audit and making recommendations to the Board
- Overall oversight of APHA financial policies
- Review and monitoring of financial practices
- Oversight of Reserve Fund policies and practices
- Oversight of investment policies and practices
Treasurer Candidate

Benjamin Hernandez, MBA
Founder and CEO, Human Age Digital

Education:
MBA, Rice University
BA, Rice University

Biography
Benjamin Hernandez is the current Treasurer of APHA and the Founder and CEO of Human Age Digital. During his tenure as APHA’s Treasurer and in partnership with APHA staff, he has revamped the annual budget process and the delivery of financial information so that leadership with a non-technical background can understand financial information and make better decisions. The result of his efforts are an informed board that can focus on the public health mission without having to wonder about the financial health of the organization.

Benjamin has served in various capacities in public health including serving as the Chief Financial Officer, Deputy Assistant Director and Director of Performance Management for the Houston Health Department. Prior to that he served as a Policy Agenda Director in the Houston City Council. He has also served previously on various committees of NACCHO and APHA and is a member of the Health Administration and Physical Activity sections.

Benjamin is also involved with his local community. He serves on the Executive Board of the Beacon Day Center, an organization committed to Houston’s underserved and homeless. He’s also devoted to mentoring and inspiring the next generation of Latino leaders and serves on the Board of Directors for the Association for the Advancement of Mexican Americans. On a national level, he is a Marshall Memorial Fellow where he helps foster strong transatlantic relations between leaders in the United States and Europe.

Benjamin brings a valuable and diverse perspective with proven results to serve another term as the Treasurer of APHA. He holds a Master of Business Administration degree and Bachelor’s degree in Political Science from Rice University in Houston, Texas.

Candidate Statement
As the nation’s leading public health organization, APHA is addressing some of the most important issues for the health of our current and future generations. At a time like now where it seems that facts, reason, and science are optional, it is more important than ever that this organization is a thought and policy leader in our country. In order to fulfill that role, APHA must continue to have strong leadership and financial foundations.

I’ve had the privilege to serve on the Executive Board and as the Treasurer of APHA for the last three years. During that time, we’ve faced financial challenges and enjoyed financial windfalls, yet we never wavered from our core mission to advance the public health work of our country. I am running again for Treasurer to continue this work, but also because I want to use the time over my next term to train a new generation of leaders. Organizations thrive when leaders take time to mentor...
and prepare the next generation to take their place. To that end, instead of running for another term after this one, my principal goal will be to mentor at least two people who have the ability, skills, and capacity to run for the position of APHA Treasurer in three years’ time. During this time, I won’t be distracted from ensuring that we have a strong financial position and the resources to continue do our work, but I do want to leave in place the capacity and leadership to succeed me.

I thank you for your trust and confidence in my leadership of the past term and the opportunity to serve again.

Written Questions Response

1. How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?

The convergence of the national dialogue around healthcare and the 2020 Presidential election cycle gives APHA a unique opportunity to provide a platform for a science and fact-based discussion around health. As the nation’s leading public health voice, I think we have to take a leadership role in this discussion. I would propose that APHA take charge of the discussion by hosting a forum for the Presidential candidates around this topic. The Giffords Center hosted a Presidential forum on Gun Safety. CNN hosted a forum on Climate Change. There is no reason that APHA can’t host a similar forum to discuss the next steps after the Affordable Care Act and thereby drive the national discourse.

2. How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?

My audience is currently a lot of future elected officials. As I am working with them, I take the opportunity to educate them, first, on what is public health and, second, how a public health lens view of the world allows them to solve community level problems. To be honest, just educating these future officials about public health vs healthcare can be a challenge, so I have not yet been able to with much success address health equity issues in the course of my daily work.

3. How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?

As a young Latino who was once undocumented, I considered it not only my privilege, but my duty to mentor the next generation of leaders. In my candidate statement, I mentioned that, if elected, I plan for this to be my last term as APHA Treasurer. I do this consciously because it is my goal over the next three years to identify and train at least two individuals that at the end of my term can be equipped to run for Treasurer of the organization. I will do everything in my power to make sure that those that I train come from underrepresented groups (rural, minority, and youth) because I believe that will better position APHA for success in the future.

4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?

We are missing a great opportunity to engage our membership and those that are aligned with our causes. We think about social media in one dimension: organic outreach. However, there is a vast
potential to reach and engage our current and future audiences by leveraging APHA’s audiences and using social media’s (Facebook, Instagram, Twitter, Snapchat, TikTok, LinkedIn, and Youtube) native advertising platforms. In the United States at the end of 2019 it is projected that spending on digital advertising will overtake all other forms of advertising combined. The shift in commercial advertising is happening for a reason and I think that if we make deliberate use of these advertising platforms to communicate public health messaging, we can drive the national dialogue on key public health issues.

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

We need to better market our product. There is no doubt that we are the premier voice on public health issues in the country, but it is only relevant to a specific subset of audiences. For younger audiences, Millennials and Generation Z, the value of APHA is not measured solely in cost, but in impact and relevance. Our generations want to know the answer to the following questions: how is this organization relevant to me and those around me? What things is the organization doing that impact the future of our world? Where does my money go to and how does it have an impact? If we can’t show the value by answering these questions then we will continue to struggle to attract and retain members beyond the annual meeting cycle. As far as affiliates, I don’t yet have an answer about how to attract and retain them, but I do believe that for those groups there is a more direct relationship between tangible benefits and cost to evaluate whether or not membership in APHA provides value.
Executive Board

Executive Board Description
APHA’s Executive Board is a 24-member body that serves on behalf of the Governing Council and APHA as whole and meets regularly throughout the year to discuss Association business. The responsibilities of an Executive Board member are:

1. Policy: The Executive Board carries out established Association policies and adopts interim public policy between meetings of the Governing Council. The Executive Board transmits an annual report of its proceedings and transactions to the Governing Council.

2. Management: The Executive Board appoints the executive director and defines terms of employment. It assures proper direction for the administrative work of the Association. In fiscal affairs, the Executive Board acts as trustee of all Association resources, plans the procurement of funds, authorizes establishment of accounts, approves disbursement arrangements, grants signatory powers, determines amount of bond and selects the Association auditor. The Executive Board also approves and establishes annual budgets for Association work.

3. Program: The Executive Board reviews and coordinates the recommendations of Association boards and committees. It defines and approves various policies and procedures relating to Affiliates, Sections and other components. It acts on all technical standards, is the official accrediting body for the Association publications and designates the time and place of APHA Annual Meetings.

4. Membership: The Bylaws give the Executive Board authority and responsibility for specific membership functions relating to election, finances, and termination. These vary by type of membership, but generally the Executive Board prescribes election procedures and establishes dues subject to Government Council approval.

5. Deployment: Except for a few specified exceptions, the Executive Board approves the appointments of the membership to all Association boards and committees. With respect to committees, it is empowered to authorize and establish, define responsibility and period of activity, determine size and terms of office, and appoint members and designate chairs. The Executive Board is charged to monitor diversity of all committees. It also appoints the parliamentarian and, the editor-in-chief of the American Journal of Public Health and fills interim Executive Board vacancies.

Period of Service: Members of the Executive Board who are elected by the Governing Council, known as Elective Members, serve for staggered four-year terms. Others on the board who are there because of their position serve for the length of that position (e.g., ISC Chair is a one-year term). After completion of a full term, Elective Members are ineligible for reelection for at least one year. Election to the Executive Board terminates other Association appointments. Terms begin at the close of the Annual

---

1 One represents the entirety of APHA, not just the Section, Affiliate, Caucus, Student Assembly that may have been instrumental in getting one elected or appointed to the Board.
Meeting at which an Executive Board member is elected and terminate at the close of the Annual Meeting at the expiration of the member’s respective term.

**Eligibility:** All active members of APHA are eligible to apply as a potential nominee for candidacy for the position of the Executive Board. Persons considering submitting an application are expected to have a substantive track record of leadership within APHA and within the field of public health, have good interpersonal skills, have time available to participate in three in-person meetings, three webinars/conference calls and several committee meetings of the Executive Board, as well as participate in designated meetings in the days prior to and during the full period of APHA’s Annual Meeting. Experience on a nonprofit board is desired but not necessary. Experience with governance or previous leadership position is desired but not essential.

