**Do you approve the section 2.0 Mission of the Constitution as proposed?**

Comments:

* As it stands, one of the benefit of joining APHEO are "to be able to interact with experts in the field of public health epi in Ontario" but perhaps APHEOs constitution could take on a broader and more inclusive stance, "to advance and promote the discipline and professional practice of epi in Ontario." I propose this because I think it is important to remember that there are a number of core competencies required of Epi's (w/ or w/o the exact job title at present) or those who work w/ Epis.
* agree in principle, typo needs to be corrected and then will vote yes
* I can't agree to the mission statement without knowing the details of how it will affect the membership criteria. The APHEO thread discussions need to be incorporated into the change in the mission and membership criteria.
* I think that this is critical time to preserve the work that epidemiologists do working IN public health units in Ontario. Weakening this aspect of APHEO could be another step closer to make health units less relevant in the public health landscape.

**Do you approve the section 4.1 Membership – Criteria (full members) of the Constitution as proposed?**

* Need to be more general than 'be employed by a public health unit.  I think PHO and MOHLTC can be included.
* still to restrictive because it leaves in the stipulation of employment by a PHU. I would vote yes if item iii. was changed to 'employed by a public health organization in Ontario'
* I don't think it should be restricted to "be employed by a public health unit in Ontario"
* I support the idea of revising our membership Criteria, however the revision needs to remove the requirement of a graduate degree in epidemiology or equivalent.
* just change the word 'do' in the yellow highlighted section to 'conduct' and start the section in brackets with i.e.,
* I would like to see the elimination of criterion i altogether, and a modification of criterion iii to be more inclusive of public health organizations (beyond health units alone). The term 'public health organizations' would need to be defined perhaps using an explicit listing (e.g., all public health units, Public Health Ontario, etc.).
* I do not agree with including 'and/or oversee any of these functions' - this is too broad. I don't agree with outright excluding managers from full membership but they need to be more closely aligned with the work and mission of APHEO over and above overseeing any of those functions listed.
* I'm not sure it's necessary to list all those potential things that epis do in (ii), as it's not an exhaustive list nor do I think it needs to be. Why not reword to something like "have a primary job function in epidemiology and health research". I also think we should go further and NOT restrict (iii) to the PHU setting. Things are changing rapidly, and in 2-5 years, sadly, PHUs may not even exist. Some PHUs are already merging.
* I propose that (iii) be revised to something more in line with "be employed by a public health unit or other organization with a primary mission of public health in Ontario", or similar. Especially given the revisions to the mission statement.
* I feel that there should be a list of organizations that we would accept full memberships (all unnamed organizations would only be eligible for affiliate membership. If would vote "yes" for this if the membership has no problems with an APHEO executive committee that has not public health unit members.
* This full membership definition does not allow PHO epi's to be full members. It is still limited to those working in PHU. I think if the Epi is working for an organization that primiary mandate in public health they should be able to be full members
* I suggest we remove criterion "i".  I suggest we change "iii" to read: " be employed by a public health organization in Ontario"
* In current PH landscape, could be wise to be strategic, firstly with our new LHIN partners, and open up the criteria (IN MODERATION), by making 1 (max 2) changes at a time, to see the 2-3 yr effects. Changes to the educational requirements ("advanced level courses in epi and/or (bio)stats") and the practical component ("employed in Ontario with a main role in epi practice") both depend on your career stage:  'early' benefit from education, 'late' from practice/experience. Remove highlighted part
* I think that possessing a graduate degree in Epi or equivalent matters less because there are epi's working in many different contexts with experts from different disciplines. Is having a "primary job function of epi" a more important criterion over possessing core competencies in epi? What of individuals who are stepping in and out of public health epi to diversify and strengthen their skills and competencies in epi? Would APHEO be interested in including these folks as full time members?

