

A Primer on APHA's  
International Health Section  
and  
How to Get Involved



*Making a Difference  
in  
International Health*

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This booklet was revised slightly in May 2005 as an update to the original version prepared in December 2002 by International Health Section leaders in consultation with APHA staff to help Section members to understand

- a) how APHA and the Section are organized, and
- b) how members can get actively engaged in Section activities.

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(continued from back cover)

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## **APHA Structure & International Health Section Organization**

APHA is a complex organization with many different faces. Understanding the structure of APHA and the IH Section will enable you to make better use of their services.

**Sections** - APHA regards the sections as the basic organizational unit of its membership. Its Web site states, "The 24 discipline-based Sections and 7 Special Primary Interest Groups (SPIGs) enable members to share knowledge and experience with their peers, develop new techniques and contribute to the growing body of scientific knowledge within those respective fields."

The IH Section with about 1600 members is the sixth largest section. Nine percent of us live overseas in 63 countries. We live in every state of the Union except South Dakota. A quarter of US-based members live in Washington DC, Maryland or Virginia and only 27% west of the Mississippi River (158 in California). We're about 42% male and 58% female. We are professionals ranging from students to professors, interns to program directors, authorities on many aspects of international health, a former dean of two schools of public health, and the past Executive Director of APHA. We work for public health service organizations, government, donors, universities, NGOs, private corporations, international institutions, faith-based organizations, professional organizations, local health departments, research agencies, and hospitals.

Although other organizations focus on global health, the unique strengths of APHA derive from its representation of 28,000 members from all disciplines of public health, its affiliation with public health associations in all 50 states, and its relations with national public health associations in about 70 countries.

**Section Governance and Policies** - Who governs the IH Section? Officers are the Chair, the Chair-Elect, and the Secretary. The Section Council, consisting of officers, six elected Section Councilors, the Immediate Past Chair and the Action Board representative, is in many ways the governing body of the section. On policy matters, Governing

## **Section Officers, Councilors and Committees as of May 2005**

### *Section Officers:*

Chair: Joe Valadez, PhD, MPH, ScD, (2006), jvaladez@worldbank.org  
Chair-Elect: Samir Banoob, MD, DM, DrPH, PhD, sbanoob@aol.com  
Secretary: Irshad Shaikh, MD, MPH, PhD, shaikhirshad@yahoo.com  
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Katherine Tulenko, MD, MPH (2005), ktulenko@yahoo.com  
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Sharon McDonnell, MD MPH, (2004-2007),  
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### *Governing Councilors:*

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## I. Message from the Section Chair

The first edition of this manual, produced by my predecessor, Ray Martin, marked the beginning of a renaissance for the International Health Section. The intention of the Section leadership was then, as it is now, to place the decision about our future direction into the hands of the membership – to steer and guide our course. This *Primer* was developed to give all IH members basic, essential information about APHA and our Section so that you can profit to the maximum from your membership in APHA and the IH Section. It was also developed with the intention of providing you with a road map for becoming involved in the Section. The booklet provides ideas and information on how you can work through APHA to enhance your own career while making a positive contribution in your profession. This booklet is an update of the original version published in January 2003. Please keep it as a reference.

There is great potential to intensify our efforts to engage proactively in international health advocacy, to strengthen APHA's policy foundations in international health, to reach out to students and young professionals, and to continue our rich scientific program at annual meetings.

One of the exciting initiatives coming out of the November 2003 Annual Meeting in San Francisco was a Section decision to engage in a strategic planning exercise. Six subcommittees were established to facilitate brainstorming and planning to improve the internal organization of the Section as well as define future directions such as monitoring the impact of U.S. policies and actions in international and global health. Della Dash and Amy Hagopian invested a lot of energy in leading this process which included a June 1, 2004, Section consultation in Washington, DC, and which produced a section manual in November 2004. It is available to any member who requests it. It is also posted on the Section Web site at [www.apha-ih.org](http://www.apha-ih.org). This recently enhanced Web site, as well as [www.apha.org](http://www.apha.org), is rich in sources of information about public health, including jobs, and the benefits of APHA membership. Explore them. We also use email extensively to communicate with IH members. If you do not receive occasional messages from APHA, please send your email address to [membership.mail@apha.org](mailto:membership.mail@apha.org) to get on the distribution list.

The Section has made progress in defining roles for all our Section's elected officers, section councilors and governing councilors. In addition, we need other leaders for the many activities—new and continuing—that we should pursue to make a difference in international

and global health. Anyone taking initiative and leadership in Section activities, whether in an elected position or not, will be considered a member of our IH Leadership Team. Following the November 2004 Annual Meeting, the Section leadership instituted a monthly telephone conference call. The Section Leadership – comprised of elected and non-elected section members, discuss and decide upon actions and direction for the Section. Get involved if you are interested – young professionals and students are welcomed!

