



MEMBER HANDBOOK

TOPIC INDEX

Affiliate On-line Community	10
Affiliate Representative to the APHA Governing Council	9
ARGC	9
Authority for spending	11
Award, GLPHC Leadership	14
Calendar of recurring events	18
Chair and chair-elect, GLPHC	5
Council on Affiliates (CoA)	7-8
Decision-making & voting	7
Dues	11
Election, GLPHC Chair	5
Election, CoA Representative	7
Fiscal management	11
Leadership award	14-16
Meetings, fall and spring; conference calls	11-13
Meeting expenses	11
Membership	5
Mission Statement	4
Officers	5
Policy review process	17-18
Procedures & practices	13
Purpose of this handbook & additional resources	4
Regional Representative to the APHA Council on Affiliates	7-8
Resolution review process	15
Spending authority	11
Strategic Plan/Work Plan	18
Vision Statement	4
Voting & Decision-Making	7

Appendix 1 – Historical information (past chairs, CoA reps, meeting locations, etc)

Appendix 2 – Strategic plans and related planning resources

Appendix 3 – GLPHC policy resolution review form

Appendix 4 – GLPHC leadership award template

Appendix 5 – Overview APHA and Governing Council

Appendix 6 – APHA orientation materials

Appendix 7 – Membership Procedural Document, describing fiduciary terms

Appendix 8 – Calendar of Recurring Events

Appendix 9 - Great Lakes Candidate Roundtable information

PURPOSE OF THIS HANDBOOK AND ADDITIONAL RESOURCES

The purpose of this handbook is to provide a summary of Great Lakes Public Health Coalition (GLPHC) procedures and practices so that the GLPHC may carry out its mission in a consistent and effective manner.

The Handbook serves as a resource for orienting new GLPHC members and assuring that operational decisions made by the GLPHC are systematically recorded.

A companion to this Handbook is a PowerPoint Instructional Presentation¹ that offers further guidance for new GLPHC members. It is available on the GLPHC web site along with other resources. (www.miph.org/glc.php)

Historical information about the GLPHC can be found in APPENDIX 1. Appendix 1 describes the founding of the GLPHC and provides history of leader roles, meeting venues and award winners.

GLPHC MISSION

The mission of the Great Lakes Public Health Coalition as adopted in 2012:

“The Great Lakes Public Health Coalition strengthens regional and affiliate capacity.”

GLPHC VISION

The vision of the Great Lakes Public Health Coalition as adopted in 2012:

“The Great Lakes Public Health Coalition and its affiliates are nationally recognized for their effectiveness, quality and outcomes.”

See APPENDIX 2 for the strategic plan and related resources.

¹Jerry King, Executive Director, Indiana Public Health Association, was lead author in 2012.

MEMBERSHIP IN THE GLPHC

oo

The primary affiliate representative to the Great Lakes Public Health Coalition is each state's Affiliate Representative to the APHA Governing Council (ARGC).

Although any member of a Region V state affiliate member is welcome to participate in GLPHC meetings, the following affiliate positions, by tradition, are most actively involved in GLPHC leadership, meetings and strategic planning:

- ARGC
- Affiliate President
- Affiliate President-elect
- Affiliate Past-president (immediate)
- Affiliate Executive director.

Each affiliate makes its own determination on participation in GLPHC events, usually based on budget and time constraints. Each affiliate annually pays GLPHC dues and covers its members' expenses to attend meetings and participate in GLPHC activities.

See APPENDIX 3 for contact information of current members.

OFFICERS OF THE GLPHC: CHAIR AND CHAIR-ELECT

oo

The GLPHC has two officers, the GLPHC Chair and GLPHC Chair-elect.

- The position of chair traditionally rotates among the six member affiliates, but there is no requirement for this practice. (See APPENDIX 1 for past rotation schedule.)
- The Spring Meeting is usually hosted by the Chair's affiliate and held in the Chair's home state.
- The GLPHC chair may be an affiliate member other than the ARGC.
- Election of officers takes place at the spring meeting. The GLPHC Chair takes office after the fall meeting, traditionally held in conjunction with APHA Annual Conference.

A. Responsibilities of the GLPHC Chair

- Plan and preside over the fall and spring meetings and other meetings or conference calls of the GLPHC that may be necessary to carry out the activities of the GLPHC.
 - Plan the meeting agenda in consultation with other affiliate representatives.
 - Distribute agenda and other information for meetings to members in a timely manner.
 - Make arrangements for meeting rooms and snacks and beverages, if any,
 - Make arrangements to host conference lines.
- Appoint members to oversee annual APHA candidate forum, such that they:
 - Provide timely invitations to APHA board candidates to participate.
 - Coordinate development of interview questions for APHA candidate interview.
- Assure development and regular evaluation of the strategic plan.
- Assure development of an action plan to carryout the strategic plan.
- Annually appoint GLPHC affiliate to act as GLPHC fiscal agent. (This is on a volunteer basis and Illinois has filled this position.)
- Assure that GLPHC fiscal agent provides regular financial reports.
- Assure that invoices resulting from meetings are paid.
- Review APHA affiliates' dues structure with members annually.
- Provide an opportunity for GLPHC discussion of APHA proposed resolutions.
- Facilitate nominations and selection for the GLPHC Public Health Leadership Award.
- Invite award recipients to the fall business meeting to receive their recognition.
- Prepare GLPHC Leadership Award certificate – template provided in APPENDIX 5.
- Present Leadership Award certificate and pin at GLPHC fall meeting.
- Update the Handbook and provides electronic copies to all GLPHC members each fall.
- Provide an update of the GLPHC membership contact list each fall.
- Appoint ad hoc committees, as may be necessary.

B. Responsibilities of the GLPHC Chair-elect

- Act as recorder for meetings.
- Distribute notes from meetings in a timely manner.
- Help organize shared review of APHA proposed resolutions.
- Help organize attendance at APHA resolutions' hearing sessions.
- Assist the Chair in planning meetings, as requested by the Chair.
- Assist the Chair in monitoring progress of the strategic plan.

See also “GLPHC ANNUAL MEETINGS”.

See APPENDIX 1 for a History of GLPHC Chairs.