**Financial Expectations:** Those elected to the Executive Board can expect the following:

- APHA will cover your traveling expenses to attend the two in-person meetings per year in Washington, D.C. (January and May according to APHA’s travel policy). These usually cover the designated hotel, air or ground travel, meals, and appropriate out of pocket expenses.
- APHA will also cover the two nights for the Executive Board meeting preceding the Annual Meeting (Usually Wednesday and Thursday nights) hotel accommodations, meals (Thursday and Friday), and appropriate out of pocket travel expenses related to the board meeting. Executive Board members are responsible for their Annual Meeting conference registration fee, travel expenses, meals (Saturday through Wednesday) and hotel accommodations (Friday to Wednesday) to attend the Annual Meeting.
- As with any governing board, there is an expectation Executive Board members will annually participate in the association’s development efforts within the individual’s comfort level.
Executive Board Candidates

Charlene Cariou, MHS, CPH, CHES
Health Program Manager, Idaho Department of Health and Welfare
Adjunct Faculty, Idaho State University

Education:
MHS, Boise State University
BS, California State University- Fullerton

Biography
As the current Immediate Past-Chair of the Council of Affiliates (CoA), Charlene Cariou is excited for the opportunity to campaign for an elected position on the APHA Executive Board. Charlene has been an active member of her state affiliate, the Idaho Public Health Association, serving in numerous leadership roles including Affiliate President. Her involvement with the American Public Health Association includes section membership within the Public Health Education and Health Promotion Section and the Community Health Planning and Policy Development, participation in the Cancer Forum, and serving as an Affiliate Representative to the Governing Council for Idaho, Region X Representative to the CoA and as Chair-Elect, Chair and currently Immediate Past-Chair with the CoA. During her year as CoA Chair, Charlene participated as an ex-officio member of the APHA Executive board and participated in numerous committees including governance, strategic implementation and membership.

In her professional life, Charlene has worked predominantly in the field of health promotion and disease prevention with a primary focus on implementing federally funded comprehensive cancer control initiatives at both the community and state level. Her comprehensive cancer control work focuses on increasing preventive and screening behaviors through policy, systems and environmental change strategies as well as addressing quality of life for cancer survivors through education and partnerships. Charlene received her Master of Health Science degree, with an emphasis in Health Promotion, and a Graduate Certificate in Health Services Leadership from Boise State University.

Candidate Statement
My name is Charlene Cariou and it is my privilege to run for a position on the Executive Board for the American Public Health Association. I am a public health nerd with the drive and vision for investing in current and future public health professionals.

I have worked with public health associations at both the state and national levels. As a member of the Idaho Public Health Association (IPHA), I have served in numerous leadership roles including Board Member, Secretary and President. Within APHA, I have represented IPHA as an Affiliate Representative to the Governing Council, served as the Region X Representative to the Council of Affiliates (CoA), Chair-Elect, Chair and currently Past-Chair of the CoA. During my term as Chair of the CoA, I had the opportunity to sit on the APHA Executive Board as an Ex-Officio member and furthered my experience with governance, strategic implementation and fiscal oversight of the association. In each of these roles, I have helped to move the mission of these organizations forward through strong, organized, and thoughtful leadership.
Why should you consider me for APHA Executive Board? In addition to my passion and experience investing in the public health field, I am:

- Highly organized and able to ensure efficient and effective meetings
- Skilled in prioritizing activities and resources
- Committed to ensuring a professional home for current and future APHA members
- An engaged and approachable public health leader

As a member of the APHA Executive Board, I promise to listen to what current members want and need while staying committed to ensuring the organization is innovative in its efforts to engage future public health professionals, students and future leaders. My vision is to ensure that APHA is THE organization that meets the needs of current and future public health professionals.

**Written Questions Response**

1. *How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?*

In order to help ensure the public is well-informed about public health issues, I would encourage APHA to apply a handful of strategies:

- Keep it simple, while important, not everyone is interested in the background research that leads up to best practices or scientific outcomes.
- Focus on communicating about things everyone can support – keeping kids safe and healthy, clean air and water, availability and access to quality healthcare.
- Use storytelling to make the issues understandable and relatable.
- Provide multiple solutions to a problem.

While APHA is currently utilizing many of these strategies in their communication and advocacy efforts, the available tools are developed to inform their membership and have not always been applicable to the general population that may not have a baseline understanding of specific issues. This is especially true for resources provided on politicized topics such as climate change, healthcare and gun control.

2. *How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?*

I believe that all APHA members have embraced the “Healthiest Nation in One Generation” initiative. However, I also believe that this initiative means something different to everyone. In order for individuals to further embrace this effort, I would encourage the organization to engage the membership in prioritizing the top 2-3 issues to focus on in a given timeframe. While I am aware of survey fatigue, I do think it is important for member voices to be involved in the process. If elected to Executive Board, I would encourage APHA to identify priority issues for the organization through surveying the membership, the governing council, section leadership or some combination of these groups. I would then request that APHA components identify how they can address these priorities from within their workgroup, council, section, SPIG, forum, caucus, affiliate, etc. This would allow the “Healthiest Nation” initiative be more clearly measurable and, most importantly, to generate collective impact from its membership.
3. How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?

Membership engagement is one of the top priorities of any membership-based organization. One of the many approaches to ensure an engaged and active membership is to foster a culture of mentorship and involvement. In my opinion, the current routes to leadership within the organization are complex and confusing. This is so much of a shared belief, APHA created a Leadership Pathways Workgroup in 2018 to address this very issue. I have been a member this workgroup along with APHA staff, leaders from the Executive Board, Council of Affiliates and Intersectional Council Steering Committee.

In order to develop members, specifically from underrepresented groups, I would propose developing a new member mentorship program. By partnering a new member up with a mentor, an APHA leader they can connect with electronically, have a quick phone meeting with or meet with at in-person APHA events, the general membership within APHA may feel more able, interested and willing to get involved at all levels. This may lead to ongoing annual meeting attendance, submission of scientific abstracts, volunteering to participate on a committee or in a leadership position.

I live in Idaho, a geographically rural and frontier state, and given the limited opportunities available locally, it is overwhelming to fully understand all of the professional development and leadership opportunities that exist within affiliates, sections and APHA overall. In order to tailor a mentorship program to ensure it meets all membership needs, the mentorship match process should include matching new APHA members with a relatable mentor. This match process could include connecting individuals based on geographic, content expertise or demographic similarities or preferences. Through these professional network building connections, APHA may see greater retention of members and movement of members into leadership positions.

4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?

Social media is where many of us go to read the news and engage with friends and family. I believe APHA does a great job of sharing information via social media currently. I would encourage the organization to find more opportunities to interact with members via social media channels. The National Public Health Week twitter chat is a great example of member engagement via social media. I have seen some APHA components hosting “conferences” via social media. In addition to these efforts, I would suggest the APHA communication team ask more questions via social media to create a place for virtual discussion on the most pressing public health issues, questions, and events.

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

As a membership based, and funded, organization that has seen membership plateau in recent years, recruiting new members as well as retaining existing membership is a primary focus for APHA. I think APHA has implemented many of the best practices for membership recruitment. APHA has created a “must attend” event in the Annual Meeting and provides a variety of benefits for members – Journal access, newspaper to stay up to date on current events, career coaching, and discounts on public health resources. Is anything missing that current or potential members are looking for in a professional
association? As an Executive Board member, I would ask these questions and recommend changes, if applicable, based on the results.

Some opportunities for APHA to improve its member recruitment and retention efforts could include:

- Development of a new member mentorship program to ensure new members have a person to connect with virtually or in person to understand all the opportunities available with APHA membership.
- Continue to survey membership about what they want out of a professional membership organization. Identify specific actions to take from each membership survey and engage the general membership in implementing new activities.
- Create membership “champions” within the organization – these could live within components or general membership – that can assist with membership promotion locally.
- Host an annual “membership drive” that incentivizes current members to increase membership.
Natalie DiPietro Mager, PharmD, MPH
Associate Professor of Pharmacy Practice, Ohio Northern University

Education:
PharmD, Ohio Northern University
MPH, Indiana University School of Medicine

Biography
Natalie DiPietro Mager earned a Doctor of Pharmacy degree from Ohio Northern University and a Master of Public Health degree from Indiana University. She is currently working toward a Doctor of Philosophy degree in epidemiology with a minor in health informatics at Indiana University. She is a licensed pharmacist in Ohio.

Natalie completed the Visiting Scientist Fellowship Program focused on clinical drug development, with an emphasis in women’s health issues, at Eli Lilly and Company in the Lilly Centre for Women’s Health. Natalie then worked at Lilly for several years in the areas of clinical drug development and drug safety.

Natalie is currently an associate professor of pharmacy practice at Ohio Northern University, teaching topics related to public health, women’s health, and pharmacy administration. Her research interests include the intersection of pharmacy and public health, especially as it relates to opportunities to improve maternal and child health. She has extensively presented and published on roles for pharmacists in the provision of preconception and contraceptive services. She has contributed to the texts *The pharmacist in public health: Education, applications, and opportunities* and *Women’s health across the lifespan: A pharmacotherapeutic approach (2nd edition)*. She is also an author and co-editor of a public health pharmacy casebook, in press. Natalie has served as a guest editor for theme issues focused on public health and pharmacy practice for the American Journal of Pharmaceutical Education (2016) and Preventing Chronic Disease (ongoing).