During 2005 the Section renovated its Web site to include materials that are particularly desirable for students and young professionals. Public health tools and job leads are can now be found at our Section Web site. All of these ideas came from Section members.

The Section is a supportive platform for all members who have an interest or passion in a particular area and who volunteer ideas and leadership for new projects. For example, the Section recently developed a working group on Global Trade. The Section can provide a forum for networking with other interested members and outside organizations and in a few cases, modest funding to support projects. With the Section's large membership and extensive experience, there is every reason for IH, in collaboration with other APHA units and external partners, to be a major voice in the global dialogue on international health.

The formal establishment of the IH Section in APHA in 1976 was a manifestation of a growing realization by APHA leaders that public health in the U.S. could not be separated from public health globally. During these times of heightened concern about homeland security, we should be bold in asserting to APHA colleagues and to the world the relevance of global health to our own American public health. Currently the Section Leadership is thinking of ways to expand membership beyond the USA to capture broader American participation in Central and South America as well as in the Caribbean.

One important way of keeping our Section dynamic is to make it grow. Talk to your professional colleagues about joining APHA. Convince a student of the importance of connecting with professional peers. This booklet contains names and email addresses of current Section leaders on the back cover. Contact the leaders in your areas of interest if you have an idea and are willing to commit time and energy to it.

It is our responsibility to make membership in the IH Section more meaningful for ourselves professionally while making a difference to public health around the world.

Joseph Valadez, PhD, MPH, ScD

reaches over 1200, or 85% of IH members, i.e. all those for whom APHA has known email addresses. We use this channel to send you periodic messages that report on Section news, events, information of interest, and opportunities for IH members to take action in advocacy and public education.

For this medium to serve you, it is *very* important that APHA has your current email address. We promise that we will not flood you with unwanted emails. If you do not already receive broadcast emails, send your email address to <membership.mail@apha.org>.

The Section's Web site, <www.apha-ih.org>, contains a lot of information about international health and the IH Section (including this booklet and soon the new manual). We hope to use it much more creatively and extensively for Section purposes as well for the public.

**Special Interest Groups** - The Section should give more thought to identifying "communities of interest" within the Section (see page 18). For example, members of the Section's Community-Based Primary Health Care Working Group have their own email group to share information, plan events, and organize activities for the Annual Meeting (contact <henry@future.org>).

**Personal Email** – Individual IH members communicate frequently by email. You can access contact information, including email addresses where known, of any APHA member on the APHA Web site. Click on "Members Only" icon on the home page (upper right corner) and follow instructions. To log on to this restricted section you will need your membership number, found on the mailing label of the *Journal* and *The Nation's Health*. In addition to accessing a treasure trove of fascinating information about APHA, you can update your own member records and do a search for contact information of other APHA members. All you need is one or more of the following: first name, last name, organization, city, state, or country. Use this facility to track down the person you met at the Annual Meeting and whose business card you lost.

**Conference Calls** – APHA can facilitate conference calls at reasonable rates. If you have a hot idea that you'd like to discuss with several other people, contact the Section Chair to propose your call and ask for Section funds to pay for it.

**Liaison with Other Sections** – IH has begun, and would like to expand its interaction, communication, and collaboration with other

Councilors—IH has seven—are the key policy and agenda setters for APHA, functioning as the voice of the Section in APHA-wide affairs. The new Section manual will help members by providing an explicit, vision, statement of purpose and a strategic plan, as well as describing the organization, rules, and procedures of Section operations.

**Other Organizational Units** - Besides sections and SPIGs, other key *volunteer* organizational units in APHA include:

- Governing Council, which serves as APHA's "parliament," establishing policies and electing APHA officers and Executive Board,
- Executive Board, which directs the administrative work of APHA, implements policies, supervises APHA's committees and board, and approves the budget,
- Officers, such as Executive Board, President, President-Elect, Past President, Chair and Vice-Chair of Executive Board and Speaker of the Governing Council,
- Intersectional Council and Committee on Affiliates, representing sections and state affiliates,
- Many special purpose committees, boards, and task forces.