VOTING AND DECISION-MAKING

Business of the Great Lakes Public Health Coalition is conducted at its spring and fall meetings, in-person meetings and on scheduled conference calls.

In general, decisions of the GLPHC are made by consensus of the members present at the meeting without concern as to whether one affiliate has more members present than another.

Any decision of the GLPHC is not binding on an individual affiliate, if the affiliate believes the decision/action of the GLPHC does not fit with the affiliate's bylaws, practices or strategic plans. If an affiliate cannot support a decision, the affiliate will make this known to other members of the GLPHC.

REGIONAL REPRESENTATIVE TO THE APHA COUNCIL OF AFFILIATES (CoA)

See APPENDIX 1 for History of persons who have served as Region V (GLPHC) Representatives to the CoA.

A. Role of the CoA, as described on the APHA website (April 2014)

- To study, recommend, monitor, and coordinate the ways in which APHA can strengthen Affiliated organizations;
- To study, recommend, monitor, and coordinate the ways in which Affiliated organizations can strengthen APHA;
- To study, recommend, monitor, and coordinate the ways in which APHA/Affiliated organization relationships can be strengthened.
- To report to the Governing Council upon its deliberations.

See APPENDIX 1 for History of persons who have served as Region V (GLPHC) Representatives to the CoA.

B. Election of Region V CoA Representative

- The Regional Representative to the CoA must be one of the current affiliate ARGCs.
- Each region elects its representative to serve a two-year term, beginning in November.
- Odd numbered regions, including Region V, elect regional representatives in odd numbered years (i.e., 2013, 2015, 2017, 2019, etc).
- The GLPHC elects the Region V CoA Representative at its spring meeting in odd numbered years.
- The new CoA Representative takes his or her seat on the CoA after the CoA fall business meeting, usually held near the end of the APHA Annual Conference.

For orientation purposes, the newly elected Representative is encouraged to attend and observe as many of the CoA sessions/meetings held during that APHA conference as possible.

C. Responsibilities of the Region V Representative to the CoA

- Represent Region V at all CoA meetings for the two-year term of office.
- Provide Region V activity updates at monthly conference calls of the CoA.
- Facilitate communication between the CoA and GLPHC leadership, especially with ARGCs.
- Report on CoA activities at meetings of the GLPHC and by email as needed between meetings.
- Maintain communication with, and seek guidance and input from, affiliate constituent states on APHA/Affiliate matters.
- Communicate ideas, concerns and issues related to APHA/Affiliate matters to Chairperson.
- Assure that ARGCs from affiliate constituent states understand their function and responsibilities.
- Promote cross-regional sharing of mutually beneficial operational or programmatic information.
- Facilitate identification and resolution of public health problems requiring interstate or regional action.

D. Duties of Region V Representative to the CoA at APHA Annual Meeting

- Serve as CoA liaison to constituent states.
- Organize and conduct regional caucus(es) when appropriate.
- Attend hearings as assigned.
- Encourage attendance of constituent states at Affiliate Leadership Day.
- Assure ARGCs understand attendance at Governing Council is required.

E. CoA Members At-large

The CoA elects six at-large members. The APHA nominating committee solicits candidates to run for these positions.

AFFILIATE REPRESENTATIVE TO THE APHA GOVERNING COUNCIL (ARGC)

Each affiliate elects one of its members to be its representative to the APHA Governing Council (ARGC). The ARGCs also represent their respective affiliates to the Great Lakes Public Health Coalition.

A. ARGCC Requirements and Terms of Office

- ARGCs must be a member of APHA and a member of an affiliate.
 - ARGCs serve a 3-year term.
 - ARGC must serve as a voting member on the affiliate's governing body.
 - ARGCs assume office within their respective affiliates in November to better sync in with their responsibilities to APHA.

See APPENDIX 3 for list of current ARGCs and other affiliate leaders.

B. Governing Council Roles of the ARGC (taken from APHA website, April 2014)

The primary roles of the Governing Council (GC) as set forth in the Bylaws are:

1. Establish policies for the Association and for the guidance of the Executive Board and the officers; amend the Bylaws of the Association and to adopt rules for the conduct of its own business.
 2. Receive and act upon reports or recommendations from any organization constituent, the Science Board, the Action Board, the Education Board, the Standing Committees and the Executive Board.
 3. Elect the Executive Board, the officers of the Association, and honorary members.
 4. Establish Sections of the Association; combine or discontinue Sections; prescribe the composition of the Section Councils; maintain coordination among the Sections; and formulate general rules governing their policies; and recognize Affiliates Associations.

C. Other functions of the ARGC

Recognizing that affiliate presidents serve as the primary contact person between APHA and each respective affiliate, the ARGC provides these additional functions:

- Assist the affiliate president in disseminating information received from APHA to the members of the affiliate governing body and vice versa.
 - Represent the affiliate as an informed voice, on the APHA Governing Council, and cast one vote on matters brought before the Governing Council.
 - Maintain liaison with the ARGCs of other affiliates.

- May be elected as the Region V Representative to the Council on Affiliates (CoA), and if elected, shall be responsible for maintaining liaison with and coordinating regional ARGC activities with respect to Council on Affiliates recommendations and actions.
- Assist the affiliate president in affiliate efforts to support the APHA/Affiliate relationship by:
 - Ensuring that APHA is informed on a timely basis of all changes in the affiliate leadership.
 - Encouraging and promoting affiliate leadership participation in those APHA activities specifically designed for affiliates, e.g., President's-Elect meeting, Affiliate Leadership meeting, webinars, CoA scientific sessions, etc.
 - Working with the affiliate president to ensure timely payment of the annual APHA dues assessment.
 - Being informed and prepared with the policy direction of the affiliate in order to effectively represent the affiliate within the APHA Governing Council. Resolutions and position papers and proposed Constitution and Bylaws changes will be reviewed with the affiliate governing body prior to the APHA annual meeting.
 - Assisting APHA, in cooperation with the affiliate president and legislative chair, with legislative advocacy and implementation of approved APHA policies and resolutions.
 - Assisting the affiliate president in preparing and submitting affiliate responses to the following routine processes carried out by APHA: Nominations, award nominations, membership deployment, requests for and review of resolutions and position papers.
 - Encouraging the participation of the affiliate in the development and submission of mini-project proposals to APHA.
 - Attending the Affiliate Leadership meeting, ARGC caucus(es), and the two (2) scheduled meetings of the Governing Council preceding and during the APHA Annual Meeting.
 - Maintaining an ongoing communication with other ARGC's and the Council on Affiliates Regional ARGC's.

