



Summary Findings from Electronic Bulletin Board Postings

August 2002 – January 2003

Task Force on Association Improvement and Reorganization (TFAIR)

Task Force Values:

Transparency, Fairness, Accessibility, Inclusivity, Respect

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**The full text of respondent postings is available at:
<http://www.apha.org/private/tfair>**

Executive Summary

From August 12, 2002, through January 17, 2003, the Task Force on Association Improvement and Reorganization (TFAIR) of the American Public Health Association (APHA) created and maintained an electronic bulletin board on the members-only area of the APHA website to collect feedback from members on areas of the association that are strong and those that need improvement. TFAIR used email messages, articles in *The Nation's Health*, and preprinted bookmarks distributed at the 2002 Annual Meeting to promote the bulletin board and encourage members to participate. The electronic bulletin board was organized by operational domains: advocacy, finances, leadership, membership, and organizational structure. Additionally, an overall improvement domain was included.

A total of 119 postings were made to the bulletin board from at least 60 different APHA members, some posted anonymously. For analysis, these comments were organized by domain and posted questions, producing more than 150 specific member comments. TFAIR subcommittees reviewed data from each domain to identify themes which were assigned and analyzed to produce this final report. Two important limitations to consider when interpreting the findings in this report are that comments were received from a relatively small number of respondents and that their comments are not necessarily representative of all APHA members.

The findings from this process revealed many aspects of the association that the respondents' perceive to be strengths, weaknesses, or sometimes both. Two cross-cutting themes emerged across all the operational domains. The first relates to a need for increased communication, specifically greater two-way communication between leaders and members and among operational units within the association, and to a need to better educate APHA members about the operations and structure of the association. The second relates to the perception that APHA does not sufficiently support or effectively utilize the expertise and abilities of its members and organizational units. These members and units are said to have a lot to contribute to the internal and external goals of the association, especially in the areas of membership recruitment, scientific expertise, and regional and national advocacy.

In the operational area of advocacy, the respondents noted the critical function of advocacy to APHA, but many observed that the association's efforts on advocacy are not sufficiently prioritized, organized, and coordinated. Furthermore, some expressed that the association lacks sufficient ideological diversity.

Regarding the association's finances, many respondents expressed a desire for greater access to and understanding of budget and financial details. Mixed perspectives were expressed regarding revenue-generating options like increasing dues or seeking corporate support, and many suggested cutting costs through increased electronic communications and greater priority setting for resource allocation.

Overall, respondents perceive the association leadership to be somewhat inaccessible and expressed a desire for greater reciprocal communication and for additional member input in important association decisions. Others expressed concern that the leadership represents a narrow political perspective and that more power should rest in other organizational units.

The large, inclusive, and experienced membership of APHA was seen by many as APHA's greatest strength, but was also observed to be a challenge for finding common ground and building consensus. Concerns were raised about the cost of membership relative to its benefits and the limited involvement that Sections and Affiliates have in recruitment and retention. In addition, many respondents noted the difficulty experienced by those who wish to get more involved in association leadership.

Many respondents described the organizational structure of APHA as complex and confusing and suggested that structural information be better communicated to members, while also exploring ways to streamline and simplify the association's operational structure. Any organizational assessment and reorganization also should consider ways to build upon the processes, infrastructure, and capacity of the primary organizational units. Many respondents also expressed confusion and concern with the relative role and responsibilities of various leadership positions, boards, and committees, and with the lack of transparency in decision-making processes.

Additional comments were received on topics such as the annual meeting, policy development, and other specific areas of operation or involvement.

TFAIR plans to review the findings from this report, along with other sources of data and member input, to develop priority areas for association improvement and specific recommendations for change that will be presented to the Governing Council at the 2003 Annual Meeting.

Background and Methods

What is TFAIR?

The American Public Health Association (APHA) is more than 130 years old. During the life of the Association, many changes have occurred that affect the Association's environments, strategy, methods, and effectiveness. The Association has witnessed numerous modifications in its focus and operations, but has not had the opportunity to review its operations, performance and structure in an integrated fashion. For this and other reasons, with the concurrence of the Governing Council, the Executive Board charges The Task Force for Association Improvement and Reorganization (TFAIR) as follows.