**APHA-wide Committees and Boards** - To get the most out of APHA membership, IH members should be aware of these key APHA units:

- **Action Board**, with each section represented, helps decide priorities; draws up action plans for resolutions approved by Governing Council,
- **Science Board** deals with the scientific basis for APHA's professional and public policy,
- **Education Board** coordinates APHA's educational activities both with professionals and the public. APHA is a major provider of Continuing Education Units for public health and medical professionals,
- **Publications Board** deals with developing and marketing scientific and policy publications,
- **American Journal of Public Health Editorial Board** provides broad oversight and recommendations to the *Journal* editors,
- **Joint Policy Committee** reviews proposed policy resolutions and position papers and makes recommendations to the Governing Council.

Key APHA-wide committees deal with Equal Health Opportunity, Membership, Women's Rights, Program Planning, Awards, and *The Nation's Health* monthly newsletter. Of special interest to many IH members is the International Human Rights Committee.

See the “Members Only” section of APHA’s Web site for more details about APHA’s organizational units and committees. IH members interested in being active in APHA beyond the Section can offer to serve on the above-described committees and boards. Contact APHA or IH Section leaders for more information and guidance.

**Paid Staff** - Finally, in addition to all the volunteer APHA structures described above, there is the paid APHA staff consisting currently of about 55 employees. Our Executive Director is Dr. Georges Benjamin. IH is the only Section to have a staff person, Dr. Allen Jones, who is specifically charged with responsibility for our area of interest, international health affairs. His role includes helping the Section accomplish its objectives and supporting all of APHA’s leadership in pursuing priority global health objectives. Since summer 2002 he is also responsible for education and the unit is now named Education and Global Health Resources. He is assisted by a Program Coordinator whose responsibilities are to support the global health program of APHA and the WFPHA. Other key units for IH include Scientific and Professional Affairs, Public Affairs, Publication Services, Convention Services, Membership Services, and Government Relations.

**Modernizing APHA’s Organization** - As a membership association, one of APHA’s highest goals is to serve the professional needs and interests of its members. In addition to its 28,000 members, APHA also serves 20,000 members of state affiliates. Communicating to, responding to, and serving the multifarious needs and interests of such a large and diverse constituency remain a constant challenge. A widespread consensus that APHA’s organization has not kept up with the times and has not adjusted to new potentials created by email and the Internet has resulted in the creation of a Task Force on Association Improvement and Reorganization (TFAIR) to recommend changes. Anyone with suggestions on APHA structures, organization, leadership, relation of sections to other faces of APHA, finances, membership, advocacy processes, etc. is encouraged to express views to TFAIR, APHA staff, or to IH Section leaders.

**APHA Services** - Some key APHA services and activities of interest to IH members:

- Speaks as the professional voice of the public health community
- Supports an extensive network of 24 sections and 52 state affiliates
- Develops and advocates for sound public health policies
- Organizes the annual meeting with attendance around 13,000
- Publishes monthly the *American Journal of Public Health*

- Publishes monthly newspaper *The Nation’s Health*
- Publishes books
- Provides Continuing Education for public health professionals
- Facilitates evidence-based public health policy, practice, standards, and leadership
- Brings employers and job seekers together (CareerMart)
- Provides support including office space for the Secretariat of the World Federation of Public Health Associations (WFPHA)

### III. Communication within and outside the Section

In a rich and varied Section like IH with so many members scattered all over the globe, information sharing and communicating upwards, downwards, and horizontally is a real challenge. We look for suggestions from you to help in assuring that you get the information you need (without being flooded with unwanted messages). Please express your ideas, interests and concerns to Section and other APHA leaders.

**Annual Meeting** – The annual November convention is in many ways the highlight of the APHA calendar. With about 40% of members attending, it represents a gala for networking, scientific presentations, information sharing, and development of an *esprit de corps* within the general public health professional community and specifically with colleagues specializing in international health. If you haven’t attended an Annual Meeting, you should consider it. In addition to APHA’s Annual Meeting, the IH Section holds a mid-year evening meeting in Washington at the time of the Global Health Council annual conference.

**Newsletter** – Twice a year IH produces an electronic newsletter, posted on APHA’s Web site. Go to [http://www.apha.org/intro\\_private.cfm](http://www.apha.org/intro_private.cfm), log on by entering your APHA membership number and for password your first initial and last name, and then click on “Sections and SPIG Newsletters.” It contains information about Section activities, upcoming events, opportunities to get involved, who’s who, and much more. You can also read the newsletters of other sections. The IH newsletter is also posted on the Section Web site, [www.apha-ih.org](http://www.apha-ih.org).

**Broadcast Email and Section Web Site** – An increasingly important channel to reach IH members is broadcast email, which currently

Several IH members are participating in this process of reviewing existing policies in the international health area and contributing to the development of a rational and comprehensive statement of policies in our area of interest. The Section has recommended several actions in 2003 and is currently working with APHA staff and other sections to review a range of resolutions with international themes to determine appropriate action.

