

American Public Health Association (APHA)

Task Force on Association Improvement and Reorganization (TFAIR)

Electronic Bulletin Board Feedback on Association Improvement

Task Force Values:

Transparency, Fairness, Accessibility, Inclusivity, Respect

TFAIR Members 2002-2003:

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BACKGROUND AND OVERVIEW

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 changes 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 as follows.

The Task Force for Association Improvement and Reorganization (TFAIR) shall assist the Governing Council and the Association with the identification and prioritization of major opportunities for improvement in 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 for collecting feedback from APHA 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 posted questions, in response to other postings, or on topics of their choosing.

To facilitate participation, the bulletin board was promoted in multiple 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 posted on top. Each of the original TFAIR-posted questions which appeared throughout the postings were numbered and replaced in each message with the corresponding question number and the text within each domain's messages were 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, line breaks) were added back to postings to assist reading. Finally, postings within in each domain that did not specifically address the posted questions were relocated to the "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 comments 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.

Next steps:

These data have been divided among the current TFAIR members for preliminary analysis and a final report summarizing the findings from these data is expected by the end of April 2003. 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 which 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.

APHA MEMBER COMMENTS

The information that follows includes the questions that were posted on the electronic bulletin board by TFAIR and the sorted comments posted by members. The names of the people posting these comments have been removed prior to analysis and posting, but they are retained for future use if necessary and appropriate.

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 11:37:03:

Welcome to the discussion board for the Task Force on Association Improvement and Reorganization (TFAIR). The goal of this online board is to gather maximum input from APHA members on the areas of the association that most need improvement. Your comments on this discussion board will form the basis of a report that will be used to inform future recommendations of ways to improve the association.

We have selected five domains of APHA operations and priorities to help organize the collection of comments: Advocacy, Finances, Leadership, Membership, and Organizational Structure. There are general and specific questions addressing each of these domains in the messages below that are posted from TFAIR. Please read each of these messages and post your responses.

Thank you for participating in this important process. We look forward to reading your comments!

OVERALL IMPROVEMENT

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 11:37:38:

Please post your answers and comments to all or some of the following general questions about APHA improvement:

[1] As an association, what are APHA's greatest strengths and weaknesses?

[1A] APHA does many things well and has seen improvements in a number of areas. Some of the items that hinder sustained performance and improvement:

1) The lack of a communication and governance infrastructure and process that allows it to operate effectively in an environment where agendas, timetables, and resources are often controlled by others. Concentrating decision-making into a once a year event (the annual meeting) already full of other events poses significant challenges for the Association.

2) The lack of clarity about whether it is a standalone organizations and should operate as such, or whether it should operate as the leader/support to a broad coalition of public health entities, both internal (sections, affiliates) and external, other organizations. This issue has significant implications for its organizational structure, its processes, its allocation of resources and its timetables.

3) It has insufficient resources (both financial and human) to operate effectively in all areas (world, national, state, professional standards and policy, politics, member services, etc) and no good way to achieve consensus on the allocation of resources to those various areas.

4) It has not solved the critical problem of how to consistently and effectively use the social and intellectual capital of its members, how to use its diversity consistently as an asset rather than as a hindrance to action, and how to measure its performance over so many areas.

5) Its policy development process has experienced significant internal improvement in the past few years, but several challenges remain unresolved:

a) Its policy development process does not seem linked to items significant external decision-makers are putting on their agendas. There is no front end linked effectively to the policy development process and to environmental scans.

b) Once policy is developed, should it be seen as a guideline or a rigid compliance document, aspirational or prescriptive. This is a crucial question to answer if the Association is to participate with other organizations in broad coalitions. And it is not a question with an easy answer.

c) In addition, policy development is generally understood in the Association as meaning public health policy, not organization policy, and many issues that arise need a consistent and effective way for the setting of organization policy in a changing environment (i.e., how can the organization respond nimbly?)

[1B] Strengths: Annual meetings, journal and the "Nations Health": Great sources of a variety of subjects relating to public health.

[1C] Diversity is a strength because we have so many scientific backgrounds, disciplines, knowledge bases, etc. to offer creative solutions to problems.

[1D] Publications are really good and helpful. As a new member figuring out where I fit has been daunting and with budget cuts I will probably only attend the conference when it is in my city.

Strength: Members come both from content specialties (sections, caucuses, etc) and generalist areas (active affiliates). APHA could deploy persons from both groups to advocate for federal, state and local issues.

[1E] Strengths: 1. Broad membership committed to public health. 2. Annual meetings. 3. Publications. Weaknesses: 1. Complex, Byzantine organizational structure; intimidating to members who may want to become more involved. 2. No defined measure of effectiveness for activities in DC. While APHA has recently become more visible, it is not clear that APHA does or should play a critical role in any piece of national legislation, either appropriations or policy bills. Nevertheless leadership (both Exec Board and staff) seem convinced that APHA's positions are too "liberal" and that this hinders our effectiveness. (This view has been expressed for over 20 years, regardless of which party is in power.) To the contrary, effectiveness is expressed by our ability to mobilize members' support for both general public health principles and particular pieces of legislation, and APHA has never long focused on how to do this. Vigorous assertion of public health principles that focuses members' support on particular pieces of legislation could be successful and galvanize the organization. With this approach in place, it is then possible to figure out how - or to what extent - to craft particular positions or approaches to the political mood of the moment.

[1F] number of members is both its strength and weakness (political power with numbers-strength; too many opportunities

[1G] Diversity and opportunity to share knowledge.

[1H] The greatest strength of APHA is its investment in the democratic process, i.e., a healthy and active legislative body of governing council.

[1I] Thanks for your work, APHA leaders and members! I think APHA has improved over time. APHA is a wonderful and successful organization, operating a large and democratic annual meeting. It also benefits from extensive and laudable volunteer participation. APHA is a progressive voice for public health, which is 'undervalued' by narrower and less humane approaches to science or public policy. The only weakness in my opinion is that APHA is so large that it can be difficult to figure out how to get involved and to be effective as a member.

[1J] APHA's greatest strength is its ability to reach an interdisciplinary audience both to share knowledge and to gather knowledge, expertise, etc. This enables APHA to engage in policy activities that span a wide range of topic areas either directly or indirectly related to public health through its members.

[1L] Strength: Inclusivity; Weakness: Too diffuse

[1M] APHA's greatest strengths and weaknesses include a passionate belief in the "goodness" of public health and a righteous commitment to the concept; but, its greatest weakness is that "good and right" are seldom convincing arguments in a world of sound bites and platitudes... we need to be better salesman.

[1N] strengths of APHA - size, diversity (administrators, clinicians, academics, researchers, students, all regions of the country, public and private sectors), publications, speaking with authority on public health issues.

weaknesses - attracts from within the membership

[1O] As a member since 1983, and as someone who has held leadership positions for the Epidemiology Section,(Governing Council, Action Board and JPC)and for the Caucus on Public Health and the Faith

Community (Program Chair), I see opportunities to better support grassroots initiatives and networking. One example is to host a series of monthly topical public health issue conference calls on a phone bridge. The format used by the Washington based RESULTS group is very effective, e.g., there is a short feedback and celebration of success from the field (sometimes 90 members) for idea exchange 10 min., an expert gives a focused update on one pre-announced topic for 15 min plus questions, there is a 5-10 min. update on progress on current legislation for that issue, participants practice a 30 sec. "issue speak" that then forms the basis for voluntary action from the field by individual citizens, e.g., letters to editors or targeted letters to specific members of congress with specific requests for actions to be taken within the next week. After the call members commit to write their letters that day and send them. APHA's strengths are its members and newly formatted publications, APHA's weaknesses are fuzzy thinking and weak implementation where focus is needed to achieve stated goals. In a nut shell, less passion, and more form and adaptability to current realities.

[1P] Strength: Size and breath of membership expertise.

Weakness: Administrative and committee membership is disproportionately allocated to members from 'Boswash': The region between Washington and Boston. This creates a political bias toward liberal positions as the more conservative viewpoints of the western and mid-western states are under-represented.

[1Q] The diversity and expertise of membership are strengths. Improvement is needed in promoting involvement of environmental health issues.

[1R] A pervasive weakness I have noticed is that despite its inherent difficulties, the APHA does a very poor job of finding a political middle ground for its policies, both in its official policies and through the words of its leaders. As an example, I felt that the opening/plenary session of the APHA meeting in Philadelphia more closely resembled a political rally of the far-left than a public health meeting. I fear that our loss of any sense of the political middle ground by our leadership will further marginalize our agenda.

Our organization is sorely in need of leadership that will not let our field get hijacked by political extremists.

[1S] I do not consider APHA a strong organization. If it were to disappear few would be aware of that it had happened. Fortunately, APHA has the potential to being strong because of its large membership. I assume there are members in every county, every congressional district. Other large organizations seem to be able to use that asset effectively. Maybe before we can consider this issue we need to consider the weaknesses of APHA, correct them, and then talk about strengths.

I see APHA's greatest weakness as not having a central focus. It's an umbrella organization, with two major orientations jumbled together, a scientific organization and an advocacy organization. Other commentators have noted the perception of, as a minimum, left of center orientation of the membership. That probably hinders the organization in accomplishing its humanitarian goals, especially when the central political mood is somewhat right of center. And, as far as science, APHA is not the only game in town. For many of the specialties under the broad umbrella, APHA is not always the best game in town as far as science either. As a result of the great diversity, the organizational structure is ungainly, to put it mildly. I have been a member of other very large professional organizations, and none had the complexity of organization that APHA has, with its boards and councils and an entire internal political structure.

[1T]: Although many people on this message board have celebrated the diversity and heterogeneity of the APHA membership, I for one have not felt that diversity of ideas, particularly political ideas, is accepted at APHA. 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.

Not every APHA member shares the viewpoints of some of the far left, socialist caucuses, though we all share the fundamental values of public health promotion and practice.

[1U]

Greatest Strengths:

- Heterogeneity on various dimensions
- Recognized as experts by outside agencies as a united organization (in terms of representing public health)
- Umbrella function of organization provides openness to many, structures for various avenues of participation (Opportunity to share and cross-pollinate ideas)
- History of the organization
- Opportunity for continuing education
- Evidence-based science backs up positions/resolutions
- Shared values
- Intellectual power

Strengths AND Weaknesses (Both a strength and a weakness):

- Size of the organization
- Members embrace public health as more than an occupation there's a sense of a cause and emotionalism/passion for the field
- Our diversity
- Confederation of special interest groups is a strength of APHA but members have special interests that may impede action

Greatest Weaknesses:

- Size
- Narrowing our focus is difficult; determining priority is difficult due to size; Imperfect mobilization of membership (difficulty establishing priorities)
- Energy placed in to criticizing our organization is a threat (SWOT analysis); hypercritical internally
- Passion for issues may impede our ability to deal with dissent, define, and achieve a battle plan
- Liberal perception at the local, state, and national levels; may be dismissed by policy makers for liberal perspective (see us as do gooders and not realists)
- Diversity of organization makes it difficult to move the organization forward
- Confusion over primary mission-some ambience with that-we are not clear on what our mission is
- Inclusiveness hinders effectiveness

We need to stop pretending who we are-recognize who we are as a liberal, populist, 'left of center, but not far left' organization. We need to recognize who we are and stand for who we are

[1V] APHA must find multiple methods of gathering input from its large, diverse and far flung members. A step in the right direction is seeking input from all members via this bulletin board (though it takes a bit of fortitude to navigate all the way hear).

[1W] I agree that the overall tone of APHA is way too far left wing. It is very possible to be a conservative and support the efforts of public health without giving the house away.

[1Y] APHA is the one organization that represents ALL of public health. This is a strength, if we all unify to work towards results around 1, 2 or 3 priority issues (e.g., decreasing rates of obesity), but a weakness if we are divided.

: Strength: Members come both from content specialties (sections, caucuses, etc) and generalist areas (active affiliates). APHA could deploy persons from both groups to advocate for federal, state and local issues.

: Weakness: APHA does not seem to reach out to their members enough for advocacy.

I concur, and just add that APHA NEEDS TO make better use of its members.

[1Z] Diversity is a strength because we have so many scientific backgrounds, disciplines, knowledge bases, etc. to offer creative solutions to problems.

Diversity can be a weakness if it gets in the way of building consensus.

Strength: Members come both from content specialties (sections, caucuses, etc) and generalist areas (active affiliates). APHA could deploy persons from both groups to advocate for federal, state and local issues.

Weakness: APHA does not seem to reach out to their members enough for advocacy. (such that its easy to get lost in the structure and your individual voice seems unheard)

[2] What are the main aspects of APHA's operations that need improvement?

