



**American Public Health Association  
Minutes of the Governing Council  
Oct. 23 and 26, 2021  
Virtual via LUMI**

**Convening of the Council:** The meeting was convened by APHA President José Ramón Fernández-Peña, MD, MPA, on Saturday, Oct. 23, 2021, via the LUMI digital platform. Speaker of the Council, M. Aaron Guest, PhD, MPH, MSW, presided, and Greg Ullrich, JD, served as Parliamentarian. Fernández-Peña welcomed and thanked the Governing Councilors for their work, and then turned the meeting over to the Speaker.

**Session I - October 23, 2021**

**1.0 Call to Order**

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

**2.0 Quorum Call**

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

**3.0 Review of Voting and Speaking in the LUMI Platform**

Dr. Guest began by reviewing how councilors could request to speak within the LUMI platform. The Speaker then reviewed voting procedures and conducted a test vote to orient councilors to the voting process within the platform.

**4.0 Approval of the Consent Agenda**

Dr. Guest called for a motion to approve the consent agenda, which included the October 2021 meeting agenda, June 2021 meeting minutes, and acceptance of written reports. The motion was made and seconded. Councilor Cheryl Conner, MD from the International Health Section, rose to ask if voting to accept the October 2021 agenda meant voting to accept the proposed bylaws changes or would there be a separate vote on the proposed bylaw changes on Tuesday. Dr. Guest clarified a vote to approve the agenda simply meant it would be followed as proposed and a separate vote on each of the proposed bylaw changes would be held during Session II of the council's meeting on Oct. 26, 2021. Hearing no further discussion, the Speaker called for a vote.

**Motion: To approve the consent agenda (October 2021 meeting agenda, June 2021 meeting minutes, and acceptance of written reports).**

**Outcome: Approved by a vote of 153 (100%) in favor; 0 (0%) opposed.**

Following the vote, Dr. Guest encouraged the Governing Council to review the written reports from the Association's boards and committees and share them with their respective member units. In addition, the Speaker reminded councilors that Governing Council rules limit discussion on each agenda item to 15 minutes. After 15 minutes, the council can vote to extend discussion by an additional 10 minutes.

## **5.0 State of the Association**

Dr. Guest then invited APHA Executive Director Georges Benjamin, MD, to report on the "State of the Association." Dr. Benjamin began his presentation by leading a moment of silence for the more than 700,000 individuals who died during the COVID-19 pandemic. Dr. Benjamin then asked for a second moment of silence for APHA members who passed away in 2021.

Next, Dr. Benjamin noted that the APHA Executive Board approved an increase in the size of the Council on Education for Public Health board to 14 members to help address a growing workload (APHA and the Association of Schools and Programs for Public Health serve as the holders of the CEPH corporate charter.)

Dr. Benjamin then announced U.S. Rep. Lauren Underwood (D-Ill.) was selected as APHA's 2021 Legislator of the Year in recognition of a range of efforts in support of public health, including the "M omnibus bill" focused on maternal and child health. Underwood has joint master's degrees in nursing and public health.

Dr. Benjamin then noted APHA's continuing education program was reaccredited by the Accreditation Council for Continuing Medical Education and the American Nurses Credentialing Center through 2023. Dr. Benjamin added that APHA offers credits for Certified Health Education Specialists, Continuing Medical Education, Continuing Nursing Education, Certified in Public Health certification and Veterinary certification. Dr. Benjamin noted the work of APHA's Center for School Health and Wellness has grown significantly to include *American Journal of Public Health* articles, webinars, books, a regular podcast, APHA 2021 feature sessions and the Policy Action Institute. Dr. Benjamin also highlighted APHA's partnership with Kaiser Permanente on the Public Health Fellows Program to offer \$30,000 two-year scholarships to 25 incoming MPH students. The program soft launched on April 23, 2021, with the aim to enhance and grow a diverse pool of public health leaders.

Next, Dr. Benjamin announced that National Public Health Week 2022 will take place between April 4-10, 2022. Daily themes include racism as a public health crisis, community resilience, health as a human right, accessibility, the public health workforce, climate health equity and mental health and wellness. Dr. Benjamin also reminded councilors to save the date for the Policy Action Institute, which will take place on June 14, 2022.

Dr. Benjamin then provided an update on the Healthiest Cities & Counties Challenge, conducted in partnership with the Aetna Foundation. APHA is working with grantees in 20 communities to reduce health disparities in chronic disease by improving access to food and health services.

Dr. Benjamin then highlighted APHA's work to capture all jurisdictions nationwide that declare racism as a public health issue. The work includes a new partnership with the deBeaumont Foundation and the National Collaborative for Health Equity called Healing Through Policy: Creating Pathways to Racial Justice. The initiative offers local leaders a truth, racial healing and transformation framework to take action for health equity. Developed by the W.K Kellogg Foundation, the framework addresses narrative change, racial healing and relationship building, separation, and law and economy. Next, Dr. Benjamin discussed the work of APHA's Alliance for Disease Prevention and Response which launched in December 2020. The alliance is a multisectoral collaboration to end the COVID-19 pandemic, promote equity and build a robust, resilient public health system. The alliance is funded by the CDC Foundation, Kaiser Permanente, Rockefeller Foundation, Skoll Foundation and the W.K. Kellogg Foundation.

Dr. Benjamin then moved to the exchange of honors between APHA and the Royal Society for Public Health. In honor of the longstanding collaborative relationship between APHA and the Royal Society for Public Health, each organization bestows an honorary membership to a representative from the other's organization annually. In 2020, honorary membership was not bestowed due to the COVID-19 pandemic. Therefore, two individuals were selected in 2021. APHA Immediate Past President Lisa Carlson, MPH, MCHES, and APHA President José Ramón Fernández-Peña received RSPH honorary memberships. Dr. Benjamin called for a motion to bestow an APHA honorary membership on Christina Marriott, chief executive officer of the Royal Society for Public Health and Jonathan Pearson-Stuttard, FRSPH, head of health analytics at Lane, Clark and Peacock and chair of the Health Inequalities Programme Board for the Northumbria Healthcare NHS Foundation Trust in return. Guest indicated the motion did not require a second and called for the vote.

**Motion: To approve honorary membership for Royal Society members, Christina Marriott, and Jonathan Pearson-Stuttard, FRSPH.**

**Outcome: Approved by a vote of 158 (100%) in favor; 0 (0%) opposed.**

Dr. Benjamin then provided the Governing Council an overview of APHA's membership numbers. Dr. Benjamin highlighted that as of Sept. 30, 2021, there were 23,552 members and membership rates have remained relatively consistent over the past five years. Dr. Benjamin stated student membership continues to grow and APHA has benefitted from the bulk student membership to maintain that growth. The student bulk pilot program began in 2017 with the aim to increase student membership and build a pipeline of future leaders, as well as create broader APHA communities in participating schools and programs. The membership category allows school and programs of public health to

purchase APHA membership for all students at a discounted rate with a range of engagement efforts including webinars, professional development opportunities and scholarships. Dr. Benjamin demonstrated the pilot outcomes noting a 10% increase in student members (until the pandemic), with 26 total schools participating over five years (13 currently). Dr. Benjamin then motioned that the Governing Council make the student bulk membership a permanent membership category that includes:

- a simplified payment option,
- the ability to enroll subsets of students,
- expansion to schools and programs of “allied” professions including nursing, social work, engineering, transportation, education, etc.,
- a more personalized onboarding process,
- expanded content offerings in line with CEPH core competencies to assist with accreditation requirements, and
- increased resources to support the student members.

Dr. Guest indicated as the motion came from the Executive Board it did not require a second and called for discussion.

