AMERICAN PUBLIC HEALTH ASSOCIATION
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Executive Board Meeting Minutes
July 6, 2026
Virtual Meeting

Present	**Unable to Participate**
Melissa (Moose) Alperin, EdD, MPH, MCHES	N/A
Georges C. Benjamin, MD	
Jessica Boyer, MPH, MSW, *Vice Chair*	
Monique J. Brown PhD, MPH, FGSA	
Shontelle Dixon, MPH, CHES, *Chair*	
Aaron Guest, PhD, MPH, MSW	
Brett R. Harris, DrPH	
Claude A. Jacob, DrPH, MPH	
Robin Kimbrough-Melton, JD	
Laura Rasar King, EdD, MPH, MCHES	
Megan Weil Latshaw, PhD, MHS	
Cynthia N. Lebron, PhD, MPH	
Ashley S. Love, DrPH, DHSc, MPH, MS, CPH, CHC	
Nandi Marshall, DrPH, MPH, CHES, CLC, CDE	
Anas Khurshid Nabil, MPH, MSPH	
Shirley A. Orr, MHS, APRN, NEA-BC	
Donna-Marie Palakiko, PhD, MS, APRN	
Kaye Reynolds, DrPH, MPH	
Gopal Sankaran, MD, DrPH, MNAMS, CHES	
Jimmie Smith, MD, MPH	
Melissa Toledo-Ontiveros, MA, MCJ, MPA	
Cathy L. Troisi, PhD, MS	
Deanna J. Wathington, MD, MPH, FAAFP	
Brittan Williams, MPH, CHES	

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Monday, July 6, 2026

Welcome – Shontelle Dixon, MPH, CHES, Chair

APHA Board Chair, Ms. Dixon called the meeting to order, called roll and made brief opening remarks. She then requested a motion to approve the Executive Board's July meeting agenda. The motion was moved by Dr. Wathington and seconded by Dr. Sankaran, and with no discussion, Ms. Dixon called for a vote.

Motion:	To approve the Executive Board's July 2026 meeting agenda.
Outcome:	Approved unanimously.

Ms. Dixon called for a motion to approve the items on the consent agenda which included the May Executive Board meeting minutes and new agency members. The motion was moved by Dr. Smith and seconded by Dr. Guest, and with no discussion, Ms. Dixon called for a vote.

Motion:	To approve the consent agenda which included the May 2026 Executive Board meeting minutes and new agency members.
Outcome:	Approved unanimously.

Report of the Governance Committee – Jessica Boyer, MPH, MSW, Chair

Ms. Boyer began by outlining the role of the Governance Committee of the Executive Board. Ms. Boyer stressed the importance of ensuring all voices were heard and that the board adhered to best practices in governance. Ms. Boyer then discussed the results of the May meeting evaluation. Ms. Boyer stressed the importance of all executive board members completing meeting evaluations and shared her concerns about not reaching the desired 80% completion rate for post-meeting surveys.

Ms. Boyer then updated the executive board on the upcoming board self-assessment tool, which will be distributed in early October with a two-week completion window. Ms. Boyer explained that the tool, reviewed and adapted by a subcommittee of the governance committee, includes both APHA-specific and general board performance items, using Likert scales and some open-ended questions. Ms. Boyer said the goal is to evaluate both individual and collective board performance, potentially replacing the current exit annual surveys. The self-assessment is also intended to inform the nominations committee and future governance processes. There was strong support for this initiative, with emphasis on its alignment with best practices and the importance of board members reflecting on their service and areas for

improvement. Ms. Dixon thanked Ms. Boyer for her presentation and introduced the next item on the meeting agenda.

Association Update – Georges C. Benjamin, MD, Chief Executive Officer

Dr. Benjamin began his presentation by requesting the executive board discuss and vote to approve Methodist Healthcare Ministries for agency membership. Dr. Benjamin noted that asking the board to vote on this agency separately from the other agency members is an example of due diligence and transparency in agency member approvals, especially for organizations with complex backgrounds. The executive board then discussed the proposed agency member; hearing no further discussion Ms. Dixon called for the vote. Methodist Healthcare Ministries was approved unanimously for APHA agency membership.

