



**DRAFT**

**AAPHP**

**HANDBOOK**



# TABLE OF CONTENTS

Section 1: Introduction

Section 2: Background

2.1 History

2.2 Mission Statement

2.3 Major goals

2.4 Strategic Plan

Section 3: Governance and Structure

3.1 Governing Board

3.2 Standing committees

3.3 Ad hoc committees

Section 4: Membership

4.1 Membership categories

4.2 Procedures

4.3 Dues Payment

Section 5: Awards

Section 6: Appendices

6.1: Bylaws

6.2 Articles of Incorporation

6.3 TCPA Certification

6.4 Latest periodic report of non-profit status

6.5 Contract with Executive Manager

# American Association of Public Health Physicians



## Section 1 Introduction

The purpose of this Handbook is to consolidate in a single guide the operational policies of the American Association of Public Health Physicians. The Handbook is intended to provide the members of the Board as well as any active members of the association with the internal policies/practices of the organization.

The Handbook is approved by action of the Board and is changed only with Board approval. The Bylaws Committee is the Board Committee to make recommendation for change in the Handbook to the Board.

This is an operational Handbook. It does not include AAPHP policies on legislative or regulatory issues nor policies relating to the general field of Public Health.

It is the responsibility of each AAPHP leader to review and understand the contents of the Handbook. Suggestions for revision should be addressed to the Chair of the Bylaws Committee.

# American Association of Public Health Physicians



## Section 2 Background

### Section 2: Background

#### 2.1. History

##### a. Narrative history

AAPHP celebrated its 50<sup>th</sup> Anniversary in the spring of 2004. The following narrative is an extract from the history presentation provided at that time. It was edited and presented by Joel L. Nitzkin, MD, largely based on the work of Drs Ben Freedman and Herbert Ratner – Editors and prime contributors to the AAPHP Bulletin, 1954-1963.

A group of state and local health directors gathered together, while attending the annual meeting of the American Public Health Association (APHA) in November of 1951, to discuss the need for a national organization of physician directors of state and local health departments. At that time all known state and local health directors and most hospital administrators were physicians. A major issue in need of advocacy was the question of formation of a federal Department of Health. This issue was pursued through both APHA and AMA leadership over the next two years, until finally settled in 1953 by the Eisenhower administration, with the formation of the federal Department of Health, Education and Welfare. This effort, while disappointing to the physician public health leadership, nevertheless galvanized this group and resulted in the formation of three separate, but related public health physician organizations in 1954. The three were the American Association of Public Health Physicians (AAPHP) – then defined as the voice of physician directors of public health programs and agencies at the national level; the American Board of Preventive Medicine (ABPM) – the organization to develop and manage specialty

## **American Association of Public Health Physicians**

certification in Public Health and Preventive Medicine; and the American College of Preventive Medicine (ACPM) – to be the organization of physicians so certified.

This same 1951-1954 time period showed the first appointments of non-physicians as directors of state and local health departments and as hospital administrators. It was also a time of growing estrangement of public health physicians and physician administrators from those who saw their roles in purely clinical terms. Over the following decades, DHEW and other forces stimulated replacement of physician agency and hospital directors with non-physician administrators, defining these roles more in terms of finance and management, and less in terms of pursuit of health-related objectives.

At its inception in October 1954, AAPHP had 586 dues paid members, with representation from every state and territory. Dues were \$5 per year. Membership peaked at about 740 in 1957. Since then it slowly declined as the numbers of physician directors of federal, state and local public health agencies and programs has dwindled. In response, AAPHP has expanded its membership base to include physicians of any specialty with an interest in addressing health issues at a group or population level. Membership has oscillated in the range of 120 to 200 paid members since the early 1990's.

Many of the issues facing public health physicians today were apparent in the early days of AAPHP. Examples include the following:

In a 1956 article written by Dr. E. R. Krumbeigel (Commissioner of Health, Milwaukee, WI and 1955 President of AAPHP) entitled "A Philosophical Consideration of Leadership in Public Health". In this paper Dr. Krumbeigel. explored the difficulty of a public health officer torn between the need to prioritize a limited number of programs vs the need to address a wide range of public health issues. The paper, however, is most notable for his words re the importance of citizen participation and partnership in setting public health priorities—a statement which was 40 years ahead of its time.