TFAIR shall assist the Governing Council and the Association with the identification and prioritization of major opportunities to improve the effectiveness of the Association. In doing so, TFAIR shall review the operations, programs, performance, organization and governance of the Association in light of its mission, the environments in which it operates, and the expectations directed to it by its multiple constituencies. Thereafter, the Task Force will assist the Governing Council and the Association in the development and assessment of alternative approaches to the identified opportunities for improvement.

Data collection

From August 12, 2002, through January 17, 2003, an electronic bulletin board was created and maintained on the APHA website to collect feedback from members on areas of the association that are strong and those that need improvement. To facilitate feedback, association operations were divided into five domains (advocacy, finances, leadership, membership, and organizational structure) and specific questions were posed in each domain. Respondents were able to post signed or anonymous comments in response to the questions, in response to other postings, or on topics of their choosing.

To facilitate participation, the bulletin board was promoted in several issues *The Nation's Health* and by multiple blast-email messages sent to all APHA members for whom the association has a valid email address. In addition, members of the Task Force and the Executive Board promoted the bulletin board during the 2002 APHA Annual Meeting by disseminating several thousand bookmarks that had the bulletin board web address and instructions. Additional comments were invited via email or postal mail for those APHA members without web access but no such comments were received.

All posted comments were imported into a Microsoft Word document, with the newest messages listed first. Each posting was labeled with its corresponding question number. The text within each domain's messages was sorted by question numbers to facilitate compilations and analysis. All extraneous formatting and characters were stripped out of messages, obvious spelling mistakes were corrected, and some formatting (e.g., bold type, line breaks) were added to postings to assist reading. Finally, postings within each domain that did not specifically address the posted questions were relocated to a "miscellaneous" section at the end of that domain's postings.

During the four months that the bulletin board was accessible, a total of 119 comments were received from 60 different APHA members, including 11 anonymous postings. In addition, four long postings were received which contained summaries from discussions at the ISC/COA joint meeting in Philadelphia at the 2002 Annual Meeting. The average number of postings per respondent was 1.73. The breakdown of number of respondents by domain were: 26 on Overall Improvement, 19 on Advocacy, 14 on Membership, 9 on Organizational Structure, 8 on Finance, 7 comments on Leadership, and 36 on other issues. When the comments were broken out by specific sub-question within each domain, the number of comments per domain were: 63 on Advocacy, 20 on Finance, 18 on Leadership, 23 on Membership, and 25 on Organizational Structure. Dozens more comments were received in the Overall Improvement and Miscellaneous sections that were relevant to specific domains and were analyzed together with the appropriate domain.

Posted questions:

Overall Improvement: (1) As an association, what are APHA's greatest strengths and weaknesses? (2) What are the main aspects of APHA's operations that need improvement? (3) What are the potential risks and benefits of not seeking to improve the association?

Advocacy: (1) To what extent should APHA be an advocate for public health? (2) What are the strengths and limitations of the current APHA approach to advocacy? (3) At what levels (e.g., federal, state, local) and in what settings (e.g., legislative, executive) can APHA most effectively act as an advocate? (4) When should APHA stand alone and under what conditions should it work through coalitions? (5) How can APHA use its existing policies to advocate effectively? (6) How can APHA's ongoing policy development and advocacy efforts be made more rapid and timely?

Finances: (1) What are the strengths and limitations of the APHA's current approach to financial management? (2) How can APHA's existing sources of revenues (e.g., dues, annual meeting, publications) best be increased? (3) What other sources of revenue are most (or least) appropriate for APHA to explore? (4) How can APHA best reduce its expenditures in order to control costs without losing essential services?

Leadership: (1) What do members want from APHA leadership? (2) What are the strengths and limitations of the current APHA leadership structure? (3) Which individual positions and/or leadership bodies should be responsible for which types of decisions? (4) How can the speed and transparency of decision-making processes be improved?

Membership: (1) What are the strengths and limitations of the APHA's current approach to membership recruitment and retention? (2) What are the strengths and limitations of the APHA's current approach to membership activation and deployment (i.e., putting volunteers into leadership positions)? (3) Why have APHA's overall membership numbers been flat for the last several years? (4) How can APHA best use its resources and efforts to dramatically increase its membership?