We can use more volunteers interested in reviewing existing policies related to international health and in recommending whether they are still relevant or should be “archived.” They should also identify areas where APHA should have a policy, but doesn't. Greater clarity about our existing policy profile and our needs should then lead to creative efforts that will eventually result in a more rational and appropriate statement of APHA policies in international health.

If there is some area of international health that you are particularly concerned about, identify it so we can form committees of persons sharing common interests to pursue this process, which will likely be implemented primarily through email and conference calls. APHA staff have urged IH to collaborate with other sections to assist in the review of policies in their area of interest that have international implications. For more details, go to the “members only” section of APHA's Web site and look under “Policies.” IH coordinators for this activity are Diana Silimperi <dsilimperi@msh.org> and Julia Walsh <jwalsh@socrates.berkeley.edu>.

## VII. Advocacy and Legislation Development

IH Section members repeatedly expressed strong sentiments at recent Annual Meetings for an expanded and more aggressive effort in advocacy and influencing policy development and legislation in global health. Subsequent dialogue with key APHA staff suggest that with a coordinated strategy in concert with the other faces of APHA, our Section may be able to ratchet up considerably its advocacy efforts. Interested members need to pool their ideas and develop a strategy. Here are some ways that we can make a difference in international health.

**Influencing Congress and State Governments** – In addition to the elemental duty to vote, a most powerful approach is to build a working

APHA sections, SPIGs, and caucuses (see chapter on collaboration, page 17). Many sections have expressed keen interest in partnering with IH for:

- joint planning of scientific sessions at annual meetings,
- drafting and promoting resolutions collaboratively,
- advocacy on commonly shared concerns.

**APHA-wide Communication Channels** – The chief ways the Association regularly communicates with you are:

- the monthly *American Journal of Public Health*
- the monthly newspaper, *The Nation's Health*
- occasional broadcast emails to all APHA members
- via the extensive resources on its Web site, <www.apha.org>.

## IV. Program at the Annual Meeting

The APHA Annual Meeting is held in late October or November in different cities around the country. In 2005, it will be held November 5-9 in New Orleans and in Boston November 4-8, 2006. Many international health professionals join APHA primarily for the scientific program and networking of the Annual Meeting. Anyone can submit an abstract for a presentation, but you must be an APHA member to present.

**Session slots** - APHA allocates slots for the Annual Meeting program based on Section membership and the number of abstracts submitted to its program in previous years. IH gets about 5% of the slots, 40 sessions for oral presentations and seven poster slots (10 posters each).

**Invited sessions** - The Section allocates about a third of the oral slots to “invited” sessions and fills the remaining oral and poster slots on a competitive, peer-reviewed basis from independently submitted abstracts. The IH Section Program Committee invites distinguished professionals to organize sessions in their field. These organizers then choose the specific topics and presenters for their sessions.

**Independent abstracts** - Independent abstracts must be submitted through the APHA Web site (www.apha.org) usually by the first week in February. Those with no Internet access may mail or fax their abstracts to the IH Program Planner (see below). In a peer review,

more than 100 international health professionals from various specialties conduct a blind review of the submitted abstracts (usually more than 300) to select about 100 for oral and 70 for poster presentations. Submitters are notified of acceptance or rejection by May.

**Students and developing-country nationals** - The Section reserves one oral session and one poster session each for students and developing-country nationals to encourage their participation in the program.

**Program Planning Committee** – The chair of our Program Planning Committee for 2004 and 2005 is Betsy Bassan, [bbassan@chemonics.net](mailto:bbassan@chemonics.net).

## V. Policy Development and Resolutions

Influencing public policy was a major goal when APHA was founded in 1872 and it remains so today. But with so many issues to address and limited resources, APHA must prioritize the number of issues it works on to maximize its effectiveness on Capitol Hill. Linking APHA's advocacy and public education with the resolutions process and potential of sections can be strengthened.

APHA's process for determining priorities—now under review— involves several steps:

- a) Sections or individual members propose resolutions to APHA
  - b) The Governing Council, on which IH has seven votes, decides which will pass and become part of APHA's approved body of policies
  - c) A strategic planning process involving the APHA board and staff determines priorities and develops action plans for implementing policies
  - d) APHA's leadership and staff finally determine the actual allocation of time and resources devoted to the various priorities authorized.
- Many sections have expressed a desire for a greater role in implementing the policy influencing agenda of APHA, pointing out the considerable potential of their members to supplement the efforts of APHA staff.