[2B] Weakness: Because of its size, it can be difficult to become involved.

[2C] Finance & budget; find the common denominator to the high turnover of employees...and fix it!!!

[2D] Add some sort of mentoring program for new members - it can be by phone or a welcome packet that provides a list of ways to become more involved locally, regionally or nationally.

[2E] 1. Improve process of identifying policy priorities, considering both staff capabilities and broad opinion and capacity of members, and follow through with action. (This will improve ability to raise money from members and foundations.)

2. Learn from & continue this TFAIR process to hear from members. Open The Nation's Health to articles and opinions by members.

[2F] (Timeliness of everything--getting my membership card after I renew--now 3 months late; getting job postings posted on the web after paying for them; immediate fiscal control of the budget)

[2G] Instead of having one huge gigantic conference in one location once a year, it might benefit more people to have 2 or 3 smaller ones in different locations in one year. This improves accessibility to CEU's, keeping abreast of what's new, and networking. Each smaller conference may be a more affordable feasibility for individuals.

[2H] We need better communication between the executive, i.e., E-board and staff and governing council. Continued streamlining of the legislative process through e-mail and web resources will help improve this. We should maintain the current check and balance between the Executive and Legislative structure. This is the healthiest non profit organization I belong to because it values democratic principles, even though, as Churchill said, democracy is the most inefficient form of government.

[2I] I suggest APHA could recruit more from social and natural sciences, as well as applied disciplines beyond public health, allied health, and medicine. It now provides low cost and free public education in these sectors, through meetings, publications, and websites. It's educational credentialing process could be improved and expanded in this process.

[2J] Immediately prior to the Annual Meeting it is almost impossible to reach anyone who knows anything about the Annual Meeting logistics. It would be helpful if there were still someone available at the APHA office or somewhere accessible to address last minute questions and issues.

[2M] APHA's operations need improvement in the area of enabling communications among its members to speed the quantity and quality of its cooperative interchanges, rather than maintain the very bureaucratic structures that we work under.

[2N] APHA is one of the few national organizations that is truly dedicated to the improvement of public health. That is, focused on the health of the entire population, and not narrow interests of a particular guild of professionals or a group of big corporations. To be advocates for public health we will inevitably make some enemies who will try to turn things around and portray us as "enemies of the people". Judge us by our opponents - tobacco companies, the pharmaceutical lobby, polluters of our air, our farmland, and our water.

APHA has played a key role in most of the public health issues in the nation for the past century. Let us not forget that most of the recent (past century) gains in lifespan and quality of life have come directly from public health measures.

We must be an advocacy group. Our advantage is that we are not representing a narrow interest. Although we will irritate some narrow commercial interests from time to time, the nation will be much stronger for our efforts.

[2S] Streamline the organizational structure away from the currently cumbersome approach. The strength of the organization is in the sections and affiliates, not the hierarchical superstructure. The members in the trenches know what the issues are, they live with them every day. Headquarters can operate as a coordinator, being sure to listen to what the members are telling them.

[2U]

- When issues emerge, call/contact Section Chairs and seek input; create a dialogue with Sections and seek their input
- Budget-Sections need a budget that can roll over, and they need access to budget accounting by monitoring monthly spread sheets
- Problems and issues need to be defined for Section Chairs to address and provide input responsibly- this information must be provided before meetings so the meetings can be used productively, and so we can establish priorities and help address problems
- Executive Board and Sections have little communication-Executive Board minutes are 'sanitized' and do not provide sufficient detail or information on issues or votes. Sections do not stay connected with Executive Board decisions.
- Need to support Section attempts to build membership-need access to relevant membership data to analyze retention, new, and non-renewal patterns
- Communication and support between paid staff and volunteers (Section leaders and members)
- Analyze staff turnover and make changes to prevent staff turnover
- Better access to broadcast emails within own Section; organizational leaders need access to broadcast communication and not be limited in number of messages they can send out
- Not capitalizing on SPIGs and Caucuses; if they have a threshold number they should have a voice-need to contend with SPIGs and Caucuses within the overall attention of the Section
- Leadership development is needed
- Relationship between Executive Director, staff, and Executive Board is not in place well; Executive Board needs to understand its relationship to staff, its fiduciary relationships, and everyone needs to understand who they are accountable to (including staff)

The organizational structure needs to be refined so it is more effective

[2X] I like the move to electronic interactions but I'd like to see a faster server on the APHA side. Using the personal scheduler for Philadelphia was frustrating and time-consuming.

Overall, the organization doesn't seem to me to be member-friendly. Instead of direct feedback channels, instead there is hierarchy. (For instance, I received no evaluation forms for the Philadelphia Convention Center, or for the conference itself or any sessions.)

[2Y] The staff need better leadership to improve the way that they interact with members - whether the member is an individual, or a representative of an APHA organizational entity such as a section, an affiliate, etc.

[2Z] Finance & budget; find the common denominator to the high turnover of employees...and fix it!!!

[3] What are the potential risks and benefits of not seeking to improve the association?

[3A] The main risks are that the association will be seen as irrelevant in a large number of arenas, and that it will not be attractive to members in those arenas.

[3B] The risk of not improving the association is the loss of current and future membership as well as standing in the community.

[3C] Continue to lose money and visibility; continue to overextend & disenfranchise volunteer leaders by lessening staff support to their responsibilities; continue to lose members.

[3D] Folks don't renew their membership or become involved.

[3E] The depends if the status quo is seen as viable. Membership trends and financial reports are benchmarks.

[3G] Decreasing membership as people seek to meet their needs elsewhere.

[3F] (financial collapse & apathetic membership or shrinking membership)

[3H] We should clearly seek to improve the association at the peril of atrophy and irrelevance. We must take great care in the improvements to preserve the features that give value to the organization. We must take care not to 'fix' things that are not 'broke.'

[3I] The risk of not seeking organizational improvement is that the organization becomes unaware of or unresponsive to it's membership's needs.

The benefit of seeking organizational improvement is that it makes APHA participatory democracy.

[3J] The risk of not seeking to improve the association have to do with the association's ability to be an effective policy stakeholder. The benefit is that by improving the association, we are able to be effective policy entrepreneur's through various means including direct policy work and ongoing dialogue with members, etc. who have expertise in various areas of public health.

[3M] The potential risks and benefits of not seeking to improve the association are already seen in the declining membership of the Association as a risk, but I don't see any benefits from stagnation.

[3O] Public health improvements are not all they could be for the American people as they age.

[3P] APHA's current policy positions are so far left that it risks becoming irrelevant. Many of us with more conservative views fondly refer to the APHA as the last known Marxist organization in the US. We need to engage in a more widely cast debate on important policy issues, starting with health care reform.

[3S] It will wither away unless something is done, probably something radical.

[3U] Our table participants did not have time to discuss this but these comments were noted during the larger discussion on 11-10-02 :

- Potential risk may be going out of business (perception that organization is in great peril)
- Potential risk of not being a meaningful, relevant organization—we need APHA to give a tangible value that members can not get in outside locations
- Potential risk of losing our ability to focus on narrow and broad issues
- We have prospered secondary to our diversity—this strength is now obsolete. We react too slowly and are losing member among students
- We need to move beyond our internal problems and find leaders to balance the national/political public health issues with the science.

Potential risk if we do not do something APHA may disband. Many disciplines in APHA have other organizations to turn to for science, and can turn to other organizations for credibility and respect as a discipline

[3Y] Without a strong national public health organization, there is a greater risk that public health achievements to date will not be maintained and goals for the future will not be achieved. Much more can still be done to improve public health. We need to communicate to the country at large the importance and high priority of public health programs, before something goes wrong and we all find out the hard way.

[3Z] Continue to lose money and visibility; continue to overextend & disenfranchise volunteer leaders by lessening staff support to their responsibilities; continue to lose members.

[4] Miscellaneous

[4K] I agree that APHA's size is a drawback. It could be a strength—right now it doesn't seem to be though.

To me and I think many others, APHA is a conference first, then a publisher. We aren't involved in the organization part of APHA. Frankly, getting involved looks daunting.

I assume the structure is complicated, because the *ballot* looks so complicated.

I show up to give papers and to try to network. To some, even the conference isn't essential. I talked with someone recently-- someone I consider an important person in the field-- who doesn't attend and has never attended.

Communication seems to be a common theme here-- some members don't feel involved or committed to APHA decisions and positions—and sense that APHA isn't committed to gathering data from them about their positions, or even their impressions of the conference.

(This discussion forum is a nice idea-- but it represents the super-low-cost option for gathering input-- and isn't the most scientific or comprehensive approach).

ADVOCACY

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 13:41:38:

Please consider these and other advocacy-related issues when responding to some or all of the following questions:

[1] To what extent should APHA be an advocate for public health?

[1A] This is/should be one of its main functions. How to do it effectively and where to get the resources are the questions.

[1B] The APHA should be as strong or stronger than the lobbyists that work for their causes.

[1C] This is a critical function of the organizations.

[1D] 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 healthcare system we find ourselves in?

[1F] In every way possible, even in areas of agriculture and other seemingly lesser related issues. They will all impact our nation's health. Our careful examination of these issues and fact dissemination to help shape policies in agencies controlling those areas is crucial.

[1H] We should be the strongest possible advocate for public health.

[1K] Because APHA represents many components of public health and the people served by these components, the organization should be strong and focused in its advocacy.

[1I] To the greatest extent possible. APHA has the ability to be a great advocate force and should be as active as possible. However, the association should agree on which issues to advocate for and be careful not to appear unfocused.

[1L] To a great extent

[1O] APHA is one of the most important, if not the most important, advocate for public health in the US.

[1R] It would be important for me to understand more clearly what the definition of Public Health is for the APHA. Further, it would be of help to understand what the APHA believes the American people understand the definition of Public Health to be. Without that clear understanding on both sides, it would be very difficult to pose an advocacy position. I believe that APHA will have to do more than "do good and help people" in this advocacy position. I do believe that clarity on the definitions are vital.

[2] What are the strengths and limitations of the current APHA approach to advocacy?

[2A] Strengths: much improved internal process.

Limitations:

1) policy development is not effectively/consistently linked to environmental scans of upcoming issues.

conversely, when issues are identified as coming up, the Association is not always (not recently?) successful in developing policy around them in a timely fashion.

2) the action/resource allocation implications of an adopted policy are not clearly spelled out or followed.

Who has responsibility for follow-up:

a) other organizations at their discretion,

- b) volunteers at their discretion,
- c) staff at its discretion,
- d) staff, mandated to do so
- e) etc.

3) 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.

We must FOCUS, FOCUS, FOCUS, and demonstrate effectiveness in advocacy. resources will follow.

[2B] I do not hear or read about the APHA positions on the national news as frequently as I hear about other lobbying organizations. We need more coverage for our positions. We also need to be more politically involved at the local level.

[2C] Alienating members who are more conservative. Being seen as a left wing organization.

[2D] Both the challenge and the strength of the current approach is that the APHA body is so large. Soliciting member input for policy positions and on advocacy efforts requires a multi-pronged plan. Working through the sections, SPIGS and caucuses seems to be the best approach, and although internet communication is convenient, fast and reliable, there may be occasions when other means of communication must be employed to gather member input.

[2E] I am not sure what it is. Seems to consist of the ED taking public positions on issues of national importance, and staff sending out emails to members on narrow (though very important!) pieces of legislation.

[2H] Our strength is the legislative process which is thoughtful, if not painful, in identifying policy issues and setting priorities for addressing them.

[2I] Not very familiar with the current approaches. The policy briefs, work on the Hill, and other methods APHA uses to advocate it's position do appear to be useful and effective. If APHA doesn't already, it would be helpful to target specific Congressional members who are vested in a particular issue and advocate that way as well as at-large.

[2K] APHA by its very nature covers a wide range of issues - therein lie both its strength (many opportunities for impact) and its major weakness (temptation to cover too much).

[2N] I have never understood the bias APHA has for managed care and HMOs, especially in light of the empirical research documenting that the delivery of preventive care is improved significantly under these forms of medical care delivery. I think the APHA has instead been influenced far too much by medicine which prefers to be paid on a fee-for-service basis after we become ill. This does not fit my definition of public health

Second, how can an organization support the right of one person to terminate the life of another? Abortion and the right to choose is simply a cop-out of one's responsibility to nurture the life that that person was 50% responsible for creating. The APHA should also be advocating for much stronger laws to force fathers to face their half of the responsibility for the child that they created. Paternity should be established for all births and the father held financially responsible for half of the cost of the child until age 18. Deadbeat dad's are not limited to those who were married and then divorced. People need to be held accountable for their own actions, especially in a situation where options to prevent conception are available.