Natalie is active in several organizations, serving as Chair of the American Association of Colleges of Pharmacy Public Health Special Interest Group and co-author of a white paper providing guidance on integrating public health into pharmacy didactic and experiential curricula; Co-Founder and Chair of the Clinical Health Section of the Ohio Public Health Association (OPHA); and President of OPHA. She also served as Co-Chair of the Pharmacy Special Primary Interest Group of APHA; the group is now a Section, and Natalie is currently serving as Chair. Natalie is 1 of 2 pharmacy representatives to the national Healthy People Curriculum Task Force.

Natalie has been recognized for her work in the fields of pharmacy and public health, including receipt of the Ohio Young Public Health Professional of the Year Award. She is a member of Delta Omega and Rho Chi.

Candidate Statement
Upon learning more about public health during my pharmacy education, I decided to focus my career on the intersection of these fields. In my current faculty position at Ohio Northern University I have the privilege to teach pharmacy students about public health and inspire them to become involved. I relish opportunities to bring pharmacists more fully into public health activities, by stressing to pharmacists the potential impact they can have in public health and by highlighting to public health professionals the expertise of the pharmacist to assist in achieving public health goals.
I have had the unique opportunity to serve as a leader within APHA for both Affiliate and Member Unit components. As co-founder and Chair of the Ohio Public Health Association (OPHA) Clinical Health Section, I served on OPHA’s Governing Council. I was then elected President of OPHA and worked with association members to revamp the staff structure, hire an executive director, create a new section, update our strategic plan, launch a peer-reviewed journal, and move our advocacy interests forward. I also served as Co-Chair of the Pharmacy Special Primary Interest Group and played a key role in the transition from SPIG to Section. I currently serve as Chair, where I have worked with Section members and APHA staff to pilot pharmacy continuing education credit at the Annual Meeting, update our mission statement, establish an awards program, and strengthen our committee structure.

Three personal insights about me:

- I am not afraid to roll up my sleeves and pitch in to get things done.
- I enjoy learning about individuals’ personal interests, then connecting them to opportunities to serve in ways that align with their passion.
- I am an ardent supporter of mentoring.

I hope to be able to demonstrate these three values as a member of the APHA Executive Board.

**Written Questions Response**

1. **How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?**

I think it is important to raise awareness of and increase knowledge about public health science. Due to its interdisciplinary nature and the partnerships that can developed, it can be explained and explored in multiple settings. I think exposure to public health science should be widely incorporated into elementary, high school, and post-secondary education. In addition, there are ways to infuse awareness of public health science into all workplaces, from manufacturing-based industries to professional occupations and organizations such as professional planners and engineers.

The Affordable Care Act encompasses all areas of public health science, from promoting individual health choices and focusing on preventive medicine to strengthening capacity for emergency preparedness. Unfortunately, there are many public misconceptions about the Affordable Care Act, and all components of the bill have not received the necessary funding. I think it is important to empathize the evidence-based components of the Affordable Care Act, from both healthcare financing and delivery perspectives. In addition, I think it is crucial to highlight the impact of the Affordable Care Act on expanding public health capacity.

2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

Nine of the top ten risk factors for death in the United States are potentially preventable, and obesity/physical inactivity and tobacco use are the leading causes of preventable deaths. With obesity rates continuing to climb and use of products such as e-cigarettes rising, I think it is critical to focus on these health issues in order to achieve the healthiest nation in one generation. I also think we need to continue to educate the public about the health disparities that are seen across many populations.
think that we need to create partnerships outside of APHA to reach the general public about these topics and look for unique opportunities to address these issues outside of the traditional public health or clinical health venues.

3. **How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?**

Personal experiences, such as being a first generation college student, living in a rural area for most of my professional career, and researching health status and barriers to health service use among women living in rural areas, help me to understand what is needed to more fully engage rural and underrepresented groups in APHA and in leadership positions. I strongly recognize the importance of mentoring, as I would not have been able to navigate school, career progression, or involvement in professional organizations without the help of many formal and informal mentors. The Pharmacy Section is in the process of developing a mentoring program, and while I think those programs are important, I believe it’s imperative to encourage and develop individuals outside of those programs as well. It is key to truly learn more about each individual’s personal interests then connect them to opportunities to serve the organization in ways that align with their passion. Giving clear and defined ways to get involved can also help. Once members are engaged, even in a small way, there is an opportunity to grow that engagement as they gain confidence and connections within the organization.

4. **How do you propose to engage the membership and communities served by APHA in use of social media platforms?**

Social media is a vital way that many individuals obtain information and stay connected, both personally and professionally. I think there are two key roles for APHA to play on social media: 1) to engage members and non-members alike about APHA activities and 2) to increase the number of credible, evidence-based posts related to general public health topics to help stem misinformation and raise APHA’s profile as a trusted source of information. I think it is also important to realize that there are a sizable number of individuals who are not actively engaged on social media. APHA cannot rely solely on social media channels; we must consider and determine the best ways to communicate with everyone.

5. **Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.**

There are many different factors that may motivate an individual to join a professional organization, such as opportunities for job advancement, mentoring, education, shared learning, or advocacy. In addition, participation in the organization and its activities must be affordable. In order to recruit and retain members, it is important that the organization provide opportunities for members to meet these varied needs and have sufficient staff resources to do so in a high-quality fashion. Marketing and communication must occur to raise awareness among members and non-members about the organization. One successful strategy we used in the Pharmacy Section was to create an infographic for National Public Health Week about pharmacists’ impact on public health that was shared widely internally and externally with health departments, state and national professional pharmacy organizations, and community groups. The Ohio Public Health Association is also exploring strategies to nurture new members through activities such as leadership workshops. APHA may be able to draw from
experiences and activities of its own member units and apply them at the national level to enhance membership.
Sarah Gareau, DrPH, MEd, MCHES
Policy Analyst, Maternal & Child Health Lead, University of South Carolina Institute of Families in Society

Education:
DrPH, University of South Carolina- Columbia
MEd, Winthrop University
BA, Ursuline College

Biography
“If I have seen a little further it is by standing on the shoulders of Giants.” — Isaac Newton

I would like to use this space to thank those who allowed me to stand on their shoulders:

My parents who drove across the country to Edwards Air Force Base so that I could begin life with a better start and then went back to school while raising three girls.

My grandmother and the Ursuline sisters who taught me to live life through the lens of values, voice, and vision.

The Boys & Girls Club youth who gave me a chance as a health educator and who inspired me to go back to school to address macro-level policies impacting local communities.

My mentors who gave me the opportunity to be Program Manager, Research Associate, Director, and Doctor even when I did not yet believe in myself, especially Drs. Diane Monrad, Kathryn Luchok, and Michael McGee.

My APHA colleagues who believed that an early-career professional could be a leader, especially Drs. Heather Brandt, Jill Oliveri, Padmini Murthy, and Arlene Ash, Elena Ong, and Benjamin King; APHA staff Donna Wright and Frances Atkinson for their endless support; Drs. Michelle Williams and Keri Norris for taking the reins to lead the Women’s Caucus; and Dr. Kimberly Narain for her partnership in developing family-friendly policies at APHA.

My current Institute for Families in Society colleagues who transcend politics and economics to work tirelessly to address maternal and child health, the social determinants of health, health care quality, and access to health care through data translation and health policy implementation. I thank especially Dr. Ana López- De Fede and Kathy Mayfield-Smith for their vision, Becky Wilkerson and Carol Reed for their friendship, and my former student Dr. Hoa Nguyen for reminding me that what truly matters is whether we make a difference.

Lastly, I am grateful for my social-support friendship circle and my immediate family, especially my husband and mother-in-law who both attended APHA meetings so that I could continue to lead while breastfeeding two young infants.

I am a daughter, wife, mother, advocate, health educator, policy analyst, and APHA leader.
“I'm every woman. It takes a village to make me who I am.” — Katy Perry

Candidate Statement

As a Maternal & Child Health Lead at the University of South Carolina Institute of Families in Society, I have the privilege to work with over 100 stakeholders to improve the health of mothers and babies in South Carolina by collaborating with data partners, policy makers, clinicians, hospital CEOs, community health workers, and private and public payers. This ability to work across sectors to advance public health has served me well in multiple public health leadership roles. I have been an active member of my state affiliates and was awarded The Lucinda Thomas Award for Outstanding Contributions in the Area of Community Health by the South Carolina Public Health Association in 2010.

My APHA service includes chairing program and policy committees, appointing leaders to APHA boards and for awards, working to expand family-friendly policies, being an appointed member of the Committee on Women’s Rights and Section Councilor for Medical Care, and serving as Chair of the Women’s Caucus. As Chair of the Caucus Collaborative, the umbrella organization for the 17 APHA-affiliated Caucuses, I had the opportunity to work with the Intersectional Council Steering Committee and Council of Affiliates.