Writing a resolution is not as daunting as it sounds. By following guidelines from the APHA "members only" Web site section <http://www.apha.org/private/ppolicy.htm>, or following the format of

other resolutions already approved, it can be a relatively easy task. Two recent IH-initiated resolutions were authored by MPH students. APHA staff or volunteer leaders can mentor novices through the process. Each year 15 to 50 new resolutions are introduced. Most of them are passed after modifications are made in both informal and formal sessions.

Whether or not they eventually receive priority attention, resolutions are an excellent educational tool for both the authors and the larger APHA community. Approved resolutions are accessible at [www.apha.org](http://www.apha.org), click on "Legislation," and then on "APHA Policy Statements."

Letters to the Editor and articles can also be submitted to the APHA newspaper, *The Nation's Health*. There are also many informal ways that the IH Section and its members can enhance APHA appreciation of the importance of international health, e.g. see page 17. APHA's "archiving" and policy rationalization exercise, described below, will also strengthen our Section and APHA as a whole to pursue good policies.

## VI. Rationalizing APHA's Policy Statements

Resolutions are the keystone of APHA's policy statements and agenda setting in advocacy. They are carefully worded statements outlining a problem and proposing a course of action. Any APHA member or section can submit them. After vetting by the Joint Policy Committee and the Action Board, they are submitted to the Governing Council at the Annual Meeting and if approved, become official APHA policy with a mandate to APHA's Government Affairs and Communication staff to allocate resources to implementing them.

One problem is that with the accretion of 50 years of resolutions, there are now over a thousand resolutions on APHA books, many of them out-of-date, superceded by events, or irrelevant to the policy needs of today's environment. For this reason, APHA has initiated a policy review process for archiving out-of-date policies. An important objective, in addition to "sun-setting" outdated policies, is to identify gaps where new policies should be developed or existing policies updated or combined in new policies to be submitted to APHA's public policy process.

of information on jobs in international health on the Section's Web site, <[www.apha-ih.org](http://www.apha-ih.org)> and click on "Job Opportunities."

**Student Assembly** – APHA student members automatically become members of the Student Assembly (formerly Public Health Student Caucus), an international, student-run organization in official relations with APHA. It advocates for greater student involvement in APHA, sponsors sessions at the Annual Meeting, facilitates exchange of information, ideas and job tips through two listserves and its Web site, <[www.phsc.org](http://www.phsc.org)>, and promotes activism and leadership as future leaders in public health. The PHSC helps students network with professionals and connect with other students nationwide.

**Mentoring** – Students desiring a public health mentor can enroll to be matched with an experienced professional in their area of interest. More information about this program, both for mentors and mentees, as well as many other APHA opportunities for students can be found at <[http://www.apha.org/membership/student\\_membership.htm](http://www.apha.org/membership/student_membership.htm)>.

In 2003 the IH Section established a Student and Young Professionals Committee to promote information exchange and networking among students. APHA's Student Assembly has been very supportive. To connect with the group or get on the email list, contact Bryn Sakagawa at <[bsakagawa@usaid.gov](mailto:bsakagawa@usaid.gov)>.

## **XI. Nominations for Officers, Councilors and Committees**

Volunteering to run for a Section office or to serve on a committee is an exciting way for IH members not only to work to make the Section more dynamic, but also to help make a difference in international health through APHA, enlarge their professional horizons, establish their credibility and raise their visibility among professional peers, and even to make contacts that may help in finding a job. If you want to volunteer or find out more about the opportunities, contact the Section officers or the current Chair of the Nominations Committee, Lani Marquez, at <[lmarquez@urc-chs.com](mailto:lmarquez@urc-chs.com)>.

Voting in the annual elections will normally takes place in May and June. Consider now the opportunity to run for the following offices:

- Section Councilors (three-year terms)

relationship with office holders at the national, state, or local level. Building a relationship with a policy maker can be summed up in just two words. Loving persistence - persistent, positive, focused, accurate and brief letters to your policy makers urging support for specific actions. Following up on each letter is essential.

**Grassroots Advocacy** - Organizing with others in your Congressional District and/or state to meet with your policy maker and/or their aides is another step. Senator Paul Simon said, "If there were just 10 people in every congressional district who really pushed...we could literally change the world." The IH Section with members in 49 states has considerable potential, if effectively mobilized. Other professional and advocacy organizations are keen to partner with APHA and its IH Section to promote sound international health policies and legislation. Some would like APHA assistance in organizing local events and inviting policy makers to come to speak and learn.

