

Global Health: Chartering a New Mission for Health Education Specialists

Miguel A. Perez, *Fresno State*

Deborah Fortune, *North Carolina Central University*

Raffy Luquis, *Penn State Harrisburg*

Abstract

The interconnectivity linking human populations facilitates the exchange of not only ideas and technology, but also disease-causing organisms. The ease of travel and the possibility of global pandemics makes it imperative for health education and promotion specialists to learn and understand global health issues and to learn from health promotion programs implemented in other countries to reach the rapidly increasing U.S. population effectively.

Keywords

global health; health education; health promotion; cross culture

Miguel A. Perez is a professor and internship coordinator, Department of Public Health, Fresno State. **Deborah Fortune** is an associate professor, Department of Public Health Education, North Carolina Central University. **Raffy Luquis** is an associate professor and program coordinator, Health Education Program, Penn State Harrisburg. Please send author correspondence to mperez@csufresno.edu.

One of the defining characteristics of the ever-increasing global population, some 7.1 billion in 2014 (U.S. Census Bureau, n.d.), is the interconnectedness that results from advances in technology, economic development, and the migration that takes place within and between countries.

Globalization allows individuals to travel across geographic areas carrying with them not only their currency, cultural backgrounds, but also infectious agents that may result in increased morbidity and mortality rates. Recent outbreaks of global infectious diseases such as Ebola (Centers for Disease Control and Prevention [CDC], 2014a), Middle East respiratory syndrome coronavirus (World Health Organization [WHO], 2014), avian influenza A (H7N9; WHO, 2013), measles (WHO, 2011), severe acute respiratory syndrome (WHO, 2010), along with local and regional outbreaks of bovine spongiform encephalopathy (BSE), *Salmonella enterica*, and West Nile encephalitis, among others, are a clear call to health promotion specialists and to health educators to better prepare to address the threat to human health resulting from emerging infectious diseases. Pérez (2004) suggested that the immediate danger of these infectious diseases and the resulting morbidity and mortality present an urgent call for health promotion specialists to develop primary prevention strategies to mitigate their negative outcomes. These efforts require many entities across international borders to not only coordinate responses to existing epidemics and pandemics, but also engage in prevention efforts to decrease their impact on human populations.

Defining Global Health

Currently, there is a lack of a common definition for the term *global health*, leading to confusion, misunderstanding, and lack of coordination for prevention strategies. The Institute of Medicine (1997) defined global health as the “health problems, issues and concerns that transcend national boundaries and may best be addressed by cooperative actions” (p. 1). Merson, Black, and Mills (2012) similarly stated that global health “places much greater emphasis on health issues that concern many countries or that are affected greatly by transnational determinants, such as climate change or urbanization” (p. xvii). Furthermore, they stated that greater emphasis on the health problems allows for the “opportunity to address cross-border issues as well as domestic health disparities in high-income countries” (Merson et al., 2012, p. xvii). According to Macfarlane, Jacobs, and Kaaya (2008), global health is the “worldwide improvement of health, reduction of disparities, and protection against global threats that disregard national borders” (p. 383). Simply stated by Beaglehole and Bonita (2010), global health is “collaborative trans-national research and action for promoting health for all” (p. 5142).

Koplan et al. (2009) called for a common definition of global health that can be widely accepted to advance global health. First, they distinguished glob-

al health from international health and public health. According to Koplan et al., *international health* has the following characteristics: the focus is on low- and middle-income countries, solutions to health problems tend to be binational rather than including global cooperation, the focus is on other nations, and it is multidisciplinary (but limited disciplines involved). *Public health* is characterized by its focus on a particular community or country; solutions to health problems usually do not include global cooperation; focus is within a nation; and it is multidisciplinary, particularly health sciences with social sciences. Although different, global health, international health, and public health have commonalities. All three areas are population based and preventive focused, have multidisciplinary and interdisciplinary approaches, and emphasize low-income and underserved populations (Koplan et al., 2009).

Koplan et al. (2009) defined global health as “an area of study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide” (p. 1995). In addition, they stated that global health refers to “any health issue that concerns many countries or is affected by transnational determinants, such as climate change or urbanization, or solutions, such as polio eradication” (Koplan et al., 2009, p. 1994). They further stated that global health should include both communicable and health issues such as obesity, injury prevention, tobacco control, and nutritional deficiencies. The term *global* refers to the scope of the problem and not location; therefore, global health can address domestic as well as transnational health issues.