Dr. Benjamin then provided updates on several operational initiatives: migration of the iMIS system to the cloud (launch after annual meeting), selection of a new cloud-based accounting platform (targeted for launch in January 2027), and ongoing work on AI policies for the American Journal for Public Health and the broader association. Dr. Benjamin then discussed APHA facilities, including HVAC duct improvements, painting, printer upgrades, and replacing building artwork. These changes are aimed at improving efficiency, supporting work inside the APHA headquarters building, and modernizing infrastructure.

Dr. Benjamin then reported on the 2026 annual meeting, noting that the meeting is 17 weeks away. Dr. Benjamin informed the board that 1,158 individuals have registered for the meeting, and 273 exhibit booths have been sold. Dr. Benjamin said the numbers are comparable to previous years, with expectations surpassing last year's exhibit performance. Early bird registration trends and location differences affect year-to-year comparisons. The association is monitoring these metrics closely to ensure financial targets are met and to inform planning for future meetings.

Dr. Benjamin addressed concerns about the timing and location of annual meetings, particularly regarding overlap with election weekends and fears about meeting in certain states. He explained the logistical constraints in scheduling due to academic calendars and venue availability, noting that fears about certain locations are often not based on rational risk assessments. Dr. Benjamin said the association is sensitive to member concerns but cannot accommodate all preferences. Dr. Benjamin said he is aware of the desire for increased political activism among members, leading to more demands for policy action. Dr. Benjamin emphasized the need to balance responsiveness with practical limitations.

Dr. Benjamin then discussed significant federal regulatory changes, including the proposed Office of Management and Budget (OMB) rules that would allow political review of grant peer reviews, termination of grants for convenience, and restrictions on grant expenses such as

professional memberships and conferences. Dr. Benjamin noted that these changes could impact all grants, not just those related to DEIAB or gender identity, and have raised widespread concern. Dr. Benjamin said APHA is preparing comments, considering legal action, and collaborating with other organizations to oppose the changes.

Dr. Benjamin also updated the board on court injunctions affecting the Public Service Loan Forgiveness Program and graduate loan limits, with potential negative impacts on public health students. Dr. Benjamin said that APHA is prepared to provide amicus briefs as needed.

Dr. Benjamin then highlighted CEPH's decision to withdraw from the U.S. Department of Education's recognition process. Dr. Benjamin noted that CEPH's decision has no impact on the accreditation status of any CEPH accredited school or program, nor does it affect CEPH's role as the accrediting body for schools and programs of public health. Dr. Benjamin then asked Dr. King, CEPH's Executive Director, to share her thoughts.

Dr. King explained that CEPH's withdrawal from U.S. Department of Education recognition has minimal impact, as only two grants were affected (one now defunct, one expired). Dr. King reiterated Dr. Benjamin's comments that there is no effect on accreditation status for schools or programs, nor on eligibility for the Public Health Service. The decision was made after extensive study, and most programmatic accreditors are not recognized by the Department of Education. Dr. Benjamin noted the lack of a formal public health practitioner category in the Department of Labor as a potential risk, and efforts are ongoing to address this through legislative or administrative means.

Executive board members then asked Dr. Benjamin questions related to his presentation. Hearing no further comments, Ms. Dixon thanked Dr. Benjamin for his presentation and introduced the next item on the meeting agenda.

Report of the Speaker of the Governing Council – Aaron Guest, PhD, MPH, MSW

Dr. Guest began by sharing information related to the mid-year meeting of the Governing Council. Dr. Guest highlighted key findings including attendance data (68% of Councilors participated in the meeting), evaluation insights and attendee thoughts on the most and least valuable aspects of the meeting. Dr. Guest then outlined topics the Governing Council is interested in addressing during the fall meetings of the Council.

Dr. Guest then shared ongoing challenges in ensuring the governing council is well-informed and working at optimum levels. Challenges include, but aren't limited to:

- Governing Councilors feel that too much time is wasted on wordsmithing on the floor of the Governing Council.