AFFILIATE ON-LINE COMMUNITY

oo

APHA has created a special website for affiliate leaders. The website facilitates information sharing among affiliates and has a wealth of resources to help affiliates carryout their public health missions in their state. The site requires a log-on and password. Instructions for accessing the site can be found at:

<http://www.apha.org/NR/rdonlyres/A8BE9DA8-9FBD-45E5-9ED4-812B12EDAD5C/0/APHAAOCUsersGuiderevised.pdf>

GLPHC FISCAL MANAGEMENT

A. *Fiscal Agent* (see APPENDIX 8 for fiduciary responsibilities)

The Illinois affiliate is the current manager of shared funds for the GLPHC. Contact:

Jodi Dart, Associate Director
Illinois Public Health Association
223 South Third Street
Springfield, IL 62701-1144
217-522-5687
jdart@iphaha.com

B. GLPHC Annual Dues

Each GLPHC affiliate pays annual dues to the GLPHC to offset expenses of the coalition's spring and fall meetings. The current dues assessment is \$250 (set in 2012) and is due at the time of the spring meeting. The fiscal agent will send an invoice to each affiliate.

C. Spending Authority

Expenditure requests are brought to the attention of the GLPHC membership for approval prior to obligating funds. All expenditures are approved by a majority vote—each of the six affiliates having one vote. If an affiliate is not represented at the time a vote is taken, reasonable effort should be made to bring the absent affiliate into the decision-making loop before a final decision is made. (See APPENDIX 8.)

C. GLPHC Spring Meeting Expenses

Hosting the GLPHC spring meeting is the pleasure of the Chair's affiliate. Some GLPHC funds may be available to cover cost of room rental and supplies; however, host affiliates should not assume that GLPHC funds will be sufficient to cover all actual costs of meetings. When planning meetings Chairs should take into account how much money the GLPHC has available to offset meeting expenses. Once the GLPHC has approved an expenditure level for the meeting any overages are generally the responsibility of the host affiliate.

The GLPHC generally does not cover room and meal expenses for members.

D. GLPHC Fall Meeting Expenses

The fall meeting is generally held in conjunction with the APHA Annual Conference. GLPHC meeting rooms may be reserved through APHA offices with the price established by APHA and convention site contracts. Meeting room expense is paid by GLPHC. Recently, to stretch funds, GLPHC limits expenditures on beverages and snacks.

GLPHC MEETINGS

oo

A. Fall Meeting

The GLPHC chair plans and presides over this meeting. (See responsibilities under “OFFICERS OF GLPHC”.) Executive directors have often assisted with some of these tasks. The chair-elect may be asked to assist with the planning of the fall meeting.

Fall Meeting Date & Location

The GLPHC has historically met the Friday afternoon prior to the opening of the APHA Annual Conference. Meeting arrangements are the responsibility of the chair. See APPENDIX 8, Recurring Calendar.

Fall Meeting Agenda Topics (Suggested)

- Receive financial report.
- Receive report from Region V Representative to the COA.
- Provide shared learning.
- Review APHA proposed resolutions.
- Create/update/discuss/review/evaluate strategic plan.
- Present GLPHC Leadership awards
- Host candidate forum, i.e., interview with candidates for APHA offices.¹

(¹Interviewing candidates for the APHA board election that will take place during the APHA Annual Meeting has been a tradition for the GLPHC. Although Region V ARGCs do not vote in a block, the interviews have helped members form useful impressions about candidates’ abilities and intentions to support affiliates’ priorities. See APPENDIX 9)

B. Spring Meeting

The GLPHC chair plans and presides over this meeting. (See responsibilities under “OFFICERS OF GLPHC”.) Executive Directors have often assisted with some of these tasks. The Chair-Elect may be asked to assist with the planning of the meeting. Meeting arrangements are responsibility of chair. See APPENDIX 8, Recurring Calendar.

Spring Meeting Date

The GLPHC spring meetings should be held annually between February and May. In addition to discussing ongoing business, spring meetings often include a special program or discussion with educational content.

Spring Meeting Agenda Topics (Suggested)

- Shared learning.
- Strategic planning and/or review and evaluation.
- Receive financial report and review dues structure.
- Receive report from Region V Representative to CoA.
- Elect Chair and Chair-elect for one-year term.
- In odd numbered years, elect the Regional Representative to the Council on Affiliates, the term to begin at the conclusion of the fall APHA Annual Meeting. This is a two-year term.
- Review criteria and timetable for GLPHC Leadership Awards.
- Review timetable and process for reviewing APHA resolution proposals.

Spring Meeting Location

The spring meeting is generally held in the chair's home state. This assumes a regular rotation of chairs through GLPHC member affiliates. At the spring 2005 meeting the GLPHC established a regular rotation for meeting locations. The rotation is: Ohio, Illinois, Michigan, Indiana, Wisconsin, and Minnesota.

See APPENDIX 1 for history of spring meeting locations

C. Regular Conference Calls

The GLPHC chair hosts a monthly conference call as needed to plan and review progress on the GLPHC annual action plan and relevant business matters. ARGCs are the key participants on these conference calls, however, any affiliate leader is welcome to participate.

PROCEDURES & PRACTICES

oo

A. Affiliate election of ARGC and term of office.

Historically, an ARGC who might be interested in serving as the Region V Regional Representative has found that doing so was complicated by the fact that ARGC terms normally have begun at the time of affiliate elections and Regional Representative terms begin in November. At its 2005 spring meeting, the GLPHC recognized that those problems could be partially resolved if affiliates caused their ARGC terms to run from November to November regardless of when they hold their elections and decided to recommend that Region V affiliates consider amending their bylaws accordingly.