The major problems confronting the local public health physician is the difficult but interesting task of organizing a community environment (emphasis added by JLN) in which people may jointly engage in an inquiry of their own unique health problems and evaluation of potential solutions to them. To the uninitiated, this approach may loom like a long end run to the solution of any single problem but, from a long range community health program viewpoint, it is the shortest distance between two points. It is the most productive method for overcoming the common hostilities among our

## **American Association of Public Health Physicians**

“local publics” which often serve to delay or prevent initiation of public health action programs.

The May 1956 AAPHP Bulletin featured a thoughtful and provocative essay by Dr. Herbert Ratner (Health Officer, Oak Park, IL, and then Editor of the Bulletin) entitled “Is Preventive Medicine the Ultimate Goal of Public Health.” In this essay he excoriates public health physicians from focusing on the negative “preventive medicine” and not focusing on what he called “perfective medicine”- what we now call “wellness”—pursuit of optimal physical and mental health.

After reviewing these historical materials, I (JLN) wonder—have we learned fundamentally new these past 50 years? By not knowing our history, are we condemned to repeat it?

Then, as now, AAPHP has continued in the role of a small but nimble association of public health physicians dedicated to the enhancement of the health of the American public by means of influencing policy decisions of both larger public health and medical organizations (mainly AMA and APHA) and other activities at the national level. Major topics of interest since the early 1990’s have included but not limited to tobacco control, policy and management training and the funding and role of state and local public health agencies.

Joel L. Nitzkin, MD, MPH, DPA, Past President AAPHP  
Co-Chair, History & Archives Initiative Committee

## **American Association of Public Health Physicians**

### b. Presidents of AAPHP

1954- Bruce Underwood	1977- Henry C. Huntley
1955- E. R. Krumbiegel	1978- William R. Elsea
1956- Wilson T. Sower	1979- Charles H. Dowding
1957- Winston H. Trucker	1980- Mary Brock Duffy
1958- Sanford P. Leh	1981- 2- Christopher. M. G. Buttery
1959- Henry A. Holle	1983-4- Jonathan Weisbuch
1960- L.L. Fatherr	1985-6- John B. DeHoff
1961- Henry G. Nester	1987-8- David Allen
1962- Harold M. Erickson	1989- John Poundstone
1963- Benj. M. Primer	1990-2- C. R. Allen
1964- Franklin Yoder	1992-4- Charles R. Webb
1965- Ben Freeman	1994-6- David Allen
1966- Joe M. Bistowish	1996-8- Joel Nitzkin
1967- James E. Peavy	1998-2000-Douglas Mack
1968- Wm. J. Peeples	2000-2- Dave Cundiff
1969- John B. Hall	2002-4- Mary Ellen Bradshaw
1970- Ira L. Myers	2004-6- Arvind Goyal
1971- John S. Neill	2006-8- Alfio Rausa
1972- Edward Press	2008-10- Kevin Sherin
1973- Eugene W. Forwinkle	2010-12- Timothy Barth
1974- Macxk I. Shanholtz	2012-14- Virginia Dato
1975- Frank G. Pacino	
1976- Paul Q. Peterson	

### 2.2. Mission statement

#### a. The mission in the AAPHP bylaws is to

- Promote the Public's Health
- Represent Public Health Physicians
- Educate the nation on the role and importance of the Public Health Physician's knowledge and skills in practicing population medicine
- Foster communication, education and scholarship in Public Health

#### b. The motto is: The Voice of Public Health Physicians, Guardians of the Public's Health

#### c. The working vision statement is

AAPHP will expand its role as an influential national organization. Public Health physicians will convene under the AAPHP banner to develop their policy and advocacy plans and strategies. AMA, physicians and public health organizations, and others, will increasingly seek AAPHP assistance in

## **American Association of Public Health Physicians**

deliberations. Working together we will help improve the health information of the nation through effective application of public health principles and the development of data-driven population based services.

d. The working statement of value is

AAPHP is a “specialty” organization with the specialty defined in terms of career interest rather than post-graduate training. AAPHP defines a “public health physician” in terms of his or her interest in addressing health issues on a group or population basis, whether in government, academia or the private sector; without regard to residency or other training. In this context, AAPHP advocates on behalf of public health physicians and for policies at the national level to enhance the health of the American public.

As a small and low budget, but nimble public health organization, AAPHP offers members an opportunity to play a larger role in advocacy on behalf of specific public health issues not possible within larger and more tradition-bound organizations, whether or not the member is able to attend the national meetings.