Organizational Structure: (1) Does your experience suggest that the organizational structures now in place should be changed? (2) How can the roles, responsibilities, and structure of the organizational elements (affiliates, caucuses, sections, SPIGS, etc.) best be defined and used?

How can the roles, responsibilities, and structures of the leadership elements (president, president-elect, past-president, executive board chair, executive committee, executive board, governing council, and senior staff) best be defined and used? (4) How might the relationship among the affiliates, sections, and the national organization be best conceived and structured? (5) How can the organizational structure of APHA be made most effective, responsive, nimble, and transparent?

Data Analysis

Data were analyzed by dividing the members of TFAIR into domain-specific subcommittees to review all the postings in their respective domains along with domain-relevant comments posted elsewhere on the bulletin board. Each subcommittee identified the primary themes and topics discussed in their domain and prepared a summary document for the TFAIR chairperson. The Task Force decided to focus on comments related to areas of strengths and those that need improvement. Specific recommendations for change that were suggested in comments were used to underscore the importance of the problem they address, but because these types of recommendations were not solicited at this stage of data collection, they are not reflected in this report. These suggestions may be considered by TFAIR later this year when recommendations for changes are developed for presentation to the Executive Board and Governing Council.

The TFAIR chairperson, with the assistance of a Graduate Research Assistant, proceeded to assign codes to the respondents' comments from each domain using the themes developed by the subcommittees, and prepared a draft report of findings for each domain and for cross-cutting themes across the domains. These draft reports were returned to the subcommittees for revisions and to validate the findings prior to the production of this final report.

Two important limitations to consider when interpreting the findings in this report are that comments were received from a relatively small number of respondents and that their comments are not necessarily representative of all APHA members.

Next Steps

This report will be shared with the Executive Board and the Governing Council and will be available on the TFAIR section of the APHA website that is accessible from the "members only" link. Following completion of this report, TFAIR will consider the findings, along with several other important sources of member-feedback data, to develop a list of short-term and long-term priority areas for association improvement. As before, these lists will be circulated to the Executive Board and Governing Council for comment and feedback. Finally, TFAIR will develop a number of recommendations for improvement to be presented to the Governing Council for consideration at the 2003 Annual Meeting in San Francisco.

It is the intention of TFAIR to proceed in an inclusive and transparent manner. If APHA members have any question or comments about this process or its results, they are encouraged to contact us at tfair@apha.org or contact the Chair of TFAIR at jbernha@sph.emory.edu.

Findings

Overall Improvement

The respondents to the Overall Improvement questions on the electronic bulletin board identified many areas to be strengths and weaknesses of APHA. Included among the listed strengths were the mission and goal of the association, Annual Meeting, publications, interdisciplinary expertise, membership diversity, membership size, and democratic process. Areas of weakness included the complex organizational structure, lack of central focus, insufficient resources, diffuse membership, lack of geographic and political diversity, lack of grassroots initiatives, poor sales skills, and “fuzzy thinking and weak implementation.” Nearly all respondents emphasized the need for APHA to pursue self-improvement, with serious consequences predicted if the association fails to do so, including declining memberships, reversals of public health achievements, and a significant loss of resources, visibility, credibility, and relevance.

Cross-Cutting Themes

When the posted comments from all the domains were considered together, two clear themes emerged that cut across all of the operational domains. The first of these themes related to internal association communication and education. Many responses in every domain expressed concern about the current state of communication within APHA and the lack of educational resources available for APHA members about the association, how it operates, and how to get involved. One frequently mentioned communication concern was the lack of two-way communication and limited opportunities for feedback and input to the leadership from members and leaders of other organizational units. Another communication concern related to the limited accessibility that organizational units have to internal communication channels (e.g., listserves, website) for communicating with their members and with each other. In terms of membership education, many respondents expressed a desire for more information on APHA operations and organizational structure and for more defined paths and procedures for getting involved in APHA leadership.

The second cross-cutting theme related to utilizing the membership. Many respondents noted that APHA’s greatest strength is its membership, which represents both the highest levels of scientific and professional expertise with experience, leadership, and representation at every level of practice and government throughout the country. Despite this tremendous asset, many respondents observed that APHA currently fails to capitalize on this strength and to put the social, intellectual, and human capital of its members to use on behalf of the association or the national public health agenda. Like the problem of poor communication, the limited use of the overall APHA membership and its organizational units may hamper the effectiveness of the association in many areas of operation including advocacy, finances, leadership, and membership.