B. GLPHC Public Health Coalition Leadership Award
GLPHC Public Health Coalition Leadership Award

History of the Leadership Award

The GLPHC Public Health Coalition Leadership Award was created in 2012 to recognize individual affiliate members within Region V who exemplify outstanding leadership and volunteerism to both the American Public Health Association and the Great Lakes Public Health Coalition. The award, familiarly known as the “Hats Off to You Award,” reads:

“Hats off to you for outstanding efforts. We appreciate your hard work, commitment and continued tenacity to affect change and achieve progress in Region V and APHA. You are a model leader for public health professionals and students.”

Evaluation Criteria for Nominees of the GLPHC Leadership Award

1. Must be a current member of one of the 6 Region V Affiliates.
2. Must meet one of the following service criteria:
 - a. Be a current year recipient of one of APHA’s or the Council of Affiliates’ major annual awards, or
 - b. Be completing service as an elected officer of APHA, its Executive Board or other major APHA structural component, including the CoA, or
 - c. Be a current recipient of other recognition for significant contributions to public health at the national or regional level, or
 - d. Served APHA in an appointed position with distinction, or
 - e. Be otherwise deserving of recognition as determined by a majority of the GLPHC members present. (See *Decision-Making*, below.)
3. Must be a member of a GLPHC affiliate.
4. Must have provided significant leadership, service or impact in his/her home state. Leaders from the nominee’s home state will make the final determination as to whether the candidate meets this criterion.
5. Award may be given at the beginning of a term of office or at the end, but only one Leadership Award will be given per person for each event, e.g. President-elect to

President would be one award.

Decision-making

1. All GLPHC leaders are invited to discuss the merits of each nominee.
 - A GLPHC leader is defined in the *Membership* Section of the GLPHC Operations Manual, as “The primary affiliate representative to the Great Lakes Public Health Coalition is each state’s Affiliate Representative to the APHA Governing Council (ARGC).
 - Although any member of a Region V state affiliate may participate in GLPHC meetings, the following affiliate positions, by tradition, are most actively involved in meetings and preparing the strategic agenda for the GLPHC: ARGC, affiliate president, affiliate president-elect, affiliate immediate past-president, affiliate executive director.”
2. Consensus of the members present at the time of a final decision is the goal.
3. If consensus cannot be achieved, the decision will be made by a majority vote of the GLPHC ARGCs.
4. There is no limit to the number of awards that may be presented in a given year, as long as the criteria have been met. There is also no requirement to present an award each year if no candidates meet the criteria.

Process & Timeline

1. At the spring meeting, the GLPHC will review its Leadership Award criteria and timetable.
2. Around September 1st, the Chair will ask GLPHC leaders for nominations for the GLPHC Leadership Award.
3. The Chair, or a member appointed by the Chair, will provide a list of GLPHC affiliate members who have been serving in APHA leadership positions and those who will receive the major APHA Awards at the fall APHA Conference.
4. No later than October 15th, the Chair will convene the GLPHC Leadership to select the award recipients.
5. The Chair will prepare certificates for recipients. Other ‘tokens’ may be presented to award recipients, as determined by GLPHC ARGC’s.

6. The Chair will contact the award recipients and invite them to the fall business meeting to receive their certificates.
7. If unable to attend the GLPHC fall business meetings, the ARGC of the recipient's home state will make arrangements for presenting the certificate.

C. GLPHC Review of APHA Proposed Policies

Policy Review Background

Annually the American Public Health Association (APHA) invites members to propose policy statements for organizational adoption. The process begins early in the calendar year and includes extensive review by several APHA committees, including the Science Board and the Joint Policy Committee. APHA members have several opportunities to provide input during the development of the proposals with a final vote taken by the APHA Governing Council during the fall meeting. Each Governing Council member, including the state Affiliate Representative to the Governing Council (ARCG), cast one vote during Governing Council deliberations.

Purpose of GLPHC Shared Policy Resolutions' Review Process

There are four major reasons why the GLPHC created a shared process for reviewing proposed APHA policy statements.

1. To assure that the unique perspective of the GLPHC is properly represented in APHA policy.
2. To take advantage of the scientific and public health practice expertise within each of the six GLPHC affiliates.
3. To assure a thorough vetting of the proposed policy resolutions by sharing the work effort and resulting analysis and recommendations.
4. To provide affiliate leadership to APHA by sharing GLPHC policy comments and recommendations with other APHA affiliates prior to the APHA Governing Council fall meeting.

GLPHC Policy Resolution Review Timeline

There are two periods where APHA membership review is invited. The first is early in the year (January – February), and the second is in the fall at the APHA annual meeting (sometimes just hours before the Governing Council vote is taken).

1. To have the greatest bearing on the content and outcome of proposed Policy Statements, APHA members comment during the January-February period.
2. At the GLPHC spring meeting, APHA proposed policy resolutions are distributed equally among the 6 affiliate states.
3. Region V affiliate are responsible for leading discussion of their assigned policy resolutions during the GLPHC fall meeting.
4. Between September-October, APHA notifies its members when the final set of policy resolutions has been released.
5. Each individual affiliate conducts a review of the APHA proposed policies according to its own practices.
6. GLPHC members discuss proposed policy resolutions at the GLPHC fall business meeting and make decisions as to attendance at the APHA Policy Hearings.

7. Feedback from the APHA policy hearings will be shared among GLPHC members prior to the Governing Council meeting.

See APPENDIX 4 for Resolution Review Form

D. Strategic Plan Development Process

Over the years, the GLPHC has used several different methods for developing a strategic plan. As we developed experience working with one another and gained a better sense of our capacity to accomplish our goals, the following process was adopted in 2011.¹

This strategic planning process is based on an issues based planning model, adapted for use without the usual face-to-face interaction.

1. Identify priorities and issues to be addressed.

Methods: Participants send their ideas by e-mail to the chair. They will be collated and sent back to participants.

2. Select issues.

Methods: Priorities and issues will be then ranked in importance for the strategic plan. Results sent to participants. Follow-up as needed. Discuss monthly phone call.

3. Set Goals

Methods: Groups formed to addressed the selected issues and establish goals. Goals shared with all members and discussed on monthly phone call.

4. Develop activities/steps to achieve goals.

Methods: same as with goals.

5. Monitor Progress

Methods: Chair will review on a quarterly basis and send information to coalition members for their review. Discuss on monthly phone call, if needed.

See APPENDIX 2 for the strategic plan and related tools.

