

Chapter 32

International Health Education and Promotion

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“The foundation of every state is the education of its youth.”

Diogenes Laertius

GLOBALIZATION AND HEALTH

As many have stated about the current status of our world, we are now more than ever a global village. Within this truth it is evident that we are increasingly interdependent; travel within the “village” is easier; communication is faster; and a consensus is building around the need to care for our planet’s environment and its peoples’ health. In fact, as described by James Johnson and Donald Breckon in their book *Managing Health Education and Promotion Programs: Leadership Skills for the 21st Century*, with advances in transportation, communications, and international commerce we see an ever shrinking world.¹

We can no longer deny the interconnectedness of today’s diverse societies and organizations. With globalization, new challenges emerge. Recent examples include infectious diseases like the HIV/AIDS pandemic, West Nile virus, avian flu, human papillomavirus, and a reemergence of older diseases like tuberculosis and syphilis. Likewise, globalization, with its distribution of products and services, has contributed to increases in

noncommunicable causes of morbidity and mortality such as diabetes, cancer, depression, and transportation-related injury.

Globalization also brings with it many demographic changes including immigration and thus a changing workforce and melding of cultures and lifestyles. For example, in the United States there has been the introduction of many more Hispanics and Asians into the labor pool. Many bring with them education, skills, and perspectives that can be useful to their new communities. However, health promotion efforts must be culturally sensitive to be effective in reaching these populations.

The awareness of the need to address health from a global perspective is increasingly influencing educators and policy makers. Most schools of public health include global health or international health in their curricula. Additionally, many programs in health education, health promotion, community health, health administration, public administration, and international affairs have added coursework. I would advocate that international perspectives become an integral

1. Johnson JA, Breckon DJ. *Managing Health Education and Promotion Programs: Leadership Skills for the 21st Century*. Boston, MA: Jones and Bartlett Publishers; 2007.

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part of any and all health education programs. As Barry Bloom, the dean of the Harvard School of Public Health, recently reminded us when introducing Richard Skolnik's book *Essentials of Global Health*, the preamble to the Constitution of the World Health Organization (WHO) written in 1946 begins with the words, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social conditions."² I would add in the parlance of 21st century multiculturalism, we must also include any distinction based on geography, cultural heritage, sexual orientation, age, and gender.

In other words, all of humanity has a right to health. The WHO provides a description of health that is practically universal. In fact it has become the most widely quoted definition of health in the history of humankind. As stated, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity."

Despite the advocacy of the WHO and other organizations and despite the rising affluence attained by many in the global economy, the highest attainable standard of health has not been realized by the majority of people on the planet. Dean Bloom reminds us that life expectancy in the 38 poorest countries is less than 50 years, almost the same as it was in the United States in 1900. He speaks to this inconvenient truth as one of the great moral and intellectual problems of our time when one billion of the six plus billion people alive today live a long and healthy life. The challenge of global health, Bloom asserts, is to find ways to help the other five billion people live longer, healthier lives. While he didn't mention the term, "global village," he certainly embraced that mental model in the following comment, "From the point of view of health, there really is nowhere on the planet that is remote, and no one from whom we are disconnected. Health problems and disease do not respect national borders."³

BURDEN OF DISEASE

Not only is there disparity between countries when we compare statistics on life expectancy, for example life expectancy in Japan is 82 while in Niger it is only 42,

there are also differences in the causes of death. Generally poorer countries have a relatively larger burden of disease from infectious diseases than from non-communicable diseases, compared to more economically advantaged countries. Regardless of economic status, the two leading causes of death among all countries worldwide are heart disease and cerebrovascular disease. Beyond these two causes of morbidity, we see a divergence with people in low income countries dying from respiratory infections, HIV/AIDS, perinatal conditions, TB, malaria, and traffic accidents while those in higher income countries have more death from various cancers, pulmonary disease, dementias (including Alzheimer's), and diabetes. However, as economic status changes with globalization, many of these later diseases will also globalize in their reach affecting more and more people. This potentially could create a double burden on top of the infectious diseases seen in poorer countries.