### 2.3. Major goals

a. The goals listed in the Bylaws are

- Advocate for public health and preventive services
- Advocate on behalf of Public Health Physicians
- Serve as a forum for Public Health Physicians and by doing so, strengthen the sense of “community” and facilitate exchange of ideas among geographically dispersed Public Health Physicians
- Provide and facilitate career enhancement support service for Public Health Physicians
- Serve as the voice of Public Health Physicians to the American Medical Association (AMA), sister public health organizations, news media, government and the general public
- Facilitate recruitment and retention of Public Health Physicians into the AMA

b. Strategies discussed in the past few years include:

- Identifying and expanding job opportunities for public health physicians through a Job Market Initiative (a valiant but unsustainable strategy)
- Defending against attempts to weaken public health and preventive medicine training by eliminating the requirement for MPH and other public health training and diluting training programs by excessive insistence on clinical service time (partially successful)

## **American Association of Public Health Physicians**

- Developing the concept of the “Teaching Health Department” to a level of respect and authority equal to that of the teaching hospital (a long range strategy)
- Continuing efforts on the tobacco front to secure rapid and substantial reductions in tobacco-related illness.
- Improvement in business practices of the organization through a management contract and increased electronic use/



*Section 3*

*Governance and Structure*

Section 3: Governance and Structure

3.1 Governing Board

AAPHP is governed by its members who elect a Board of Trustees. The Board of Trustees consists of the Officers and the ten Trustees. The officers are the President (who is the Chairperson), the Vice-President, Immediate Past President, President-Elect, Secretary, Treasurer, Delegate and Alternate Delegate for the AMA House of Delegates.

- **Election Process**

- 3.1..1 Slate of Officers: The Nominating Committee creates the slate of nominees and presents it to the membership at the Annual General Membership Meeting.

- 3.1..2 Election is at the Annual General Membership meeting. If there is more than one candidate for an office, voting is done by secret ballot.

- 3.1..3 Terms of office: The President-Elect and Vice-President are elected and take office in even numbered years, so have two (2) year terms. The Secretary, Treasurer, and Trustees have three (3) years terms.

- 3.1..4 The AMA Delegate and Alternate-Delegate are elected for two (2) year terms.

- 3.1..5 Limits on number of terms: The Vice-President and Trustees can serve two consecutive terms. The Secretary, Treasurer, and AMA Delegate and Alternate Delegate can have unlimited consecutive terms.

- 3.1..6 Succession is in accord with the Bylaws of the organization. (Article VI)

- **Expectations of all members of the Board of Trustees:**

- Receive and review the Bylaws and Handbook
  - Abide by the AAPHP policy as spelled out in the above documents and make suggestions for improvement

## **American Association of Public Health Physicians**

- Attend the Interim and Annual General Membership meetings, in person or electronically at own expense
- Participate in the quarterly Board of Trustee meetings (generally by phone).
- Represent the organization and the Board of Trustees in a professional manner
- Provide organizational, fiscal, and programmatic guidance for the organization
- Inform the Board of Trustees before any meeting if the member has a conflict of interest

### **3.1.3 Functions and Responsibilities of Officers**

#### **3.1.3.1 President**

- Presides over General Membership, Board of Trustees and Executive Committee meetings
- Appoints all program committee chairs and liaisons and assures that all are AAPHP members.
- Supervises the Executive-Manager
- Serve as co-editor of the Bulletin
- Represents the Association with other groups, organizations or individuals
- Acts on behalf of AAPHP between meetings
- Can reassign duties and responsibilities of any officer, chairperson, or individuals with the approval of the Executive Committee, and subsequent confirmation of the Trustees

#### **3.1.3.2 President-Elect**

- Chairs the Nominating Committee
- Serves as President in the temporary absence of both the President and the Vice-President
- Assists the President with AAPHP

#### **3.1.3.3 Immediate Past-President**

- Serves as a Trustee

#### **3.1.3.4 Vice-President**

- Chairs the Membership Recruitment Committee
- Chairs the Bylaws Committee
- Responsible for the Handbook

## **American Association of Public Health Physicians**

- Chairs the General Membership, Board of Trustees and Executive Committees in the absence of the President
- Assists the President and President-Elect
- Serves as President in the absence of the President
- Responsible for educational portion of membership meetings

### **3.1.3.5 Secretary**

- Responsible for the membership roster, with help of the Executive Manager
- Maintains minutes, with the help of the Executive Manager
- Maintains all non-financial records, with the help of the Executive Manager
- Serves as President in the absence of the President, Vice-President, and President-Elect

### **3.1.3.6 Treasurer**

- Manages fiscal affairs of the Association including recording funds received and expended with the help of the Executive Manager
- Oversees financial matters including written approval of checks
- Presents financial report at each meeting of the Board of Trustees and the General Membership
- Presents an annual budget and dues recommendations
- Maintains fiscal records with assistance of Executive Manager
- Assures timely reporting to Texas (where the organization is incorporated) and the Federal Government.