Advocacy Domain

All respondents to this section agreed that APHA should be a strong advocate for public health and several described advocacy as a key function of APHA. As one respondent noted: “Advocacy is a critical function of APHA. What other body takes a population-based perspective, is non-governmental, and can offer a counterbalance to the market-driven and crisis-ridden health care system we find ourselves in?” Most respondents suggested that APHA primarily advocate for public health at the federal level, but that state-level and local-level advocacy are important on specific issues and can be accomplished in partnerships with the Affiliates. Many respondents expressed widespread support for coalition building (e.g., “I cannot think of an issue on which APHA had no allies.”), but some stressed the importance of showing leadership and the need to sometimes stand alone for what we believe in (e.g., “Remain separate from the influences of corporate businesses and lobbying groups.”). Finally, several respondents called for better communication and education from the volunteer leadership and staff involved with advocacy efforts with other organizational units and the general membership.

Setting Priorities

The most common concern expressed by respondents about the policy advocacy efforts of APHA was that the efforts are not sufficiently prioritized, organized, and coordinated. One respondent observed: “There is no clear mechanism for establishing priorities among the policies, not just the ones adopted at the then current Annual Meeting, but among the whole corpus of policies on the books.” Rather than attempting to focus on a wide range of policies on diverse public health issues, many respondents recommended focusing on a few priority issues in depth and maintaining this focus over a longer period of time. Many respondents noted that the policy development process should operate proactively to anticipate emerging areas for advocacy. Respondents also suggested that advocacy efforts be better coordinated between different organizational units and that all efforts should be consistent with our overall mission and goals.

Ideology

Another theme expressed by a number of respondents was that APHA is perceived by some of its members and/or the public to lack sufficient ideological diversity, which may alienate some members and may limit the effectiveness of APHA’s advocacy efforts. As one respondent observed: “This organization’s leftist bias can be alienating, and risks losing ground both in terms of its own membership/future recruitment and in terms of the strength of its collective voice in the public arena.” However, some respondents directly challenged this perception and others perceived this alleged bias in positive terms (e.g., “I heartily disagree with the position that APHA being left-leaning represents a problem. I would find APHA less than acceptable should it lean to the right.”). Furthermore, many respondents emphasized the importance of developing credibility with both Democrats and Republicans and others suggested that the association’s advocacy efforts concentrate specifically on health issues in a non-partisan and “dispassionately scientific” way.

Finances Domain

The most common theme to emerge from the respondent comments posted in the finances domain was that many members do not adequately understand or have access to details about the association's finances. Although some respondents were pleased at the advent of the Finance Committee on the Executive Board, many respondents expressed concern about the lack of access to the budget or other financial documents on the APHA website. Many expressed an interest in having the financial details of the organization regularly communicated with the membership, and specifically with the leadership of organizational units, in a manner that would be easy to understand. Despite this articulated lack of financial understanding, nearly all respondents acknowledged in one way or another that the association currently faces a difficult financial situation.

Revenue

Although many respondents expressed their perceptions and preferences about ways to increase association revenue, little consensus emerged on the most appropriate and effective strategies for accomplishing this goal. Several respondents, for example, suggested that dues increases would be acceptable ("Raising dues is painful but may be the most probable and ethical approach."), while others strongly urged the opposite ("Dues increases aren't the answer! ...Don't increase dues without clear increases in member services."). Corporate donations also garnered mixed opinions with some respondents in favor ("I think it [is] appropriate to explore [support from] corporations, foundations, and pharmaceutical entities as long as the ethics of that relationship is clearly on the table") and other more wary ("...we should be extremely cautious in entering into agreements with corporations whose products could conflict with APHA positions."). Several respondents suggested increasing membership numbers by offering joint membership arrangements with the affiliates, but none discussed whether this arrangement would actually increase or decrease membership revenues. Several others suggested seeking more grants to generate revenue.

Expenditures

Many respondents suggested that the association carefully examine its current operations and essential services to see how they fit with APHA's overall vision and goals. Or as one respondent colorfully put it: "Reexamine existing 'sacred cows' to see if they should be 'butchered,' and served as 'steaks' to sections." Several also suggested exploring greater use of electronic communications to save costs, including making paper copies of the journal and newspaper optional for members at an additional cost.