Although Koplan et al. (2009) called for and proposed a common definition of global health, several scholars challenged their definition (Bozorgmehr, 2010; Beaglehole & Bonita, 2010). Bozorgmehr (2010) argued that their definition of global health did not adequately address the term *global* and that it lacked specificity. Also, he argued that global should be viewed as suprateritorial and proposed that the concept of global should show the connection between the social determinants of health anywhere in the world. Beaglehole and Bonita (2010) stated that Koplan et al.’s definition was too long and did not capture all elements associated with the topic. All these definitions illustrate the lack of widely accepted and agreed upon definition of global health. The lack of a universal definition, however, should not be a deterrent for exploring global health. All definitions share common components including:

- Transcends national boundaries
- Focuses on worldwide improvement of health problems
- Addresses social determinants of health and inequities
- Includes a multidisciplinary focus
- Includes research and practice for improving health worldwide
- Calls for global cooperation

In the *Global Journal of Health Education and Promotion (GJHEP)*, the term *global health* will be viewed as addressing health issues/problems worldwide from a multidisciplinary perspective and disregarding national boundaries. Emphasis will be placed upon the role and implications for health education specialists in improving health and reducing disparities worldwide.

Global Health: A Current Imperative

The origin of the global health movement is unclear. According to some health scholars and historians, the shift toward global health occurred after the formation of the World Health Organization (WHO) in the late 1940s (Brown, Cueto, & Fee, 2006; Chen, 2014). Brown et al. (2006) asserted that the emergence of global health started when WHO moved away from its campaign to eliminate malaria and focused on worldwide elimination of smallpox, thus transitioning from the term *international* to the term *global*. Furthermore, they noted that the malaria elimination campaign suffered major setbacks, and it became apparent that smallpox elimination was possible due to factors such as the development of an effective vaccine. Thus, WHO shifted its focus to smallpox worldwide elimination, which was successful (Brown et al., 2006).

The shift to global health is evidenced in the growing number of journal publications with *global health* in the title. Chen (2014) conducted a search of articles listed in PubMed that contain global health in the title. From 1945 to 1995, only a few studies had global health in the title; however, from 1995 to 2014, there were over 500 articles listed in PubMed with global health in the title.

Furthermore, Banta (2001) strongly stated that *global health* is the term today and that *international health* is outdated. This concept is evident in the number of academic programs (degree and certificate) in global health and academic centers and institutes of global health. The following are a few programs: Columbia University Mailman School of Public Health and the University of Miami Miller School of Medicine Graduate Programs in Public Health both recently instituted a certificate program in global health. In addition, graduate programs in global health can be found at schools such as the University of California in San Francisco and the University of Florida. Furthermore, many academic institutions have centers on global health such as the University of Colorado at Denver and Johns Hopkins University. The missions of those centers are focused on addressing the health from a global or worldwide perspective.

What is the impetus for the global health movement? Chen (2014) asserted that there are four factors that may be driving this movement: (a) uneven development of health globally, (b) rapid development of information technology (e.g., Internet, wireless technologies, and social media), (c) economic globalization, and (d) influence of nongovernmental organizations (e.g., philanthropic

organizations that are encouraging the global health movement). For example, the Bill and Melinda Gates Foundation has a strong global focus and has pledged millions of dollars to address health issues around the globe. Of these four driving forces, Chen stated that the unevenly paced health development is the main impetus for the global health movement, particularly noting the patterns of life expectancy, mortality, and morbidity in developing countries compared with developed countries. He believes these inequities have urged philanthropists and segments of developed countries to invest in global health.

For example, the first case of Ebola diagnosed in the United States on September 30, 2014 (CDC, 2014b), and subsequent cases highlight the importance of addressing global health issues as part of health education and health promotion. As the global outbreak of Ebola has threatened the health of Americans, it is imperative that health education specialists understand and address the importance of protecting Americans from diseases and other health threats that start abroad and learn how to prevent the spread to the United States (CDC, 2013). Moreover, given the constant travels of individuals between countries and the interdependent economies across the globe (Bentley & Van Vliet, 2010), health education specialists are now more aware and exposed to health issues and illness affecting individuals globally. As such, “the Obama administration has embraced global health as a core feature of its national security, diplomacy, and development work around the world” (CDC, 2011, p. 3). Although the U.S. global public health initiatives have helped reduce infant deaths, eradicate smallpox, reduce polio and river blindness, and treat people with HIV/AIDS, malaria, and tuberculosis, there are still many challenges for the next decade and beyond. Consequently, the U.S. government through its global health initiatives has developed strategies and principles to improve health outcomes in HIV/AIDS, malaria, tuberculosis, maternal health, child health, nutrition, family planning, and reproductive health and has neglected tropical diseases across the globe (CDC, 2011).