Councilor Tammy Pilisuk, MPH, from the CHPPD Section, asked Dr. Benjamin to specify the difference between the student membership and bulk student membership category. Dr. Benjamin noted the difference was a 33% discount off the individual student rate for schools participating in the bulk student membership program. Councilor Pascale Edouard, MPH from the PHEHP Section, asked if the discount rate was based on a sliding scale based on the number of students enrolled. Dr. Benjamin noted either a flat rate or sliding scale would be established to determining the rate. Councilor Alison Jordan, LCSW, CCHP, from the Medical Care Section, asked whether the value of the program to APHA has increased student engagement. Dr. Benjamin agreed and stated this was demonstrated during the pilot period. Councilor Teresa Garrett, DNP, RN, Council of Affiliates chair, asked if the program would be expanded beyond schools of public health and suggested connecting the student bulk membership to affiliate bulk membership. Dr. Benjamin stated the program would be expanded beyond schools and programs of public health and offered to investigate linking it to student membership in Affiliates. Councilor Tom Engle, RN Oregon's Affiliate Representative to the Governing Council, asked when the expansion of the program beyond schools of public health would occur. Dr. Benjamin stated APHA was prepared to start this immediately following the Annual Meeting. Councilor Jeannette Jackson-Thompson, PhD, MSPH from the HIIT Section, commended APHA for considering other schools in this program noting it would increase the number of participating students, as well as foster mentoring relationships. Councilor Jordan asked if APHA had an estimate of how many schools they anticipated participating in the program. Dr. Benjamin answered, stating there were no current projections. Councilor Pilisuk suggested reaching out to member units for suggestions for additional schools to include in the program. Dr. Benjamin agreed this was a good idea and noted there was no limit to the number of schools or programs bulk student membership could be offered. Hearing no further discussion, Dr. Benjamin acknowledged Jeanie Holt, MPH, MS, and the Executive Board membership committee

for their work evaluating and supporting the student bulk membership program. Dr. Guest then called for a vote on the motion.

**Motion: To make Bulk Student Membership a permanent membership category.**

**Outcome: Approved by a vote of 166 (98%) in favor; 3 (2%) opposed.**

Next, Dr. Benjamin assured the Governing Council that APHA is in sound financial shape despite the pandemic and APHA Treasurer Benjamin Hernandez, MBA, would provide greater detail in the Treasurer's report.

Dr. Benjamin then gave the council an overview of the APHA 2021 Annual Meeting and Expo stating approximately 9,200 individuals registered for the Annual Meeting (37% in person (3413) and 63% (5787) virtual). Dr. Benjamin highlighted infection control measures at APHA 2021 in Denver including social distancing and mask and vaccine requirements.

Dr. Guest interrupted to allow Mary Armstrong, PhD, from the Mental Health Section, to raise a point of process. She asked whether councilors would be allowed to see the results of votes. Dr. Guest apologized noting the last result (on the motion to approve the bulk student membership program) was not shown due to technical complication. Dr. Guest announced the vote counts for the two previous votes and stated for all other votes a results slide would be presented.

Dr. Benjamin resumed presenting, stating 759 virtual and 223 in-person sessions will occur during the meeting and highlighted key events including the Opening, Monday, and Closing General Sessions, the America Dissected Live Podcast and Reception, as well as the Awards Luncheon. Dr. Benjamin also spotlighted the Student Engagement Theater and Hub, as well as the Donor, Early-Career Professional and Leaders Lounges which provide spaces to network for those in Denver. Dr. Benjamin encouraged councilors to use the meeting app, participate in social media events and visit the Public Health Expo (in-person and digital booths). Dr. Benjamin stated all scientific sessions will be recorded and available to attendees for viewing through Jan. 31, 2022. Non-attendees will be able to purchase recordings and the 14 featured and general sessions will be available for purchase with CE credit available through APHA Now. Dr. Benjamin concluded by stating that the closing session, "Achieving Health Equity: The Key Ingredient for a Healthier Nation," will kick off APHA's 150 Anniversary celebration with a keynote address from David Satcher, MD, PhD, and fireside chat with U.S. Surgeon General Vivek Murthy, MD, MBA. Benjamin then previewed the monthly themes for the 150th anniversary celebration. Dr. Benjamin concluded by announcing APHA hired a new archivist, Wendy Shay, as well as retained Social Drive, a Washington, D.C.-based communications firm to assist with communications efforts related to the 150th anniversary. He then turned over the floor for questions.

Councilor Carol Dabbs, MPH, from the International Health Section, asked Dr. Benjamin to clarify why the 2022 Annual Meeting falls during national elections, when the Governing Council had voted several years back to avoid this. Dr. Benjamin acknowledged that the 2022 Annual Meeting occurring over Election Day would be a challenge but noted that as meeting dates and locations are selected upwards of 10 years in advance, the date was set long before the council made the decision to avoid meetings over Election Day and could not be changed. Dr. Benjamin noted no future meetings have been scheduled over Election Day and stated APHA has been working to identify more affordable locations for future meetings.

Councilor Ebony Johnson, MPA, CNP, from the CHPPD Section, asked whether *AJPH* would align their themes along with the 150th anniversary celebration monthly themes. Dr. Benjamin responded that he did not believe *AJPH* would align with the monthly themes, but they are aware of them and offered to suggest some alignment to the *AJPH* Editorial Board. Hearing no further questions, the Speaker recognized APHA Treasurer Benjamin Hernandez, MBA, to deliver the financial report.

## 6.0 **Financial Report**

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

- fiscal year 2021,
- The fiscal year 2022 budget, and
- fiscal year 2022 (first quarter).

Mr. Hernandez stated total revenues for fiscal year 2021 were \$16,171,877 and total expenditures were \$16,747,502 creating a deficit of \$575,625. However, with the addition of non-operational funds which totaled \$1,543,600, the Association ended fiscal year 2021 with a surplus of \$967,846, approximately \$3.2 million over the budgeted deficit for fiscal year 2021 of -\$2,278,668.

Next, Mr. Hernandez outlined the fiscal year 2022 approved budget. The fiscal year 2022 budget includes \$15,734,349 in revenue and \$18,310,097 in expenses leading to an approved deficit of -\$2,575,747. However, Mr. Hernandez cautioned that he does not expect this large of a deficit at the end of the fiscal year due to strong reserves and investments.

Mr. Hernandez then summarized APHA's performance in quarter one of fiscal year 2022 (July 2021-Sept 2021). Mr. Hernandez stated total revenue was \$7,136,583– \$1,139,004 over the \$5,997,579 budgeted. Total expenditures were \$4,978,129–\$549,810 more than the \$4,428,319 budgeted. Mr. Hernandez stated net gains thus far were \$2,158,454. Mr. Hernandez emphasized that while this looks great, the Association spends more than it takes in following the Annual Meeting.

Mr. Hernandez concluded with four key takeaways:

- APHA is still feeling the financial impact of the COVID-19 pandemic.
- Currently, APHA is still in a good financial place to absorb the impacts.
- This year again, APHA made the deliberate decision to access our reserves to keep our vital functions.
- More budget deficits are expected in the coming years, but they will likely be smaller and smaller every year.

Mr. Hernandez then provided councilors with an update on the next treasurer's election slated for 2022. Mr. Hernandez reminded the Governing Council that two years ago he stated he would not seek another term as treasurer with the goal to mentor new individuals to run for treasurer. However, Mr. Hernandez stated he was unsuccessful in creating a mentoring pipeline and will likely run again for a final term, but previewed discussions to create systematic succession planning for the Treasurer position.

In closing, Mr. Hernandez answered questions he received in advance of the meeting. The first question was: What is APHA doing to diversify revenue to ensure the sustainability of the organization? Mr. Hernandez acknowledged the Annual Meeting remains a major source of revenue, but the number of contracts and grants received over the years have increased significantly which have helped diversify revenue. Dr. Benjamin then commented that the revenue stream is diverse, and the Association is continuing to diversify, but reminded councilors that APHA is a membership association that fundamentally sells membership. Its key business is to continue to grow members, which is why the Association is focused on ways to improve member value and experience through the APHA Your Way project.

The next question was: How does APHA plan to manage the decline in membership and what does this mean for the APHA membership model and APHA finances? Dr. Benjamin stressed a focus on member retention and asked councilors to share with colleagues, students, friends etc. the value of membership. Mr. Hernandez commented the slow increase in membership and increased revenue from contracts and grants were positive trends.

Hernandez then turned the floor over to questions. Councilor Jeffrey Goodman, DrPH, of the HIV/AIDS Section, asked whether the Federal Paycheck Protection Program loan had been forgiven and where this money was booked. Mr. Hernandez stated the \$1.2 million loan was not forgiven on the books to date. It is expected this forgiveness will come through in fiscal year 2022, but will remain a liability on the balance sheets, meaning, that the deficit budgeted will decrease by \$1.2 million. Councilor Goodman, followed up by asking if the revenue from forgiveness of the loan is booked in the year it was forgiven then does it mean there is a structural deficit in APHA's finances? Hernandez answered noting that the forgiveness was not included in the budget and the Association uses a zero-based budgeting model to avoid a structural deficit.