**Do you have any other comments regarding the proposed revisions to the constitution?**

Comments:

* Do not open full membership to those employed outside of PHUs
* For full members, I also think that the education requirement could be removed. If a person has a primary job function of epidemiology, then their educational background is secondary.
* For future consideration, we need to think more broadly about our membership to engage others who may not be employed in public health, but who may contribute to the association (e.g., academics, other external agencies with a public health mandate)
* I think that this is a good start, but that we should open up the full membership to those that have a primary job function of epidemiology but don't necessarily work at Public Health Units only (thus take out the stipulation to work at a PHU in Ontario)
* If someone with an epi degree/background is not employed at present by a public health organization or agency, these individuals are strengthening other epidemiological competencies in similar capacities in non-public health organizations (such as myself) and have the potential to contribute to the practice of public health epidemiology in Ontario as members. Thanks to those who have suggested taking a broader and more inclusive stance.
* If we approve the update to the mission statement to be broader than just public health, then it will be important to continue the discussion of including non-PHU epidemiologists as full members.
* In future revisions of the constitution, I would like to see members from non-PHU organizations be considered for full membership.
* Oops, the first change in Section 2.0 Mission is missing the 'e' in the second 'the'
* Re. 4.1 criteria for full members - better than it was but in the future suggest removing separation of full members and affiliate, e.g. use the affiliate criteria for all voting members (as with CSEB). We are not a professional college. In the short-term suggest defining "equivalent" in application to include those who have worked with a primary job function of epidemiology for 10 years or more (or some predetermined time period)
* Thank you so much for all the hard work! The changes were very well worded :)
* Thanks for all of the hard work that has gone into this.
* The Executive has done an excellent job in bringing forward these revisions but I think we need to still revisit the issues and potentially make more changes.
* The wording in Section 4.3 (Privileges) needs to be revised to reflect the newly proposed student category (i.e. "Each member (full, affiliate, or student)..."
* There is a typo in the mission statement.

Forum discussions

 Changing the scope of APHEO is not a small decision, and we need to consider how changes will affect what the organization is, and what it does. Thank-you for articulating some of the outcomes, because seeing the downstream effects of the strategic choice can be really helpful for making the informed decision as a group. The history of APHEO is very clear, with PHU epidemiologists coming together to fill a need for better collaboration in a role that is typically scattered across the province.  This lead to enhanced communication as well as specific projects (such as Core Indicators and conferences) to support the community.  And the organization has evolved over time, and at this point in time APEHO fits into a larger tapestry of professional organizations for public health.

Personally, I see this decision as a major fork in the road.

➔On one side, we can focus as an organization and stay true to the original purpose: population health assessment in local public health units.  I think that this would result in a “tighter” APHEO, with clear ramifications for the kinds of discussions we have, for the projects we choose to support, and other decisions.  It also means that we can have a clear understanding of what our maximum organizational size/scale would be, as there is a finite number of potential full members in the province.   We would continue to contribute to the field of public health, with a specific vision for our activities and opinions and having other organizations focus on things that are outside of our scope.

➔On the other side, we can broaden our mandate and open ourselves to a much looser interpretation of “epidemiology” to refocus on more general analytics.  I think that this would make APHEO more complex, with the inclusion of more voices and mandates.  In terms of operations, this makes the organization more complicated to run, because we would be more likely to face competing priorities within our own community. This would also push us into a mode of expansion, with the APHEO community growing as we try to incorporate other analytic roles and organizations.  In terms of the larger public health field, this might help us to strengthen our voices, or it might water down our message – it will really depend on how we come together through the change.

 Obviously, a constitutional change is a strategic decision.  And I imagine that this discussion is vital for the APHEO executive to determine APHEO’s course of action in this time of system transformation.

 I believe that public health is changing.  We may have structural and governance changes, or we may not, but there is a large spectrum for change and I believe that we are going to see changes in the way we work.  Already in the OSPHPS we have new foundational standards that reinforce evidence-based decision-making, including not only PHAS but also continuous quality improvement, program evaluation and applied research.  Broader societal changes are making us more data-hungry and I feel that epidemiology is only one piece of the public health puzzle.

 I would like to see APHEO expand in vision and inclusion.  I could see us incorporating other professions and even potentially setting up sub-group spaces and projects, but with an openness so that we can all connect and learn from each other.  At the same time, I recognize that this will make the organization more difficult to manage and more complicated in its operations.  This is a big change and concerns about how it will play out are legitimate, especially considering our limited resources.  At the end of the day, I think that the potential for better connections within all of public health analytics is worth it, and I think we can get there.