¹The process steps below are largely the work of Dixie Ray, Indiana ARGC/ 2013 GLPHC Chair, and Hope Rollins, Michigan ARGC/2011-12 GLPHC Chair.

APPENDIX 1: HISTORICAL INFORMATION

A. Background Information About the GLPHC

The Great Lakes Public Health Coalition (GLPHC), originally known as the Great Lakes Coalition, consists of the American Public Health Association (APHA) Region V public health associations, known as affiliates. These six state public health associations (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin) came together in 1983 for the purpose of mutual support and shared learning and their collective efforts have been recognized by APHA as an organizational model for other states.

1. Founding of the GLPHC & Original Purpose Statement

According to records obtained from Jerry King ((Indiana), the Great Lakes Coalition first met in September 1983 and adopted the following Purpose Statement.

The Great Lakes Coalition convenes twice a year (Spring and APHA Annual Meeting) to discuss areas of mutual concern including:

1. The role of affiliates and their function in relation to the American Public Health Association.
2. State public health associations' structure, function and activities.

These meetings provide a forum to exchange information on approaches to the operation of state public health associations and to identify emerging public health concerns that can be addressed by state associations and/or by APHA, as well as providing affiliates of APHA Region V with an opportunity to identify appropriate relationships with APHA and to plan action strategies.

This history serves as a rallying point for the Affiliates of Region V for defining and impacting the role of Affiliates with the American Public Health Association, as well as well as strengthening and growing our respective state public health associations.

2. Sharing the GLPHC Experience at in 1984

Michigan Public Health Association President Virginia Numinen, presented a workshop at the APHA Annual Conference in Anaheim, California on November 10, 1984. The theme of her presentation was, ***“An Idea Whose Time Has Come”***. In this workshop, Ms. Numinen put forth the following key ideas:

- The purpose of the regional coalitions is to ‘strengthen our action with and within APHA, and mutual self-help.
 - a. [Each GLPHC state affiliate]... “found a mutual need to learn from each other and to help ourselves in reinforcement and mutual self-help....[We] can that membership has been strengthened in each of our affiliate

- associations by the learning their leadership has gained in the regional experience.
- b. [E]ach of us has found something about another association to imitate, to modify for our own purposes.”
 - APHA-related activities in which the GLPHC engaged this past year include:
 - c. Collaborative review of resolutions.
 - d. Coverage of APHA hearings on resolutions.
 - e. Review candidates’ statements for recommendations of support.
 - f. Identified potential changes within APHA to strengthen relationships with affiliates.
 - Larger scale impact:
 - g. The GLPHC had a presence at every resolution hearing at last APHA conference
 - h. The GLPHC has sought and gained seats in numerous APHA committees.
 - i. The GLPHC has proposed change to APHA Bylaws to have an affiliate seat on the APHA Membership Committee.

B. History of GLPHC Chair

Chair	State	12 Month Term Ended December
Malcolm Mitchell	Minnesota	2002
Carolyn Slack	Ohio	2003
Nancy Bluhm	Illinois	2004
Ingrid Davis	Michigan	2005
Pam Aaltonen	Indiana	2006
Elizabeth Zelazek	Wisconsin	2007
Janny Brust	Minnesota	2008
Nancy Shapiro	Ohio	2009
Janet Holden replaced by Sue Avila mid-term	Illinois	2010
Hope Rollins	Michigan,	2011
Hope Rollins	Michigan	2012
Dixie Ray	Indiana	2013
Peggy Hintzman	Wisconsin	2014
Lindsey Fabian	Minnesota	2015
Rosemary Chaudry (chair-elect)	Ohio	2016
	Illinois	2017
	Michigan	2018
	Indiana	2019
	Wisconsin	2020
	Minnesota	2021

C. History of Spring Meeting Locations

Spring Meeting Location	Year
Minnesota	2002
Ohio	2003
Illinois	2004
Michigan	2005
Indiana	2006
Milwaukee, Wisconsin	2007
Minneapolis, Minnesota	2008
Columbus, Ohio	2009
Bloomington, Illinois	2010
Chicago, Illinois*	2011
Holland, Michigan	2012
West Lafayette, Indiana	2013
Milwaukee, Wisconsin	2014
Duluth, Minnesota	2015
Ohio (planned)	2016
Illinois (planned)	2017
Michigan (planned)	2018
Indiana (planned)	2019
Wisconsin (planned)	2020
Minnesota (planned)	2021

Note: *2011 Spring meeting took place in Chicago, following APHA Mid-Year Meeting

D. History of Region V (GLPHC) Representatives to CoA

CoA Representative	24 Month Term Began December	State
Elizabeth Zelazek	2005 & 2006	Wisconsin
Pam Aaltonen	2007 & 2008	Indiana
Nancy Shapiro	2009 & 2010	Ohio
Nancy Shapiro	2011	Ohio
Peggy Hintzman	2012 & 2013	Wisconsin
Hope Rollins	2014 & 2015	Michigan

E. History of Other Leadership Appointments/Elections of GLPHC Members

Name/State	Position	Year
Elizabeth Zelazek/WI	CoA chair	2007
Pam Aaltonen/IN	CoA chair Executive Board	2010 2013-2015
Jerry King/IN	CoA member at-large	2009 & 2010
Tom Quade/OH	CoA member at-large Executive Board	2009&2010 2012-2015
Nancy Shapiro/OH	CoA secretary CoA Chair elect/Chair	2011 & 2012 2013 - 2014
Peggy Hintzman/WI	CoA secretary CoA Chair's Citation	2013 2012 & 2013
Hope Rollins, MI	CoA secretary	2014

F. History of GLPHC Leadership Award Recipients

Year Awarded	Recipients
2012	Pam Aaltonen, IN – Past CoA Chair Lindarae Murray, IL – APHA President-elect Thomas Quade, OH – Executive Board Gretchen Sampson, WI – Milton & Ruth Roemer Prize Nancy Shapiro, OH – Secretary, CoA Melvin Shipp, OH – APHA President
2013	Lindsey Fabian, MN – CoA Affiliate Member of the Year Paula Tran Inseo, WI – CoA Student Member of the Year
2014	Hope Rollins, MI – Secretary, CoA Nancy Shapiro, OH – Chair, CoA Kristin Voltzke, - MN – CoA Student of the Year