Risk factors for disease are also associated with a country's economic status. In low income countries the leading risk factors include high blood pressure, underweight childhood, unsafe sex, smoking, and unsafe water. High income countries also have high blood pressure and smoking as leading risk factors but additionally have high cholesterol, obesity, physical inactivity, low fruit and vegetable intake, and urban air pollution as major factors contributing to morbidity and mortality. While income is correlated with life expectancy and other indicators of health status, countries do not need to be in a high income category to have healthy populations. Examples of this include Costa Rica, Cuba, Sri Lanka, Vietnam, and Chile. These countries have exceeded what one would expect for their income levels by making policy choices that embrace fundamental health promotion and education. Each has chosen to:

- invest in nutrition, health services, and education
- use health education to improve people's knowledge of good hygiene, sanitation, and diet
- make selected investments in low cost, high impact health promotion services, such as vaccinations

2. Skolnik R. *Essentials of Global Health*. Boston, MA: Jones and Bartlett Publishers; 2008.

3. Ibid.

To reduce the burden of disease when resources are limited, it seems imperative to focus both on microlevel health education efforts and broad health promotion measures that affect a population's general well-being. Fortunately, according to the WHO, most of the risk factors are well understood scientifically, and estimates of their risk probabilities and consequences are available. Many cost effective interventions are also known, and health promotion strategies are potentially transferable between similar countries and cultures.

GLOBAL HEALTH PROMOTION

As can be surmised, most of the risk factors associated with many of the diseases manifest in the world lend themselves to prevention. There is a significant lifestyle element as well as environmental and cultural components. Health promotion and health education are ideally suited for addressing so much that can be attributed to these diseases and causes of human suffering. Kelley Lee of the London School of Hygiene and Tropical Medicine sets a framework for discussing global health promotion.⁴ Lee claims that globalization requires us to look differently at health and thus implores us to rethink traditional approaches to health promotion. He defines global health promotion as the process of enabling people to increase control over, and to improve, their health within an increasingly global context. This requires us to address the broad determinants of health, extending to health impacts from non-health sectors, such as business and industry, the environment, and agriculture. Cooperation is needed among a wide range of relevant stakeholders, such as nongovernmental organizations (NGOs), private companies, research institutions, and local communities. Additionally, the impact on the social and natural environment from changes in agriculture, trade, and immigration, or conflict, political instability, and disaster must be taken into account.

Working from the Center on Global Change and Health at the London School, Lee and colleagues have tracked several large-scale global health promotion initiatives. These include the International Code of Marketing Breast-Milk Substitutes spearheaded by

WHO, UNICEF, and the International Baby Food Action Network. This code resulted from years of concern about the general decline in breastfeeding in much of the world. The code has been highly successful in drawing worldwide public attention to the health consequences of the marketing practices of infant formula manufacturers.

Another global initiative is the Healthy Cities Program, which now has almost 5000 supporting cities worldwide. The movement embraces a holistic approach to health promotion building on the principles of Health for All and the concept of environmental sustainability. A healthy city is seen as one that is continually creating and improving its physical and social environments while expanding community resources necessary for a healthy population.

A third global health promotion effort studied by the Center is the Framework Convention on Tobacco Control led by the WHO to address the ever-emerging tobacco pandemic. This has become the first worldwide policy on health in which national governments agreed to an international treaty designed to address the increasingly global nature of the tobacco industry. In this era of globalization, there has been a shift of the health burden of tobacco, expected to account for 70% of expected tobacco-related deaths by 2030. The WHO director-general at the time of the treaty inception, Gro Harlem Brundtland, lauded this treaty as addressing the challenge in seeking global, national, and local solutions in unison for a health problem that cuts across borders, cultures, societies, and socioeconomic strata. She stridently asserted, "Science and economics will mesh with legislation and litigation." As of 2005, 192 countries signed the treaty, which has become a catalyst for bringing tobacco control and health education about the dangers of tobacco to the forefront of public policy agendas and subsequent health promotion efforts in all areas of the world.