 As always, I have written too much.  And I don’t want to dominate the conversation.  I’d love to hear from others, particularly those who have different perspectives than myself: perhaps those from smaller health units; or those who manage different roles already; or those working for non-PHU agencies; or those who just frankly think I’m off-base.

I would not want to see APHEO's main Public Health focus shift, but I'm glad its been inclusive enough up to now; because, in my pre-public health days it was just as invaluable a resource as it is now.

My feelings are that going forward we should be more inclusive as an organization to better adapt to the many changes that will be happening in public health. We are a mature organization and I am not worried that we will drift away from our mission. I also like Jessica’s idea of expanding the criterion from being employed in a public health unit to a public health organization in Ontario. This would then include Public Health Ontario folks as full members and eliminate the problem of re-designating those that move from one to the other. There would need to be more work done to figure out what those organizations might be

I agree with many others that the current landscape presents a "fork in the road" for APHEO.  I'd like to add some thoughts based on my experience on the APHEO executive.  Three points that have come up historically include defining an epidemiologist, what an epidemiologists role is at a PHU and the PHU centric orientation of APHEO.

In the first case, because APHEO's constitution provides little guidance for equivalency, defining an epidemiologist by education has been complicated by changes in post-secondary education with moves to designations like Masters in Public Health where it's difficult to tell if core competencies are present so far as training goes. As well, the training that epidemiologists get is not exclusive and core competencies can also exist in other disciplines. Designating someone as an "epidemiologist" then leans heavily on what someone does or how their job is defined.

There are challenges with this that have been mentioned by others but I'd add that job roles and title are dictated by the health unit. Unless things have changed, Hastings And Prince Edward Counties Health Unit has no "epidemiologists"; they don't use that title. Consider if a long time "front-line" epidemiologist moves into a management role but stays within the rubric of epidemiology or surveillance. Does that somehow diminish their potential for contribution to APHEO? I'd argue that it actually strengthens it. I'd also point out that the alPHA executive position, a key liasion executive position, requires the member not be unionized so most of our full members are excluded from that role. The only person who can fill it is someone in more of a managers role.

The last is probably the most difficult to address and has been the most thorny. The concern that the erstwhile affiliate members will "take-over" and change the direction of APHEO to the detriment of it's historical focus or it's PHU members. I've had this sentiment expressed to me a few times while I was on exec. However, APHEO is community of practice. Everything we do is from the contribution of the members. If APHEOs focus changed substantively in a direction that people didn't agree with, they'd stop showing up. What is the benefit of "taking over"? There are also constitutional means to ensure a single organization does not have a dominant vote. alPHA already does this by providing blocks of votes to it's member organizations. Executive positions could also be balanced by parent organizations to ensure no one organization or organization type dominated. Be aware that the solutions to many of these challenges aren't dichotomies; there are often multiple solutions to them.

Lastly, I'd remind everyone that an important part of the contribution of members to APHEO, whether it be on conference organizing, core indicators or other working groups, is done by affiliate members. The roles they're currently excluded from is serving on the executive and voting. These members contribute to an organization that isn't "theirs" and from which they have been deliberately excluded from having a voice. I think the time is ripe for that to change.

 In response to “who APHEO is intended for?” The short answer, for me I think is, the 2nd and 4th items (i.e., broader than just local PHUs, and those who practice “Epi & PHAS”).

I think of APHEO’s core membership today as broader than those who are employed as epis at local PHUs in Ontario. The discipline and practice of public health epidemiology extends beyond what occurs at the local level in PHUs. An obvious example is PHO’s role, capacity and expertise in surveillance and assessment, and how their work has advanced the practice of public health epidemiology in Ontario. We are fortunate to have affiliate members from PHO, PHAC, MOHLTC, CCO, and BORN, etc. who are active in the APHEO community, and they meaningfully contribute to the discipline and practice of public health epidemiology in Ontario. I think we would do well to acknowledge these individuals and their contributions within the province that are beyond the local PHU setting, by allowing opportunity for full membership status in APHEO.