Each of these experiences have prepared me for membership on the APHA Executive Board where I hope to be a voice for collaboration, innovation, and equity. As a Board member, I would continue to:

- Prioritize collaboration between traditional APHA components and with outside public health partners.
- Improve access to APHA services for those with barriers to attending the annual meeting.
- Develop fundraising and membership strategies that consider the makeup of our current workforce, Gen Z to Baby Boomers.
- Support pathways to leadership that uplift and respect diverse members across multiple identities and stages of life, especially students and early-career professionals.
- Advocate for evidence-based policy grounded in social justice.

Written Questions Response

1. How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?

Our core competencies as public health professionals note our obligation to ensure that public health sciences are applied in the delivery of the 10 Essential Public Health Services (Tier 3, 6C3). Public health science ensures the use of evidence in all facets of public health (Tier 3, 6C7). Our own American Journal of Public Health published commentary citing, “To understand why preventive action fails to materialize even in the presence of sufficient knowledge, we need to pay heed to the independence of science with the social and political dimensions of public health.” (Atwood, Colditz, & Kawashi, 2011)

As of September, 2019, 32 states and the District of Columbia had adopted Medicaid expansion. I reside in South Carolina, one of the first states that chose not to expand Medicaid (read more). The current Administration’s attempts to eliminate the Affordable Care Act have meant the collapse of affordable health plans, loss of funding for navigators, and independent operations of the exchange. After years of the non-elderly uninsured rate declining in SC, it increased from 11.9% in 2016 to 13.2% in 2017.
believe a court decision invalidating ACA would impact nearly all Americans. It would ultimately mean rolling back coverage of preventive services, including behavioral health treatment, screenings, immunizations, and contraceptive coverage; loss of coverage for young adults; decreased protections for those with pre-existing conditions; and if SC is any indicator, an inevitable increase in the percentage of non-elderly uninsured. Some steps I propose to ensure that public health science determines ACA’s fate:

**Making the Economic Case:** In 2012, I began working for the University of South Carolina Institute for Families in Society (IFS). We are one of the longest-standing University-State Medicaid Partnerships in the United States (US). Despite the immense political barriers we face, IFS has worked with SC DHHS to utilize state Medicaid funds to invest in a number of prevention initiatives. We do this by using public health science to make the case that improving access to care, health equity, and public health infrastructure not only improve the health of South Carolinians, but also helps the state control costs. Sustaining public health policy requires working collaboratively with multiple stakeholders, some of whom will be most interested in the economics.

**Advocacy & Mobilization:** The APHA annual meeting is one way to connect public health science to needed action; it reaches over 12,000 public health professionals who together can mobilize others to join Generation Public Health — a national movement of people, communities and organizations working to ensure conditions in which everyone has the opportunity to be healthy. Building upon APHA’s Speak for Health Campaign, if elected, I would propose we provide members additional legislative action tools to advocate for public health science to local and state policymakers. In collaboration with state Affiliates, we need to harness the power of both grassroots and grasstops efforts that use public health science to make the case for why securing the safety net is essential to local constituents. We should better support Affiliate members in sharing their local stories regarding Medicaid expansion. Capitol Hill matters, but the practice of public health begins at the community level.

**Strategic Use of Media:** One of our greatest needs is outreach and training for journalists. Pew Research Center found that the majority of US adults get their news from social media. If we want to reach the entire nation’s population, more effort is needed to ensure media professionals understand how to find and report factual public health information. Creating meaningful ways for APHA members to share the impact of our work beyond the annual meeting is one step. The livestream of Policies That Work to Reduce Gun Violence was a great example of this. Training APHA members on how to frame their scientific findings for media content may also be beneficial. The language of public health is not universal and may need translated to those working for public health in other sectors.

**Engaging Consumers:** At work, I am addressing maternal and child health systems-level issues, while at home, I am tackling family-level issues that are the direct result of gaps in those very systems. Two of the individuals in my household rely on Medicaid for their disability care coverage. Patient assets, experiences, and knowledge matter, and I believe there is a role for supporting and enhancing consumer participatory roles across public health endeavors – start to finish. Part of making the case for ACA is uplifting the narratives of those most vulnerable should it be overturned, and one way to do that is through public health science.

Lastly, public health science tells us that although insurance is one key to access, it does not address inequity, provider shortages, the environment, or human behavior. Our feat as public health professionals is so much greater than ACA.
2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

**Most Urgent Public Health/Health Equity Issues:** Healthy People 2030 will be the fifth edition of Healthy People. We still have much work to do “to become a society in which all people can achieve their full potential for health and well-being across the lifespan.” Grounded in a human rights perspective, addressing health equity as social justice in health is, in my opinion, our greatest ethical responsibility (Braveman et al., 2011). It has been 400 years since Jamestown, and it is time we fully address our historical legacies (AJPH, October 2019). Guaranteeing everyone has the same opportunities for health will entail addressing individual, social, and environmental factors, translating data to action, and acting on social injustice. This collective action will require multi-sectorial approaches that transform systems, address the social determinants of health, and ensure health in all policies (i.e., Public Health 3.0). This is the only way we will address healthcare affordability/access; climate change and anti-science rhetoric; racial, ethnic, and economic injustice; weakened public health infrastructure; gun violence; decreased life expectancy; and the roll-back of reproductive and civil rights.

**Addressing/Encouraging Audience:** As a health educator, grassroots mobilizer, evaluator, and policy analyst, I have seen public health in action in communities, government, and health care systems. I have maintained and championed steadfast optimism in the face of slow-moving incremental change in the South. I have two strengths I would like to highlight. One is connecting people, as demonstrated by the rapid growth of the e-advocacy network I directed, and the other is compromise, as demonstrated by my mediation skills when hearing opposing views among the 17 Caucuses. I hope to use these skills to encourage others to join Generation Public Health. When I was Chair of the Women’s Caucus, we saw the need for improving family-friendly policies at APHA. I reached out to the APHA staff, Caucus Collaborative, Committee on Women’s Rights, and Breastfeeding Forum to advance this dialogue, which ultimately led to an improved lactation plan and active advertising of APHA’s family-friendly policies and services to APHA attendees. Currently, we are working with the Committee on Women’s Rights, Sexual and Reproductive Health Section’s Abortion Taskforce, and outside women’s health organizations to respond to the state-based attacks on access to reproductive health services. If we are going to encourage individuals both within and outside APHA to embrace APHA’s goals, they need to feel connected, acknowledged for their efforts, and that they are making a difference. I will endeavor to make it easier for cross-component and outside-partner communication to occur through existing APHA channels.

3. **How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?**

**Minority Populations:** On a personal level, I started my career in 2001 working with African American youth at Boys & Girls Clubs in South Akron, OH. I returned to school to pursue a degree in public health, because I felt an immense need to fix the systemic issues facing our families, including a shooting at our Club, multiple break-ins, incarcerated parents, and back-to-work policies that forced our parents to leave their children for long hours in after care. More recently, I was forever changed by the shooting at Emmanuel Mother Church (Dylann Roof once lived in my neighborhood) and marched to the statehouse to watch the Confederate flag finally come down from the SC statehouse. As a policy analyst, much of
my work has focused on maternal and child health equity. My dissertation focused on laws in SC that criminalized African American pregnant women, and this year, I had the immense privilege to Chair the Caucus Collaborative to work with 17 diverse Caucuses, many of which coalesce around shared identities. I heard a sense of urgency from Barbara Norman from the Black Caucus of Health Workers that their founding stories would be lost and was able to connect her with the APHA History Project. I listened as our Chair-Elect, former APHA President Michael Bird, shared his dismay that despite the historical and current injustices facing indigenous peoples of North America, they are largely absent from the public health arena, reflecting the lack of equity in terms of resources directed in native communities. In turn, diversifying APHA-wide leadership is a foremost priority of mine regardless of whether I am elected.

As we seek to restructure APHA to increase its efficiency, we must not forget equity. Many of the Caucuses exist because at one time, APHA was not a safe space for all members. I suggest we work in collaboration with the Caucuses and APHA’s Committee on Health Equity to uplift diverse voices into leadership. I am in leadership because Heather Brandt, then Chair of the Women’s Caucus, asked me to become involved. If you are a leader, who are you asking to be in the room? Are you listening? After decades of White women leaders, it was with intention that we sought to diversify the leadership of the Women’s Caucus. The history of women’s rights in the US excluded LGBTQ people and women of color, and this tradition continues today.