The final international health promotion initiative to be mentioned here is the WHO Global Strategy on Diet, Physical Activity and Health, which was supported by the International Union against Cancer, the International Diabetes Federation, and the World

4. Lee K. Global health promotion: how can we strengthen governance and build effective strategies? *Health Promotion International*. 2006;21(1):42–50.

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Heart Federation. Despite alarming upward trends in obesity and diet-related disease and disability, the development of global guidelines on diet and nutrition remains daunting. The initiative does continue to gain support from the sports industry and some in the food industry who seek to demonstrate corporate social responsibility.

All of these efforts to engage in global health promotion require cooperation among many countries and across all of society. They must also be implemented and maintained at every level, from the international to the national and the local levels. The challenges are many, often political and economic, but the potential benefits to a healthier world are great. Johnson and Breckon advocate leadership that surpasses what we have had in the past.⁵ Leaders who seek to build the capacity for global health and form the necessary coalitions for health promotion will have to rely heavily on creativity, innovation, and systems thinking. The authors identify critical building blocks, such as anticipating change, having a vision based on the value of health, understanding globalization in all its forms, networking and connectivity (social and technological), entrepreneurship, persuasive communication, and integrity and ethics.

An excellent example of the kind of leadership described by Johnson and Breckon would be that of Mohammad Yunis, who won the Nobel Peace Prize for his concept of microlending and his implementation of those practices in Bangladesh to elevate the status of women and the poor. Another is Bill Gates, who, along with his wife, Melinda, has been a prime mover in the development of the Global Fund to Fight TB, AIDS, and Malaria. This has resulted in a commitment of millions of dollars and has focused the world's attention on these three scourges.

HEALTH PROMOTION IN LOCAL CULTURES

Not everyone in the field of health promotion and education will be actively involved in large-scale global initiatives. Many will work at the national and local

levels to improve the health of individuals, families, and communities. Unlike the global issues previously discussed, many local interventions are micro in nature. They are targeted at a specific population in a specific locale. This also often implies a unique culture that the health educator or health promotion program must be aware of. While we live in a single world, not all cultures in the world are alike. Anthropologists have long advocated that any understanding of local situations must begin with knowing the culture. Many social scientists define culture as the specific behavior and beliefs that are learned and shared in a community of people.

Culture is so pervasive in health that the very perceptions of illness and disease are culturally determined. For example, in Africa, where malaria is so common, many local people simply see it as normal. Likewise, infection with worms and parasites are so common among children in some cultures that it too is seen as normal. Skolnik gives an example in Egypt where schistosomiasis is so prevalent that most people have blood in their urine and men simply refer to it as “male menstruation.”⁶ He cites other examples where Americans of Caribbean descent have often expressed the belief that some symptoms are from supernatural causes. Furthermore, some indigenous Canadians have a belief that illness is not necessarily a bad thing but instead a sign sent by the Creator to help people reevaluate their lives. In my own work recently at Beijing University in China, I was exposed to the belief about the effects of energy on health. Many medical procedures there reply upon a philosophy of channeling energy effectively throughout the body.

Because many failures in health promotion in other cultures have resulted from a breakdown of communication or a lack of understanding of the culture in the host country, it becomes imperative to incorporate a significant amount of transculturation into the design and implementation of any local initiative. One of the first tasks is to provide a meaning to words, actions, stories, concepts, and symbols of the given culture. In doing so it is critical to use the services and assistance of people living in that community. Learning about cul-

5. Johnson JA, Breckon DJ. *Managing Health Education and Promotion Programs: Leadership Skills for the 21st Century*. Boston, MA: Jones and Bartlett Publishers; 2007.
6. Lee K. Global health promotion: how can we strengthen governance and build effective strategies? *Health Promotion International*. 2006;21(1):42–50.