Future eligible – Pam Aaltonen for Executive Board Service

APPENDIX 2: STRATEGIC PLANS & RELATED PLANNING RESOURCES

The GLPHC has used a collective planning process for many years. When affiliates received funding in 2007 from the Kellogg and RWJ grants, GLPHC developed a more formal strategic plan for our region. For the most recent strategic plan, identified priorities for the coalition and its role with the local affiliates and reviewed the previous goals and objectives to determine if they should continue as priorities. Many of the objectives of the previous plan have been achieved and are now considered as part of the standard operating procedures and principles. These include:

- Sharing individual affiliates' policy-related resources as a means of strengthening other affiliates.
- Becoming more active in development of APHA policies and resolutions.
- Conducting a GLPHC leadership/educational program annually.
- Sharing information services that support the strengthening of affiliate operations.
- Maintaining a high level of participation in APHA.
- Assure application of Health Impact Assessment (HIA) process for pending bills in every state.

A. Strategic goals for CY 2013-14

1. Increase effectiveness of the coalition and the affiliates in relation to policy and advocacy.
2. Increase organizational effectiveness of affiliate organizations.
3. Increase organizational effectiveness of GLPHC.

B. Strategic Plan – Work Plan 2013-2014

Goal #1: Increase the regional affiliates' policy effectiveness.

- | |
|--|
| 1.1. Create a clearinghouse of policy resources from each affiliate for use as templates for relevant topics (see also 3.7.) |
| 1.2. Identify a topic of interest across the 6 states and work together to develop a resolution that could be modified for use in individual states. |
| 1.3 Work with our legislators to develop an interstate legislative caucus to address environmental public health issues common to the Great Lakes |
| 1.4. Conduct APHA candidate forum in 2014 and 2015 |
| 1.5 Continue to refine GLPHC process for shared review of APHA proposed resolutions. |

Goal #2: Increase the regional affiliates' organizational effectiveness.

- | |
|--|
| 2.1. Plan a webinar/get together for GLPHC policy chairs to share information about how they get their work done & current legislative activities. |
| 2.2. Engage in shared learning at GLPHC Spring Meeting. |
| 2.3. Participate as Panelist for a breakout session at Wisconsin's Annual Conference, May 14, 2014. |

Goal #3: Increase the organizational effectiveness of the Great Lakes Coalition.

- | |
|---|
| 3.1. Develop tool for organizational self-evaluation |
| 3.2. Offer to participate in 2014 CoA scientific sessions. Potential topic, "Fracking". |
| 3.3. Offer to participate in 2015 CoA scientific sessions. Potential topic, "HIA/HiAP". |
| 3.4. Support Illinois for a CoA scientific session at the 2015 APHA Annual Meeting in Chicago (host state). |
| 3.5. Work with APHA Affiliate Office Staff to prepare article highlighting Region V's HIA/HiAP activities. |
| 3.6 Establish a mechanism to share information about expert speakers in Region V (2015 goal) |
| 3.7. Finish building web site, define rules for adding/linking information (see also 1.1). |

C. Strategic Plan, 2010-2012

Goal #1: Increase the regional affiliates' policy effectiveness.

Objective 1.1: Provide affiliates with policy-related resources on issues identified as a common/shared interest (1/2011)
Objective 1.2: Increase GLPHC involvement in APHA policy /resolutions development (annual)
Objective 1.3: Assure application of a Health Impact Assessment (HIA) process to pending bills in every state (12/2012)
Overall Outcome: Implementation of national policies that positively affect the affiliate states.
Potential Measures of Success:
*Proportion of GLPHC-submitted resolutions that are passed
* Proportion of APHA resolutions with GLPHC support that pass
* APHA solicits for member support on a national issue that GLPHC supported
* APHA solicits for member support on a national issue that GLPHC developed a resolution on

Goal #2: Increase the regional affiliates' organizational effectiveness.

Objective 2.1: Conduct a GLPHC leadership development program each year (annual)
Objective 2.2: Implement at least one opportunity for shared information and services that supports the strengthening of affiliate operations (12/2012)
Objective 2.3: Support each affiliates' progress to build and sustain a minimum of 1 year's operating reserves by 2012 (12/2012)

Goal #3: Increase the organizational effectiveness of the Great Lakes Coalition.

Objective 3.1: Clarify GLPHC organizational structure and related processes (6/2011)
Objective 3.2: Secure funding to support the Great Lakes strategic plan (12/2011)
Objective 3.3: Maintain high-level of participation in APHA (ongoing)

D. Additional Strategic Plan Tools

D-1 Recommendations for accountability

- ⊕ Work plan should include specific tasks with individuals' names and timelines
- ⊕ Quarterly ARGC conference calls (where agenda includes updates on work plan, challenges being faced, etc.)
- ⊕ Written Annual Report (short) at the Spring Meeting or APHA Meeting
- ⊕ Affiliates integrate some GLPHC efforts into their strategic plans
- ⊕ Assign individuals; coordination through ACBI staffing
- ⊕ Dashboards
- ⊕ Assign an "evaluator" responsibility within the GLPHC structure

D-2 Evaluation

- ⊕ Process measures:

- Quarterly progress reports for each objective
- Reports should include overall progress, successes and challenges
- ⊕ Outcome measures:
 - Annual review of plan, with indicators of progress to outcomes (visual)

D-3 Assignments

The work plan should have specific individuals or committees or affiliates or others assigned to each step. Assignments could be made based on:

- ⊕ Individuals with a passion for the topic/focus
- ⊕ Affiliates (e.g., Ohio has responsibility for Goal 1, Objective 3)
- ⊕ Ad hoc committees
- ⊕ Standing committees, as part of a formal GLPHC structure

D-4. Evaluation Methodology

Indicator(s) of Increased Capacity: *How will you know your organization has achieved the outcome?*

Indicator Achieved: Do not fill out this section at this time. You will complete this section when preparing your final report to help you assess your progress.

Tasks/Action Steps: *What will your organization do to move toward the indicator?* List the tasks/steps that will be done to achieve the indicator. Provide enough detail to make the necessary steps clear to responsible staff, GLPHC members, staff and board members.