Councilor Ngina Lythcott, DrPH, MSW, from the CHPPD Section, raised a point of order to ask that councilors state their member unit each time they speak and if they are speaking on behalf of their member unit or themselves. Next, Councilor Marc Hiller, DrPH, MPH, from the Ethics Section, asked what the financial impact of a virtual

meeting in 2020 and a hybrid meeting in 2021 is in the context of whether we can afford hybrid meetings in the future. Mr. Hernandez noted what matters budget wise is not a virtual versus in-person meeting, but rather whether the targeted number of participants is met. Every 1,000 members who do not attend the Annual Meeting equates to an approximate \$500,000 revenue impact. Mr. Hernandez acknowledged virtual meetings expand reach, but there is in-person meeting space booked years out with financial obligations.

Councilor Paschal Nwako, PhD, MPH, New Jersey's Affiliate Representative to the Governing Council, asked what APHA is doing to reduce the deficit. Mr. Hernandez provided context stating last year's budget deficit was due to very conservative accounting and actual gains were over \$1 million. Mr. Hernandez added there are limited ways to reduce the deficit. For example, one measure would be to reduce staff, but this is not something the organization is willing to do as it would limit the operations of the Association in this critical time. Additionally, part of the fiscal year 2022 deficit includes expenses for the 150<sup>th</sup> anniversary celebration. The best thing to do is to increase the number of attendees at the Annual Meeting in the future.

Councilor David Swedler, PhD, MPH, from the ICEHS Section, asked in the fiscal year 2022 budget what was the anticipated revenue for the 2021 Annual Meeting and what were the actual revenues. Mr. Hernandez answered that the expected revenue was approximately \$5.5 million and the actual revenue was \$4.9 million. Dr. Guest then turned the floor over to Catherine Troisi, PhD.

## **7.0 Strategic Plan Update**

Dr. Troisi, chair of the Executive Board Strategic Planning Committee, provided the Governing Council with an update on APHA's strategic plan. Dr. Troisi highlighted the committee's successes, including clarifying that the strategic plan is for the whole organization and that its objectives should be specific, measurable, achievable, relevant and time-bound (SMART). Dr. Troisi also recognized continued challenges to integrating and educating member units and staff on how to use the strategic plan. Dr. Troisi also highlighted a new advocacy curriculum, developed in conjunction with the APHA Action Board which is available at [https://apha.org/-/media/Files/PDF/advocacy/SPEAK/210915\\_APHA\\_Advocacy\\_Curriculum.ashx](https://apha.org/-/media/Files/PDF/advocacy/SPEAK/210915_APHA_Advocacy_Curriculum.ashx).

Dr. Troisi concluded the presentation by alerting the Governing Council that updates to the current strategic plan are planned for 2022, in coordination with the APHA Your Way project. Recommendations for 2022 are to:

- Follow a timeline that includes process evaluation for development and implementation of the new strategic plan.
- Ensure the new strategic plan objectives are based on outcomes APHA can directly influence.
- Ensure the data gathered for APHA Your Way is used in developing the new strategic plan.



- Ensure Executive Board members aid in promoting the new strategic plan with member units and help member units develop their own strategic plans in line with the plan for the overall Association.
- Determine how to integrate recommendations from member units into regular updates of future strategic plans.
- Make sure there is continuity with the membership of the Strategic Planning Committee from year to year.

Dr. Guest then opened the floor to questions. Hearing none, the speaker turned the floor over to Jen Collins, PhD, RN, chair of the Nominations Committee.

#### 8. **Report of the Nominations Committee and Introduction of the Candidates**

Nominations Committee Chair Jen Collins began by presenting the open positions for 2021: president-elect and three open seats on the Executive Board. Dr. Collins stated it was the responsibility of the Nominations Committee to seek and secure candidates for leadership positions, as well as maintain diversity in elected officers. Collins stressed that the committee continually worked to improve its outreach and evaluation processes throughout the year. Dr. Collins then presented the candidates:

President-Elect (3-year term):

- Chris Chanyasulkit, PhD, MPH
- Ron Manderscheid, PhD, MA

Executive Board (4-year term)

- Moose Alperin, EdD, MPH, MCHES
- Bryan Buckley, DrPH, MPH
- Amy Lee, MD, MPH, MBA, CPH
- Emmanuel Peprah Jr., PhD
- Gopal Sankaran, MD, DrPH, MPH, MNAMS
- Junling Wang, PhD

Dr. Collins also noted the nominees for honorary vice president for Canada, Latin America and the Caribbean, and the United States. If elected, their term would expire at the close of the Annual Meeting in 2022:

- Benita Cohen, PhD, MSc, RN – Canada
- Ramón Anulfo López, MD– Latin America and the Caribbean
- Gail Christopher, PhD, DN, ND – United States

Dr. Collins closed by reminding councilors to view the pre-recorded candidates forum ahead of the vote in Session II.

### **9.0 Review of Nominations for the Nominations Committee**

Dr. Guest then presented the slate of candidates for the Nominations Committee and noted the top three vote-getters in Tuesday's election would be elected to 3-year terms:

- Nick Collins, MPH, MCHES - Missouri Public Health Association
- Christa Cook, PhD, MS - Public Health Nursing Section
- Tim Gibbs, MPH - Delaware Public Health Association
- Durrell Fox - HIV/AIDS Section
- Joey Lightner, PhD, MPH - Physical Activity Section
- Mary Shaffran, MPA - Environment Section

Dr. Guest encouraged councilors to review the candidates' applications in their meeting materials. Guest stated the votes for president-elect and Executive Board, along with the Nominations Committee, would be held during Session II of the Governing Council meeting on Tuesday, Oct. 26. Dr. Guest then moved to the update on APHA Your Way.

### **10.0 APHA Your Way (formerly MUEEP) update**

APHA President-Elect Kaye Bender, PhD, RN, FAAN, began by highlighting the project's name change from the Member Unit Effectiveness and Engagement Project (MUEEP) to APHA Your Way. Dr. Bender noted the new name more clearly identifies the aim of the project, emphasizes participation and benefits of membership and is easier to say. Bender reminded the Governing Council of the work on the project thus far, noting that after over a year of data collection, Brighter Strategies, the consultant hired to lead the project, issued recommendations across six areas:

- communications and information technology,
- volunteer leadership,
- measurement and rewards,
- member growth and development,
- member engagement, and
- member unit structure.

The Executive Board then prioritized the recommendations in each of these areas based on feasibility and impact. Its top priorities are to:

- replace APHA Connect,
- integrate data systems,
- create a structured process to onboard new members,
- connect members to mentors,
- reward member units for promotion the mission and vision of APHA,
- diversify "rewards,"
- educate members about who their leaders are and what they do, and
- establish a specific staff position to direct and guide new members.

Dr. Bender then reported on the progress of implementation. In support of making the case for change through proactive communication and outreach, Dr. Bender highlighted updates to the APHA Your Way webpage which now serves as a repository for all information on the project, as well as branding and marketing of the project at the APHA 2021 Annual Meeting and Expo. Dr. Bender also highlighted the work of the three implementation committees who have begun work: data systems and IT, mentoring, and new member onboarding. Work to date includes:

- objectives and priorities for a new online member community platform set to include better user experience, increased integration, and improved connection and collaborations;
- priority mentoring programs including 1:1 mentoring, cohort mentoring, speed mentoring and one-time learning opportunities; and
- strategies and tactics to improve onboarding including varied personalized communication, streamlined information about APHA membership and value, and clearer communication on the work of member units.

Dr. Bender stated next steps include:

- finding the right combination of technologies in the overall tool and features, and select a new member online community platform;
- collecting member feedback on the draft mentoring program to ensure coordination with mentor and mentee demands and interest; and
- soliciting feedback on potential strategies to improve onboarding, create a system to ensure collection and analytics on key member interest data and establish staff and volunteer leader capacity.

Dr. Bender then highlighted ways to get involved in the project including visiting <https://apha.org/apha-your-way> and participating in the virtual Leadership Roundtable session on Sunday, Oct. 24, to provide feedback on best practices for onboarding new members and proposed mentoring program design. At the conclusion of Dr. Bender's presentation, Dr. Guest opened the floor to questions.