**Rural Populations:** The first step towards getting public health professionals residing in rural areas to become APHA leaders is getting them to become APHA members. When I was developing a new Master of Public Health program at Lenoir-Rhyne University in Western North Carolina, I traveled to county health departments throughout the region and conducted outreach to community-based organizations. Often just a few staff, many of whom had limited formal education but immense practical experience in public health, were expected to implement state-mandated reporting driven by federal CDC funding. The state of NC is known for its public health programs, but the research triangle might as well have been in another state. Resources of time, staff, and funding were limited, and often just a handful of people sat on multiple community boards and taskforces, myself included. These professionals had immense assets, they just did not have the capital to attend the annual meeting or to join APHA – choosing instead to invest their limited time in local endeavors. I think APHA, in collaboration with Affiliates, should do more to provide outreach, technical assistance, and training to public health professionals in rural areas. When professionals in rural areas see APHA in their communities, it is my goal that they will better understand the value of joining APHA. We incentivize membership for students, retirees, early career professionals, and those with a salary less than $45,000. We should expand that to include those demonstrating evidence of residence in rural areas. For instance, rural members could receive reduced-price access to APHA Live as part of their membership package. In 2014, a moratorium was placed on the number of APHA components that can exist (58). So, we cannot currently develop a Rural Health SPIG, but APHA Connect’s tools that allow members to connect by issue or within state could help. Lastly, for states that have a regional public health system led by state employees, I suggest that agency memberships may be a strategy, as well as targeting outreach to universities in rural areas.

**4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?**
Earlier this year, I earned my Certificate in Non-Profit Management, and part of that training was on effective use of social media for non-profits. A majority of Americans use Facebook and YouTube, but young adults are heavy users of Instagram (read more). If we want to reach the future membership of APHA, we need to develop flexible content that highlights real stories in the most-used platforms. In the Women’s Caucus, we saw the need to expand our social media reach. We created Facebook and Twitter accounts, but then they largely sat unused until the annual meeting rush. We then created a Social Media Chair position. She does an amazing job, but has limited time and must rely on scheduled and shared content. Having gone through that experience, we have been working to expand our member-driven content. The Student Assembly does an amazing job of this, and I suggest we work with them to replicate that success for our broader audience.

So, what could member-driven content look like? Certainly it could be highlighted member stories shared with the APHA badge, but I believe it could be much more. I was recently working and got notification that my three-year-old son was going to be celebrating International Peace Day in 2 hours. As a mother who works outside the home, getting to a 2:15pm performance without advanced notice was not going to happen. I wrote the daycare administrator and asked her to please take some photos, and she responded, “Join us on Facebook live.” I sat in my office at 2:15pm watching my son singing for peace. I felt connected to the school family. I felt inspired, and most importantly, I could share that connection with my son and my entire extended family when I got home from work. We need more of that for public health professionals who face barriers to attending the annual meeting and as a way to connect the amazing work of Affiliates to the full APHA membership. We need to use social media for inspiration, active engagement, and to create movements, not only to advertise continuing education opportunities or National Public Health Week. When members feel inspired and connected, they will renew their APHA memberships. These things are interrelated.

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

We recently conducted a survey of Caucuses, and fostering new leadership was an opportunity/area for technical assistance noted by 61% of the 17 Caucuses. Membership Services at APHA has seen this need across APHA components and is directing efforts toward addressing it through the Pathways to Leadership Committee, of which I am a member. From that experience and my own personal experiences, I see the following as areas to address if we want to retain and grow our membership:

Fostering a Sense of Belonging: When we surveyed Caucus leaders about the benefits of joining Caucuses, they cited the opportunity to meet, share, and exchange knowledge and experiences based on personal history and background/shared identities. They noted that APHA is very large, and involvement in a Caucus helped members find their home and sense of community within APHA. They joined because they felt passionate about health equity and social justice and wanted to be a part of a voice for advocacy. Although the development of scientific sessions, connection to academia, and policy collaboration were examples of outstanding work to advance public health within Caucuses, they were not the reason individuals joined. Helping new members find their niche within APHA is essential for retention. I propose we actively help guide people into membership groups based on their interests when they join. The amazing thing about APHA is that it is the premier professional association for all of public health, but this also means some individuals will need support seeing how membership meets
their specific needs. This is especially true if their employer does not fund their travel to the annual meeting as is the case with many Affiliate members.

**Drop the “Student” from Student Leaders:** While finishing my Doctorate of Public Health, I served as an appointed member of the APHA Committee on Women’s Rights, Co-Chair of my state Affiliate’s Program Committee, Chair of the SC Women’s Health Coalition, and Program Chair for the Women’s Caucus. By that point, I had already been employed as an Area Director of several Boys & Girls Clubs, CHES-certified health educator, Director of an e-advocacy network, and evaluator for the SC Educational Policy Center. I certainly needed mentorship on how to add to the public health science and succeed in academic environments and gained networking opportunities at APHA, but in many ways I was already a public health leader. Respecting students’ contributions and time is one way to retain student members as they become early- or new-career professionals. I remember putting nearly $1,000 on a credit card in order to present a poster that barely anyone saw. Students are making huge sacrifices to have a seat at the table. The very least we can do is treat them with deserved respect.

**Align Continuing Education with Workforce Needs:** One of the challenges we face in my place of employment is hiring individuals who have both the working knowledge of public health and the technical skills needed to implement innovative systems-level approaches. At IFS, we hire web developers, graphic designers, methodologists, computer scientists, information technology specialists, SAS programmers, GIS and data visualization experts, and economists. It takes this team approach to move mountains. However, technical experts do not usually have the public health practice knowledge to understand the full implications of their work. Making the case for why these cross-sector employees would benefit from the content knowledge gained through membership and providing training to build these skills are ways APHA can stay valuable. As these trainings are recorded and provided online through RAMP, we could also actively promote them throughout the year when members have more discretionary funds and time to watch them.

**Efficiency:** Last year, there was a lot of discussion about organizational efficiency. The Intersectional Steering Committee, of which I am a member this year, even had a committee for the topic. Some questions to address in this process:

- If someone is very active in their State Affiliate, do they have time to fully engage in the work of APHA? As Co-Program Chair for the South Carolina Public Health Association’s annual meeting, I reviewed abstracts for APHA, but had minimal time to do more. Conversely, if someone is actively involved in APHA, how do we make it simpler for that involvement to translate to the work of their local Affiliate? In some states many of the Affiliate members are also APHA members, but that has not been my experience in SC. We need to help members across components better leverage resources and partnerships.

- The Student Assembly has a very organized student liaison program. How do we work to seamlessly transition these leaders into other leadership roles at APHA? How do we better support students after they graduate?

- Donna Wright has done an amazing job improving the training and systems for creating the scientific program, but it is still an immense amount of work for typically just a few people per Component (and sometimes just 1). In order to decrease volunteer burnout, how do we create a system that immediately connects those joining APHA to the actionable items that lead to APHA’s program, policy implementation, and advocacy? What incentives can be introduced to increase engagement?
• How do we make it simpler for members to be involved when employers do not consider the involvement a direct part of employment? With the exception of one job, I have used my weekends, lunch breaks, and late evenings to complete my service to APHA, and I know I am not alone. Student meetings are held in the evenings to accommodate class schedules; many members, including retirees, are paying out-of-pocket to attend the annual meeting; and there are often state and federal restrictions to travel and advocacy.

• Much of the field of implementation science comes from public health. How do we draw upon the experts in our own membership to improve these processes?

• Reflecting on my two Sections, Medical Care has created a high impact journal and health care blog and excels at recognizing leaders in the field and creating policy, and Maternal and Child health is very organized with processes, mentorship, and engagement. How do we better translate best practices between APHA components?

• How do we invest in APHA staff so that they have the time to work on these processes? Three staff are fielding conference calls, webinars, and hundreds of emails for 58 Components. I do not have all the answers, but would welcome the opportunity to partner with others to answer some of these should I be elected to the Executive Board.

Accessibility: APHA is fully committed to being accessible for those living with disability, facing hardship, and who are caregivers. However, I have been told that addressing priorities like providing on-site child care services and expanded lactation and transportation services will require additional Association funds. I believe we need to address this concern if we want to retain members. I have put a pause to my APHA involvement three times: (1) immediately postpartum with my first son, (2) after emergency cardiac surgery for my partner, and (3) during the initial phase of my son’s diagnosis with autism. Life happens to all of us. Improving accessibility increases the likelihood that during and after those life pauses members remain engaged.
**Kathy Lituri, MPH, RDH**  
Clinical Instructor and Oral Health Promotion Director, Boston University, Henry M. Goldman School of Dental Medicine, Global and Population Health

**Education:**  
MPH, Boston University  
BS, Lesley College  
RDH, Middlesex Community College

**Biography**  
Clinical Instructor/Oral Health Promotion Director, Boston University Henry M. Goldman School of Dental Medicine, Global and Population Health. Kathy has held and currently holds various roles in a wide variety of service learning and community-based oral health education and promotion activities. Kathy presents lectures in pre- and post-doctoral courses in preventive dentistry, recruits and fosters volunteer dental students, presents at professional meetings and conferences, and has a special interest in inter-professional, multi-cultural delivery of oral healthcare. On a local level (2014-2018), Kathy held the mandated seat for an Oral Health Representative on the Boston EMA Planning Council serving seven counties in Massachusetts and three counties in New Hampshire. Kathy is an active member of the Life on Albany Street committee. Life on Albany (BU School of Public Health Activist Lab) is an inter-professional group that addresses current issues such as HIV, homelessness and substance misuse disorder. In this role, Kathy has helped to plan and/or implement several medical campus wide events around HIV for students, faculty and staff from the schools of dental medicine, medicine and public health. On a state level, Kathy is a member of The Better Oral Health for Massachusetts Coalition (BOHMAC), a statewide organization dedicated to improving, promoting, and protecting the oral health of Massachusetts residents. On the national level, Kathy has served in numerous elected positions, including Chair, of the Oral Health Section of the American Public Health Association (APHA). As Chair of the Inter-Sectional Council-Steering Committee (ISC-SC) Kathy served on the Executive Board for one year (2017-2018). Kathy has represented the ISC the Executive Board’s Committee on Social Responsibility since 2015.