Person(s) Responsible: *Who will have responsibility for completing each task?* List the individual(s) responsible.

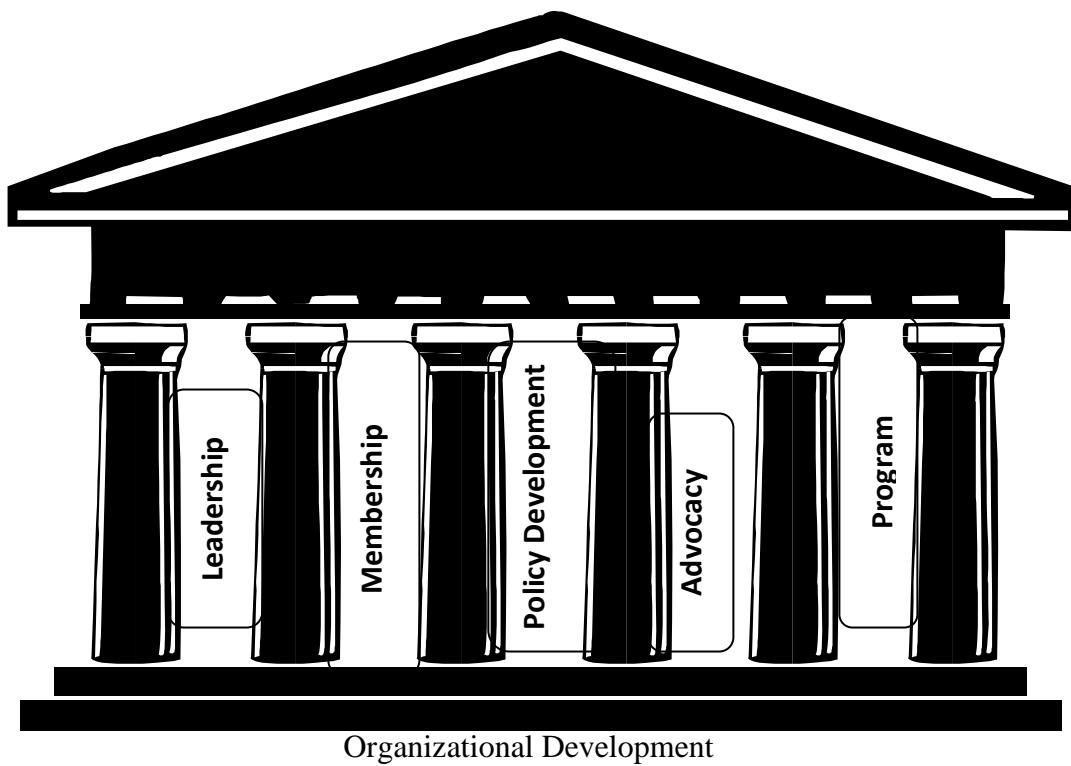
Target Start Date: *When will work begin on this task?* Insert the anticipated start date for each task.

Deadline: *When will the task be completed?* Insert the anticipated completion date for each task.

Status of Action Step: Elaborate on any necessary details

*Measuring Effectiveness as a result of the indicator achieved.

D-5 Pillars of Public Health Organizations (2010)¹



¹Developed by Hope Rollins, Michigan ARGC & Chair GLPHC (2010)

APPENDIX 3: GLPHC RESOLUTION REVIEW FORM

GREAT LAKES PUBLIC HEALTH COALITION REVIEW OF APHA PROPOSED RESOLUTIONS MEMBER REVIEW SUMMARY

(Adopted from OPHA review form)

Title and Number of Proposed Resolution:

- 1. Is the scientific basis adequately addressed? Please consider a-e.**
 - a. Is the scientific issue clearly stated?
 - b. Is the scientific issue a public health problem?
 - c. Is the extent of the problem described?
 - d. Is the issue consistent with or does it advance the state of science?
 - e. Does the proposed policy have disproportionate impact (positive or negative) on underserved populations?

Comments:

- 2. Is balanced scientific documentation provided? Please consider a-c.**
 - a. Are references connected to the text?
 - b. Are references complete, up-to-date, and peer-reviewed?
 - c. Are opposing views documented and refuted?

Comments:

- 3. Are conclusions consistent with the evidence presented?**

Comments:

- 4. Are recommended actions logical and realistic?**

Comments:

- 5. If relevant, does resolution identify implications for state and local public health programs and systems appropriately?**

- a. Does language reflect and/or connect to local and state realities?**
- b. Are there any 'red flags' in terms of conflict with local state programs, priorities, etc?**

- c. If any of the authors or sponsors of the resolution are from Region V, should we reach out to him/her with questions, invitation to join affiliate, indication of our support?
 - d. Has another affiliate participated in writing or supporting the resolution, such that GLPHC may want to endorse the resolution?
- 6. Do you recommend support for this policy paper?**
- 7. Should GLPHC state associations consider adopting a policy similar to this policy?**

Information to be presented, or questions to be asked during the APHA Resolution Hearings Sessions. (This box for note-taking of resolution review meeting.)

APPENDIX 4: GLPHC LEADERSHIP AWARD CERTIFICATE TEMPLATE

CERTIFICATE OF RECOGNITION



*As Region V Affiliates of the American Public Health Association,
The Great Lakes Public Health Coalition recognizes*

Name, credentials

Award/position/reason for award

Hats off to you for outstanding efforts.

We appreciate your hard work, commitment and continued tenacity to affect change and achieve progress in Region V and APHA at large. You are a model leader to public health professionals and students.

**Presented November 14, 2014
New Orleans, Louisiana**

, Chair, GLPHC

APPENDIX 6: OVERVIEW APHA & GOVERNING COUNCIL

(Source: APHA website, October 1, 2010)

The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. The Association aims to protect all Americans, their families and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. APHA represents a broad array of health professionals and others who care about their own health and the health of their communities. □□APHA builds a collective voice for public health, working to ensure access to health care, protect funding for core public health services and eliminate health disparities, among a myriad of other issues. Through its two flagship publications, the peer-reviewed American Journal of Public Health and the award-winning newspaper The Nation's Health, along with its e-newsletter Inside Public Health, the Association communicates the latest public health science and practice to members, opinion leaders and the public.