[2O] Often, "public" is defined too broadly. With the American public split about 50-50 between Democrats and Republicans, the APHA will have much more impact upon public policy if "public" is

defined very carefully and narrowly. In many ways, the Republican party is against anything "public" except for national defense at the federal level. "Health" is a very broad term that when combined with "Public", makes many Republicans, if not most, anti-"public-health." For example, I personally believe that everyone should have a right to medical care. However, if that issue were to be the corner-stone of "public health", the Republicans would most likely react negatively to public health. We need to define "public health" so that we can obtain public support from Democrats and Republicans.

[2R] One must ask the question of advocacy for whom? For the APHA? For the American people. That is not clear. If I understand the question, a strength of APHA in general advocacy is that APHA is a recognized entity. We will have to continue to market ourselves in a positive way. A limitation of APHA is that it is so huge and bureaucratic that meaningful work gets lost. It is my opinion that there is so much turf and power/control issues that I wonder that as much gets done that does seem to get done. Strengths: multi-professional; known entity; good networking capability; there is a history. Limitations: bureaucratic; in-fighting; staff morale; communication at the lowest common denominator in the organization; not understood by the practicing medical professions as well as could be; poor integration with clinical and personal medicine groups.

[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?

[3A] It would seem to me that APHA might (underline might) be in the best position to be the principal actor at the federal level, but that at other levels it would clearly be better off acting as support/lead for other organizations, its affiliates and others.

This question begs for an answer that is contingent on where the action is on an issue, where APHA has entry, what needs to be done, etc. and is something that should be an active discussion, issue by issue, between senior staff and volunteer leaders.

The questions, again, is whether APHA has the resources to act effectively in any of these arenas under its current processes. Other national organizations dealing with policy at the national level, have greater financial resources, greater human resources, greater ability to mobilize member resources. How can APHA achieve with such needed improvements?

It may be worthwhile to point out that this question currently focuses on policy advocacy. Should we not also keep media advocacy in mind? If only as a tool for policy advocacy?

[3B] We need to be involved at the state and local levels as much as the federal level. The legislative level may be more effective at a local level than the federal level.

[3C] All levels and settings are appropriate depending on the issues.

[3D] Strengthening the advocacy work of state public health associations can help to bring the local voice to APHA advocacy efforts. APHA should advocate at all levels and in all settings where the health of the whole is affected.

[3E] APHA as a national organization can only effectively act at the federal level. Coordination with functioning affiliates would be necessary to be effective at state and local levels. It is important to be active at legislative, administrative and executive levels. APHA might particularly consider making comments to federal agencies, which are regularly requested in the Federal Register and provide an opportunity to seek and coalesce opinion among leaders and members on particular topics, and to network with related organizations.

[3F] Federal (all settings) and provide direction and support to follow through on these issues on a state and local level. Provide support in various ways to state and local levels to advocate for issues that are specific to their geography, cultures, etc.

[3H] This of course depends on the issue: in some cases all levels should be involved, including individual member involvement. I have seen a personal contact from a former school friend of a legislator change the tide in defending a public health appropriation. We should be prepared to innovatively advocate, and quickly, depending on the circumstance. The key is strong communication between staff and the sections and affiliates who are concerned in the issue.

[3I] Federal.

[3K] Most effectively on the national level - Congress and the executive branch can benefit from organization's facts and viewpoints.

[3R] At the local and state levels. A great deal more support (and this doesn't mean money) needs to be directed at the local and state Public Health groups. If APHA doesn't know what they need, APHA should figure out a way to ask them. This means there will need to be a great deal of assessing at the state and local levels and the membership at those levels will need some tools and assistance in articulating these needs and wants.

[4] When should APHA stand alone and under what conditions should it work through coalitions?

[4A] Answer here is also contingent on the issue, the resources, the timing, and the resistance, among other things. The question here is whether APHA is capable of working through coalitions. Are its policies to be seen as aspirational and guidelines or as prescriptive and determinative. The latter view is very useful in articulating a position and /but may create hindrances to participating effectively in a coalition.

[4B] Work with local coalitions for the local and state issues. Local coalitions will add the specific, local information necessary to personalize the issue.

[4C] I believe that APHA should take a position on issues and then seek other organizations with whom to partner. That way the organization can both stand alone when necessary or appropriate but also expand its reach when necessary and appropriate.

[4D] Where possible coalitions can bring a collective power to advocacy efforts, but clearly there will be times when APHA must be a lone voice and not afraid to do so.

[4E] I cannot think of an issue on which APHA has no allies. It should play a leadership role on issues defined as priorities by leaders and members.

[4F] Remain separate from the influence of corporate businesses and lobbying groups that promote products adversely affecting or perpetuating health problems, and organizations associated with these corporations. We want the American people to be able to unshakingly put their trust in the decisions we make and in our advocacy for them.

[4H] Again, this depends on the issue and what is going on. Communication among staff, sections, affiliates, and key individuals on an issue is the key.

[4I] APHA should stand alone unless there is a coalition that is already very vocal and has a strong presence. In this situation, it would be helpful for APHA to support the coalition so that it has a stronger voice.

[4K] When in doubt, strength through numbers! Information and strategy sharing shouldn't hurt...but may be instances where for tactical reasons APHA may choose to go it alone.

[4R] It is always best to work in coalitions because of the power of numbers and cohesiveness. On the other hand, APHA should never sell out if a true position is taken.

[5] How can APHA use its existing policies to advocate effectively?

[5A]

- 1) Achieve greater clarity about whether the policies are to be guidelines or prescriptions, whether the Association can actually negotiate positions, or whether it must take an all or nothing stand
- 2) Choose a limited number of priorities on which it can demonstrate success
- 3) Find a way to work with its natural allies, internal and external, individuals and organizations
- 4) Be clear on where it is taking the lead and where it is an equal among equals
- 5) Increase the resources (financial, human, social and intellectual) brought to bear on its advocacy efforts
- 6) Find ways to be effective regardless of which party is in office -- this means being able to switch strategies, tactics, contacts, approaches, on the basis of the agendas of others, all the while remaining the main national, generalist voice for the health of the public.
- 7) Be clearer about whether the point of a policy is to make a statement (an important goal) or to result in action (also an important goal, not often achieved recently)

All too often contact with entities that have limited agreements with APHA and even major disagreements is seen as sullyng APHA. This approach often isolates APHA.

[5C] Limit the agenda to be addressed in each legislative session and target federal and state priorities first.

[5D] Prioritize.

[5E] Follow up on issues where members are expressing interest, and support those activities. Periodically focus attention on relevant current policies through publishing/summarizing in TNH, AJPH, news releases, letters to policy-makers.

[5H] Existing policies give guidance to staff who must communicate w/ sections, affiliates and expert members who are involved with the issue.

[5K] Educate and use its nation-wide membership to advocate for specific national issues.

[5R] It would be helpful to understand to whom APHA wants to advocate and for what? A suggestion would be to simply the policies. This rhetoric of the policies truly does get lost in the wording. There need to be clear action plans with every policy or it shouldn't be developed or passed. Obviously, one has to look at the target population or entities for a specific policy and go from there. Blanket policies that address "the world" and "the great unwashed out there" have little practical meaning unless there are specific action plans for these.

[6] How can APHA's ongoing policy development and advocacy efforts be made more rapid and timely?

[6A] More timely:

1) Early warning environmental scans. Establish a process by which information is clearly gathered about issues that are likely to be "ripe" soon. Find a way to disseminate this information to governance and senior staff effectively -- to be used as the start point for policy development in that area.

More rapid:

Abandon the model that has policy development work on a once a year basis and go to 24/7. But this requires major developments in infrastructure of various sorts -- governance, policy development, communication. etc.

More timely and more rapid:

Develop that infrastructure, with sufficient staff to service it, sufficient communication capabilities to deal within the timetables and limitations of both the decision-makers on any issue and the volunteer leaders, and a sustainable corps of policy experts in various areas that can be deployed rapidly.

[6C] Create a network using email to send information to the membership about positions, votes, communication needs, etc. so that the membership is both up to date and can respond to urgent needs.

[6D] Active follow up in the sections, caucuses, and SPIGs for policy development relevant to that section. This may require additional efforts from the leadership of the sections, SPIGs or caucuses.

[6E] Not aware that this is a problem; APHA policy is pretty comprehensive. Recent Exec Board actions on smallpox vaccine, which included extensive outreach to members for opinions, was a good model.

[6H] Advocacy can be enhanced w/ greater communication, i.e., use of email and web; involvement of sections and affiliates; and greater involvement of expert members on a par

[6I] Constant policy monitoring. APHA should also consider both reactive and proactive approaches to policy development and advocacy. APHA appears to be more reactive. More proactive activities might be effective on a case-by-case basis.

[6N] Rapid and timely are not the issue. Conservative points of view are under-represented in the governance of this organization that is dominated by east coast members. Half of this countries population lives west of the Mississippi!

[6R]

1. Be clear of the purpose of the policy.
2. Decide clearly for whom the policy is intended.
3. What are the specific actions plans attendant to that policy?
4. How shall that policy be enacted and carried out?
5. Who are the partners who can assist APHA with enactment of that policy.
6. Develop a more user-friendly format for policy development to make it very simple and easy to understand. The current one loses people and seldom has an action plan to it.

[7] Miscellaneous comments

[7G] APHA should be a strong advocate for public health without worrying about losing its seat at the "table." APHA has been much too cautious in recent years worrying about losing support among political leaders and industry donors.

For example, this year APHA's Governing Council reconfirmed by a vote of 80% to oppose wars for economic resources in Central Asia and the Persian Gulf. It was voted among the top 5 resolutions passed by the Council this session. When members approached an Action Board leader asking APHA to write a letter to the NYT, they were told that there was no way APHA would publicize this policy. Is there no evidence that such wars are

bad for public health? Hardly. Is this too expensive? No. Will it hurt APHA's ability to work with the Bush Administration and raise corporate dollars?

Public health leaders have always fought to make our lives safer in the face of opposition from industry and politicians (smoking, clean air, lead, reproductive health, etc.). We should not shy away from the big issues, such as war, repression, and racism, in this era either.

Let's involve more members in the policy process at the local affiliate levels as well as at annual meetings. And let's act on the policies that are passed with support from staff. The Council makes the decisions. Staff and other groups should not decide whether they will be implemented.

[7J] I'd like to bring the following article and agenda to the attention of APHA:

ConsumerFreedom.com Daily Headlines

November 13, 2002

SPECIAL REPORT: "Public Health" in the Hands of Social Activists

Attendees of the annual American Public Health Association (APHA) convention this week are getting more than they bargained for. In addition to the usual presentations on everything from AIDS prevention to asthma epidemiology, the APHA is offering seminars on subjects usually reserved for the animal rights crowd and the food police.

This is hardly a surprise. The public health field in general has been invaded by social-change activists of various stripes in recent years. The APHA actually has a "socialist caucus" that sponsored more than 300 meetings and papers at this year's conference, including a business meeting with the ominous (and false) title: "Corporate Greed is Destroying the Health of People Worldwide."

Yesterday, APHA conference-goers were offered a seminar on "Antibiotics in U.S. Agriculture" led by a team of three activists. These include Tamar Barlam, who works for the Center for Science in the Public Interest (CSPI); David Wallinga, who attacks industrial agriculture from his post at the Institute for Agriculture and Trade Policy (IATP); and Ellen Silbergeld, whose department at Johns Hopkins University recently spawned the anti-business Center for a Livable Future (CLF), using six-figure donations from a scientifically illiterate socialite.

CSPI and IATP both participate in a public-relations stunt called "Keep Antibiotics Working," whose goal is to convince an unsuspecting public that their meat and poultry could harbor dangerous antibiotic residues. Johns Hopkins' CLF isn't a member (yet), but its benefactress Helaine Lerner has enrolled her other pet project, the Global Resource Action Center for the Environment.

This morning, the APHA conference is presenting a panel discussion called "The Obesity Crisis: Challenging the Fast Food Culture." The APHA's president, Faye Wong, is scheduled to moderate this session personally, signaling its relative importance within the organization.

The speakers are a "who's who" of the soda wars, including: "natural" food maven Marion Nestle, who writes in her recent book *Food Politics* that food producers should "attract the same kind of attention as purveyors of drugs or tobacco"; Occidental College's Robert Gottlieb, whose Urban and Environmental Policy Institute convinced the Los Angeles Unified School District this year to ban soft drinks from schools; Andrea Margolis, who advocated punitive taxes on soft drinks as a consultant to the Health and Human Services Committee of the California Senate -- and whose bosses, state legislators Deborah Ortiz and Martha Escutia, made misguided attempts during the last two years to simultaneously tax sodas state-wide and ban them from all California schools; Harold Goldstein, whose California Center for Public Health Advocacy was the primary lobbying organization behind the Ortiz bill.