Example

ture is not simply a cognitive process; ultimately it must be experienced. One valuable way to gain such experience is through service learning (an example of this is discussed later in the chapter).

CRITICAL SUCCESS FACTORS

In our book *The Success Paradigm*, my colleague Mike Friesen and I discuss the value of identifying critical success factors (CSFs) for any programmatic or organizational undertaking.⁷ By identifying what is absolutely critical to the success of an endeavor, initiative, or project and then focusing effort and resources on those CSFs, the likelihood of success is almost assured. In applying health promotion concepts in different cultures there are several essentials. The CSFs include identifying and understanding:

- specific health problems
- the local cultural context
- the affected population
- key stakeholders
- the political and economic context
- potential change agents
- barriers to change
- resource constraints and opportunities
- partnerships across sectors
- sustainability of the program

Each of these is critical and must be attended to as equals because to not address one will have an impact on all the others. Thus, any community-based project has to be viewed as a system with all of the elements of a system, that is, interdependence, coordination, and communication. The leader, and actually all involved in the health promotion effort, should be systems thinkers to best address the needs of the community he or she is serving.

Program developers might also want to embrace the CSFs outlined by Johnson and Johnson when addressing communitywide health improvement and prevention initiatives.⁸ These include training and education, mitigation of fear, capacity building, economic empowerment, and coordination at all levels.

Training and education are essential to impart the necessary awareness, knowledge, and skills needed to address any health-related challenge. An example of this would be teaching mothers in a village in sub-Saharan Africa the value of using of bed nets in preventing the spread of malaria.

Mitigation of fear is important because in many cultures there is skepticism about outsiders and superstitions about medical procedures. An example would be having local community leaders in a town in Malawi volunteer to take a blood test for HIV. As people witness their leaders doing so, they become more comfortable with doing it themselves.

Capacity building involves the garnering of financial, material, and human resources that will be needed for the success and sustainability of the effort. This is where partnerships with donor groups can be useful.

Economic empowerment is the backbone that helps to assure the viability of the health promotion program. In many developing countries this can come in the form of microlending and entrepreneurship to help local people develop the means for self-support, better nutrition, housing, and medications that may be needed to maintain health.

Coordination at all levels involves many NGOs in the area, local government, the national government, the business sector, churches, and any others that might be able to provide resources or advocacy.

EXAMPLE

Each year I organize a service learning project in Belize. This was established as an “Alternative Spring Break” for health professions students at the university. It is my belief that everyone going into the health professions have, even if abbreviated, some experience in another country. In this case the students spend a week in the small town of San Ignacio in the interior of Belize. Working with the staff of ProBelize (a country-level NGO within the larger organization ProWorld), the students engage in diabetes education and assessments. They work in teams to design education programs and to provide services in smaller villages. The experience is very hands on. Additionally, students

7. Friesen M, Johnson JA. *The Success Paradigm*. Westport, CT: Quorum Books; 1995.

8. Johnson JA, Johnson JA. Community preparedness and response: the Katrina experience. *National Social Science Perspectives Journal*. 2006;33(1):27–31.

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have the opportunity to observe and participate in the local culture. They are required to keep a learning journal that must be written in each day. The journal includes three sections: personal learning, professional learning, and cultural learning. Some of the observations made in the past include the realization of the role of diet on the rapid increase in diabetes in Belize. Historically, the culture had a diet heavy in fruits and vegetables grown locally. Now most food is imported, and for the most part it is processed with high sugar and fat content. Unfortunately, the children who once drank coconut water (low in sugar) now drink sodas. One of the health education lessons our students provide in the schools during their service learning is to demonstrate the difference in sugar content of the two beverages. They also engage the children and their families in physical activity. The students wrote and presented a diabetes awareness program for the local television station and designed and painted a diabetes awareness billboard at a local sports stadium. Every student is taught how to measure the body mass index (BMI) and helps mothers calculate this for their family members.