Councilor Jordan from the Medical Care Section, asked how members can get more involved in the implementation committees. Dr. Bender answered that currently, as work is focused internally, the implementation committees are at the APHA staff level. However, as work moves forward, there will be ample opportunities for members to be involved beginning with Sunday's roundtable session.

Councilor Timothy Sankary, MD, MPH, from the Epidemiology Section, asked if the updated community platform/website could include a live chat feature. Dr. Bender noted that the requirements of the new platform were still being developed and assured Sankary the recommendation would be shared with committee staff. Hearing no further questions, Dr. Guest moved to provide the speakers report.

## **11.0 Governing Council Engagement**

Dr. Guest began by alerting councilors to review the written report available in the meeting materials. Speaker Guest then noted the dates of the Governing Council's 2022 meetings: 1) Mid-Year meeting, June 13, 2022, from 2-4:30PM ET (virtual) and 2) Annual Meeting, Nov. 5 and Nov. 8, 2022, in Boston.

Dr. Guest then proposed to the Governing Council the formation of an Ad-Hoc Speakers Task Force with the overarching goals of:

- identifying opportunities to improve the Governing Council experience, engagement, and activities, and
- finding and disseminating best practices in the councilor role to the member units by examining existing member unit activities.

Dr. Guest proposed the task force would be comprised of representatives from the various member units represented on the Governing Council. Guest said the representatives would work over the next year to accomplish these aims and report back to the Governing Council at the June and November 2022 meetings. Dr. Guest put forth the motion to approve the formation of an ad-hoc governance committee. The motion did not require a second and the speaker opened the floor for discussion.

Councilor Graves from the Medical Care Section, and Councilor Dabbs from the International Health Section, spoke in support of the ad-hoc committee. Councilor Pilisuk from the CHPPD Section, asked the Speaker to clarify the duties of the committee and Dr. Guest clarified the objectives. Councilor Mitchell Haas DC, MA, from the Chiropractic Health Section, asked Dr. Guest to clarify how the representatives would be selected. Dr. Guest noted there would be a call for nominations through the COA, Intersectional Council, Student Assembly, committees, Caucuses and past-presidents, in addition to one speaker appointee. Hearing no other questions, the Speaker called for a vote.

**Motion: To approve the formation of an ad-hoc Speakers Task Force.**

**Outcome: Approved by a vote of 155 (99%) in favor; 1 (1%) opposed.**

Dr. Guest concluded with a reminder of the Leadership Roundtables and Speaker office hours. Given additional time remaining in the session, Dr. Guest opened the floor for additional questions on the treasurer's report (6.0).

Councilor Julie Graves, MD, MPH, PhD, Medical Care Section, asked APHA Treasurer Benjamin Hernandez what data is used to calculate price elasticity and demand curve on membership and Annual Meeting interest versus other member benefits and evaluate if we are currently meeting the needs of the public health workforce. Mr. Hernandez noted that a lot of effort goes into membership fees and keeping costs consistent. In planning

for the Annual Meeting, models are based on past experience and attendance at meetings of similar associations. Dr. Benjamin noted that Annual Meeting attendance was evaluated by registration type, location, age, etc. and staff are engaged with their peers in other membership associations and conventions to glean best practices and experiences. Dr. Benjamin acknowledged rising costs and stated virtual components were added beginning six years ago to engage those unable to attend the meeting in-person. Dr. Benjamin stated the plan for 2022 is to host an in-person meeting, with virtual components, noting that thus far, virtual participation in APHA has not grown exponentially, but acknowledged virtual offerings are a good way to increase access to the meeting.

Councilor Johnson from the CHPPD Section, asked Mr. Hernandez for additional information on the number of grants APHA currently has, the work of these grants and the likelihood of these being extended or renewed. Mr. Hernandez noted a continued increase in contracts and grants revenue. Dr. Benjamin noted the Association's current core grant is funded by the Centers for Disease Control and Prevention, valued at a couple million dollars, and is focused on environmental health and violence prevention activities and journal supplements. In addition, there is funding from the National Institutes of Health through the All of Us Research Program, as well as from Aetna for a congressional fellow and the Healthiest Cities & Counties Challenge. Current APHA program staff are almost entirely funded by grants, which are becoming increasingly harder to obtain because of the competition for grant dollars. Dr. Benjamin noted grant work largely focuses on policy and communications, but also includes events at the Annual Meeting which help fund the meeting.

## **12.0 Recess**

With no further business before the council for the day, Speaker Guest recessed the Governing Council until Session II on Oct. 26, 2021, at 8:00 a.m. MT via the LUMI digital platform.

## **Session II - October 26, 2021**

### **1.0 Call to Order**

Dr. Guest called the second session of the Governing Council to order at 8:04 a.m. MT.

### **2.0 Quorum Call**

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

### **3.0 Review of Voting and Speaking in the LUMI Platform**

Dr. Guest began by reviewing how councilors could request to speak within the LUMI platform. The Speaker then reviewed voting procedures and conducted a test vote to orient councilors to the voting process within the platform.

### **4.0 Bylaws Proposals**

Chair of the Committee on Bylaws Mitchell Haas then rose to present three proposed bylaws amendments to the Governing Council. Dr. Haas stated the Committee on Bylaws recommended the approval of all three amendments and noted councilors could find an overview of the amendments in the Committee on Bylaws report to the Governing Council. Each proposed amendment was introduced, discussed, and voted on separately.

The first amendments presented were brought by the Action Board with the intent to streamline the Action Board and update the board's functions. Dr. Haas noted the amendment would no longer afford each Section a representative on the Action Board and the number of representatives from the Affiliates on the board will be reduced from three to two. Dr. Haas noted the Committee on Bylaws consulted with ISC and COA on the amendment and its impacts. The ISC polled its members and found no objection and the COA also approved the reduction of COA representatives on the Action Board. Dr. Haas then moved to amend the bylaws to streamline the Action Board as proposed by the Committee on Bylaws. Dr. Guest noted the motion did not require a second and opened the floor for discussion.

Councilor Sarah Gareau, DrPH, MEd, MCHES, from the Executive Board, noted that in the MOU with APHA Caucuses it is required that there be representation on the Action Board, and she asked how the elimination of the designated Caucus representative would impact the MOU. Dr. Guest answered that it would have no impact on the MOU with the Caucuses and the MOU would be amended accordingly. Councilor Conner from the International Health Section, asked how the Action Board members will be chosen following the amendment. Dr. Guest noted representatives to the board would be selected through the Leadership Appointment process like the Science and Education Board. Councilor Debra Jackson, RN, MPH, DSc, from the Maternal and Child Health Section, asked why this amendment was being raised now and if the amendment is passed will Action Board members be assigned to liaise with the member units. Dr. Benjamin stated the reason for the amendment was to improve the efficiency of the Action Board. Currently a large amount of time is spent recruiting members to the board and many representatives do not actively participate. By streamlining the board, the change will allow APHA to select a group of dedicated, interested individuals to more efficiently undertake the work of the Action Board. Dr. Haas noted if the amendment passes, Action Board members will be assigned to liaise with multiple member units to promote advocacy and increase communication. Councilor Goodman from the HIV/AIDS Section, spoke as an individual and former Action Board member to raise concern that the amendment would result in the loss of entry-level APHA leadership opportunities. Councilor Eleanor Fleming, PhD, DDS, MPH, from the Oral Health Section, who is a member of the Action Board, reiterated the struggle to recruit representatives from each section. Dr. Fleming stated having a group that is focused and active on advocacy would greatly increase the functionality of the Action Board. Dr. Benjamin then noted the opportunity for entry level engagement at the Section level still exists and the Sections could create the opportunity for their members to engage in advocacy. Dr. Benjamin reiterated that having committed individuals who liaise with the member units will improve the board's advocacy reach. Dr. Guest then called on Councilor Celeste Monforton, DrPH, MPH, incoming Action Board chair, to speak to the need for the amendment. Dr. Monforton reiterated the support of the ISC, COA and three former

Action Board chairs for the amendment. Dr. Monforton stated the goal of the amendment is to make the Action Board more effective through dedicated and streamlined membership. Councilor comment time having expired, Dr. Guest called for the vote.