**IH Initiatives** - The Section, in coordination with APHA staff, would like to organize itself to make it easy for members to write letters to policy makers and to send letters to the editor or opinion pieces to their local newspapers on agreed-upon priority international health issues. Several IH leaders are willing to work with APHA staff to write model letters and articles that members can adapt to their local settings. See the Section's Web site, <[www.apha-ih.org](http://www.apha-ih.org)> for more ideas and resources, or contact the Section's current Chair, Joe Valadez, <[jvaladez@worldbank.org](mailto:jvaladez@worldbank.org)>. Join APHA's Legislative Advocacy Network, <[www.apha.org/legislative/eform.cfm](http://www.apha.org/legislative/eform.cfm)>. Participating in this effort is one very real way that IH members could make a difference.

## **VIII. Public Education**

Although the IH Section was founded by visionaries who believed in the importance of international health and sought to influence congressional and policy-making audiences, education of the general public about international health has not been a focus of the Section. Our activities have been primarily related to serving our members with a modest effort to improve policies. Some members have expressed interest in seeing the Section, in concert with other faces of APHA, become more intentional in helping Americans understand why international health is important and relevant to our own domestic concern and welfare.

One idea being explored is to work with local chapters of the United Nations Association to plan events that would educate the UNA constituency about global health. We could encourage IH members in the geographic area of an organization interested in a session on global health to offer to present or participate. Similar outreach through local World Affairs Councils and other public affairs organizations, associations of state and local health officials, and organizations involved in international health, such as the Global Health Council, should be considered. IH students and faculty in universities and schools of public health would be ideally situated to initiate local public affairs events focusing on international and global health.

Communicating to the public through newspapers and other media could become another objective of IH Section activism if interested members volunteer to invest time in such an effort. Establishment of a Section task force on education has been suggested with the purpose of defining more clearly a possible Section role in public education and the niche areas where APHA has a strategic advantage and can have the greatest impact.

## IX. Membership

**Joining APHA** - Anyone can join APHA. It is an organization of public health professionals, the largest and oldest in the world, with an amazing diversity of specialties as expressed in the various sections. Regular dues currently are \$160 (\$50 for students and \$65 for retired and workers earning less than \$30,000). Early bird member registration, usually until August, for the Annual Meeting costs \$325 (\$140 for students and \$150 for retired and workers earning less than \$30,000).

Membership has remained more or less constant in recent years. APHA is seeking ways to become more attractive to the hundreds of thousands of public health professionals in the U.S.

The IH Section community of international health specialists numbers about 1600, but our potential target audience is many, many times that number. It is in our interest to encourage our colleagues at work or school to sign up. Retirees can be encouraged to remain engaged through APHA. More members means more impact in our outreach and

a stronger Section. There is considerable interest in the Section in more aggressive recruitment of students at schools of public health.

The first version of this booklet was sent to all IH members early in 2003 along with a couple copies of a brochure describing APHA and the IH Section. Additional copies of this update as well as a brochure about the Section can be obtained from the IH Chair, <jvaladez@worldbank.org>. Give them to your interested work colleagues. They can be distributed to international health students at schools of public health. Let them know about the opportunities for networking, information sharing, learning, and advocacy through APHA and Section membership. Regarding APHA members of other sections, encourage them to sign up as secondary members of IH. Such inter-sectional interaction should be beneficial both to IH members as well as members of other sections.

## X. Students and Young Professionals

Is it worth \$50 for a student to join APHA, and is it worth the \$140 registration fee to attend the Annual Meeting? Actually, many international health students have concluded that it is a worthwhile investment to benefit from the opportunities for learning, information sharing, networking, broadening their contacts in the field, demonstrating their competence, and raising their own visibility in ways that may help them get good jobs.

A long list of benefits of APHA membership can be found at <[http://www.apha.org/membership/student\\_membership.htm](http://www.apha.org/membership/student_membership.htm)>.

**Advocacy and resolutions** – In the last few years, IH student members wrote two resolutions that became official APHA policy. Young professionals with a passion for a good issue can be paired with veterans for guidance through the process of developing official APHA policy.

**Presenting at the Annual Meeting** – The abstract review process facilitates acceptance of good student submissions for presentation.

**Searching for jobs** – Possibilities include networking and making contacts at the annual meeting, posting your resume and searching positions posted on APHA's online CareerMart <[www.apha.org](http://www.apha.org)> and clicking on "CareerMart, and consulting the extensive listing of sources

with our international health concerns, and collaboration with IH may be mutually beneficial. IH members should consider joining and participating actively in their state affiliates.