Implications for Health Educators

Health promotion, including education, community development, policy, legislation, and regulation, is equally valid for preventing communicable diseases, injury, violence, and mental problems as it is for preventing noncommunicable diseases (WHO, n.d., para. 2). Thus, health promotion specialists and health educators need a venue to share recent and cutting-edge information related to their efforts to improve the health status of populations around the world.

Health education specialists can play a vital role in implementing global health initiatives, strategies, and principles internationally and in the United States. However, to be successful in this area, health education specialist must be educated in global health prevention and health promotion efforts. A few

years ago, top-tier schools of public health asserted their philosophy that public health and global health are interchangeable and that they were leading the efforts to educate global health professionals (Bentley & Van Vliet, 2010). Health education and promotion professionals must join their public health counterparts in these efforts. Although education and preparation to become a global health expert begin in a health education and promotion professional preparation program, health education specialists can continue to learn and explore topics in the global health arena by examining articles published in journals such as the *Global Journal of Health Education and Promotion (GJHEP)*.

Realizing the need for professionals to communicate and share their knowledge and experience, the now defunct American Association of Health Education (AAHE) launched the *International Electronic Journal of Health Education (IEJHE)* in December 1997. The *IEJHE* was the first peer-reviewed health education journal available on the Internet and published relevant research conducted around the world. The *IEJHE* published uninterrupted since its introduction in 1997 until 2012.

In November 2013, the Foundation for the Advancement of Health Education (FAHE) launched the *GJHEP* as a successor publication of the former *IEJHE*. The purpose of the *GJHEP* is to publish manuscripts that are relevant to global audiences and that involve international programs, initiatives, and collaborative ventures in health education and promotion. The *GJHEP* also publishes book reviews relevant to its primary mission. Professionals, students, and academics are encouraged to present original research, practice perspectives, reviews, conceptual and theoretical papers, and brief reports for inclusion in this publication.

The expedient dissemination of quality scientific knowledge is important to the editorial board of *GJHEP*. For that reason, this open volume periodical, which does not charge for publication, but adheres to the highest standards of scientific inquiry, is designed to accept manuscripts throughout the year and is committed to a review process lasting no more than 4 weeks. The quick turnaround time allows researchers to share the results of their scientific inquiry quickly with their peers. Accepted manuscripts are published online within 2 weeks of the completion of the review process. In addition to the quick posting of electronic articles, at the end of each quarter, the published articles are compiled into a single issue, which is available in print and electronic formats. This current issue seeks to provide an overview of global health issues and includes a variety of articles such as:

- Young adult smokers perceptions of the influence of physical activity on their smoking patterns with data from college students in Canada
- Factors affecting receipt of nutrition information among a select group of university students in the United States, which is focused on data from the United States, and implications for a global audience

- Beliefs about eHealth communication and preferred ehealth strategies among middle- and older-aged adults in Taiwan, as well as strategies for reaching the older population with electronic health messages
- Accessing the influence of season and time of day of physical activity levels during recess among students in Canada
- Theater and health: Results from *Dulce and the Good Life* program for communities on the Mexico–United States border

Learning and understanding about global health issues and health promotion programs implemented in other nations will allow health education and promotion specialist to gain knowledge about cross-cultural issues not encountered in the United States. In a cross-cultural global society, tackling a health issue and developing a health promotion program are different in context, and associated factors must be considered when addressing the needs of a specific target group. For example, although the cause of HIV/AIDS is recognized universally, beliefs systems, gender roles, and sexuality still impact the way some countries and cultures view HIV/AIDS prevention and how public health professionals are addressing it across the globe (Edberg, 2013). Similarly, cultural views about health, illness, disease, and healing practices are related to global health and people in low- and middle-income countries (Skolnik, 2012). Thus, health education and promotion specialists must understand these concepts to properly address global health issues.

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