Any understanding of how social activists are conspiring to restrict Americans' food and beverage choices is incomplete without factoring in the "public health" community. Academics and government bureaucrats, informed by anti-capitalist and socialist ideologies, are banding together to remake our society in their own image. This inevitably will involve telling the rest of us what we can and can't eat and drink.

And they've got access to an enormous amount of money. Estimating the size of Big Public Health's purse is difficult, but here are a few guideposts. The Public Health Foundation estimates that \$8.8 billion was spent in 1995 on public-health programs by just nine states. Tobacco settlement funds alone will mean \$206 billion for state public health agencies in coming years. APHA asked the federal government last year for an additional \$10 billion in public health spending. The feds already pour over \$70 billion annually into various public health projects. And none of this includes university funds.

[7M] Science should support everything we advocate --and that will lead us to be liberal sometimes and conservative other times. One CME course (liberal, i.e., anti-industry) and many sessions were so weak on science as to be useless. Effective advocacy--within APHA's reach--requires hard-hitting facts. Not feel-good anecdotes: conservative or liberal. Fewer, more focused resolutions might also help our advocacy efforts: in terms of speed and impact.

[7P] I have been involved in policy development at the section level. More than once meaningful policies have not been brought forward because members didn't have the time or energy to put their fairly straightforward ideas into the required format. Does anyone seriously believe that the people we're trying to convince are going to wade through that level of gobbledygook to see what we're really trying to say? I suggest that a format that says "It is APHA policy that We have taken this policy position because If you want an in-depth presentation contact" will do more good than the current approach

[7Q] I agree that the positions of the organization need to be made in stark, clear terms that will inform the public and our membership quickly. It is useful to look at other organizations to see how their positions are set out to grab attention. For example, the American Diabetes Association uses target information and blasts away. Sources for additional information are available to those who want in-depth data.

I think we should find a couple of issues, sink our resources into them, then measure success or failure after a given period of time.....We seem to want to do all things at the same time so that someone will not feel excluded. This philosophy does not support target public health goals that are achievable.

[7S] This (ConsumerFreedom.com article) is a shocking attack on some of the most respected scientists in our association as well as in the nation. It is hard to know when it is worth dignifying these attacks with a response; Sally Satel's notes several years ago in the Wall Street Journal, along similar lines, certainly required and got a response. This particular attack on APHA in the name of "science" is clearly politically motivated, as is often the case, and though indefensible likely will not cease despite APHA's strong emphasis on scientific evidence in policy-making.

FINANCES

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 16:13:13:

Please consider these and other finance-related issues when responding to any or all of the following questions:

[1] What are the strengths and limitations of the APHA's current approach to financial management?

[1A] I cannot comment on this with much knowledge as I do not know what the current approach to financial and/or cost management is. I do not know, for example if the Association has any use for activity based costing and whether this approach, if it exists, is at all benchmarked against the costs of other organizations. But, it seems fairly clear from discussions overheard over many years that the Association's major problem is the development of sustainable resource streams. As I understand it we have three to five major revenue streams, all stable or declining, and we have pressures for increased services and stable revenues -- no dues increases, no Annual Meeting registration increases, significant constraints on corporate giving, etc, etc. Each of these constraints has good justification, but efficiencies alone will not grow us out of this problem.

[1C] Financial management must be approached in a way to preserve the organizations integrity.

[1F]

Limitations:

1. The APHA budget is not on the website.
2. The ISC does not have good information upon which to base decisions or recommendations.
3. Financial management for sections is laborious.
4. The priorities of APHA are not tied to the budget.
5. More is spent on capital improvements than programs, but the building is a source of revenue.

Strengths/recommendations:

1. Barbara is extremely receptive and responsive to requests, and the staff is to be commended for their cooperative spirit regarding budgetary information.
2. There is support for the concept that budgets should be allowed to be 'rolled over,' thus allowing sections to plan farther in advance for 'big' programs and section activities.
3. There should be multiyear budgets, monthly updates and the sections should have more freedom to eliminate the seeming micromanagement of their 'meager' budgets.
4. When Jay was treasurer, and his counterparts, have presented complex budget issues to Governing Council in terms people can understand.
5. Having Governing Council voting on financial issues is a strength.
6. We may want to get more conservative in the investment policies.
7. We now have a membership category of 'contributing member.'
8. Good that we now have a finance committee.

[1G] It doesn't seem member-friendly to expect me, a retired member, to read the Journal from the website. I feel even more disconnected from the organization.

I usually take abstract books on long plane flights, browse and often find interesting connections and ideas. No abstract book limits this opportunity for networking and increasing knowledge and disconnects me from colleagues.

[1H] Strengths:

1. The audit seems stable
2. Can the financial situation be made simple for the membership? I know that may be very difficult.

[2] How can APHA's existing sources of revenues (e.g., dues, annual meeting, publications) best be increased?

[2A] What other sources of revenue are most (or least) appropriate for APHA to explore?

[2C] We can try to increase membership but in reality this will be difficult because of the historic times we are in. Raising dues is painful but may be the most probable and ethical approach. We should look into publishing more documents for the public health community. In any event, we should be extremely cautious in entering into agreements with corporations whose products could conflict with APHA positions.

[2F]

1. Dues increases aren't the answer!
2. Don't increase dues without clear increases in member services.
3. Market the publications better
4. Provide options, e.g., some members may want to get the journal on-line, and the 'returned' subscriptions could be provided to students.
5. Use the sections better, e.g., as liaisons to new members.
6. Explore joint membership dues with state affiliates, or even looking at primary membership organizations of some members, and offer a reduced dues for those in that organization who also join APHA.
7. We need to be realistic that the cost of the annual meeting cannot continue to escalate.
8. Market hard to exhibitors, both current and potential.
9. Explore how to cut the cost of the annual meeting.

[2H] Membership. But people have to have a good reason to join and to be clear on what they will get for their money. Does APHA have a working and on-going plan to look at waste, redundancy in work, and a pruning of the ambiguity in the organization? If so, does the membership understand what that working plan is so that things don't just grow like topsy.

[3] What other sources of revenue are most (or least) appropriate for APHA to explore?

[3A] This larger (not just the expenditure reduction one immediately above) question focuses on financial resources, but APHA faces another major resource challenge which is not identical to its financial challenge but is related to it in various ways.

APHA has access to enormous resources, social and intellectual, in its membership, in the organizations those members populate, and in potential partner Associations and organizations. The Association has not found a way to reliably, effectively, and sustainably tap into those resources effectively. It seems clear that doing so would also require increases from the current (and even prior) staffing levels and that would raise the need for financial support. On the other hand, solving that coordination and knowledge management problem would result in a significantly different (likely lower) increased requirement for additional financial resources in the long run.

A solution to this problem would require that some thought be given to whether APHA is a stand-alone national organization, working primarily and directly through its staff, or whether much of its work would involve the leadership, support and coordination of a broad coalition of organizations and members.

[3C] We should consider further cutting costs, increasing reliance on email and web communication. We should consider increasing dues.

[3F]

1. Use the expertise in the Association to get grants (e.g., federal, bioterrorism, foundations)
2. Explore joint memberships with other organizations and affiliates, by offering lowered dues to those whose primary membership may be in a different organization than APHA.
3. Do more for individual contributions to specific projects. That is, establish projects that may interest those who would contribute to those projects.
4. Provide an affinity credit card, and market it well.
5. Rethink the development office and the process that is being used in that office.

[3H] I think it appropriate to explore corporations, foundations, and pharmaceutical entities as long as the ethics of that relationship is clearly on the table. The number 1 challenge is to sell APHA to the people of America as something that will make life and career and work better for them.

[4] How can APHA best reduce its expenditures in order to control costs without losing essential services?

[4C] We should increase use of email and web resources to communicate. We should delegate tasks more to sections and affiliates and members. We should rely less on staff for governance's administrative tasks.

[4F]

1. Consider travel costs and policies (eliminate first class travel; reexamine reimbursement policies)
2. Reorder the priorities of APHA to focus on section activities that show an immediate impact thus showing members the effect of these activities and tie that to the way priorities are set within the Association.
3. Make the abstracts of the annual meeting available on CDs and sell them at cost plus.
4. Consider more videoconferencing for committees, or other activities that could emanate from the headquarters, thus making good use of the facilities we possess.
5. Ensure that the building space is fully used and marketed, within the constraints of being 'non-profit.'
6. We need to be more flexible in our rules for use of pharmaceutical monies.
7. Ensure that the evaluation of the meeting is seriously considered in terms of reducing scientific sessions, versus business meetings.
8. Reexamine existing 'sacred cows' to see if they should be 'butchered,' and served as 'steaks' to sections.

[4H]

1. Make transparent the salaries and benefits of the leadership within the APHA and staff. Then inform the membership of the work that these leaders do for APHA.
2. I would not favor paying the Executive Board any money for their work in the organization.
3. Study very carefully just what the "essential services" referred to above really are. Develop a working document to ascertain if those services are, in fact, "essential" in terms of staff, salaries, benefits, work to be done, and the overall vision and goals of APHA.
4. Use electronic communication modalities more.

[5] Miscellaneous

[5B]

- disseminate journals and newsletters via website and e-mail (with option for mail-out version for those to prefer hard copy)
- consider corporate sponsorship of annual meetings (carefully) - assign a committee to evaluate potential corporate sponsors and provide oversight of their activities

consider different tiers of membership dues - reduced rates for students and state (government) employees
- perhaps you are already doing this

[5D] People opting to get paper journal and newspaper should pay higher membership fees than those opting to get online.

[5E] You might consider making receipt of a paper journal and newspaper optional. I know many people prefer to have paper copies, and I think they should have them, as should libraries. But I would be perfectly happy just getting the journal and the Nation's Health online. I have what seems like thousands of journals in a closet! It would be a benefit for me NOT to receive them in the mail, as long as they were available online.

[5H] Ask the membership what they think they are getting for their money. It may be important to market the value of belonging to APHA better than it has been done. I have a sense that many join because "it's the thing to do" but they really don't understand what they are getting. When the resources dry up, these members will go away.

LEADERSHIP

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 13:42:22:

Some APHA members have expressed concern about the clarity of leadership roles and functions within APHA with respect to decision making, priority setting, and internal and external communications. Please consider these and other leadership-related issues when responding to any or all of the following questions:

[1] What do members want from APHA leadership?

[1A] We want leaders to be visible at the local and state level and at the national level when appropriate. We want them to involve the membership in key organizational, policy and implementation decisions. We want them to be accessible at smaller meetings and conferences. We want monthly reports on what is happening in our field(s) of interest that may improve our work.

[1B]

- The organization is too slow in responding to national and Section/SPIG/Affiliate issues.
- Administrative functioning of the organization is problematic, in that Sections/SPIGs/Affiliates are not used as resources to address organization and external issues, are not consulted regarding issues that affect that Section/SPIG/Affiliate, and set internal rules that hinder the functioning of Sections/SPIGs/Affiliates.
- Data and analyses of data that should be readily available in the APHA database are not provided to Sections/SPIGs/Affiliates for their use. In particular, membership lists have been asked for repeatedly over the past five years by a number of Sections. Information that is given is not in a format that can be searched by common databases.
- Communications are a constant problem. This category includes internal communications within APHA management, Section Affairs staff and continuity for Section leadership, and from the Sections/SPIGs/Affiliates into service areas such as budget, membership, program, and section affairs. Internal communications are between "silos", with little integration of what members see as the service end of the organization.
- Knowledge and information about the organization and function of APHA needs to be shared, in regard to the basic member, Sections/SPIGs/Affiliates, and other professional and governmental organizations.
- Members always ask what they really get for membership in APHA! The organization, its mission, its structure and function, and each Section/SPIG/Affiliate should be marketed to the membership so that the APHA sales force (members) can articulate why others should join. We need an organized and clear marketing plan that conveys the power of APHA and membership.
- Members want the management of APHA to serve the elected leadership of the organization, and the staff to serve the membership. They want timely responses to major issues, with input from Sections/SPIGs/Affiliates as often as possible. APHA should address issues with Sections/SPIGs/Affiliates consultation, partner staff with members for organizational representation at meetings, and provide support services for Sections/SPIGs/Affiliates, rather than having the management/staff only representing the association.
- APHA should study the operations of other professional organizations to gain insights on how to become more user friendly and supportive.