#### XIV. Special Interest and Regional Working Groups

**Topical Special Interest Groups** - Some APHA sections have several sub-groups working on one or more special interests encompassed by that section. IH's best established one is the Community-Based Primary Health Care Working Group (CBPHC), chaired by Dr. Henry Perry, <henry@future.org>. Also relevant to IH, there is a Globalization and Health group (contact Ellen Shaffer, <ershaffer@earthlink.net>).

The CBPHC Working Group has a Coordinator and Secretary and an email list of over a hundred people. They communicate by email and organize well-attended, all-day pre-conferences before the Annual Meeting. They sponsor sessions and hold a business meeting both at the APHA Annual Meeting and the Global Health Council annual conference.

Other working groups, even if quite small, could bring added value to APHA IH membership for individuals with a strong interest in one or another aspect of international health. Groups could also focus on monitoring a global institution, such as the World Bank or WHO. If you are interested in forming one or joining with others to work on some common interest, contact Section leaders. Two such new groups being formed are: Public Health Law and Globalization, contact Michele Forzley, <mforzley@comcast.net> and one on pharmaceuticals, contact Maggie Huff-Rousselle, contact <mhuffrousselle@ssds.net>.

**Regional IH Section Groups** – Enterprising IH members have organized regional groups to serve as networking and action fora and as platforms for advocacy and organizing area conferences. Their survival depends on the enthusiasm and commitment of people in the area. Examples are:

- The Northwest International Health Action Coalition based in Seattle is active in informing the local public, including the health worker community, about international health issues that are of both global and

- Governing Councilors (two-year terms)

In addition, there are many regular Section functions that need to be filled by appointment by the Section Chair, who will make choices in consultation with other Section leaders. Immediate opportunities exist in the areas listed below. The current Chair Joe Valadez and the IH Leadership Team will likely establish new programs or functions, so there may be additional opportunities. The Section welcomes proactive members who propose new initiatives.

- Program Committee
- Nominations Committee
- Advocacy Committee
- Policy and Resolutions Committee
- Students and Young Professionals Committee
- Membership Committee (including Chair)
- Web site Manager and contributors (We have a technical manager, but need people to identify good material to be posted)
- Booth Manager for APHA Annual Meeting and Global Health Council annual conference

In addition to Section roles, there are also many opportunities to serve on APHA-wide committees, boards, and task forces. Individuals can nominate themselves or others, but Section sponsorship carries weight. This membership deployment process, presently carried out personally by APHA's President and Executive Director, is under review. Major opportunities include:

- Program Planning Committee
- Executive Board
- Science Board
- APHA Com. on Nominations
- Editorial Board of the *American Journal of Public Health*
- Publications Board
- *The Nation's Health* Advisory Com.
- International Human Rights Com.
- Equal Health Opportunity Com.
- Joint Policy Committee
- Committee on Affiliates
- Action Board
- Women's Rights Committee
- Education Board

#### XII. Awards

At our Section social hour and award ceremony at the Annual Meeting, we recognize outstanding contributions of Section members through its:

- Lifetime Achievement Award for Excellence in International Health (2004 awardee was Dr. William Foege)
- Mid-Career Award (2004 awardee is Kate Macintyre)
- Award for Outstanding Service to the International Health Section (no award in 2004)

The evaluation criteria for the **Lifetime Achievement Award** include:

- quality/creativity/innovativeness to the field of International Health
- contributions to the development of APHA or the IH Section
- application of the individual's work to service delivery (as opposed to primarily theoretical value)
- contributions as a leader/visionary/role model
- volunteerism/sacrifice associated with the individual's contributions

The evaluation criteria for the **Mid-Career Award** include:

- promotion and development of international health in a cross-cultural setting during a period of five to 15 years
- creativity in expanding the concepts pertinent to the practice of IH

Occasionally the Section presents *ad hoc awards* for a variety of achievements. For example, in 2002 Dikembe Mutombo, star NBA basketball player, was honored for his commitment and contribution to the health of people in his home town, Kinshasa, Congo. In 2001, PAHO was honored by the Section on the eve of its 100<sup>th</sup> anniversary.

All Section members are invited to submit nominations to the Awards Committee chair, who is Governing Councilor Dory Storms, <dstorms@jhsph.edu>. For more details, go to <www.apha-ih.org>.

### **XIII. Collaboration with Other Sections**

The International Health Section, unlike most APHA sections which are discipline-based, encompasses a broad range of fields and disciplines of public health. Most areas of public health have international aspects of interest to some IH Section members. Likewise, we have found that practically all APHA's sections, SPIGs, and Caucuses include members with a keen interest in the international dimensions of their group's discipline. There is potential for a

significant convergence of interests and for identification of many opportunities for building alliances with other sections to enhance a broader constituency for our IH concerns.