Leadership Domain

Although several respondents noted strengths among association leadership processes, including the democratic process of electing leaders and the relative power those leaders possess, many more comments expressed ways to improve leadership expectations and operations within APHA. For example, many respondents suggested that association leaders should be more accessible to members and other organizational units and that decision-making processes should be more open. Leaders should also be more visible and accessible at the national, state, and local levels when appropriate and should be sensitive to perceptions of “elitism” expressed by some members.

Involvement of Members

Related to the concern about accessibility, many comments expressed a desire that leaders more actively seek input from other organizational units. As one member commented, “In the inevitable cycle of redesigning APHA to make it more nimble, flexible, leaner yet more effective in rendering membership services, the (Executive Board) needs to provide leadership but reach out to elected leadership from sections, SPIGs, affiliates, and caucuses (as well).” However, this communication must be two-way, as noted by one respondent: “What members do not want is to be told from the top down that ‘this is the way it is.’ There should always be some decision making that members can have in the running of the organization.” Another concern expressed by many respondents is the lengthy amount of time it takes for the leadership to respond to major issues and to requests by members.

Distribution of Power

Many respondents’ comments reflected diverse concerns in the perceived distribution of power within association leadership. One perspective expressed by respondents is that too much power rests in the hands of the Executive Board and Executive Committee as opposed to other organizational units (e.g., “I trust my elected leaders, like in any good democracy, only up to a point!”). Another perspective expressed by numerous respondents is that too much power is wielded by leaders with strong liberal perspectives and that “...APHA does a very poor job of finding a political middle ground...both in its official policies and through the words of its leaders.” A similar perspective one respondent shared was that APHA’s leadership hails largely from “Bowash,” which is described as the region between Washington, D.C. and Boston and that the political views of this region are not necessarily representative of all APHA members.

Membership Domain

Many respondents described the large, inclusive, and experienced membership of APHA as its greatest strength, as noted by one respondent: “Diversity is a strength because we have so many scientific backgrounds, disciplines, knowledge bases, etc. to offer creative solutions to problems.” However, the diversity of the membership also was seen as a challenge. Some described the membership as “too diffuse,” noting the difficulty of building consensus when the diversity of professions, experiences, and opinions is so broad. One division within the membership mentioned by several respondents was the split between members who are “academics” and those who are “practitioners.” Conversely, some respondents questioned the actual level of diversity of the membership. For example, a few comments expressed that the majority of the membership and leadership come from the “eastern” part of the country.

Recruitment and Retention

With respect to membership recruitment and retention issues, two major themes emerged. The first related to perceptions about the benefit of membership relative to the cost. Several respondents stated that the services that members receive are not worth the cost of membership. One person noted that many people don’t join APHA “...because people perceive that the product is not worth the cost. Why should anyone join (except to get a tax write off)?” Other respondents expressed concerns that dues and annual meeting costs were too high for many lower income professionals and students. For example, one respondent observed: “For a public health practitioner in a local health department with an annual salary of \$30,000, the cost of APHA membership is quite high, especially if that person already pays to belong to a discipline-specific association.” Finally, some noted that the move towards “electronic-only” distribution of APHA publications makes the benefits seem even “less tangible.”

The second theme related to recruitment and retention was that APHA does not adequately leverage its resources to increase and retain members. Many respondents suggested that greater involvement from the Sections and the Affiliates in the membership recruitment process could help increase membership, especially among local health workers and students who may represent largely untapped markets for growth. The issue of dual membership in APHA and a state affiliate also was raised by a number of respondents, as were suggestions for holding regional meetings instead of, or in addition to, the national Annual Meeting. .

Activation and Deployment

Member responses that addressed issues of membership activation and deployment generally fell into one of two categories: lack of knowledge and lack of opportunity. Regarding knowledge, many respondents observed that APHA is so large and complex that many if not most members do not understand the organization and how it operates. Regarding opportunity, many respondents expressed a desire to get more involved as a volunteer in association leadership and governance but felt that it was difficult to do so. As one respondent shared, “...APHA is so large that it can be difficult to figure out how to get involved and to be effective as a member.” Another noted, “Because of the current complexity, it takes a number of meetings before a newcomer can find a place to serve.”