Governing Council Roles

The primary roles of the Governing Council (GC) as set forth in the Constitution are:

- Establish policies for the Association and for the guidance of the Executive Board and the officers; amend the Bylaws of the Association and to adopt rules for the conduct of its own business.
- Receive and act upon reports or recommendations from any organization constituent, the Science Board, the Action Board, the Education Board, the Standing Committees and the Executive Board.
- Elect the Executive Board, the officers of the Association, and honorary members.
- Establish Sections of the Association; combine or discontinue Sections; prescribe the composition of the Section Councils; maintain coordination among the Sections; and formulate general rules governing their policies; and recognize Affiliates Associations.

APHA Policy Timeline

1. APHA members identify need for policy.
2. Staff and sections review existing policies for gaps/timelines.
3. Action Board/staff send list of policy gaps.
4. December, prior year, APHA releases a Call for Proposals via *Nation's Health* and email to members.
5. January-February, deadline for submitting proposals.
6. Proposed policies sent to Science Board for review and recommendation.
7. Proposed policies sent to Joint Policy Committee.
8. February-March, if approved by JPC public comment period is held for members only.
9. September-October, final set of proposals released to membership.

10. October-November, at the fall APHA annual meeting, opportunities to provide comment to authors is scheduled during policy review breakout sessions.
11. At fall APHA annual meeting, Governing Council votes on proposed Policy Statements

APPENDIX 7. APHA ORIENTATION DOCUMENTS

This information is provided annually at the APHA Presidents' Elect Meeting and Affiliate Day, and is available on the APHA website.

1. APHA Organization Chart
2. What are the Council on Affiliates (CoA) and ARGC?
3. COA Organizational Chart
4. APHA Strategic Map
5. APHA Strategic Profile

APPENDIX . MEMBERSHIP PROCEDURE, INCLUDING FISCAL FUDICARY RESPONSIBILITIES

Great Lakes Coalition of the American Public Health Association

Membership Procedural Document

Membership of the Great Lakes Coalition shall be limited to the leaders of the American Public Health Association (APHA) Affiliates of the states of Illinois, Indiana, Michigan, Ohio, Minnesota, and Wisconsin. The Great Lakes Coalition shall meet biannually in the Spring and during the American Public Health Association Annual Meeting.

Section 1. Membership Dues

The Great Lakes Coalition - Fiscal Agent, Illinois Public Health Association (IPHA), will provide an invoice to the members of the Coalition at the annual Spring Meeting. All Great Lakes Coalition dues payments shall be remitted to the IPHA and deposited into the Great Lakes Coalition account. The dues collected will be maintained solely for activities associated with the Coalition. The IPHA Executive Director shall arrange for disbursement in accordance with duly authorized expenses.

Section 2. Membership Period

The membership period for the Great Lakes Coalition shall be for one year beginning on January 1 and ending December 31.

Section 3. Financial Reports

The IPHA Executive Director shall monitor the financial status of the Great Lakes Coalition account and shall report on the status at all regular meetings of the Coalition.

Section 4. Fidelity Bond

All employees having access to the IPHA's assets and/or accounting records shall be covered by a fidelity bond purchased by the Association.

Section 5. Organizational Status

The IPHA is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code of 1986, and shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under IRC 501(c)(3) or corresponding provisions of any subsequent tax laws.

APPENDIX 8: CALENDAR OF RECURRING EVENTS

January

- APHA sends state membership lists to affiliates
 - National Public Health Week partner meeting held.

February

- Dates of APHA Presidents' Elect meeting announced.
 - Contact APHA to reserve meeting room at APHA Conference

March

- APHA sends member dues assessment memos to affiliates.

April

- NPHW first week of April
 - Watch for deadline for applying for meeting space at the fall APHA conference.
 - Call for nominations for CoA awards

April – May

- Hold GLPHC spring meeting
 - Begin nominating affiliate members for CoA awards. Deadline end of July.
 - Encourage students to apply for APHA poster sessions at APHA annual conference.

May

- PHACT campaign launch

June

- Joint CoA/ISC midyear meeting in Washington, DC
 - Presidents-elect meeting & technical assistance training in Washington, DC
 - Affiliate membership lists due to APHA to be used to calculate affiliate dues.

July

- Deadline for affiliate dues payments
 - Communication regarding APHA president visits sent to affiliates

August

- Return GLPHC resolution review forms to chair
 - APHA candidates announced

September

- Get Ready Day (third Tues of the month)
 - PHACT campaign ends
 - GLPHC discuss APHA proposed resolutions
 - APHA award winners announced

October

- Communication sent regarding affiliate annual reports
 - Review nominees and select recipients of GLPHC Leadership Award
 - Prepare Leadership Award certificates and invite recipients to gall business meeting
 - APHA sends annual report template to affiliates

November

- APHA annual meeting; Affiliate Day, CoA reception; CoA scientific sessions
 - Hold GJ PHC fall meeting and candidates forum

December

- Affiliate annual reports due

APPENDIX 9: Great Lakes Candidate Roundtables

ANSWER The first two digits of the answer are 10.

Great Lakes Candidate Roundtable , Steps and Timeline

Developed by Jerry King, Indiana Exec. Director – June 2015

Action	Sequence & Time Frames	Estimated 2015 Dates
Compose/update initial invitation Review interview questions Share with GLC leadership	These preparatory steps can start early	June/July
Identify candidates	Public announcement in August TNH (Sometimes Nomination Committee members have given us advance notice)	Early August
Contact Ida Plummer (Dr. Benjamin's office) ida.plummer@apha.org <ul style="list-style-type: none"> • Ask for candidate emails • Tell her meeting date & place 	Immediately when candidates are announced in TNH	Aug 15
Email Initial Invitations Either assign session, ask for preference or combination	As soon as possible after receiving contact info from Ida	Aug 15
Informal confirmations to candidates as they respond	Candidates are not predictable. Confirmations and follow up sometimes continue right up to the meeting	Aug through Sept
Follow up to non-respondents	2 weeks after 1st invitation and continuing as needed	Sept 1
Revise candidate questions as needed	Start as early as possible; have revised questions ready to go with confirmation email	Sept 23
Formal common confirmation to all candidates; attach roundtable questions		Sept 30
Conduct Roundtables		October 30