**Motion: To amend the bylaws to streamline the Action Board as proposed by the Committee on Bylaws.**

**Outcome: Approved by a vote of 148 (90%) in favor and 17 (10%) opposed.**

Dr. Haas then presented the second amendment to the bylaws, submitted by the ISC, to formally create the treasurer and Section student liaison positions within a Section. Dr. Haas noted most Sections already have these positions and the amendment will formally make them members of the Section council. Dr. Haas then moved to amend the bylaws to create the treasurer and Section student liaison positions as proposed by the Committee on Bylaws. Dr. Guest noted the motion did not require a second and opened the floor for discussion. Hearing no discussion, Guest called for a vote.

**Motion: To amend the bylaws to create the treasurer and Section student liaison positions within a Section as proposed by the Committee on Bylaws.**

**Outcome: Approved by a vote of 162 (97%) in favor and 5 (3%) opposed.**

Dr. Haas then presented the final proposed amendment, submitted by the COA to:

- create an Affiliate representative at large position to replace the position lost as a result of the reduction in Affiliate Action Board representation,
- broaden the COA Secretary eligibility to all Affiliate members not serving on the COA in the coming year, and
- add consistency in terms and term limits for board members.

Dr. Haas then moved to amend the bylaws to create the Affiliate representative at large position, broaden secretary eligibility, and set terms and term limits as proposed by the Committee on Bylaws. Dr. Guest noted the motion did not require a second and opened the floor for discussion.

Councilor Jackson from the Maternal and Child Health Section, speaking as an individual, asked whether the Affiliate representative at large position was to serve on the Executive Board or an additional position on the Governing Council. Dr. Haas clarified this would be an additional position on the COA. Hearing no discussion, Dr. Guest called for a vote.

**Motion: To amend the bylaws to create the Affiliate representative at large position, broaden secretary eligibility, and set terms and term limits as proposed by the Committee on Bylaws.**

**Outcome: Approved by a vote of 173 (98%) in favor and 2 (2%) opposed.**

Lastly, Dr. Haas introduced a final motion that the Committee on Bylaws be authorized to make such editorial, numerical, grammatical, and conforming changes to reflect the intent of these amendments. Dr. Guest noted motion did not require a second and opened the floor for discussion. Hearing no discussion, Dr. Guest called for a vote.

**Motion: To authorize the Committee on Bylaws to make such editorial, numerical, grammatical, and confirming changes to reflect the intent of the previous amendments.**

**Outcome: Approved by a vote of 177 (100%) in favor and 0 (0%) opposed.**

Following the vote, the Speaker announced he would move to agenda items 6.0 and 7.0 as it was now 8:40 a.m. MT and it had been announced elections would begin at this time. Dr. Guest noted that following elections, he would return to agenda item 5.0, Selection of the 2023 Annual Meeting Program emphasis.

#### **5.0 Selection of the 2023 Annual Meeting Program Emphasis**

Dr. Guest began by reminding councilors that recommendations for the 2023 Annual Meeting program emphasis were solicited from councilors earlier in the year. These suggestions were reviewed by the Science Board who recommended two possible emphases for 2023:

- Creating the Healthiest Nation - Building Public Health Capacity to Address Contemporary Issues and Plan for the Future
- Creating the Healthiest Nation - Addressing Longstanding and Emergent Social and Ethical Challenges to Public Health

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

Councilor Shaffran from the Environment Section, proposed an amendment to the first emphasis to read “Creating the Healthiest Nation - Building Public Health Capacity to Address Social and Ethical Challenges and Plan for the Future.” Dr. Guest called for a second to this amendment and Councilor Johnson from the CHPPD Section, seconded. Dr. Guest then called for discussion on the amendment.

Councilor Lissa Knudsen, MPH, New Mexico's Affiliate Representative to the Governing Council, spoke in support of the amendment. Councilor Johnson, from the CHPPD Section, called for a point of order asking for clarity if this was an amendment or a third



suggestion. Dr. Guest clarified this was an amendment to one of the proposed themes. Councilor Robyn Gilden, PhD, RN, from the Environment Section, then spoke in support of the amendment stating it combined the best of both proposed themes. Councilor Jackson from the Maternal and Child Health Section, said her Section felt the emphases were too long, but overall supported the amendment. Dr. Benjamin clarified that the communications team revises the language to ensure it addresses both public health capacity and future planning. Councilor Hiller from the Ethics Section, expressed the Section's support for the amendment as it helps ensure a broader APHA-wide understanding of the Public Health Code of Ethics. Councilor Marjorie Sable, DrPH, MSW, from the Maternal and Child Health Section, then suggested removing "planning for the future" from the amendment. Dr. Guest clarified that the councilor was asking to amend the amendment and asked for a formal motion. The motion was made to amend the amendment to strike "planning for the future." Dr. Guest then called for discussion on the amendment to the amendment. Hearing no discussion, he called for a vote.

**Motion: To amend the amended program emphasis to "Creating the Healthiest Nation- Building Public Health Capacity to Address Social and Ethical Challenges and ~~Plan for the Future.~~"**

**Outcome: Approved by a vote of 135 (76%) in favor and 42 (24%) opposed.**

Guest then returned to the discussion on the proposed themes. Councilor Rebecca Rehr, MPH, from the Environment Section, expressed disappointment that planning for the future was removed from the emphasis. Time for discussion having expired, Dr. Guest called for a vote on the 2023 Annual Meeting program emphasis.

**Motion: To select 1 of 2 options for the 2023 Annual Meeting Program Emphasis:**

- 1) **Creating the Healthiest Nation - Building Public Health Capacity to Address Social and Ethical Challenges.**
- 2) **Creating the Healthiest Nation - Addressing Longstanding and Emergent Social and Ethical Challenges to Public Health.**

**Outcome: Option 1 selected by vote of 140 (77%) to 41 (23%) for Option 2.**

Following the election, there was question as to whether the option presented on the voting screen was correct. Dr. Guest then called on Councilor Swedler, from the ICEHS Section, who asked if there needed to be a vote on the amendment first before the vote selecting the emphasis could be held. Speaker Guest confirmed there needed to be a vote to accept the amendment.

**Motion: To approve the amended amendment "Creating the Healthiest Nation - Building Public Health Capacity to Address Social and Ethical Challenge."**

**Outcome: Approved by a vote of 141 (84%) to 27 (16%).**

Speaker Guest then called on Councilor Camara Jones, MD, MPH, PhD APHA Past President, who stated we now need to select the program emphasis. Parliamentarian Greg Ullrich confirmed the council now needed to select the program emphasis and the Speaker called for a vote.

**Motion: To select 1 of 2 options for the 2023 Annual Meeting Program**

**Emphasis:**

- 1) Creating the Healthiest Nation- Building Public Health Capacity to Address Social and Ethical Challenges (as amended).**
- 2) Creating the Healthiest Nation- Addressing Longstanding and Emergent Social and Ethical Challenges to Public Health.**

**Outcome: Option 1 selected by vote of 140 (80%) to 34 (20%) for Option 2.**

Speaker Guest then moved to agenda item 8.0, speaker readout of the APHA Your Way Leadership Roundtable

**6.0 Election of Nomination Committee Members**

Speaker Guest informed the council the results of the election would be announced later in the meeting. The ballot for the Nominations Committee was presented. Councilors were instructed they were required to select three individuals to serve on the committee and were advised on how to vote in the LUMI platform. The candidates were as follows:

- Nick Collins, MPH, MCHES - Missouri Public Health Association
- Christa Cook, PhD, MSN - Public Health Nursing Section
- Tim Gibbs, MPH - Delaware Public Health Association
- Durrell Fox - HIV/AIDS Section
- Joey Lightner, PhD, MPH - Physical Activity Section
- Mary Shaffran, MPA - Environment Section

Guest then moved to the elections for APHA Executive Board members, president-elect, and honorary vice presidents.