- Concern that too few voices are being heard and that the Governing Council is unable to have substantive discussions.
- Governing Councilors feel pressured to vote on language they have not fully reviewed.
- Final language may reflect who speaks fastest, not a broad Governing Councilor consensus.

Dr. Guest then proposed a number of possible solutions to the above-mentioned challenges. Dr. Guest then shared Governing Councilor concerns regarding the Evidentiary Review process. Dr. Guest noted that a listening session is planned for August to address concerns. Executive board members emphasized the need for education about the purpose and process of policy statements, noting that many members misunderstand their function.

Dr. Guest then shared information related to the work of the Committee on Bylaws leading up the 2026 Annual Meeting. Dr. Guest said the committee's focused on amending the Student Assembly section, editing the section on Special Interest Groups (SPIGs) and the proposed APHA Code of Conduct amendment.

Dr. Guest then shifted his attention to APHA Caucuses, noting that the Memorandum of Understanding (MOU) is undergoing revisions that will be shared with APHA's legal counsel. Key revisions include standardizing requirements. The new base requirement is 75 members (up from 25), with a year given to reach this threshold. Leadership updates, membership lists, and signed MOUs are required annually, with penalties for non-compliance such as loss of annual meeting sessions and potential disassociation after two years of noncompliance. Dr. Guest noted that the process is not a negotiation but an agreement to participate in APHA. Dr. Guest said that pushback is expected, but leadership is working with the caucus collaborative to ensure a respectful rollout. Dr. Guest said the goal is to align expectations with what staff can realistically support and to ensure fairness across member units.

At the conclusion of the presentation, executive board members discussed the topics listed above. AT the conclusion of the discussion, Ms. Dixon thanked Dr. Guest for his presentation and introduced the next item on the meeting agenda.

Report of the Treasurer – Shirley Orr, MHS, APRNA, NEA-BC

Ms. Orr presented the treasurer's report, noting APHA's total net assets were $29.9 million as of May 2026, with restricted assets roughly $24 million. Year-to-date revenue was $25 million (over budget by $1.5 million), expenses were $25.8 million (also over budget), resulting in a negative change in net assets from operations of $769,903. Including investments, net assets increased by $656,853. The projected year-end operational loss is $1.99 million, but with investments, the loss is reduced to $553,574, which is better than the previously projected

loss of $2.2 million. Underperforming revenue areas include the annual meeting, advertising, and book sales. Ms. Orr noted that the annual audit is scheduled for late summer, with results expected before the annual meeting.

Hearing no questions, Ms. Dixon thanked Ms. Orr for her presentation and introduced the next item on the meeting agenda.

APHA Strategic Plan Update – Monique Brown, PhD, MPH, FGSA, Chair, Strategic Planning Committee; Celeste Philip, MD, MPH, Senior Public Health Advisor-Health and Medical Affairs; Liz Scott, PhD, Chief Executive Officer, Brighter Strategies, LLC

Dr. Brown made brief opening remarks and introduced Dr. Scott, APHA's strategic plan consultant. Dr. Scott led the strategic plan discussion noting that strategic plan implementation is staff-driven and organized into five work groups: (1) Building a diverse leadership pipeline, (2) Advocacy and championing public health, (3) Advancing equitable public health practices, (4) Member engagement and satisfaction, and (5) Operational excellence. Dr. Scott asked the staff leading each working group to discuss key metrics related to their area or responsibility. At the conclusion of the presentations, Dr. Scott asked executive board members to email her if they had any questions.

Ms. Dixon thanked Dr. Brown, Dr. Scott and the staff leads for their presentation; made brief closing remarks and called for a motion to adjourn the meeting the motion was moved by Dr. Marshall and seconded by Dr. Alperin and hearing no discussion, Ms. Dixon called for the vote. The motion was approved by acclamation, and the meeting was adjourned.

The next meeting of APHA Executive Board will take place at 2 p.m. Eastern on September 14, 2026, via Zoom