Thus, I would propose modifying criterion iii. Something like this:

“be employed by a public health organization in Ontario”, or

“be employed by a public health organization, or an affiliate organization that meaningfully contributes to public health practice in Ontario”.

The latter leaves more wiggle room for organizations without an exclusively ‘public health’ focus – I could even see an explicit list of organizations included in this definition, if clarity is needed on that point.

I also support the clarification of what a primary job function in epidemiology is in criterion ii. I see this as being more inclusive of all folks who “practice epi and PHAS” in their primary job function without having the exact job title “Epidemiologist”. For example, health data analysts in local PHUs have a primary job function in epidemiology, and they meaningfully (vitally!) contribute to the discipline and practice of public health epidemiology in Ontario. Limiting analysts (and similar folks whose primary job function is primarily epi-related) from being full members feels a bit arbitrary, and not where I would prefer we draw the distinction between full vs affiliate members.

 Going further, I see criterion ii “have a primary job function of epidemiology” as taking precedence over criterion i “possessing a graduate degree in epidemiology or equivalent”. The “or equivalent” piece in criterion i leaves room for interpretation (see Debb’s suggestion to operationally define it) which I find ambiguous. How to determine what is equivalent? And how important is it that we ‘screen’ full members in this way? Wouldn’t organizations have already have determined who is qualified to fill an epi (or related) role based on the individual’s educational background, skills and work experience, etc.?  Could this criterion imply that APHEO exec would have the authority to exclude someone from full membership, even if they met all other criteria, e.g., were hired in an Epidemiologist position at a local public health unit, due to them having a different degree that was not deemed “equivalent”? (I am not saying APHEO exec would ever do this, but even the possibility strikes me as odd).

 I suppose this means that I support eliminating criterion i altogether. I see the other criteria as sufficient.

 I could see the distinction about full vs affiliate membership as being more about whether an individual is:

a)  based at an organization in Ontario? (because changing scope beyond this province is another conversation altogether)

b) working in the field of public health? (versus, say, academia/pure research or a non-public health government agency) and

c) within the public health field, is their primary role in epidemiology practice (i.e. as defined in criterion ii)?

 To sum up, I would like to see APHEO’s constitution take a broader and more inclusive stance. The field of public health is evolving around us, and we would do well to be more inclusive to ensure APHEO’s relevancy and usefulness in the years to come.

Presently, APHEO is intended for PHU-based epidemiologists, as evidenced by its current mission statement: "to advance and promote the discipline and professional practice of epidemiology in Ontario public health units". Clearly APHEO has focused on supporting Ontario's Boards of Health with meeting the epidemiology/PHAS requirements of the Standards through key projects such as the core indicators, technical documents, knowledge brokering, sharing local level products, advocating for PHUs, and so on. Further, APHEO is an affiliate organization of the association of loca*l* public health agencies.

Other organizations (affiliate members) do contribute towards APHEO's mission and support/collaborate with Boards of Health (PHU epidemiologists) to realize the Standards; however, for many, fulfilling the Standards is not their primary focus or mandate. This is a key distinction between full and affiliate members (as captured in the constitution through employment at a PHU).

Hence, if APHEO changes course to be "more inclusive" this could mean shifting focus away from epidemiology at Ontario PHUs. I think this raises a few questions:

- As a group, are we alright with allowing APHEO to have a leadership table that could be comprised of individuals who do not have the same mandate? Are we alright with a leadership that is not focused on PHU epidemiology/PHAS?

- If PHU-level epidemiology is no longer the focus (mission) of APHEO, will projects such as the core indicators become a lower priority? Will APHEO start to develop resources that are not applicable to PHU epidemiologists (e.g., core primary care indicators for LHIN analysts)?

- Will APHEO conferences have a different focus? Will they be more general and less useful to PHU epidemiologists?

- Ultimately, will the change to APHEO's focus (mission, membership) result in less support and resources for PHU epidemiologists in meeting the epi/PHAS requirements of the Standards?

As others have stated, this is primarily a decision about whether to shift the focus of APEHO through constitutional changes, which requires thoughtful consideration and scrutiny.