### **3.1.3.7 Delegate to the AMA House of Delegates**

- Represents AAPHP to the AMA House of Delegates and to the AMA Section Council on Preventive Medicine
- Chairs the Resolutions, Policy and Legislative Committee

### **3.1.3.8 Alternate Delegate to the AMA House of Delegates**

- Assists the Delegate with all the responsibilities of that position
- Serves as the Delegate in the absence of the Delegate

## **3.1.4 Functions and Responsibilities of Trustees**

## **American Association of Public Health Physicians**

- In addition to the responsibilities listed in 3.1.2, the Trustees shall assist with recruitment of members

### **3.1.5 Governing Board Voting**

**3.1.5.1** Simultaneous voting can occur at any phone meeting of the Governing Board.

**3.1.5.2** Asynchronic voting occurs when the vote is taken through electronic means such as email. In this case, forty eight hours are allotted for discussion and 48 hours for voting, with the time extended in order to have a work day within both the discussion and voting period.

## **3.2 Committees**

### **3.2.1: Standing Committees of the organization**

#### **3.2.3.3 Executive Committee**

**3.2.3.3.1** Chair of the Executive Committee is the President and the members are the Officers of AAPHP

**3.2.3.3.2** Functions and Authority include

- Review of Agendas for meetings
- Authority to act on behalf of Board between meetings, subject to review at the next Board meeting

#### **3.2.3.4 Bylaws Committee**

**3.2.3.4.1** The Chair of the Bylaws Committee is the Vice-President.

**3.2.3.4.2** The functions of the Bylaws committee include

- Recommending changes to the Bylaws to the Board of Trustees
- Recommending changes to the Handbook
- Responding to questions regarding the Bylaws and Handbook of the organization

#### **3.2.3.5 Membership Recruitment Committee**

**3.2.3.5.1** The Chair of the Membership Recruitment Committee is the Vice-President and the membership of the committee is appointed by the President.

**3.2.3.5.2** The functions of the committee include

## **American Association of Public Health Physicians**

- Recommending recruitment and retention strategy

### **3.2.3.6 Nominating Committee**

3.2.3.6.1 The Chair of the Nominating Committee is the President-Elect and the committee should have at least two other members selected by the President-Elect.

3.2.3.6.2 The function of the Nominating Committee is to

- Encourage the membership to recommend leaders for the Board.
- Develop a slate of officers timely for the Annual General Membership meeting
- Be responsible for the voting process if secret ballots are needed.
- Assure that one Trustee fits the definition of Young Physician in Bylaw Article XI C.

### **3.2.3.7 Program Committee**

3.1.1.5.1 The Chair of the Program Committee is the Vice-President

3.1.1.5.2 The function of the Program Committee is to develop the program portion of the General Membership Meetings

### **3.2.3.8 Public Policy , Resolutions and Legislative Committee**

3.2.3.8.1 The Chair of the Public Policy, Resolution and Legislative Committee is the Delegate to the AMA House of Delegates and the other member is the Associate Delegate to the AMA House of Delegates

3.2.3.8.2 The functions of the Public Policy, Resolution and Legislative Committee include

- Provide liaison to organizations that can advocate for AAPHP positions including representing AAPHP in the specialty delegation at the AMA House of Delegates and the AMA Section Council on Preventive Medicine or its successor
- Stimulate and lead the development of appropriate public policy
- Assure that actions are reported to the Board of Trustees and the General Membership

## **American Association of Public Health Physicians**

### **3.2.3.9 Awards Committee**

3.2.1.7.1: The Chair and members of the Awards Committee are appointed by the President

3.2.1.7.2 The functions of the awards Committee are to

- Recommend and develop criteria for awards
- Solicit recommendations for award winners
- Select Awardees other than the President's award, with the approval of the President and the Board of Trustees

### **3.2.2 Ad hoc Committees**

The President can appoint ad hoc committees. These committees dissolve at the end of the President's term unless the next president wants the committee to be continued.

Currently the ad hoc committees are

- Business Committee
- AMA reappointment working group

## **3.3 Appointments**

Appointments are made by the President and last for the term of the President. Appointees are all dues paid members of AAPHP, and can participate in AAPHP Board Meetings, but if not a member of the Board of Trustees they may not vote. Not all appointed positions are filled.