[1C] Most members probably feel too removed from the central organization (and its leadership). With any large organization, it sometimes feels that the leadership is an inner circle - involved mostly in dealing with the politics and the finances of the organization and most members evaluate the organization based on the day-to-day relevance it has to them. As long as the permanent (paid) staff are responsive to the membership needs (and preferences) and there are some checks and balances (individual and

organizational oversight) for both paid staff and volunteer leadership, I don't know that there is anything wrong with the current system or how it could be improved.

[1D] Leadership in a word. We must remember we are a volunteer organization and activities are mostly done on member's own time. We should expect our leaders, at a minimum, to stay in close touch with the members and with the issues that are current, and to fairly represent those that elected them. This means communication must ever be strengthened between leaders at all levels and those they represent. In present times we should work to make electronic communication easier and appropriate.

[1E] A clear voice of the direction and position of APHA on specific policy issues. Also a more clear understanding of the chain of command in terms of who makes decisions and what groups of people are involved in the decision making process.

[1F] To foster a debate of issues in an open forum

[1G]

1. For the leadership to be a true "think tank" of new ideas and directions for APHA.
2. For the leadership to be a facilitator to carry out or enable the carrying out of the decisions that are made by the Governing Council and the membership.
3. For the leadership to be pro-active far more than they are re-active. This gives positive direction to the organization.
4. For the leadership to provide coordination among the multitude of programs within the organization (i.e., how can the Section activities really be of help to the Affiliate activities if the Sections have no idea of the needs and issues of the different Affiliates? How to coordinate that is no small matter.
5. 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.
6. What members do not want is any secrecy about decisions made or under the table trading that may go on to get something done that is a hot agenda ticket for one or more leaders in the organization.
7. For the leadership to figure out a way to hear with the intent to listen to membership. If a member asks a question, somebody needs to answer it. If a member has an idea, somebody besides a secretary needs to address it in a responsible manner.

[2] What are the strengths and limitations of the current APHA leadership structure?

[2D] The strengths are the democratic and elected process. Limitations can be over come by streamlining and strengthening the role of governing council through out the year. This can be done with structuring governance through email and the web.

[2E] Leadership structure appears to be effective.

[2F] APHA leadership is dominated by the eastern half of the country whereas the population of the US has moved west.

[2G]

Strengths:

1. I guess the leadership does get together to address issues. Does this ever get translated to the general membership?
2. Leadership appears to be very powerful. Maybe that is a strength.

Limitations:

1. Too much power in the Executive Board and even more in the Executive Committee.

2. Limited user-friendly avenues for regular membership to contact leadership with ideas or opinions in hopes of getting an answer back.
3. I wonder just how much micro-management is going on and how much is needed?
4. There appears to be at times a position of "elite" or even arrogance among the some of the leadership. We are, after all, "all the same people".

[3] Which individual positions and/or leadership bodies should be responsible for which types of decisions?

[3D] Governing Council should be further streamlined and involved with the setting of policy. Action board should form issue committees to work on policies and report back to members. The executive must strive to respect the legislative process and improve communication with the section and affiliate leadership.

[3G]

1. The Executive Board needs to be more of the "think tank" and the coordinator for a fair and just equity in the work of the Sections and the Affiliates. This Board must continue to keep the Vision and Goals of APHA before itself and to continually put that before the membership, Sections and Affiliates with coordinated plans.
2. The Executive Board will need to make the financial decisions for the organization, but they really should get some input from the Sections and Affiliates and listen to other members who have something to say about this.
3. The Sections and Affiliates need to have a format for working very closely together so that state and local level issues get addressed at the APHA level and have appropriate input from the Sections. I haven't noticed that they work very closely together and may even have a good bit of individual turf that gets in the way.

[4] How can the speed and transparency of decision-making processes be improved?

[4A] Faster communication using the Internet.

[4D] Decision making can be improved by streamlining communication with sections, affiliates and members. More can be done to tailor decision making through email and web resources. These need to be made more user friendly and work done to make sure all members are involved in this way.

[4E] Perhaps an APHA listserv dedicated to informing members of current issues facing APHA, how to get involved, and the result of organizational actions. This may be the best way to reach the largest audience possible. If there is currently a listserv, I am not aware of it. The listserv should be publicized and members should have the option of subscribing and unsubscribing at their discretion.

[4F] Why don't you provide members with the minutes of administrative meetings via e-mail?

[4G]

1. Get some help with writing things down to cut the rhetoric and simplify whatever is distributed to the membership.
2. If APHA sets as a sacred goal to be transparent in all decision making, then there will never be a question of secrecy, deceit, or second agendas about decisions.
3. Membership has a right to understand the reason for every "executive privilege" decision that the Executive Board and the Executive Committee makes. There ought not to be very many of those decisions.

MEMBERSHIP

Posted by TFAIR (170.140.4.149) on August 20, 2002 at 12:58:20:

Please consider these and other membership-related issues when responding to any or all of the following questions:

[1] What are the strengths and limitations of the APHA's current approach to membership recruitment and retention?

[1A] I think one of greatest difficulties APHA has, along with some of the local affiliates, is that there is no opportunity for joint membership. I know that APHA "experimented" with dual membership on a pilot basis once before, and although APHA felt that it didn't cover its costs, the state affiliate benefited greatly. Boosting the strength of the affiliates helps ensure that there is a better chance for more active participation of public health professionals whose jobs or other commitments do not allow them to come to Washington D.C. regularly, but who can be active more locally. If APHA were to have national meetings biennially, and support regional affiliate meetings on the alternate years, it might increase interest in both meetings and save some wear and tear on the volunteers at the local level and on the national staff.

[1G] We are all having a difficult time recruiting but we must keep trying. Focusing on students is the best strategy to make APHA a lifetime habit. We can do more in scholarships, mentoring and perhaps campus recruiting with leaders from the sections and affiliates. We should temper our frustration with membership by recognizing that we are in historically difficult times and that this will eventually improve as the political will of the nation recognizes the need for a viable public health infrastructure.

[1I] As for student memberships, I think that \$50 is too much. Other professional student memberships are usually \$20. We might be able to attract more students by lowering their fees. As for professional active memberships, I feel that membership in the APHA is the best value of any of the other professional associations to which I am a member.

[1K] Current approach to recruitment and retention, strength & weakness

[1L] There's no feedback loop. For instance this questionnaire reinforces the existing organizational structure and thereby limits the ideas that might be submitted.

[1M] Strengths: There is a great deal to learn within the APHA. These strengths need to be marketed. Limitations: It would seem that the computer system and ability to move around in the web site could use some "user-friendly" help to make things more accessible. Add a section on "What APHA can do for me" to the web site. Market...market...market...

[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)?

[2G] Volunteers should be in leadership positions and they should not be paid. We must do a much better job of delegating through the existing structure. We can make much better use of past leadership in activating membership.

[2I] I was recruited by an active member who was recruited by another active member and the cycle continues.

[2L] Because of the current complexity, it takes a number of meetings before a newcomer can find a place to serve.

[2M] I don't understand this question. Deploy and activate sounds like some military intervention!

[3] Why has APHA's overall membership numbers been flat for the last several years? How can APHA best use its resources and efforts to dramatically increase its membership?

[3A] By increasing the support to the affiliates, a greater pool of interested, informed members can be mobilized for advocacy, at the national level. Visiting Congressional representatives in their home offices by affiliate members who are simultaneously APHA members, provides extra clout. If people feel that they can genuinely have their voices heard, wearing their public health association hats, rather than the constraints of their public sector jobs, then membership might increase.

[3I] Disorganization somewhere. I remember that as a student in public health I felt an obligation to be a member, but as a professional, I didn't feel like I got anything out of membership because it seemed like I never got a newsletter or saw anything that was pertinent to my profession--optometry--although that has changed now that I have been recruited as secretary of the VCS. I wonder how many other people feel left out.

More importantly, it never ceases to amaze me that every year I get two renewal notices a few days apart. Plus this year, I sent in my \$200 contributing member fee and NEVER have I received the "Gift" or the newsletters from the other sections as promised. So the saga continues. Who is in charge of this at headquarters anyway???

[3K] How change from flat to growing membership

Our table ended up discussing these two together; there was no specific discussion of current strategies to gain new members, but we had no specific information about society policies to react to. The following issues were discussed.

A) Costs of membership - reduce for lower income professionals

i) Follow the lead of a number of other professional societies and have a graduated membership rate based on income - this would make it more affordable to lower income individuals

ii) Perhaps lower student or new student rate, especially if they do not receive a print copy of the journal

iii) A lower transition rate for the first year or two after graduation... right now it is a huge jump that outstrips most income increases

iv) Explore joint rates and perhaps section publications with associated organizations (e.g. SOPHIE)

B) Involve students more in sections

i) Student caucus needs more access to student members

ii) Involve students more in sections via awards, some travel funding to annual meetings, current members need to encourage students to submit abstracts to conference (e.g. best term paper or project in a class; theses; etc).

C) Make sure Association is relevant to the widest possible audience (a ?big tent?)

i) Make strong, explicit links between science, practice, and advocacy - most organizations specialize in just one of those, APHA is only one that can combine all three

ii) Show outcomes of policy statements more clearly so that the effectiveness of organizational efforts are visible

iii) Some section representatives felt that their sections were losing members due to a primary emphasis on one area (e.g. Environment felt there were fewer practitioners, Epidemiology fewer academics, both due to narrowing of emphasis to only advocacy in their sections)

D) Direct encouragement to join

i) Deans should encourage faculty to join

ii) Faculty should encourage students to join

iii) [note: the table seemed to be predominately academics, since there was little discussion of how to encourage practitioners join]

E) Why join?

i) After talking about what should be done, we each listed why WE joined. The motivations included: good journal, psychic (mission) benefits, interdisciplinary nature, broad public health focus, potential for influencing public policy, networking (several), national understanding of issues, links between research - practice - policy

2) Deployment/activation of members as association volunteers

It was suggested that the report of the task force on the nominating committee serve as a reference for this topic.

A) Improve email access to section members

i) It was a consensus that sections were a key focal point for members and that more communications directly from the sections would be helpful, as opposed to more from APHA overall (e.g., section program info for the annual meeting vs. just a general organization announcement)

ii) All at the table wanted the Association to establish an easy way for section leaders to distribute emails to all section members. The current method of forwarding it through staff is cumbersome, slow, and demeaning.

iii) There needs to be more communications both from and to governing council members so that the general membership feels more in touch with the governing process, and governing councilors feel more connected to sections

B) Need more volunteer appreciation/recognition - especially within sections, but also more broadly (there were complaints that ribbons for a number of section offices were not sent with name badges, for example)

i) There was concern about section leaders "burning out," with it common that section chairs drop out of section leadership (though no suggestions were given for how to avoid this ... one obvious answer is to mobilize more volunteers so that the chair position is less burdensome)

ii) Make outcomes of involvement more visible - many/most volunteers are engaged because of the mission of the section and organization. The better they can see the outcomes of their efforts, the more involved they will be.

C) Involve section leadership in association media and governance

i) No one at the table, all of whom were in leadership positions in their sections, reported being contacted by the Washington, DC office for advice or consultation about association policies that their section had expertise in, etc. [As a side note, the past chair of the Gerontological Health section is a member of the society-level Aging Taskforce, along with some other section leaders, per the nomination of our section and selection of the Association] In any case, more Association-level contact with section leaders would probably make their efforts seem more worthwhile.

D) Section websites - should be hosted by APHA to eliminate transfer problems when hosts of section websites leave institutions and the sites have to migrate

[3L] Value and involve members directly. More broadly, the conference is not one meeting, but a series of sub-meetings. Because of the way things are scheduled, it is very hard to move out of one's track, coordinate, network, ... I'd like to see more unity.

[3M]

1. Because people perceive that the product is not worth the cost. Why should anyone join (except to get a tax write off)?

2. Because nobody pays attention to the individual member's questions or opinions with any sort of answer or direction.

3. Because all of the decisions appear to be made from the top down. What does it matter what I think or do or what ideas I might have?

4. APHA needs to aggressively market and sell its valuable commodities, relationships, networking, actionable policies, and collaborative possibilities to Public Health Professionals throughout the country. That will take different marketing strategies for differing professional groups. A large group of folks that could be very helpful (if they had a good reason to participate) are a number of the practicing medical practitioners who continually deal with public health issues in their day-to-day clinical work with patients. There must be a way to tap into their ideas, suggestions, membership money, and clout in the medical community (notably pediatricians, family practitioners, injury and emergency department practitioners, chronic disease clinicians). I'm not aware that this has been done.

