POLICY STATEMENTS OF

THE AMERICAN INDIAN, ALASKA NATIVE, NATIVE HAWAIIAN CAUCUS

OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Adopted November 3, 2019

POLICY 1 ENDORSEMENT POLICY

**Endorsement Policy**

The AIANNH Caucus works with American Public Health Association (APHA) to promote policy beneficial to Native health needs to assure quality care and equal access. The AIANNHC provides a supportive entry into APHA, promotes equal opportunity and access for Native American peoples of North America and the Hawaiian Islands to health care, and disseminates information about major Native health issues and programs. A primary goal of the AIANNHC PPC Endorsement Review process is to identify all APHA sessions outside of our program that address American Indian, Alaska Native, and/or Native Hawaiian public health issues in order to create a comprehensive list of sessions offered at the Annual Meeting that have relevance to our Caucus membership including sessions that highlight public health efforts that are strength-based, community-led, culturally-sensitive, and culturally respectful.

APHA sessions that specifically mention results or implications for American Indian, Alaska Native, or Native Hawaiian populations (either by using terms represented in our Caucus name, or terms such as “Indigenous”, those specific to tribal groups or tribally affiliated organizations, or known tribal regions) may be identified for endorsement requests within the review process.

Sessions that broadly reference racial/ethnic disparities will not be prioritized, unless there is significant reason to believe that issues important to our constituent membership will be discussed (e.g., health disparities, data, science, and policy gaps; changes to racial/ethnic data reporting that may have implications for funding tribal programs; issues related to research oversight authority; sessions with content that overlaps with the APHA conference theme and AIANNHC priorities and interests).

The AIANNHC PCC will request that organizers for sessions endorsed by the AIANNHC acknowledge the endorsement in the program, as an announcement during the session or otherwise.

POLICY 2 COLLABORATIVE SESSION POLICY

**Collaborative Session Policy**

The AIANNH Caucus works with American Public Health Association (APHA) to promote policy beneficial to Native health needs to assure quality care and equal access. The AIANNHC provides a supportive entry into APHA, promotes equal opportunity and access for Native American peoples of North America and the Hawaiian Islands to health care, and disseminates information about major Native health issues and programs. “Collaborative” sessions are those sessions where the AIANNHC jointly plans and promotes a session with another Caucus, SPIG, Forum, etc. The primary purpose of Collaborative sessions is to ensure that the AIANNHC program maximizes the number of sessions available for abstract submissions.

The PPC will prioritize collaborative sessions in which the other group (Caucus, SPIG, Forum, etc.) is willing to dedicate one of their sessions for collaboration. In the event that the other group is not willing to host the collaborative session within their program, the PPC will discuss the proposed theme and session content with the Caucus executive board and together decide whether it is feasible and beneficial to host the collaborative session within the AIANNHC program. Collaborative partners must share values held by the AIANNHC. Priority will be given to sessions that are strength-based, community-led, culturally-sensitive, and culturally-respectful.

Collaborative sessions initiated or pursued by board members or general caucus members, will be coordinated and managed by the respective board member or general member. The PPC will assist with basic components related to handling of abstracts within the APHA Confex system, coordinating initial contact with the respective collaborative partner, and including session information in APHA conference program handouts. However, the primary point of contact and responsible party will be the initiating AIANNHC member.

Requests to collaborate on a session received by a board member or general member should be forwarded immediately to the PPC Co-Chairs for appropriate follow-up and consideration.

Collaborative sessions that pertain to the following areas, will be prioritized: health disparities, data, science, and policy gaps; changes to racial/ethnic data reporting that may have implications for funding tribal programs; issues related to research oversight authority; sessions with content that overlaps with the APHA conference theme and AIANNHC priorities and interests.)

When multiple collaborations are under consideration, the PPC will elicit input from the Executive Board. The PPC and the Executive Board will perform due diligence to ensure partner and speaker values align with those of the AIANNHC. Collaborative sessions will be developed through processes that are truly collaborative and value the interests and input from all involved partners.

POLICY 3 LETTERS OF SUPPORT POLICY

**Letters of Support Policy**

The AIANNH Caucus works with American Public Health Association (APHA) to promote policy beneficial to Native health needs to assure quality care and equal access. The AIANNHC provides a supportive entry into APHA, promotes equal opportunity and access for Native American peoples of North America and the Hawaiian Islands to health care, and disseminates information about major Native health issues and programs. From time to time, the AIANNHC is asked to provide support or sign on to Letters of Support from other APHA Caucuses and SPIGs.

Requests for Letters of Support from the AIANNHC must be submitted to the AIANNHC Chair with sufficient time to respond adequately (at least one month in advance of deadline). The Chair will review the Request with the Executive Committee to determine if the Request will benefit Native communities, values, needs or priorities. Letters of Support should be culturally sensitive and culturally respectful. If the Executive Committee agrees to support the Request, the Chair will respond affirmatively on behalf of the AIANNHC.

POLICY 4 NO-SHOW POLICY FOR PRESENTERS

**No-Show Policy for Presenters**

Per the policy guidelines by the American Public Health Association (APHA) national program planning committee, it is the policy of the AIANNH Caucus to follow the guidance set-forth for all presenters who:

1. Do not attend their accepted session presentation as an oral, roundtable, or poster presenter (i.e., deemed a “no-show”); and
2. Do not inform the AIANNH Caucus PPC Co-Chairs that they cannot attend by the deadline provided by APHA and/or the AIANNHC PPC.

**Official “No-Show” Policy of APHA and the AIANNHC**

Speakers (i.e., oral, roundtable, and poster session presenters) who fail to show up for their scheduled presentations without previously notifying the program planner of cancellation (by the deadline described above) will not be permitted to present papers or posters at any APHA-sponsored meeting for **two years** following the "no-show." AIANNHC will use discretion as noted below when considering whether an individual is added to the no-show list.

**AIANNHC PPC “No-Show” Tracking**

It is the responsibility of the AIANNHC PPC Co-Chairs to keep a list of presenters who do not adhere to this policy. The PPC will use the list as a reference point during the abstract submission and review process to flag any presenters who are currently listed on the “no-show” list. This list is internal and not meant to be published outside of the Caucus. The PPC will give presenter the opportunity to share the circumstances of their no-show, but the responsibility for informing the PPC is that of the presenter. The PPC acknowledges that there may be extenuating circumstances and will consider those that fall outside the APHA No-Show Policy timeframe on a case-by-case basis but may include, for example, family emergencies, national disasters, work-related conflicts or emergencies.