**7.0 Election of APHA Executive Board Members**

Elections began with elections for Executive Board members. Councilors were instructed to select three candidates from the six nominees:

- Moose Alperin, EdD, MPH, MCHES
- Bryan Buckley, DrPH, MPH
- Amy Lee, MD, MPH, MBA, CPH

- Emmanuel Peprah Jr., PhD
- Gopal Sankaran, MD, DrPH, MNAMS, CHES
- Junling Wang, PhD

The next ballot presented was for APHA president-elect, and councilors were instructed to select one of the following candidates:

- Chris Chanyasulkit, PhD, MPH
- Ron Manderscheid, PhD, MA

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

- Canada – Benita Cohen, PhD, MSc, RN
- Latin American and the Caribbean – Ramón Anulfo López, MD
- United States – Gail Christopher, PhD, DN, ND

Councilor Jennifer Carmona, DPH, of the CHPPD Section, provided a second and Dr. Guest opened the vote to elect the slate of candidates to a one-year honorary term as APHA honorary vice-president

Following the vote, Speaker Guest informed the council the results of the election would be presented later in the session. Guest then returned to agenda item 5.0.

#### **8.0 Speaker Readout of “APHA Your Way” Leadership Roundtables**

Dr. Guest stated that there were approximately 45 attendees at the Leadership Roundtables on Oct. 24<sup>th</sup>. Speaker Guest noted that participants were split into 4 breakout rooms where they discussed the proposed mentoring structure including cohort mentoring, 1:1 mentoring, speed mentoring, and one-off speaker series with a public health hero. Attendees shared what they liked and did not like about the proposed structure, ways to recruit mentors and ideas to promote the program. Participants also discussed strategies to improve the process of onboarding new members. Dr. Guest noted an APHA consultant, Brighter Strategies, will provide a summary of the findings from the roundtables to the respective implementation committees. Guest encouraged councilors to visit [www.apha.org/apha-your-way](http://www.apha.org/apha-your-way) for regular updates and ways to get involved in APHA Your Way in the coming year.

#### **9.0 Leadership Appreciation**

Donna Beal, MPH, MCHES, chair of the Executive Board's Development Committee, began by thanking the Governing Council for their work and support of APHA. Beal then shared a short video highlighting the benefits donations provide to APHA members and the work of the Association. Ms. Beal challenged 100% of Governing Councilors to participate in leadership giving by Oct. 27, 2021, and noted that to-date, councilors had contributed a total of \$44,167. She noted an email would be sent to all councilors on Oct. 27 with more information on how to donate. Ms. Beal concluded by thanking her fellow members of the Development Committee. Dr. Guest then announced a 15-minute recess.

## 15-minute Recess

### 10.0 Joint Policy Committee – 2021 Report, Proposed Policy Statements and Guideline Update

Dr. Guest called the council back following the recess and confirmed a quorum was present.

Presenting the Joint Policy Committee report were JPC Co-Chairs, Shontelle Dixon, MPH, CHES (Education Board Chair) and Jeffrey E. Hall, PhD, MSPH, CPH (Science Board Chair). Anne Dressel, PhD, CFPH, MLIS, MA (Action Board Chair) was not present, but contributed to the report.

Ms. Dixon, began by reminding the Governing Council that 20 proposed policy statements were resubmitted in August and reviewed by the JPC in September. Ms. Dixon stated seventeen received positive assessments in this second review and three received negative assessments (B6, B8 and D1). The authors of B6 and D1 moved their proposed policy statements forward to the public hearings despite the negative assessment, while B8 was withdrawn and will be resubmitted in 2022. Ms. Dixon also noted that five late-breakers were submitted by the Oct. 15 deadline and two of these proposed late-breaker policy statements were accepted by the JPC co-chairs and moved to the public hearings. The remaining three were not accepted as they did not meet the criteria of a late breaker. Ms. Dixon indicated that two very successful public hearings were held on Oct. 18 (Group A, C, and Late-Breakers) and Oct. 19 (Groups B and D).

Ms. Dixon then noted that 26 policy statements adopted in 2001 are up for archiving this year. These include 20012, 20018, 200124, 200210, 200125, 200111, 200116, 200117, 200126, 200119, 2000122, 200120, 200121, 200123, 200114, 20013, 20015, 200116, 200118, 200117, 20019, 200112, 20011, 20014, 20013, 200115. Ms. Dixon noted APHA members were asked to review these policy statements and consider three potential options:

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

Ms. Dixon stated that no requests were received to keep any of the twenty-six-policy statements active and therefore all will be automatically archived at the close of the 2021 Annual Meeting. Ms. Dixon stressed that archived policy statements remain available to APHA members and serve to provide historical context.

Following the vote, Dr. Hall proceeded with discussion of the 2021 proposed policy statements. Dr. Hall presented the policy statement consent agenda, stating that the JPC recommends the following 19 proposed policy statements for adoption by the Governing Council (A1, A2, A3, A4, A5, A6, B1, B2\*, B3, B4, B5, B6\*, B7, B9, C1, C2, D1, D2\* and D3). Dr. Hall also stated that if B2, B6 and D2 are adopted, the JPC motions the

Governing Council archive these policy statements after three years versus the standard 10 years outlined in the policy statement development process guidelines given the rapidly evolving evidence and experience related to the COVID-19 pandemic to ensure the science, evidence and action steps remain up-to-date. Dr. Hall then motioned on behalf of the JPC to approve the proposed policy statements consent agenda:

A1: Supporting Physical Education in Schools for All Youth
A2: Prevention of Lower Extremity Amputation Due to Non-Traumatic Loss of Sensation and Loss of Circulation
A3: A Comprehensive Approach to Suicide Prevention within a Public Health Framework
A4: Advancing Public Health and Equity through Prevention and Reengagement of Disconnected (Opportunity) Youth
A5: A Call to Improving Patient and Public Health Outcomes of Diabetes Through an Enhanced Integrated Care Approach
A6: The Impact of Individual and Household Debt on Health and Well-Being
B1: Decriminalization of and Support for Self-Managed Abortions
B2: Call for Urgent Actions to Address Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response*
B3: Adopting a Single-Payer Health System
B4: Opposing Coercion in Contraceptive Access and Care to Promote Reproductive Health Equity
B5: Sexual and Gender Minority Demographic Data: Inclusion in Medical Records, National Surveys, and Public Health Research
B6: Lessons Learned from the COVID-19 Pandemic: The Importance of Universal Health Care in Addressing Healthcare Inequities*
B7: An Equitable Response to the Ongoing Opioid Crisis
B9: Improving the Role of Health Departments in Activities Related to Abortion
C1: Noise as a Public Health Hazard
C2: Ensuring Equity in Transportation and Land Use Decisions to Promote Health and Well-Being in Metropolitan Areas
D1: Advancing Public Health Interventions to Address the Harms of the Carceral System
D2: Preparing Public Schools in the United States for the Next Public Health Emergency: Lessons Learned from COVID-19*

D3: Preventing Violations of Sexual and Reproductive Health Rights in Immigration Detention Centers

\* JPC motions that the Governing Council archive these proposed policy statements, if adopted, after three years versus the standard 10 years outlined in the [policy statement development process guidelines](#) given the rapidly evolving evidence and experience in the pandemic to ensure the science, evidence and action steps remain up-to-date

Dr. Guest advised councilors they could now remove any proposed policy statements from the consent agenda, meaning that the proposed policy statement would then be open for discussion by the Governing Council. Councilor Sable from the Maternal and Child Health Section, removed B4 from the consent agenda. Councilor Daniel O’Connell, JD, MPH, MSc, BMI, CPH, from the Epidemiology Section, removed D1 from the consent agenda. Councilor Jordan from the Medical Care Section, asked to remove the archiving clause for COVID related policy statements from the consent agenda. Councilor Pilisuk from the CHPPD Section then asked for clarification as to whether B6 was on the consent agenda. The Speaker confirmed it was on the consent agenda. Councilor Anthony Cahill, PhD, from the Disability Section, removed B6 from the consent agenda and asked the JPC to explain why B6 and D1 were included on the consent agenda following their negative assessment in the fall review. Councilor Kelly Thompson, JD from the Law Section, removed D3 from the consent agenda. Hearing no other requests for removal, the Speaker moved to a vote on the revised proposed policy statement consent agenda:

A1: Supporting Physical Education in Schools for All Youth
A2: Prevention of Lower Extremity Amputation Due to Non-Traumatic Loss of Sensation and Loss of Circulation
A3: A Comprehensive Approach to Suicide Prevention within a Public Health Framework
A4: Advancing Public Health and Equity through Prevention and Reengagement of Disconnected (Opportunity) Youth
A5: A Call to Improving Patient and Public Health Outcomes of Diabetes Through an Enhanced Integrated Care Approach
A6: The Impact of Individual and Household Debt on Health and Well-Being
B1: Decriminalization of and Support for Self-Managed Abortions
B2: Call for Urgent Actions to Address Health Inequities in the U.S. Coronavirus Disease 2019 Pandemic and Response*
B3: Adopting a Single-Payer Health System
B5: Sexual and Gender Minority Demographic Data: Inclusion in Medical Records, National Surveys, and Public Health Research
B7: An Equitable Response to the Ongoing Opioid Crisis

B9: Improving the Role of Health Departments in Activities Related to Abortion
C1: Noise as a Public Health Hazard
C2: Ensuring Equity in Transportation and Land Use Decisions to Promote Health and Well-Being in Metropolitan Areas
D2: Preparing Public Schools in the United States for the Next Public Health Emergency: Lessons Learned from COVID-19*

**Motion:** That the Governing Council adopt the consent agenda as amended including proposed policy statements A1, A2, A3, A4, A5, A6, B1, B2, B3, B5, B7, B9, C1, C2, and D2.