**Candidate Statement**  
APHA’s governance provides a home for public health professionals to thrive individually and collectively to protect and promote the health of the public. I have a genuine appreciation for the diversity of disciplines and areas of expertise among APHA members. APHA offers many opportunities for public health professionals from numerous callings to learn from, with, and about each other. As an active and engaged member of the Oral Health Section (2001), and more recently, the Public Health Education and Health Promotion Section, I have strived to support APHA’s mission, vision and values. I am grateful for the collaborative opportunities to promote preventive oral health measures into areas such as school-health, aging, and HIV/AIDS.

I realize the value of solid, evidence based, APHA Policy Statements that support public health measures. In 2015, the 70th anniversary of Community Water Fluoridation (CWF) and as Chair of the Oral Health Section, I was proud to speak during the Opening Session at the Annual Meeting in Chicago on the virtues of CWF, a public health measure long supported by APHA Policy Statements. As I continued along a leadership pathway in varying new roles including: Governing Councilor (2015-17), Intersectional Council-Steering Committee (2015-17),
Executive Board’s Committee on Social Responsibility, Intersectional Council – Steering Committee Representative (2015-19), Chair-Elect, Intersectional Council-Steering Committee (2016-17), Council of Affiliates, Intersectional Council-Steering Committee Representative (2016-17), Chair, Intersectional Council-Steering Committee, Executive Board Ex-Officio Member (2017-18), Immediate Past-Chair, Intersectional Council-Steering Committee (2018-19), I became more knowledgeable and better informed on the inner workings of APHA and the broader picture which sealed my passion and love for the governance work of APHA.

My experience, and eagerness to learn and a commitment to support APHA’s Mission and Vision is what I feel I can offer the APHA Executive Board to create the healthiest nation in one generation.

**Written Questions Response**

1. **How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?**

Collectively, we can be a powerful voice, and all of us, in our varied APHA roles and levels of engagement, need to use that collective voice in a manner that is effective and timely when advocating for public health science, education, and issues that affect our ability to prevent disease and to promote health and wellbeing. The Affordable Care Act (ACA), including the ten essential public health services it encompasses, is key to expanding health coverage and ensuring that people have access to programs and clinical services aimed at keeping people healthy. As the ACA approaches its tenth birthday, and as it faces political challenges, it is essential that we use our collective voice and powerful messaging to advocate and reach individuals, communities and organizations well beyond APHA. We cannot simply preach to each other. Although the ACA is not perfect, we need to convince non-believers to preserve the ACA in principle, and consider adjustments and enhancements from lessons learned over the last decade, to improve the quality of health and the quality of life for all people.

2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

Our strength is in our numbers and every one of us has a stake in the success of APHA’s goal of creating the healthiest nation in one generation. There are urgent public health and health equity issues, many of which cut across every aspect of APHA. Every segment of APHA has issues and concerns of critical importance that collectively, make up the framework of public health. What is most important to me may or may not be what is most important to YOU or others. The key is finding common ground on public health and health equity issues that link us together and foster collaborative efforts that not only invigorate our membership, but that also works for the good of the American public. My experience on the Intersectional Council has provided me an opportunity to see first-hand just how effective collaborative efforts can be when assessing and addressing urgent public health and health equity issues. Collaboration gives us an opportunity to step out of our disciplinary and geographic silos to learn with, learn from and learn about each other, while at the same time, giving us the leeway to lean in and focus when necessary. APHA should continue to foster collaborative efforts and expand collaborative initiatives to increase the effectiveness of the Affiliates, Sections, SPIGS, Caucuses and
Student Assembly. A unified and robust APHA membership is fundamental to a robust public health infrastructure, one that can stand up to the heated discussions and divisive opinions taking place in America today.

3. How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?

People join APHA for many reasons. It may be to attend an annual meeting and present an abstract or to explore a potential career path. Likewise, people retain their membership for many reasons. It is imperative for APHA to ensure that everyone that wants an opportunity to join APHA has one. This involves strategic marketing as well as reaching out to individuals and communities across America, especially underrepresented groups and rural and minority populations. It is also imperative that new members feel welcomed, engaged, and appreciated. We all have tales of being blown away and/or overwhelmed at our first APHA meeting. First impressions are key to setting new members on an APHA pathway that may inspire them to get and stay engaged. However, it is on us to facilitate engagement with a buddy system, big brother/big sister, mentorship program, or any mechanism that offers a welcoming and inspiring message, that they are important and we want them to be part of the APHA family. Currently, the Leadership Pathways Committee of which I am a member along with others from the ISC Steering Committee, CoA, Caucus Collaborative, Student Assembly and Executive Board, is working to update APHA Leadership Pathways Map for each group. It is important that every member have an opportunity to see the map and realize the potential. Leadership is not for everyone; however, every member should have the opportunity to pursue a leadership position if so inspired.

4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?

Social media is here to stay. Social media can be an effective way to engage membership and communities. However, with so many social media options, I propose that APHA, with input from constituents, determine which platform(s) are best for the APHA brand. I would encourage each component to have a Social Media committee if they do not so have one already, and to use it to its fullest potential with support from APHA. In addition, technology and networking can be good ways to engage non-traditional members, individuals outside of the health sector but somehow connected to public health and infrastructure, such as an urban planner or architect. I would love to see initiatives or small grants designed to inspire projects among APHA’s traditional and non-traditional members.

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

Growth and retention is fundamental for a membership-based organization such as APHA. Clearly, APHA has a lot to offer its members, not only at the Annual Meeting, but throughout the year as well. However, the Annual Meeting can be out of reach for many members. I would like to see new creative avenues of engagement, ones aimed at reaching people in in various settings across the country. Members also want value for their dollar. What if one (1) dollar of the regular membership fee...
went into a fund to promote such things as student travel to the Annual Meeting, or to offset the cost of attendance for a member with financial needs? How about prizes for an essay contest on a hot public health issue? The possibilities are endless and engaging, and could have lasting effect at a minimum cost. Members also want to feel appreciated and recognized with efforts such as a “member of the month” or a student award. I strongly believe that every component should have at least one Student Award category, considering that there are many types of students, besides those enrolled in a MPH program, such as dentists enrolled in a dental public health residency program at a dental school. Students are the future and gestures such as gifting an APHA membership as a graduation gift has the potential to lay the foundation for growth and retention.
Brittany Marshall, DrPH, MPH  
Program Manager, CDC Foundation

**Education:**
DrPH, University of North Texas, Health Science Center  
MPH, University of South Florida  
BS, University of Florida

**Biography**
Dr. Brittany Marshall is currently a Program Manager at the CDC Foundation where she leads a landscape analysis of the capacity of 20 state and local health departments to address the impacts of climate change on health within CDC National Center for Environmental Health. Prior to, she completed a post-doctoral fellowship as a member of the 2016 class of the CDC Evaluation Fellowship Program within the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Additionally, she was a member of the 2008 class of CDC Public Health Associate Program (PHAP).

Broadly, Dr. Marshall’s practice and research interests include HIV prevention among vulnerable populations (e.g. racial/ethnic minorities, homeless individuals, high-risk youth, incarcerated individuals), program evaluation, and implementation science. Dr. Marshall has authored and co-authored manuscripts addressing HIV/AIDS inequalities and presented evaluation and research findings at several local, regional, and national meetings. Dr. Marshall’s ultimate goal is to build community level monitoring and evaluation capacity to support improved health outcomes produced by HIV evidence-based interventions.

Dr. Marshall has held leadership positions in public health, most notably the American Public Health Association (APHA). Dr. Marshall is a past Student Assembly Chair where she represented 7000 public health students on the APHA Executive Board. Dr. Marshall was the first Student Assembly Chair to be a voting member of APHA’s Executive Board. Additionally, she is a past President of the Florida Public Health Association Student Section. She has received several awards, including Outstanding Student of the Year from the APHA Council of Affiliates (CoA), the Emerging Leader Award from the Society for the Analysis of African American Public Health Issues (SAAPHI), and a YoungGen40 Award from Young Government Leaders Atlanta. Most recently, she was honored as an inaugural "40 Under 40 in Public Health" by the deBeaumont Foundation.