[4] Miscellaneous

[4B] A previous comment seems to ask "Who is the target population for recruitment?" I suppose that I am wondering the same thing. If APHA is to increase membership from among state and local public health agencies, then it needs to address the issues of cost and relevancy.

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. The cost of attending the annual conference is out of reach for these folks.

That leaves, as tangible benefits, the monthly publications. However, those publications would seem to have little direct relevance in assisting the vast majority of front-line practitioners in improving their practice of public health. And the move to electronic-only distribution of those publications, as some advocate, will make even those benefits less tangible.

APHA needs to determine if the association wants to enlist front-line public health workers, whether it has been successfully doing so and, if not, why. I note that in my particular section (Environment) there is only one other member from my state who works for a state or local public health agency. While it may be that this is due to the nature of either the section, or the particular state in which I live and work, it seems to me to indicate that somehow, APHA is missing the boat.

[4C] Personally, I believe that APHA has done a decent job of working with its membership in terms of the channels it uses to retain and recruit members. However, the focus has been on membership only and seems to be more about the numbers than anything else.

As a student and young professional, budget constraints within APHA have led to nearly all student benefits coming to a halt. Subsequently, my only two benefits for joining APHA were to receive a copy of the paper based journal, that is not longer available except on the web, and the Nation's Health.. which is a great resource that we still receive.

The only shining light for students has been the opportunity to work with and/or for the Public Health Student Caucus. However, even PHSC has this mentality that we must help APHA recruit more members when I personally believe our focus should be on developing programs, advocating for policy, and providing assistance to those in the field to improve the practice of public health. If we begin to focus more on helping to assure the conditions in which we can be healthy, rather than focus on recruiting more members, I think that the problem will begin to take care of itself. People join organizations to be get involved, to make a difference... work on developing and marketing better opportunities for members to get involved and I bet you will see your membership's morale increase and recruitment and retention numbers rise.

[4D] Does your magazine address issues applicable to and from the perspective of all APHA members? What professionals are members?...just PhD's, MPH's, and MD's...or are other members of the Health profession members? Do you have articles written by and for their perspective/needs? Make sure that your magazine reflects not just the diversity of cultures and issues, but the types of professionals represented in the membership.

[4E] I think that all of these questions can be addressed by trying to identify your "target group" of members. My impression in attending the meeting was that it is primarily for academic programs; there seems to be a disconnect between what the people in the field (state, regional, and county agencies) want and need for the organization to be relevant to them, versus academic programs (education for students and recruiting for graduate programs). I also suspect that your annual meeting is too expensive for most of your members to attend on a regular basis. And if members don't have access to the meeting their incentive to become members will be reduced. You might think about having section meetings regionally and at sites that would be less expensive.

[4F] I think we could expand our membership by recruiting more community health workers from local areas of work through our affiliates. This year the MWPHA (Metro Washington) group received support from the Consumer Health Foundation to award scholarships to 6 community health workers to attend the meeting and join APHA and the affiliate. As front line workers, they bring a perspective and activism to APHA that we need to reach the public and pressure government leaders. I'm happy to share our initial proposal with others who may like to replicate this.

[4H] With State economies in shambles and many public employees in danger of losing their jobs there is a question why APHA membership numbers are flat? Simple, there are fewer of us!!! No, it is not really that simple. As pointed out, many individuals feel that APHA is too remote, too bureaucratic, too unrealistic, to be of any value to local public health. A good way to work around this would be to work at strengthening relationships with state and local Public Health associations. Shared dues structures, regional conferences and meetings, stronger linkages with schools of public health (jointly offered continuing education?) are all means through which this can be achieved. As former Speaker Tip O-Neil noted that all politics are local it should also be admitted that public health is the same. Eventually it falls down to the local level, and it should.

[4J] Member services to the sections need to be improved, especially since sections are primary sources of membership recruitment. An organization of this stature should be able to give sections a listing of both current members and those who have recently had their memberships lapse. However, requests for receiving such a list have been met with bureaucratic hurdles. This lack of information hinders the sections from effective planning of their activities because the section budgets are a function of the number of members they have. An e-mail distribution list to members in each section is also necessary.

[4N] The Sections should, and can be, more involved in membership recruitment and retention. However, the current structure of APHA limits this since there is essentially no access via email to our own Section members, regular updates of new members is only sent to our Membership Chair on an irregular basis [no update sent since February, 2002] vs. the monthly frequency stated in the Guidelines.

ORGANIZATIONAL STRUCTURE

Posted by TFAIR (170.140.4.149) on August 12, 2002 at 13:42:51:

This area deals with the roles, responsibilities, structures, and relations of the organizational elements (affiliates, caucuses, sections, SPIGs, etc.) and the leadership elements (president, president-elect, past-president, executive board chair, executive committee, executive board, governing council, and senior staff) of the Association. Their current composition, roles, and responsibilities are detailed in the Constitution and By-laws of the Association (references follow).

We welcome any comments you might have, informational or evaluative, regarding the influence of these structures on the direction, effectiveness, and efficiency of the Association.

Please consider these and other issues related to organizational structure when responding to any or all of the following questions:

[1] Does your experience suggest that the organizational structures now in place should be changed?

[1A] Some yes; many no. Many of the concerns I have heard expressed by membership, leadership and staff over the years are responsive to processes and role clarifications and do not require structural changes.

There are several areas where some simplification of structure might help.

For example: the governance structure for the sections and for the affiliates, entities that have a broad range of similarities in the fragility of their effectiveness, the robustness of their infrastructure and capacity, are not at all parallel. The difference between the ISC governance and the CoA governance continue to confuse even very experienced APHA leadership and lead to confusing resolution from the Governing Council. This should be addressed.

In addition, there is significant role confusion among Governing Council, Executive Board, and Executive Director. This is an issue that responds more clearly to role clarification and consensus around the definition of those roles that to structural change.

And there is some confusion about the appropriate roles of Executive Director, President of the Association, and Chair of the Executive Board.

[1C] The structure is basically adequate but more could be done to streamline the communication and involvement of sections, affiliates and members.

[1D] No

[1H] Yes. 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).

[1I] Yes

[2] How can the roles, responsibilities, and structure of the organizational elements (affiliates, caucuses, sections, SPIGs, etc.) best be defined and used?

[2A] The first step again involves the vision of the organization. In a devolved policy environment, affiliates would be ideal early warning groups and the obvious candidates for coordinating the implementation of APHA policies and initiatives at the sub-Federal level (state and local), as well as mobilizing non-Washington participants in Federal and national policy advocacy.

And the sections should ideally be repositories of technical expertise.

These ideal states are hardly ever reached, even in the case of individual affiliates and sections. In addition, the capacity and reliability of these entities varies significantly from one to the other and over time.

Do we know why? In our roles as subject matter experts, for example, has our preferred route in addressing an issue been to take it through a section process?

Are sections and affiliates really critical constituent elements and partners with APHA in addressing the health of the public? or are they simply concentrators of dissatisfaction with APHA's member services? If these entities are critical elements of APHA, we must address capacity and infrastructure issues and so in a way that focus not only on the cost of doing so (the financial impact on APHA) but on the impact on the programmatic and financial sides simultaneously.

[2C] We must continue to educate our members in the organization and in the governance process. Many problems in our section relate back to a misunderstanding or lack of knowledge of the organizational structure and relationships within the current structure. This is improving as we focus on orientation of our members and our continued active involvement of new leaders in the governance of the organization.

[2D] The organizational structure appears to be fine. However, the utility of the various elements is somewhat unclear. Some Sections, SPIGS, Caucuses have websites, for example, and others don't. Therefore, I have had difficulty understanding the specific role and responsibilities of the various groups. Short of contacting the head or contact person for each group, there appears to be no other way to get information. This would be helpful as members try to decide how they would like to be involved and get a better idea of the utility of the various elements of the organization. The organization may want to develop some sort of policies or requirements for the various elements to ensure effectiveness and utility. Some of them appear to exist but appear very disorganized.

[2H] It seems that the major responsibility of these elements are to represent their constituency. Ongoing tools are needed to assist the different elements listed above know how to get their opinions, questions, suggestions, and ideas to the level of the Executive Board. This would seem a vital function of the APHA to provide this since these membership elements change more rapidly over time (we hope) than the organizational structure at the APHA.

It may well be that it is time to re-visit the basic structures of the Affiliates, Sections, Caucuses, SPIGs and other groups as to their mission, their usefulness (to themselves and the APHA) and how APHA can best facilitate and use the energy of these groups. They shouldn't be burden to APHA.

[2I] Why do we have an elected president who does not function as the leader of the Board (i.e. preside over Board meetings, assign responsibilities to committees, etc.)? Why not have the past-president, president, president-elect, vice president, treasurer and perhaps 1-2 members at large from the Board make up the executive board/committee? We try to elect a dynamic president to lead APHA & yet it seems that person is really only a figurehead.

[3] 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?

[3C] The current roles are adequate but should be streamlined to enhance communication with the sections, affiliates and members. Perhaps more could be done with email and web communication and streamlining committee structures and reporting.

[3D] They appear to be useful as is.

[3H] Read the constitution very, very carefully and abide by it. Keep the vision and goals of the APHA ever before everyone of these people. In making decisions with vision and goals in mind, it may be very valuable to continue to ask the question: "Will this be good for APHA or bad for APHA?" Even more important: "Will this be good for the American people or bad for the American people?"

[4] How might the relationship among the affiliates, sections, and the national organization be best conceived and structured?

[4C] The current system has recently instituted councils for sections and affiliates. We should make this and the committee structure work better through improved communication and delegation.

[4D] Not sure.

[4H] Explain the Executive Committee to the membership better than I think they understand it. Explain to the membership the relationship of the Executive Committee to the Executive Board. What is the power of the Executive Committee and who bestows that power? Develop and maintain the fairest possible equity on the Executive Board.

[5] How can the organizational structure of APHA be made most effective, responsive, nimble, and transparent?

[5A] APHA and the section and affiliates etc., must find ways to strengthen their own processes and capacities, and address the issue of differing timetables at the national level, where APHA is often responding to tight deadlines) and the state and local levels where responses are often the responsibility of volunteers increasingly overburdened in their workplaces, as well as subject to communication constraints.

In addition, APHA, the affiliates, and the sections, etc. must increase the sustainable capacity of each of those elements. This could be done by applying to each of them the lessons we teach in our leadership institutes, seminars and workshops.

APHA and its elements and partners must breakout of the once a year decision cycle to a 24/7 process more suitable to the environments they operate in. This requires initiatives with respect to communication infrastructure, central and constituent element staffing, governance processes, and organizational culture. Easier said than done -- even with agreement on the goals.

[5C] The organization has evolved to address particular issues. We should address the underlying reason for the structure and try to make it work rather than to invent new paradigms. Streamlining of tasks and delegation and improved communication are the areas to focus on in the near term rather than creating new organizational structures.

[5D] through the website

[5H] Assure that what is done is done democratically. 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.

[6] Miscellaneous

[6B] Rather than distinctions of central versus state organization, consider more regional organization. Some states are too small (or have too few active members) to be viable. If there were more activity on the regional level, more people might become involved since the topics could be more relevant to regional issues, travel costs would be reduced (if most people could drive to the meeting and it could be held in

cities of smaller size) and this might also serve the functions of recruitment in that many people looking for a position (either as students or faculty) may prefer to stay within the same region of the country where they already are.

[6E] I find that the organizational structure of APHA is "byzantine," perhaps even "Kafkaesque," without the punitive connotations. It is not clear, even to this long time members, how issues get raised, where they are discussed, and how they get resolved. Further, the relative roles of affiliates, sections, and SPIGS, along with all the various deliberative and policy-making bodies is impossible to figure. While the breadth of membership is one of APHA's strengths, the structure needs to be made simpler, and more understandable. This is especially so because APHA should be an organization that is well-known to the public, not just to its membership. So much organizational energy taken up with maintaining the internal structures takes away from the advocacy and public education roles that APHA should play in society.

This is the challenge for the Task Force - to find the balance between internal organizational maintenance (consistent with democratic values) and organizational purpose (mission, if you will).

[6F] APHA is leaden with rules and regulations, the governance structure is ponderous to the point of immobility and the major life is given to it by folks who come to the annual meeting and talk to one another. As a former section chair and section representative to the "council" as well as a member since 1978, I do not identify with APHA at all except for the people who are members.

[6G] I read the two comments so far, but I did not find anything new. Perhaps, the procedure for commenting is not clear enough. By posting my message, I hope to learn whether the steps I followed are appropriate.