The current appointed positions and their charges are

- Liaison to National Association of City and County Health Officers
  - Represent AAPHP and the voice of Public Health Physicians to NACCHO
  - Collaborate as appropriate
  - Recruitment of members to AAPHP
  - Report back to AAPHP
- Liaison to National Commission on Correctional Health Care
  - Represent AAPHP and the voice of Public Health Physicians to CCHC
  - Recruit members to AAPHP
  - Report back to AAPHP
- Archives and History Committee Chair

## **American Association of Public Health Physicians**

- PSTK Chair
- Tobacco Control Chair
- Parliamentarian
- Young Physician Delegate to the AMA
- Young Physician Alternate Delegate to the AMA

# American Association of Public Health Physicians



## SECTION 4

## MEMBERSHIP

### Section 4: Membership

#### 4.1 Membership categories

##### 4.1.1: Annual Dues paying membership categories

- Regular Member (MD, DO or equivalent international degree, licensed to practice medicine in the United States, self designate as Public Health Physician)
- Resident/Physician-in-Training (resident in an allopathic or osteopathic training program approved by a nationally recognized accrediting agency.)
- Student (medical student in an allopathic or osteopathic medical school approved by an appropriate accrediting agency)
- Retiree (a public health physician retired from active practice)
- Associate (non-physicians who can become associate members but may not vote)
- Young physician less than 40 years of age and having completed postgraduate training within the past five years.

##### 4.1.2 Non dues paying membership

Honorary members are physicians who are pre-eminent in public health or preventive medicine or have achieved outstanding public health accomplishments, are not members of AAPHP, and are approved for this honor by the Board of Trustees.

##### 4.1.3 One time dues paying members

Lifetime members are regular or retired members who have paid the amount specified by the General Membership. Although no further payments are required, lifetime members are welcome to continue making fiscal contributions to the organization.

##### 4.1.4 Privileges of members

- Voting (all dues paying members)

## **American Association of Public Health Physicians**

- Receipt of eBulletin and eNews
- Can participate in AAPHP social media

### 4.2 Procedures

#### 4.2.1 Application for membership

Applicants for membership fill out a form providing information sufficient to determine the membership category, specify the category they think appropriate, and pay the dues for that category

#### 4.2.2 Review of applications when a question

If there is question about the category for membership, the Executive Committee makes the determination of the category.

AAPHP is not obligated to check credentials, and can withhold membership from applicants who do not meet the requirements spelled out in the Bylaws and the internal Policy Manual.

### 4.3 Dues Payment

#### 4.2.1 **Timing of dues**

Annual dues are expected to be paid before the beginning of the calendar year, and persons are from the membership when they are six (6) months in arrears.

#### 4.2.2 **Determination of dues**

The treasurer makes recommendations to the Board of Trustee regarding the dues for each membership category. The Board reviews these recommendations and proposes the dues structure to the General Membership at the annual meeting.

# American Association of Public Health Physicians



## SECTION 5

## AWARDS

### Section 5: Awards

5. Awards need not be given out each year. AAPHP awards include

#### 5.1. Ben Freeman Award

5.1.1 Purpose: to honor long and dedicated service to AAPHP and the Practice of Public Health

#### 5.1.2: Recipients

2004: Christopher (“Kim”) Buttery, Edward Press, Jonathan Weisbuch

#### 5.2 Academic Health Department Award

5.2.1 Purpose: to honor public health physicians from across the nation with Presidential Certificates of Lifetime Meritorious Service for their work in establishing and maintaining academic based teaching health departments.

#### 5.2.2 Recipients

2008: Carl Brumbach, Jean Malecki, William Keck, Leonard Morse

#### 5.3 AAPHP Presidential Award

5.3.1 Purpose: to honor contributions to AAPHP. Selection is by the President.

#### 5.3.2 Recipients

2009: Leonard Morse

2010: Timothy P. Barth, David Cundiff, Arvind Goyal, Joseph Murphy, John Poundstone

#### 5.4 AAPHP Lifetime achievement award

5.4.1 Purpose: to honor lifetime contribution to AAPHP and to Public Health

#### 5.4.2 Recipient

## **American Association of Public Health Physicians**

2011: Kim Buttery

### 5.5 AAPHP Outstanding achievement award

5.5.1 Purpose: to honor persons who have made outstanding achievements to Public Health. The recipient does not need to be a member of AAPHP.

### 5.5.2 Recipient

2002 (estimated date): Charles Hennekens