**Outcome:** The motion was approved by a vote of 167 (98%) in favor; 4 (2%) opposed

Following the vote, Dr. Guest stated that discussion would move the proposed policy statements removed from the consent agenda beginning with B4 - Opposing Coercion in Contraceptive Access and Care to Promote Reproductive Health Equity. Councilor Sable from the Maternal and Child Health Section, expressed support for B4, but proposed an amendment as follows in red: Line 8-9, pg. 3 - “These include initiatives to provide

**Motion:** Amend B4 to add to Line 8-9, pg. 3 (**without providing comprehensive contraceptive counseling prior to discussing price**).

**Outcome:** The motion was approved by a vote of 101 (61%) in favor; 65 (39%) opposed

LARC methods free of charge (**without providing comprehensive contraceptive counseling prior to discussing price**) while offering all other methods of contraception with cost sharing (even if minimal)”. Councilor Julie Graves, MD, MPH, PhD from the Medical Care Section, spoke in opposition to the proposed amendment and expressed that APHA should recommend best practices as the original language does. Councilor Judith Katzburg, PhD, MPH, RN, from the Maternal and Child Health Section, expressed concerns of the Section that without the amendment APHA may be calling for something that results in decreased access to contraception. Hearing no further discussion on the amendment, Dr. Guest called for a vote.

Dr. Guest then returned to discussion of proposed policy statement B4 as amended. Hearing no further discussion, the Speaker called for the vote to adopt B4 as amended.

**Motion: Adopt proposed policy statement B4 as amended.**  
**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 156 (95%) in favor; 8 (5%) opposed**

Discussion then turned to proposed policy statement, B6 - Lessons Learned from the COVID-19 Pandemic: The Importance of Universal Health Care in Addressing Healthcare Inequities. Councilor Lythcott from the CHPPD Section asked the JPC co-chairs to explain why they now recommended this proposed policy statement be adopted following previous negative assessments. Dr. Hall responded that following the fall review, multiple changes were made to the proposed policy statement in response to JPC concerns, including expanding examples of universal health care in different countries, clarifications surrounding single payer, as well as a strengthened focus on inequities. Councilor Kristine Mulhorn, PhD, MHSA, from the Disability Section, also asked the reason for the change in the JPC's recommendation. Dr. Hall again stated that significant revisions had been made to the statement following the JPC fall review that addressed concerns raised by the JPC at that time. Councilor Cahill from the Disability Section, asked JPC for more specifics as to how each comment JPC provided in the fall was addressed. Dr. Hall was not prepared to detail the specific response to each JPC

**Motion: Adopt proposed policy statement B6.**  
**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 160 (96%) in favor; 6 (4%) opposed**

comment, but again stated reviewers believed comments were adequately addressed in the revision of B6. Councilor Cahill from the Disability Section, expressed understanding, but asked in the future that JPC provide a detailed rationale of their recommendation to adopt proposed policy statements which JPC had previously given a negative assessment. Councilor Rita Munley Gallagher, PhD, RN, from the PHN Section, requested that the Speaker ask councilors to introduce themselves and state the member unit they represent before they speak. Councilor Thompson, from the Law Section, asked whether there is an opportunity to further revise policy statements once adopted. Dr. Guest clarified that the opportunity to revise the proposed policy statements for content occurs throughout the year during the proposed policy statement development process. Following adoption by the Governing Council, the policy statements will be copyedited, but there is no further opportunity for significant content revisions unless the policy statement was resubmitted as a new proposed policy statement through the full process. Councilor Lythcott from the CHPPD Section, spoke in support of B6 and noted that each of the JPC concerns raised in the fall review were addressed by the most recent revision of B6 and that the statement complements proposed policy statement B3 which focuses



on the specific single-payer approach to universal health care. Councilor Johnson from the CHPPD Section, also expressed support for B6 and noted additional evidence surrounding the equity approach to universal health care, as well as response to future epidemics was provided. Councilor Lythcott of the CHPPD Section, asked a process question regarding the timing of the JPC final recommendations to the Governing Council and requested these be provided earlier than the night before the vote. Dr. Guest noted that the JPC provided their decisions as soon as they were available following Executive Session on Monday. The Speaker indicated time for discussion on B6 has now expired and called for a vote on the motion to adopt B6 - Lessons Learned for the COVID-19 Pandemic: The Importance of Universal Health Care in Addressing Health Care Inequities.

Discussion then moved to proposed policy statement D1. Councilor O'Connell from the Epidemiology Section, spoke in opposition to this proposed policy statements, raising concerns about plans for prison release and the impact of the release of career or sociopathic criminals on public safety. In addition, Councilor O'Connell questioned evidence around restorative and transformative justice strategies included in the proposed policy statement and stated this was not an effective plan to handle new crime. Following Councilor O'Connell's statement, Dr. Guest answered a process question, noting that the Governing Council does not have any policy limiting the amount of time an individual councilor is permitted to speak on the floor. Councilor Juhyung Sun, MPH, MBA, from the Health Administration Section, spoke for himself in support of the proposed policy statement and noted there was not a blanket call to abolish all prisons in the proposed policy statement. Councilor Sun stated one of the strengths of the proposed policy statement was in addressing structural factors that promote mass incarceration, such as for-profit prisons. Councilor Graves from the Medical Care Section, spoke for herself, in favor of the proposed policy statement and expressed concerns that Councilor O'Connell's concerns about evidence were not previously raised during the proposed policy statement process so that they could be addressed. Councilor Carmona from the CHPPD Section, spoke on her own behalf in support of D1. Councilor Conner from the International Health Section, alerted councilors to multiple revisions to the statements that were made in response to comments from the JPC, as well as multiple member units. Councilor Conner also stressed the thorough evidence base for the harms of the carceral system. Councilor Jordan from the Medical Care Section, expressed the Section's support for D1, noting that the authors have been responsive and respectful to extensive comments provided throughout the proposed policy statement development process. Councilor Jordan stated D1 aims to reform the carceral system to make it humane and just. Councilor Edouard from the PHEHP Section, spoke in support of D1 stating the proposed policy statement addressed the harms of the carceral system to persons of color, as well as those suffering from mental illness. Councilor Pilisuk from the CHPPD Section, spoke in support of D1 and stated the authors have been very responsive to concerns raised regarding personal and public safety regarding release, particularly surrounding support for individuals with mental illness. Dr. Guest then announced the time for discussion on D1 expired and called for a vote on the motion to adopt D1 - Advancing Public Health Interventions to Address the Harms of the Carceral System.

**Motion: Adopt proposed policy statement D1.**

**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 145 (86%) in favor; 23 (14%) opposed**

Discussion then moved to D3 - Preventing Violations of Sexual and Reproductive Health Rights in Immigration Detention Centers. Hearing no discussion, Dr. Guest called for a vote on the motion to adopt D3.

**Motion: Adopt proposed policy statement D3.**

**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 167 (98%) in favor; 4 (2%) opposed**

Following the vote, Councilor Thompson from the Law Section, rose with a process question stating that they had been raising their hand to speak. Dr. Guest reiterated the requirement to enter the discussion queue to speak, stating councilors should only raise their hand once called on to speak. Despite the voting having occurred, Councilor Thompson noted concerns from the Law Section that suggested edits and requests for additional evidence were not adequately addressed by authors.