Henry Mintzberg defined five types of organizational structures: simple structure, machine bureaucracy, professional bureaucracy, divisionalized form, and adhocracy. Subsequently, he added one more, Missionary. Each type has advantages and disadvantages and is better suited for pursuing certain missions. My recommendation is that APHA examine its mission in relation to these six structures to determine if our form of organization is best suited to pursue our mission. If not, perhaps we can initiate a strategic planning initiative to refine our mission and select the most appropriate organizational structure. The key problem APHA and many organizations today face is that most of these six organizational structures do not use human resources in optimal ways, now that individuals possess so much education and a variety of skills. Top-down hierarchies can be efficient when the product is a good with clearly defined parameters. However, APHA is a service organization with a lot of volunteer laborers. I think we could improve on our organizational approach.

[6H] It is very important for all of these leadership elements, entities, and groups to keep reminding themselves they either serve the membership or they represent views of the membership. Nothing will work if we do not work together to remember this and to keep in our serving and representing the Vision and Goals of the APHA. APHA should not be a "private upward mobility agenda" organization for anyone.

Positions of office or leadership within APHA is not a free ride to personal self determinism. With these positions go immense responsibility to represent the constituency, to listen to and obtain input from the membership, and to inform the membership of the thinking and actions of the organization at large.

OTHER COMMENTS

[A] Diversity in elected leadership of APHA

Promoting Diversity in Leadership: How We Vote

The procedures for nominating and electing APHA national leadership were scrutinized by a Nominating Committee Work Group last year. How best to promote diversity in the Nominating Committee as well as in the Executive Board has been one major consideration.

Every year APHA's Governing Council elects three members to the Executive Board for three-year terms. In recent years, in an effort to promote diversity, a separate pair of candidates has been slotted for each of the three openings. Thereby the chance for a candidate from a minority constituency can be one in two, rather than as low as one in six as it could be without slotting.

One concern has been about an unfortunate consequence specific to the slotting procedure: when two excellent candidates are pitted against each other only one can get to serve. The Work Group proposed that the Governing Council return to filling the Executive Board seats by having each Councilor vote for three candidates from a slate of at least six. But that procedure has nothing built in to promote a representative outcome. A majority voting bloc could take all three seats.

The Work Group recommended looking at alternative voting systems. Given that there are several systems designed explicitly to elect more representative governing bodies, APHA needs to examine these so-called "proportional" systems. The scientific study of voting systems began hundreds of years ago. Systems vary in how likely they are to generate irrational outcomes (1), how susceptible they are to "gaming," and how easy they are to implement.

Although no voting system is perfect, each of three proportional systems has been adopted by municipalities or countries to elect their legislatures or by corporations to choose their boards of directors. In varying degree, these methods take account not just of the voter's preferences among the candidates but of the order of those preferences as well. Space here permits only the sketchiest description of these systems. Interested readers should consult other sources (2).

a. Limited Voting - The number of votes each voter is allowed is less than the number of vacant positions. Minority chances are greatest when each voter is allowed just one vote.

b. Cumulative Voting - Each voter has as many votes as there are vacancies but may distribute those votes in any way desired, including all for one candidate.

c. Preference Voting (known also as Choice Voting, Hare system or Single Transferable Vote)

Each voter has one vote, but is asked to rank candidates in order of preference. A candidate wins by reaching a "victory threshold" roughly equal to the number of votes divided by the number of seats plus one. In the tally, the votes for the candidate with least first-choice support are transferred to those voters' next choices. This process of vote transfer from the lowest scoring candidate is iterated until all seats are filled.

Comments - The limited and cumulative systems can improve chances for minority representation unless the minority has so many candidates that its voting strength is diluted. An exaggerated fear of that risk can lead to nomination of fewer candidates than the minority could elect.

The preference system is the most common candidate-based, as distinct from party-based, proportional system used in other nations. It consistently gives the most representative outcomes. It is the only system

in which no vote is wasted. The process facilitates coalition building and allows a candidate to run without fear of being a spoiler splitting the vote. However, the preference system's implementation would require more complex software than the others'.

1. For example, it is easy to show that the widely used slate voting system that the Workgroup proposes for choosing the Executive Board can elect a candidate who would have lost in a one-on-one race with a defeated candidate.

2. E.g., <http://www.fairvote.org/factshts/index.htm> , <http://www.mtholyoke.edu/acad/polit/damy/prlib.htm> , <http://www.ccrcc.wustl.edu/~lorracks/dsv/diss/node4.html> , <http://www.barnsdlc.demon.co.uk/vote/fracSTV.html> .

[B] leadership and structure

In an effort to both use leadership effectively and capture the best ideas to re shape APHA's organizational structure, the Executive Board and its Finance Committee (or for that matter any special committee looking at organization, allocation of resources, etc.), should develop more frequent and higher level tools to communicate information to (and solicit feedback from) leadership. In the inevitable cycle of redesigning APHA to make it more nimble, flexible, leaner yet more effective in rendering membership services, the EB needs to provide leadership but reach out to elected leadership from sections, spigs affiliates and caucuses. For example, leaders (including the EB itself) should receive analytic and complete summaries of financial status and, with the EB, should engage in an analysis of the effectiveness of APHA functions and activities before any major reallocation decisions are made. APHA staff should help the EB prepare such summaries of financial and strategic issues as they come up, and solicit input from leadership as essential to decision-making. This disseminates important information in a way that respects the leadership, democratizes the process but in a controlled, focused way toward a specific set of decisions and outcomes. Several APHA members could help staff and EB design this process to get at the right level of information and craft the feedback process to create smooth, quick turn around times. These processes may slow down decision making just a tad (yet given how APHA functions hardly noticeable) but provide immeasurable value and input. They are meant to create a cohesion within APHA leadership that currently does not exist. Also, the EB protects itself from implementing bad ideas.

Underpinning this general comment is my sense that APHA may require significant redesign at this time given budget issues. But, as a leader I am handicapped because the information that lends itself to redesign, the assessments of EB and senior staff require more frequent reporting. Currently, these materials are never shared with the leadership. They are held either closely by staff or some combination of staff and EB. I trust my elected leaders, like in any good democracy only up to a point! But more importantly, we are all invested in APHA and there is a great deal to communicate important strategic issues to the grassroots and gain feedback. Hearings at annual meetings and cursory reports are not full dissemination strategies. In my visions, there is less process and agitation within APHA because a broader circle of elected and representative leaders would be informed in ways we are now not. In turn, we will ask for feedback and answers from our constituents and can reflect a much broader sense of what the membership wants.

[C] Premise: APHA can be a healthy, effective organization only if its members and component units have a strong sense of ownership. That is most likely to prevail when staff, Executive Board, and other volunteer leadership consciously strive for good 2-way communication with each other and with the membership and Association units, so everyone that is interested can know what's going on and can have input through appropriate channels.

However, the path of least resistance for busy people is to minimize "unnecessary" communication. In a worst case (not a total caricature), an Executive Board rubber stamps staff decisions, and a Governing Council, having elected an Executive Board, hears from the EB - perfunctorily - once a year thereafter.

Structural provisions can promote, if not ensure, effective communication and a higher level of accountability by staff and by all levels of leadership. For example:

1. Structure Executive Board meetings and conference calls so that all topics discussed are listed in minutes, all actions are formal (i.e., motions, amendments, etc.) and all members' votes recorded in minutes. Record those present and absent at meetings and on teleconferences.
2. Mandate that action on approval of minutes is to occur at the next subsequent board meeting or teleconference. Posting of minutes on the Web to follow within one week of their being approved.
3. Provide for recall of any Executive Board member by a 60% vote of the Governing Council.
4. Provide a procedure for Governing Council members to question the Executive Board chair regarding the EB chair's report to the GC, as a parliament questions a prime minister. The GC should be authorized to act on the report (Article VI, Section 4 of the APHA constitution now provides only for the GC to receive the report).

Such structural provisions could serve to enhance the quality and consistency of communication and the sense of accountability.

[D] please post summaries

It is helpful to see the summaries of discussions from the ISC/COA meetings in Nov., as posted under "Overall Improvement" and "Membership." If there are still notes from other such discussions, it would be helpful to see them. Otherwise, applaud this attempt by TFAIR committee to solicit views, and hope that we will continue to see synopses that represent the range of views as well as points of agreement.

[E] just a comment

I've been working in Public Health for over 10 years now. I have never been able to get my teeth into our state organization because they offered little to nothing in Maternal/Child/Family/ Nursing/rural information sessions. I joined APHA this year only because it had published a paper in support of out-of-hospital birth, which is based on good science, best practice and is evidence based.

APHA needs to continue to support good science, evidence based and best practice-this helps me in my work because APHA has the capability of sifting through the information inundation that can overwhelm.

It would also help if all the states were tied into APHA-if I sign up for APHA, there should be a little reminder about the state organization and that some of my dues go to the state, and now I'm on the state mailing list and a state member.

It seems that organizing thoughts, issues, and policies could be made more clear and accessible if each state PHA organized themselves around APHA issues and direction. That way those of us in the trenches might have a voice. Another nice thing about this type of structure is that the executive board can be more representative of leaders who work in public health in each state. All this brings it back to "local" as mentioned several times in previous posts.

I was disappointed that there were not more sessions on rural issues and programs. I think the cost of airfare, car rental, shuttle, hotel, registration, meals makes it prohibitive for strapped rural entities who are

doing really good work to participate. I would like to see some sort of scholarship program to assist them in presenting and attending.

[F] Evidence based public health policies

I've been a member for over 50 years and worked in many aspects of public health; government, voluntary and private direct medical care. When I joined, the organization was dedicated to the public's health as a medical and social science. I'm disappointed in the organization's trend away from evidence based medical and social science. We must insist that the highest standards of evidence be maintained when we advocate for the processes which advance the public's health. That's what we stood for when I joined. I believe the time has come for another Abraham Flexner.

[G] Open comments

I am a 40+ year member, and have always felt proud of my association with APHA. Politically, I feel that APHA could accomplish more if it moved to the center, at the same time holding onto its principles and collective values.

I am not sure of the best way to obtain meaningful input from 14 thousand people, but appreciate the effort. Perhaps a series of regional forums could be carried out by our new leader.

At one time in the past, there were regional 'branches' of APHA, and I was active in the 'Western Branch'. This regional organization helped the state affiliates with their development as well.

Thanks for asking

[H] APHA mission and vision

I have been a member for over 30 years. It has become harder and harder to understand what APHA is and does. This exercise is a good example. Without a clear and accepted statement of mission and vision for the organization, how can we discuss areas like organizational structure, financing, etc. While I have maintained membership, for the last 20 years I have done my networking, learning, and participation in other, more clearly defined organization. I don't have any answers, but can't see how this exercise will produce any.

[I] More an observation than a comment... APHA is one of many organizations with similar goals -- while it has to stand out, maybe the vision or mission statements need to say something about its place in the broader world of public health associations. Where does APHA choose to lead -- where to follow?

[J] I object

To paying exorbitantly to attend and then being asked for more money for CME credits.

[K] Second opinion: While I do not wish to endorse the complaint about the cost of Annual Meeting registration, I support the concern about the manner in which the CE fee is being charged. The SHES Section leadership voiced this concern to all candidates for the Executive Board and Governing Council with whom they spoke. They also carried this message to the Section's liaison from the Education Board. APHA would increase its income and participation in CE if it were to have a prorated charge of \$25/day than the current \$100 for CE. Another option would be \$25 for up to 10 hours of CE, \$50 for 11-20 hours of CE, \$75 for 21-30 hours of CE, and \$100 for any amount over 31 hours.

[L] Ditto! It's absurd to have to be a member in order to present one's research. This is coercion and possibly limits the availability of good research being presented.

[M] Public awareness of the APHA

I find it unsettling and disappointing that so many educated people that I meet are unaware of the existence of the APHA. I don't whether there have been any public opinion polls on the subject, but I suspect most people have never heard of the APHA. Unlike the Amer Medical Asn, or Amer Bar Assn.

It might be useful to find out what people know about and think about the APHA - and Public Health in general. I think our Journal, JAPHA, has been doing a fantastic job lately, and surely some of its contents should attract the media and the general educated public. Perhaps we could benefit from advice from media people about how to make public health voices heard by the general educated public - and not just by public health professionals.

[N] It's true. "Health" is a much broader topic than medicine. Health advocacy while based on science is also very complex politically so it's hard to get those broad agreements within the organization that lead to dramatic and effective action. Example: we've got one set of "health advocates" working for elimination of barriers to HIV therapy and another set of "industry advocates" advocating "medicalization" for HIV therapies --but they're both in the mix. It's interesting, but does it work? Is this a strength or a weakness of the association?