**Building Bridges** - The IH Section has made a modest beginning in building bridges with other sections. An ideal example is Rose Schneider, our IH liaison with the Gerontological Health Section, who is invited to participate in their conference calls and attend their business meetings. We co-sponsor sessions of other sections at the Annual Meeting and other sections co-sponsor IH sessions. In most cases, these co-sponsorships have little significance. With proactive communication between IH and other sections and more advance inter-sectional planning, IH members could contribute more to the enrichment of sessions sponsored by other sections and benefit from their expertise and experience. We could jointly plan sessions instead of just signing on as a co-sponsor of another section's programs.

**Formalizing Linkages** - We have approached many sections about establishing more systematic, formal collaboration and the response has been quite enthusiastic. We have invited them to designate a contact person for interaction with IH and to identify their members who would like to relate to us. Similarly, we are identifying persons in IH who will take the responsibility to interact with each of the other sections. An IH survey conducted in 2000 provided some useful information for these liaisons. You are encouraged to indicate to Section leadership which other sections you would like to relate to. IH's contact person for these liaisons is Section Councilor Donna Barry, <djbarry@earthlink.net>.

**Encouraging Secondary Memberships** - Another avenue for cross-fertilization is secondary membership. APHA members whose primary section affiliation is IH can become secondary members of other sections of interest to them. Similarly, members of other sections with international interests should be encouraged to become secondary members of IH. Nearly three hundred people from 28 other sections, SPIGs and caucuses hold secondary memberships in IH.

**Associating with State Affiliates** – Several people have suggested that IH seek to interact more systematically with state affiliates. Each state has a public health association. IH could promote through them an understanding of the relevance of international and global health to domestic health. In border states, there are some issues that coincide

local importance. Contact Mary Ann Mercer, <mamercer@u.washington.edu>, to learn about their experience and to obtain suggestions for forming your own local group.

- People in the San Francisco Bay area have organized an International Health Interest Group with 250 members (not all APHA members). They organize an annual all-day event and six evening meetings during the academic year for socializing, networking, and discussion of current topics of interest. Contact Tom Hall, <thall@epi.ucsf.edu>.
- The DC Global Health Dialogues were established to bring together the large international health community in the nation's capital. Periodic meetings, sometimes over drinks and pizza, are organized with expert resource persons and an emphasis on informal dialogue on current issues. Contact Julie Hantman, <juliehantman@yahoo.com>.
- An effort to organize a Global Health Group of the Californias was made in 1999 to serve as a networking and action forum for individuals interested in the local and regional public health impact of broader international processes. With leadership, this group could be reenergized.

Cities or regions with a significant number of IH members are the New York City area with about 100 IH members, Massachusetts/Connecticut with 150, Washington, DC/Baltimore with 350, Atlanta with 65, and Chapel Hill/Raleigh/Durham with 40. If you are interested in connecting with such groups, or organizing new ones, contact Section leaders.

Some schools of public health with a critical mass of students and faculty interested in international health and a leader with initiative have organized special events, clubs, and email groups. It should be feasible for IH members to organize such groups, if they don't exist already, at schools such as Harvard/BU, Hopkins, UNC, Tulane, and UCLA.

You can identify other IH members in your area by using the "Search Member Directory" feature described on page 7. Enter IH in the section field, and your city or state in the appropriate geographic field, and you'll find out who your neighbor IH members are. For example, you can identify the 111 IH Section members with Washington, DC addresses. You can also identify non-IH APHA members in your area.

## **XV. World Federation of Public Health Associations (WFPHA)**

APHA is one of over 60 national public health associations that form the WFPHA. One of the founding associations in 1967, APHA provides support for the Federation's Secretariat which is located at APHA headquarters. The WFPHA is an independent organization that maintains an office in Geneva, Switzerland. It has official relations with WHO. Dr. Allen Jones, APHA Director of Education and Global Health Resources, is the Federation's Secretary General. Many IH members are interested in working with other public health associations and helping to strengthen them, particularly in developing countries. Some IH members have expressed interest in fundraising to help international professionals or students to participate in APHA's Annual Meetings.

One initiative endorsed in an IH business meeting is to facilitate contacts between traveling IH members and leaders of public health associations in the countries they visit. The Section is exploring with the WFPHA a mechanism to facilitate access to names and contact information of public health association leaders in countries. APHA is also interested in obtaining grant funds to support strengthening of developing country public health associations. Any IH members with influence over donor budgets could consider supporting such an initiative. More information about the WFPHA can be found at <http://www.apha.org/wfpha/>.