Dr. Guest, then moved to discussion on the motion from the JPC, that the Governing Council archive B2, B6 and D2, after three years versus the standard 10 years outlined in the policy statement development process guidelines given the rapidly evolving evidence and experience in the pandemic to ensure the science, evidence and action steps remain up-to-date. Councilor Graves from the Medical Care Section, spoke in opposition of the motion. Councilor Graves stated the Medical Care Section would like to see these policy statements active and updated via amendments versus archiving the proposed policy statement. Dr. Guest then asked the JPC to respond to Councilor Graves's statement. Dr. Hall agreed that statements needed to have the most recent information available, and stated that the intent of shortening the period prior to archiving these statements is to ensure that statements with outdated evidence do not remain active in the APHA policy statement database. Councilor Jordan from the Medical Care Section, also stated that the three-year period is insufficient to allow timely revisions of policy statements and suggested the JPC propose an alternative timeline for archiving. Councilor Gilden from the Environment Section, stated the Section believed archiving after three years was too short a period, but suggested JPC consider perhaps five years. Speaker Guest clarified that archived policy statements were still available to APHA members for historical reference and noted that an amendment was required to change the suggested period for archiving to five years. Councilor Sankary from the Epidemiology Section, proposed discussion be extended for 15 minutes. Speaker Guest stated current discussion expired at 11:09 a.m. MT at which point this motion could be raised. Councilor Sankary then spoke in opposition to the motion, stating that the evidence and strategies in the policy

statements were not limited to the COVID-19 pandemic and the principles in the statements were critical to addressing future pandemics. Councilor Kathryn Marwitz, PharmD, MPH, from the Epidemiology Section, also expressed the Section’s opposition to the motion. Councilor Johnson from the CHPPD Section, expressed understanding of both perspectives, but stated that shortening the period before archiving, would simply ensure faster revision of the proposed policy statements to update the evidence and action steps, and updates would not be as big of a burden as has been presented. Councilor Johnson then proposed an amendment to the motion to archive B2, B6 and D2 after five years as opposed to three years. Councilor Swedler from the ICEHS Section, seconded the motion. Dr. Guest then moved to discussion of the amendment. Councilor Garret, COA chair, spoke against the amendment, stating it was not clear five years was the appropriate time frame and suggested JPC revisit the motion. Speaker Guest announced time had expired and called for a vote on the previous motion by Councilor Sankary to extend debate by 10 minutes.

<b>Motion:</b>	<b>Motion to extend debate.</b>
<b>Outcome:</b>	<b>The motion was approved by a vote of 92 (58%) in favor; 66 (42%) opposed.</b>

Councilor Jackson from the Maternal and Child Health Section, spoke in opposition to the amendment, stating that the focus of B2, B6 and D2 went well beyond COVID-19 and thus should be archived as scheduled after 10 years and if new evidence is available, revisions can be made by submitting a new proposed policy statement. Councilor Engle, Oregon Affiliate Representative to the Governing Council, asked if there was a separate process for updating and amending policy statements. The Speaker clarified updates and amendments to existing policy statements must go through the full proposed policy statement development process. Councilor Troisi from the Executive Board, motioned to table the motion. Dr. Guest called for a second, which was received by Councilor Graves from the Medical Care Section. Dr. Guest stated the motion to table did not allow for discussion and called for a vote.

<b>Motion:</b>	<b>Motion to table the motion.</b>
<b>Outcome:</b>	<b>The motion was approved by a vote of 129 (79%) in favor; 35 (21%) opposed.</b>

Councilor Jackson from the Maternal and Child Health Section, motioned that the Committee on Bylaws and JPC review the motion regarding archiving of B2, B6 and D2 and report back to the Governing Council. Dr. Guest clarified the motion was out of

order, but well taken. The Speaker clarified that policies around archiving are not included in the APHA Bylaws and thus only JPC should review the proposed motion and report back to the Governing Council at its next meeting.

Discussion then moved to the late-breaker proposed policy statements beginning with LB1 - Address Threats to Public Health Practice. Dr. Hall moved to adopt LB1, noting the JPC recommended both LB1 and LB2 for adoption. Councilor Rehr from the Environment Section, expressed the section's support for LB1. Hearing no further discussion, Dr. Guest called for a vote.

**Motion: Adopt proposed policy statement LB1.**  
**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 164 (98%) in favor; 2 (2%) opposed**

Speaker Guest reminded councilors all adopted late-breakers would need to be submitted into the full proposed policy statements development process in 2022 and readopted by the Governing Council or they archive after one year. Discussion then moved to discussion of LB2 - Expanding Medicaid Coverage for Birthing People to One-Year Postpartum. Dr. Hall moved to adopt LB2, again indicating JPC's recommendation to adopt. Councilor Gareau from the Executive Board, spoke as an individual in support of LB2 and noted it intentionally targeted one step in expanding coverage. Hearing no further discussion, Dr. Guest called for a vote.

**Motion: Adopt proposed policy statement LB2.**  
**JPC Recommendation: Adopt.**

**Outcome: The motion was approved by a vote of 164 (98%) in favor; 4 (2%) opposed**

The Speaker then moved to agenda item 13.0 - New Business for 20 minutes as the meeting was ahead of schedule.

### **11.0 Announcement of Nominations Committee Election Results**

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

- Nick Collins, MPH, MCHES - Missouri Public Health Association
- Christa Cook, PhD, MS - Public Health Nursing Section
- Durrell Fox - HIV/AIDS Section

### **12.0 Announcement of Nominations Committee Election Results**

By unanimous vote, the following individuals were elected as APHA 2021-2022 honorary vice presidents. They serve a one-year term from Oct.28, 2021, to Nov. 9, 2022:

- Canada – Benita Cohen, RN, MSc, PhD
- Latin American and the Caribbean – Ramón Anulfo López, MD
- United States - Gail Christopher, PhD, DN, ND

The results of the Executive Board election were as follows:

- Moose Alperin, EdD, MPH, MCHES
- Bryan Buckley, DrPH
- Amy Lee, MD, MPH, MBA, CPH

The three individuals elected to the Executive Board will serve a four-year term ending in 2025.

Chris Chanyasulkit, PhD, MPH, was elected as president-elect to serve a three-year term as president-elect, president, and immediate past president.

### **13.0 New Business**

Dr. Guest opened the floor for councilors to raise new business. Councilor Johnson from the CHPPD Section, asked that as Sections could no longer use operating funds to provide scholarships to attend the Annual Meeting, donations made to broader APHA be used to fund enrichment funds of Sections. Dr. Benjamin responded noting that the enrichment accounts are intended for the Sections to raise money for discretionary funding. The budget for operating funds is to aid with the administrative costs of the Sections and expire after one year. Dr. Benjamin stressed that each year APHA has almost \$2 million of needs that need to be funded, so while he will add providing scholarships to the list, it is not likely to be able to be funded. However, Dr. Benjamin noted individual members have sponsored scholarships for members to attend the Annual Meeting in the past.

Councilor Lythcott from the CHPPD Section, raised a point of order, asking for clarification on the tabled motion from JPC related to archiving the adopted policy statements related to COVID-19. Dr. Guest clarified the statements adopted will archive after 10 years as is standard practice, unless action is taking at the next meeting of the Governing Council on the JPC's report.

Councilor Knudsen New Mexico Affiliate Representative to the Governing Council, made a motion that as APHA prepares for the 150<sup>th</sup> anniversary the Association intentionally look for histories of the mistakes public health has made over the last 150 years. The Speaker stated the motion was out of order, but the Association would take the recommendation and examine mistakes as well as successes over the past 150 years. Councilor Lythcott of the CHPPD Section, added that staff should aim to use stories in their celebration of the 150<sup>th</sup> anniversary. Hearing no further new business, Dr. Guest returned to agenda item 11.0 - Announcement of the Nominations Committee Results.

#### **14.0 Adjourn**

Dr. Guest ended the meeting by thanking all the Governing Councilors for their services, particularly those whose terms on the Governing Council end in 2021. Dr. Guest asked that member units take care to orient new Governing Councilors. The Speaker stated the first Governing Council activity of 2022 would be the Speaking with the Speaker series on Jan. 10, 2022, at 4 p.m. ET. Lastly, Dr. Guest asked councilors to complete the post-meeting survey.

*The Governing Council's 2022 midyear meeting will take place virtually on Monday, June 13, 2022, from 2-4:30 p.m. ET.*

DRAFT