[O] Subject Material

I attended my first APHA Convention this year and enjoyed the experience very much. I am a retired orthopedic surgeon and president of our county board of health. I was also a presenter, 20 minute talk, at this years' meeting. I was impressed with the lack of board of health people in attendance. Since we, boards of health, in many States control not only the purse strings but also are ultimately responsible to make sure that the core functions are practiced by the health department I would think that APHA would have an area in its structure and at its meetings directed towards this population. Maybe more effort should be directed towards attracting this "element" of public health.

[P] I was impressed with the lack of board of health people in attendance...Maybe more effort should be directed towards attracting this "element" of public health.

I agree. Previous years, I have seen NALBOH present, but didn't notice them this year. Why not an invite to NALBOH, NACCHO to do a crossover meeting that would overlap these public health membership organizations?

[Q] Annual meeting

1. Bioterrorism meetings were held in rooms that were too small.
2. Speakers' slides were often unreadable.
3. Bulletin board times should be off-cycle with scientific sessions.
4. Annual meeting did move up to a "Sunday start." Better a "Friday start" with sessions all weekend.
5. Agree with others that APHA is too liberal (left-leaning" and a bit haughty.

[R] #2: This is a challenge for both the presenter preparing the slides for presentation and the support services to deliver the best technology for the slides.

#3: I support this idea.

#4: I doubt that we can get consensus on this. I like the Monday start of scientific sessions. The Society for Public Health Education has its annual meeting on the week end with a Friday board meeting. Many APHA members of the PHEHP and SHES Sections belong to SOPHE, as well.

#5: 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. I am a member of APHA because it matches my political views about the health and well-being of the American society. If it begins to represent the sentiments of the Moral Majority, Trent Lott, or other politically right leaning interests, I am out of here.

[S] Several comments on this year's annual meeting"

- Numerous folks appreciated the sessions with four, rather than five presenters. This format allowed for more Q&A than other years.
- Complaints of poor quality slides are ongoing. To my mind, half of this is the fault of the presenters, who design their slides as they sit 12 inches from their monitors, and fail to realize how they will look to viewers twelve feet from the screen. The other half definitely falls on APHA. I have already contacted them about the exorbitant prices for LCD projectors, and did receive a response that they are actively trying to come up with a better solution for next year.
- Exhibits were smaller than prior years, but that has been true for all conferences I have been to; I think it is the downturn in the economy. APHA is expensive enough that nonprofits have to think long and hard before investing in this exhibit hall...my project declined to do so this year.
- Online proposal submission and review is improving all the time. My only critique is that it does not allow for sections to put their own "spin", for example, seeking more programmatic proposals over scientific ones.

[T] I was not at the annual meeting, but agree that a Friday start would be better fitted into one's work schedule.

[U] I was a member of the APHA some years ago and let my membership lapse; I rejoined again this year when I submitted an abstract. This was the first time I attended the annual meeting. I was sorely disappointed. For a fairly expensive, national meeting, I felt the quality of most of the presentations I attended was poor. The requirement that it would cost \$300 (!) per abstract to use electronic media for peer reviewed platform presentations is inappropriate and resulted in very very poor quality AV support for the few papers that were of high scientific quality. The MCH session in which I presented was poorly managed--the session chair nearly forgot my presentation! In short this was my first--and LAST--APHA meeting!

[V] I prefer the weekday start. By the time the weekend rolls around, people have the option of really sightseeing or going home and relaxing before the beginning of a new workweek.

[W] 1. CME courses were not science-based.

2. Number and quality of exhibitors seems to be declining. Perhaps shortening the hours will make it more attractive?

3. Public health has always been political, and public health professionals have leaned toward being "I know better than you." APHA needs to strengthen its use of science to defend its politics. Its impact and relevancy as an organization may improve if it does. Remember, science can be provocative and it certainly is good for public health.

[X] Re #2: Yes. And also none of the speakers provided handouts or made these available on the APHA website. Huge disappointment. As a speaker, I wasn't even notified that I could post my slides online.

Re #5: Too liberal? I very much disagree. I feel that APHA is the one organization (now being threatened) that offers a non-politically (biased) based perspective. When did public health become liberal vs. conservative?

[Y] There seem to be too many sessions which overlap, and the condensed time period made this frustrating this year. Perhaps we should be more selective on accepting abstracts.

I really liked the intersectional joint sessions with Podiatry, Chiropractic and Vision. It is obvious that many of the different health professions are researching and reporting on similar activities. By creating more intersectional type sessions, we might be able to eliminate some of the repetition.

The Opening Session again served as my inspiration for being in this profession. Keep up the high quality speakers, but watch out about being too political.

[Z] I have been attending the national meeting regularly for 20 years. I find the broad spectrum of papers to be interesting and I use that opportunity to keep up a several fields outside of my usual research focus. It's OK with me if the meeting spans a weekend, but I think we should return to the four day format. I know it's a long meeting, but we are a big organization.

I like the general sessions with national politicians - it shows those players that there are a lot of us, and that we are organized. The national meeting also brings us a lot of good publicity. We could probably do even more to promote positive publicity from the national meeting.

[AA] critical review of the overall and specific strengths and

I appreciate the concept of a parent organization as a strength of the APHA but what is lacking is participation of the trench workers who may not even be members much less have funding to attend the annual meeting...as an example, I had a county public health nursing supervisor on my Maternal Child Health Community Leadership Institute Team who gave the impression that she hardly knew the APHA existed much less as a forum of support or need of her input or participation as she was buried in the every day work of her job...I am a relatively new member as I have a MPH degree now from EVMS/ODU, class 1999...I have been unable to find a position for myself in the VADOH or NYDOH locally, regionally, or at the state level...as a member of APHA, since 1997, I have increasingly become convinced that the APHA is closed circle with little interest in unrecognizable new faces and that the meetings are mostly attended by the upper ranks and few new members, especially with old faces from other disciplines, i.e. MD. MPH. FAAP...in all honesty, APHA looks like a closed society...

[BB] In a membership organization that strives to be democratic, one test of the effectiveness of the leadership is its success in engaging the members in the life of the organization. For APHA, a full consideration of this takes us to the nexus of policy, advocacy and organizational strategy and structure.

The health of the public ("public health") has a strong, complex dependence on public policy. So it is only natural for a public health association to have a far greater preoccupation with public policy than most other professional associations. Having a broad policy base that covers key aspects of public health can be an important strength for APHA.

Implicit here is APHA's interest in policy at three distinct levels: as spelling out our vision for public health, as a basis for planned action priorities, and as a basis for responding promptly to new developments with important policy implications.

Apart from a Washington political environment that is fundamentally hostile to public health, what is limiting the effectiveness of APHA in the public policy aspects of its mission? The policy development process has been greatly improved in recent years, though there is room for a more systematic approach to filling important gaps in policy.

Our weakest link is advocacy. It's unclear whether APHA has an adequate coalition strategy - whether it has a sufficiently broad view of potential coalition partners. Further, advocacy is seen almost exclusively as an inside-the-beltway activity. On those occasions when the membership is asked to act on a policy issue, what is sought is isolated actions by individual members in the form of messages to government officials. Notwithstanding the adage that all politics is local, little or no effort goes into activating affiliates to reach out on policy to the communities where they are rooted. And we talk of putting the public back into public health!

We are unlikely to build a public constituency for public health if we limit our focus to Washington and think of the membership mainly as sources of revenue and passive recipients of services.

There is the occasional complaint that APHA is undemocratic because its national officers are not directly elected by the members. I believe that such complaints reflect the paucity of avenues available to

members for engaging with APHA's organizational and policy activities. One way to broaden such opportunities would be to provide support for elaborating the work of affiliates .

[CC] SPIG Development

APHA members from various sections desire to organize a SPIG concerning public health in US jails, prisons and detention facilities. This year our effort at formation was denied by APHA central office.

The US has 5% of the world's population and 25% of its prisoners. APHA has gone on record opposing mass incarceration in the US, but needs to support much needed public health efforts to prisoners.

With 2 million locked up, 1% of US adults are incarcerated...most have committed nonviolent crimes and 95% will get out. 30% of Americans with Hep C pass through our penal institutions each year, 17% of those with AIDS, 35% of those with active TB.

A SPIG is needed to respond to this public health crisis and opportunity. Please assist our interest group in getting APHA recognition. Thank you, Corey

[DD] Policy Development

I am concerned that our policy development seems to depend on people who have a passion. Generally a narrow area- i.e. salt in food this year. Will this really be an issue for APHA this year. APHA does not look forward to identify issues that may be significant in public health and proactively develop position statements on them. Every other organization that I am involved in prepares a platform of issues and action statements for the year- some are carried over from year to year but it is generally very short- three to four statements that will be the focus for the year.

[EE] With respect to many opinions expressed here, I think it is important to make the policy process as open as possible to the broad array of interests that are part of APHA. While APHA may benefit from prioritizing several key issues for advocacy, one strength of our current policy process is that it provides an outlet for individuals and interest groups to raise issues important to them, and that many others might not be aware of. (It surprised me to learn, as a JPC member, that the salt-based foods initiative was of great interest both to the proposers, and to the processed food industry.) I think the challenge is to assure that we have a way of highlighting and staying aware of existing policies, so that we can signal a response to a recurring issue without passing a new policy if it isn't needed; and to facilitate debate on relatively narrow issues ahead of time, so that the Governing Council doesn't become frustrated with long discussions of issues of concern to a few. We've done much better on this second point recently; providing discussion forums online regarding each proposed policy, after the JPC reviews in the spring, might be helpful.

[FF]I am concerned that our policy development seems to depend on people who have a passion. Generally a narrow area- i.e. salt in food this year. Will this really be an issue for APHA this year. APHA does not look forward to identify issues that may be significant in public health and proactively develop position statements on them. Every other organization that I am involved in prepares a platform of issues and action statements for the year- some are carried over from year to year but it is generally very short- three to four statements that will be the focus for the year.

Support of T-Byrd's comments: I concur with the content and tenor of Dr. Byrd's position that we get leaner and cleaner with resolutions.

[GG] I agree with the general comments about APHA policy statements. There are too many; there is no follow through from year to year; there is no directive to members on what to DO with the policy statements. They usually are framed in the form of what SHOULD happen, but often sound like our wishes for social and political change by others--not ourselves. Contrast this with American Academy of

Pediatrics policy statements which include steps that pediatricians themselves can take. Policy statements should be issued along with an action plan--what will APHA do with the policies once passed?

[HH] More agreement here. Generally, when American Heart makes a policy statement/recommendation, it's noted--by health professionals, regulators, politicians, industry, the media, etc. APHA's resolutions seem to go unnoticed. Are we our own audience? We should choose fewer and really go to bat for them.

Also, lots of talk about "liberal" and "conservative" throughout the board. Science must support either perspective on any issue/resolution.

I agree with you. I think that we need to stop producing resolutions just for the sake of producing them. There must be a way to make decisions about the REALLY important issues (only one or two a year) that need to be addressed, and to follow them through, so that government officials know that our organization speaks with one voice on that particular issue. We have far too many resolutions every year, most of which are not very important!

[II] I think it is important for APHA to have a strong voice in national public policy issues, and to have our policy statements linked to a legislative agenda and an advocacy strategy to implement that agenda. This should include developing and maintaining relationships within the new congress with legislators of either party who have an understanding of public health and are interested in working with professionals towards the goal of informed and effective public health policy. Our continuing problems with un- and under-insured children (and adults) years after SCHIP and its extension to parents indicates how far we need to go in this area.

[JJ] I agree with you. I think that we need to stop producing resolutions just for the sake of producing them. There must be a way to make decisions about the REALLY important issues (only one or two a year) that need to be addressed, and to follow them through, so that government officials know that our organization speaks with one voice on that particular issue. We have far too many resolutions every year, most of which are not very important!

[KK] President and leadership of APHA

Although I have been a member of APHA for nearly 30 years, I have never liked the leadership structure of the organization. This is the only professional organization to which I belong where the membership does not elect the president. APHA is run by a cabal, a small group that makes the key policy decisions. The governing council structure seems to assure that this remains the case. I believe the organization will be more effective when it becomes more responsive to its membership. I'll be glad to discuss and would like to see these issues discussed openly.

[LL] I don't think that to be strong APHA has to find a political middle ground. Public health is about rocking the boat--otherwise, the same people keep on suffering. We should not worry about others marginalizing our agenda. We should define who we are, what we believe in, and stand up for that. In my opinion, a major weakness of the association is NOT being true to our political agenda, trying to curry favor with those in power. The risks of this are disillusionment of members and loss of faith of the public.

[MM] The bulletin board approach is NOT good for getting me to respond to multiple questions. Look at some of the user group bbs. This is painful and discouraging.