Organizational Structure Domain

Many respondents described the organizational structure of APHA as complex and confusing, and some went so far as to describe the organizational structure as “ponderous to the point of immobility,” “Byzantine,” and “Kafkaesque.” Respondents also noted that the problem of organizational complexity also contributes to misunderstandings and confusion among many members and leaders who do not understand the overall organizational structure and the roles and responsibilities of specific organizational units. Many respondents urged TFAIR and the association to undertake a comprehensive review of all elements of organizational structure, governance, and leadership to improve effectiveness, streamline operations, and build capacity for the organizational units. While some suggested this process should involve thinking “outside the box,” others suggested addressing the “...underlying reason for the [existing] structure and try to make it work rather than to invent new paradigms.” As one respondent noted, “The challenge for TFAIR is to find the balance between internal organizational maintenance, consistent with democratic values, and organizational purpose and mission.”

Role and Responsibility Confusion

A common theme among respondents was confusion about the relative roles of different governance and leadership structures within the association, and confusion about the relative responsibilities of various individual leadership positions within the association. Role confusion was expressed for nearly every organizational unit including differences in governance among Sections and Affiliates; differences in functions among Sections, SPIGS, and Caucuses; and differences in responsibilities among the governing council, executive board, executive committee, and executive director. Responsibility confusion was expressed primarily for the senior leadership positions of President, Chair of the Executive Board, and Executive Director, with several respondents observing that the President serves “only as a figurehead.”

Transparency and Feedback

Many respondents expressed concern about decision making processes, lack of access, and lack of transparency at the Executive Board and senior staff levels, which result in energy being spent on inter-organizational accountability that could be more effectively focused on contributing to the national public health agenda. Specific areas of concern included lack of details in Executive Board and Executive Committee minutes; slow and inconsistent dissemination of minutes and updates from the Executive Board; lack of engagement between the Executive Board and senior staff with the leaders of other organizational units; and not having a formal, year-round process for input and feedback from the Governing Council and other organizational units to the Executive Board and Executive Director. As one respondent observed: “There appears to be too much power at the Executive Board level. Does the Executive Board have a way of getting input from the membership? If so, that needs to be made very clear to the membership so they could hope they might have a voice (and get an answer back).” Another shared: “Assure that membership is listened to with the intent to hear. Does APHA need some designated ‘sounding board’ that is widely known and understood where people can provide their input?”

Build Capacity

Finally, many respondents suggested that the goal of any organizational assessment and reorganization should be to build the processes, infrastructure, and capacity of the primary organizational units, namely the Affiliates and the Sections. Several respondents suggested that some association leaders do not sufficiently recognize that APHA is aggregate of its sections, affiliates and membership units, and that these units should be fully engaged in shaping and implementing APHA's mission.

Additional Comments and Concerns

Although no questions specifically solicited feedback about the Annual Meeting, many respondents expressed a number of opinions and perspectives on this topic. One area of concern expressed by respondents related to the cost of registration for the meeting and the cost for continuing education credits. Other expressed different opinions regarding the ideal start days and end days for the meeting. Another common perspective was for APHA to explore the possibility of offering regional meetings instead of, or in addition to, the annual meeting. Finally, several respondents expressed concerns with specific sessions or presenters, noting that some rooms were too small, slides were poorly designed, etc.

A number of respondents also addressed the issue of policy development. While many noted that this process has dramatically improved in recent years, many respondents also expressed concern that the process overly emphasizes the passions of individual members, resulting in policies being adopted that do not reflect a larger unified mission or the association's top priorities. Some suggested the process should get "leaner and cleaner." Other disagreed, however, and expressed that the current process provides an outlet for individuals and interest groups to raise issues important to them.

Finally, other comments addressed the following issues:

- Exploration of alternative voting approaches (e.g., limited, cumulative, preference voting) for the election of officers to ensure the diversity of the leadership;
- Need for better marketing of public health and APHA to the public;
- More interaction and partnerships with local boards and public health workers and their respective organizations;
- Appreciation for and/or concern about the role of the scientific and evidence-base for public health policies;
- Desire for the official recognition of specific Sections or SPIGS;
- Desire for state Affiliates to organize themselves around APHA issues and direction;
- Requests for additional programs, publications, and presentations related to specific public health issues, audiences, approaches, and/or settings.