Dr. Marshall is an alumna of LEAD Atlanta, GeorgiaForward Young Gamechangers, National Urban League Emerging Leaders Program, and the New Leaders Council. She holds a Bachelors of Science in Health Education from the University of Florida, and Masters of Public Health in Global Health Practice from the University of South Florida, and a Doctorate of Public Health in Public Health Practice from the University of North Texas Health Science Center.

**Candidate Statement**
It is an absolute honor to be a nominee for the APHA Executive Board, and even more of an honor to be nominated by the Student Assembly. This is a true testament to my service within APHA and the critical
need for Millennials and Gen-Zers to actively step into leadership roles to help solve the Association’s most pressing issues. As an Executive Board Member, I will work tirelessly to ensure:

- APHA meets the needs of our members through innovative programming, fundraising, and advocacy initiatives
- APHA promotes collaboration across components and affiliates, and with other outside organizations in order to increase organizational capacity and footprint
- APHA continues to grow its membership through targeted mentorship of students and early career professionals

My experience in APHA has prepared me to serve on the Executive Board. I began my APHA journey in Student Assembly as the Action Committee Chair, followed by Student Meeting Director, and then as Chair. As Student-Assembly Chair-Elect, I served on the Intersectional Council Steering Committee for one year. As Student Assembly Chair, I served as an ex-officio voting member on the APHA Executive Board. Concurrently, I was very involved in my state affiliate and served as the Florida Public Health Association (FPHA) Student Section President and sat on the FPHA Board of Directors for one year. Following my time in Student Assembly, I transitioned into leadership within my primary Section, Public Health Education and Health Promotion (PHEHP). Within PHEHP, I have served in a variety of roles, including multiple terms on Governing Council and as Secretary. Association-wide, I have served on the Martha May Elliot Awards Committee, the Joint Membership Pilot Oversight Committee, the Committee on Health Equity, and the Student Assembly Advisory Board. I look forward to continuing to serve APHA as a member of the Executive Board.

Written Questions Response

1. **How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?**

It is no secret that most of our nation’s citizens are largely unaware of the critical role that public health plays in enhancing their quality of life and increasing life expectancy. Furthermore, many are unaware that the repeal of the Affordable Care Act (ACA) would eliminate the Prevention and Public Health Fund and significantly reduce the budgets of the many agencies that provide public health services and interventions. I propose that APHA leadership inform the nation’s population about the importance of public health science, specifically with respect to the ACA through the following strategies:

- Develop a comprehensive mobilization strategy to encourage advocacy amongst the general public that illustrates the connection between public health and other sectors (e.g. education, housing, transportation, etc.) as well as day-to-day life/activities
- Use celebrities and other influencers as part of a targeted social media and traditional marketing campaign to expose public health and the ACA to members of the general public that APHA would not otherwise reach
- Create a plain language ACA resources page on the APHA website with key action items and takeaways so that members of the general public are motivated and equipped to act before leaving the website
- Evaluate and refine messages and strategies in collaboration with APHA affiliates in order to ensure messages resonate with the general public based on geographical region, urban vs. rural, etc.
2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

Some of the most urgent public health and health equity issues of our day include access to quality healthcare and education; income inequalities; racism; gun violence; maternal mortality among black women; food insecurity; affordable housing; and climate change. In order to facilitate the APHA goal of creating the healthiest nation in one generation, I propose the following:

- APHA should build cross-sector partnerships with professional organizations that are committed to improving the quality of life for ALL persons. Other sectors that should be engaged include education, environmental justice and other justice organizations, employment, transportation, immigration, etc. This would increase our collective reach and impact.
- APHA should secure funding and resources to support local social enterprise through a grant program, similar to the Student Assembly A.C.T.I.O.N. Grant, or an entrepreneurship incubator.
- APHA should foster public health innovation by working to engage key stakeholders in the development of a public health technology ecosystem that will 1) grant access to talent to enhance the public health workforce; 2) provide research funding for public health investigators aiming to leverage innovation to identify potentially effective technologies and define standardized metrics and meaningful outcomes; 3) facilitate access to funding for community-based organizations looking to collaborate with startups that improve health outcomes and; 4) work with venture capitalists to carve out innovation funding for city, county and state health departments receiving federal funding (see NLC Millennial Compact for America).

3. **How do you propose to mentor, inspire and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions?**

When I became the Student Assembly Chair in November 2011, I made history as the first African American to serve as Student Assembly Chair for APHA. This distinction is not something that I have taken lightly over the years as I have made a concerted effort to bring other leaders of color up through the ranks of APHA behind me. An integral piece of my graduate school journey that I found through APHA as a result of my desire to mentor those behind me is that in 2013, I began an intimate support group called “Power in Numbers” with other doctoral level scholars of color that I met through my leadership in Student Assembly. We have all since graduated and gone out into the world of public health, but we continue to cheer each other on at every dissertation defense, job promotion, new leadership position within APHA such as election as Section Chairs, and personal life accomplishments such as engagements, weddings, and babies. That is one of the beautiful things about APHA; through mentoring, it connects people from all backgrounds, generations, geographic locations, and helps us to be better people and better public health professionals. That being said, I propose to mentor, inspire, and develop members of the APHA Community from underrepresented groups, with respect to rural and minority populations, into APHA leadership positions through the following strategies:

- Develop a cadre of public health professionals to serve as mentors on an online platform where they can host monthly office hours to answer questions from public health students and professionals (See now defunct RWJF New Connections Facebook Group).
- Develop a Public Health Leadership Institute modeled after the National Urban League Emerging Leaders program to provide career development and leadership development through the lens of APHA (See National Urban League Emerging Leaders Program).
• Host webinars on the APHA leadership map to raise awareness about the pathways to APHA leadership through components, affiliates, related organizations, etc.

• Implement an APHA Annual Meeting shadowing program where interested members are paired with an APHA leader to follow their journey during the Annual Meeting

4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?

As a millennial, social media is something that has come naturally to me since I've been a member of APHA. Back in 2009, I started a Twitter account for the Student Assembly Action Committee, that has since been converted to the main Student Assembly Twitter account. Additionally, as Student Assembly Chair, I created the Student Assembly Facebook page. Under my leadership, the Student Assembly was one of the first APHA Components to be on social media. At present, I think that APHA does an amazing job at engagement the membership and communities served by APHA on Twitter. However, there are several areas of opportunity to engage the public on Facebook and Instagram. In order to engage the membership and communities served by APHA through the use of social media platforms, I would suggest the following:

• APHA Instagram Takeovers featuring the APHA President, other APHA leadership, APHA staff, and leaders from APHA affiliates that highlight the work people are doing within the organization and within their communities

• APHA Social Media Takeovers on the accounts of health and cross-sector collaborators in order to expose potential members and the public to the work of public health

• Institute a “Why I APHA” member spotlight to highlight the work of members across the organization

• Host social media contests (e.g. Photovoice, APHA Trivia) to raffle off APHA memberships

• Have APHA leadership and staff host Facebook live sessions to educate on the work of APHA and public health

• Strategically use hashtags to ensure that APHA posts go viral. In addition, implement a consistent APHA-wide hashtag that all components and affiliates can use

• Regularly post jobs and other public health opportunities on the APHA Linked In page

• Host monthly Twitter Chats on topics related to public health that are strategically coordinated across components

• Provide templates to APHA components for social media to ensure consistent branding of APHA

• Explore the consolidation of existing podcasts to create a united APHA podcast

• Hire interns to ensure that APHA is consistently posting content across all social media platforms

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

In order for APHA to increase its growth, retention, and value of memberships, I recommend the following based on several strategies I have explored and/or successfully implemented within Student Assembly, my Section, and my Affiliates:

• Continue discounted membership and Annual Meeting fees for students and early career professionals

• Hold monthly/bi-monthly APHA Membership Orientation webinars or phone conferences with the APHA President, other APHA leadership, and APHA staff
• Explore an APHA-wide scholarship program/fund for early career professionals specifically
• Coordinate local social networking opportunities with affiliates to expose them to opportunities within APHA
• Develop an “APHA University” online platform separately from APHA Connect (e.g. YouTube) to house a repository of webinars and professional development trainings conducted within APHA components so that all APHA members have access to them
• Revisit the implementation of the Affiliate Liaison program with Student Assembly and the Council of Affiliates in order to better connect students in leadership within state affiliates with APHA Student Assembly and/or support affiliates in identifying students for their leadership pipeline
• Within reason, revisit APHA Midyear Meetings to be held less frequently than every year as was done in the past, with the provision that APHA will work to receive corporate sponsors, funders, and partner organizations to offset expenses
Mohammad Torabi, PhD, MPH, MHS
Chancellor's Professor, Indiana University, School of Public Health

Education:
PhD, Purdue University
MPH, Indiana University
MSPH, University of Tehran
BS, University of Tehran

Biography
Mohammad R. Torabi, Ph.D., MPH is currently Chancellor’s Professor and Former Founding Dean, School of Public Health, Indiana University-Bloomington. He received a B.S. and M.S.P.H. from the University of Tehran, Ph.D. in health behavior from Purdue University and M.P.H. from Indiana University.

His research focus has been in the area of measurement and evaluation of public and school health programs and factors associated with health behavior. His research extends into health promotion and key factors related to individuals’ decisions in the prevention of tobacco and other drugs, cancer, and HIV/AIDS infection. He has extensively published his research in a variety of major national and international journals in the field. Professor Torabi has served as a research consultant for various state and national organizations including governmental and non-governmental agencies and has presented his research in major national and international conferences.

Dr. Torabi currently serves as a Member of the American Public Health Association Education Board and has been a member of APHA for nearly three decades. He has made oral or poster presentations almost every year at the Annual APHA Conference. He has served as Assistant Research Editor of the Journal of School Health and a research editor for the American Journal of Health Behavior. He is a Past-President of the American Academy of Health Behavior, has served as a member of the National Executive Board of the American School Health Association and served as a Vice President for North American Region office of the International Union of Health Promotion and Education. Currently, he serves as a member of the Board of Directors, Foundation for the Advancement of Health Education and is the Health Education Commissioner for the International Council for Health, Physical Education, and Recreation. He held a gubernatorial appointment on the Executive Board, Tobacco Prevention and Cessation.

His contributions have been recognized by numerous awards, such as the 2015 Society for Public Health Education Distinguished Fellow Award, Scholar Award from the American Alliance for Health, Physical Education, and Recreation; Distinguished Scholar Award from the International Council for Health, Physical Education, and Recreation, Research Council Award. He was the 2000 Scholar of the Association for the Advancement of Health Education. In 1997, he was named a Chancellor’s Professor at Indiana University.

Candidate Statement
It is an honor to have been nominated as a candidate for the Executive Board of APHA. APHA has remained the voice of the voiceless, and has made a difference in promoting health of the global community due to its dedicated leadership and outstanding Executive Director.
The role of APHA has never been as critical and our country faces not only emerging infectious diseases, but also chronic diseases (the leading causes of death). However, actual causes of today’s morbidity and premature deaths are mostly preventable (i.e., tobacco, other drugs, physical inactivity, poor nutrition, lack of access, etc.).

Persians have a saying, “Ala Je Vaghah ra Ghabl as Voghoh Bayd Kard” means, “prevention is the ultimate cure.” I believe APHA should continue its path toward meeting some of the following challenges through its advocacy, policy development, and education.

WHAT IF:
- our country spent only 10% of its health care expenditures in public health?
- every member of our society has access to basic health-care?
- we all embraced our diversity as a strength, and stand against discrimination against any member of our society which is the cause of health disparity?
- our school systems equally support health and physical education like math and science (healthy mind in healthy body)?
- we perceive public health as a matter of national security (sick people cannot defend their nation)?
- drug industries make medicine available at an affordable cost to poor people?
- our people rely on scientific findings (i.e., global warming)?
- if all women have free access to contraceptive devices?
- the gap between “have” and “have not” was narrower since socioeconomic status is a major factor in life expectancy?

If elected, I will do my best to work very closely with the leadership of APHA in dealing with the 21st century public health challenges facing our nation.

Written Questions Response

1. How would you propose to inform the nation’s population about the importance of public health science, specifically with respect to the Affordable Care Act?

We all know one in five Americans live in rural communities (about 60 million), and they tend to have less than desirable access to the internet. Additionally, about 68% of Americans do not have a college degree. Consequently, these limitations among others are real challenges for APHA in reaching out to these very significant segments of the US population in promoting the goals and missions of the Association. So, I believe APHA should continue its outreach with regard to public health, Affordable Care Act, healthy nation, etc., through traditional means of communication as well as the use of social media.

Below are some general ideas about how to inform the public about public health science, as well as the Affordable Care Act:

a. We need to listen and hear well the concerns and issues from members of communities with regard to the Affordable Care Act and then develop public health messages addressing their concerns.
b. We tend to “preach to the choir” at national and state conferences. We should invite community leaders to our conferences and educate them about public health.

c. APHA should continue and intensify its efforts in working with policymakers, political leaders at the county, state, and national levels and tapping onto the power and presence of the APHA sections, affiliates, and other professional health organizations.

d. In addition to extensive use of social media, APHA may want to continue utilizing traditional modes of education like newsletters, newspapers, and posters in communicating the importance of public health and healthy lifestyles.

e. People tend to respond to real life stories. Soliciting and sharing stories of people who have lost everything due to lack of access to healthcare can make a huge difference for people to embrace the APHA mission. APHA has the most worthy mission in comparison to any other professional organization. Health is the most important commodity people possess. I believe a healthy nation has a lot to do with our national security, simply because sick people cannot defend our national interests. Further, if an individual’s health is severely compromised, nothing else matters. Ibn Sina, a 10th Century Persian Pioneer in the field of health and medicine said, and I paraphrase: “health is a crown which is only visible by those who lack it.” Messages like this should be repeated in every school, community, and at conferences in the form of posters, lecturers, videos, etc.

2. **How do you propose to address and encourage your audience to embrace the APHA goal of creating the healthiest nation in one generation through your assessment of the most urgent public health and health equity issues?**

Health is the most precious asset we have, and in order to optimize it, access to health care should be considered a right rather than a privilege. In fact, in the richest and the most powerful country in the world, we should not be concerned about health equity. This should be a given. But the reality is the minorities and socioeconomic disadvantaged segments of our population disproportionately are hit by chronic and infectious diseases. There are higher rates of premature death for these groups as well. APHA should continue to advocate for and educate the public that if one segment is afflicted by disease and premature death, the entire country has and continues to pay for it economically, morally, and ethically. I dream of a day that in every public place, i.e., fairs, restaurants, bars, classrooms, airports, health clinics, there would be health messages in the form of posters, pamphlets, or in social media with the APHA logo. Consequently, from the grassroot, state, and national levels, the importance of healthiest nation, health equity, fairness, and social justice should be advocated through conferences, social media, and classrooms among other means.

3. **How do you propose to mentor, inspire and develop members of the APHA community from underrepresented groups, with respect to rural and minority populations into APHA leadership positions?**

State Public Health Affiliates, along with partnership with landgrant universities and State Minority Health Coalitions should be empowered and challenged with the following tasks:

a. Hold their state conferences in rural and socioeconomically disadvantaged communities.

b. Every Chair of committees at the state and national levels should be encouraged to recruit/include at least one member from minority groups to serve on their committees.
c. Every experienced member of APHA should be challenged to recruit and mentor new members from disadvantaged communities.

d. APHA leadership should explore the feasibility of underwriting membership fee and conference registration (or partially) for one year for a certain number of new members from minority, rural and disadvantaged communities. These experienced members of APHA should volunteer to mentor and recruit them into APHA committees, task forces, etc.

4. How do you propose to engage the membership and communities served by APHA in use of social media platforms?

I still believe that a substantial number of the rural and other communities are old fashioned and utilize the actual journals and newsletters. They should not be ignored and APHA should continue serving them to their level of expectations.

I sincerely believe that the best way to engage members of communities and membership-at-large is to provide free of charge workshops on effective use of social media. These workshops should be conducted in partnership with major communication carriers, universities, and state public health affiliates. The actual Workshop (training) should take place at state conferences and during the APHA National Conference.

5. Please suggest how APHA can increase the growth, retention of members and value of membership to current and prospective members including affiliates and student members.

I believe due to the digital age, increasing number of highly specialized, professional organization, high costs of membership, as well as conference fees, among other reasons, memberships in many national and international organizations continue to decline. Further, I believe survivability and prosperity of national organizations, to a great extent, depends on the number of members, worthy mission, members’ perceived return on their investments, etc. As we know APHA has the worthiest mission and provides extraordinary service through the excellent Journal, Conferences, Newsletters, publications of top quality books, enormous opportunities for networking, placement service, and advocacy, among other things.

So, APHA should not have a problem in recruiting new members and retaining current members. Based on my leadership experience with other national and international organizations, I would like to offer the following suggestions:

a. Every member of APHA, in various sections and affiliates, should be challenged and rewarded for recruiting a new member (reward can be in form of discounted either conference or membership fee for recruiters and recruitee for one year).

b. Every university or college with any health related academic program should continue to be contacted and asked to serve as an APHA partner. They should be encouraged to support their students for membership to APHA and provide travel costs for them.

c. University, college, and public health state agencies with the highest record of recruitments should be recognized at the national and state conferences.

d. Based on a membership survey I have done for other national health organizations, national conferences should be held in attractive/affordable locations, although this option for APHA is limited due to its huge number of conference attendees.