TIP

Tips from Practicing Health Professionals

Jonathon Roman

Country Director

ProBelize, an NGO organized under ProWorld to help promote volunteerism to alleviate poverty and its associated illnesses.

- *Be open and flexible:* Sometimes your vision of what you want to bring to people in the developing world isn't always what is needed. Maybe you want clinical experience, but the people need health education. Take that as an opportunity to help the people instead of seeing it as a negative for yourself.
- *Patience is a virtue:* You are not going to eradicate disease in a day, a week, a month, or even a year. Development is an ongoing process. Take value and pride in what you do. Unless you are constructing something, progress can be difficult to track. Understand that you might not see a significant change by the time you leave,

but recognize the effort you put in, friends you've made, and experiences you've shared with the locals.

- *Humility is a sign of strength:* The ability to be open to new cultures, customs, languages, and experiences is one that will take you far wherever you go. Every culture has beautiful nuggets of knowledge to learn from. If you are learning a new language, don't be afraid to make mistakes. Jump into it! It will become easier the more you work at it. Showing interest in a people's culture and language will make you many more friends! Many people are eager to introduce foreigners to their culture.
- It helps to have a *sense of humor*: Be able to laugh at yourself and with others.
- *Always be respectful:* Remember that you are an ambassador and representative not only of your own culture and country but also to development workers/volunteers all over the world. Be conscious of your actions. They will pave the way for the next person who wants to volunteer his or her time. If you help to give volunteers a bad name, the community might be more apprehensive to welcome another volunteer in the future, even if that person will help to fulfill the needs of the community.
- *Reflect* on how the experience is impacting you: Self-reflection is an important part of growing. Your experience in the field will teach you much about yourself and the world. Take advantage of the opportunity. Always be open to learning.
- *Be committed:* Fulfill your promises. Show the people that you care about them, and you will begin to gain their respect. If you have the people on your side, achieving what you set out to do will be much easier for you and for them. Not to mention more fun.

TIP**Tips from Practicing Health Professionals**

Allen Johnson

Community Health Outreach Worker

The Community Health Outreach Work to Prevent AIDS (The CHOW Project), a needle exchange program in Hawaii

- *Harm reduction* is key to the success of a needle exchange program. Although abstinence from intravenous drug use is a 100% way to stop HIV from spreading by the method of injecting drugs, it is unrealistic. The reality is that our clients are going to inject drugs by any means possible. Therefore we believe and have shown that the harm reduction model to the problem of HIV within this population works. Also we do not push treatment on anyone but rather help people get into programs if they elicit our help. It is important to assess your population and be realistic in taking measures to achieve your goal.
- *Consistency* is very important with the intravenous drug users (IDU) populations as well as any population you are doing outreach to. Trust is an important issue to take into consideration. Consistency helps to build trust between the outreach worker and the clients. Within our population of IDUs, most use illegal drugs, are homeless, and/or are prostitutes, so they have issues with trust. Being consistent by being at certain places at the same time, treating clients equally, and consistently acting the same way are good ways to gain the trust of clients. Eventually they learn to rely on you and your organization, and it is imperative that this trust is not broken.
- Being truly *nonjudgmental* is important. Friends, family, and society as a whole judge our clients on a daily basis. For some we are the only people in their lives that do not judge them. If someone has merely a passion to help others but has unkind or judgmental thoughts in their

heart, our clients will and have recognized this. There is nothing more devastating to your rapport with a client than judgment.

- *Avoid burnout.* In this line of work one invests a lot of themselves into their work. Much patience and understanding is facilitated as well as being subjected to intimate details of people who have extremely hard lives and who have had horrific things done to them. To be immersed in this world day in and day out can grow tiresome. Burnout occurs quite frequently. You must focus on the good things and celebrate the small victories. These victories are important. You must remember that you are making a difference and that you are saving lives, although sometimes it may not seem that way. Also one of the best ways to avoid burnout is to keep a distinct separation between work and home. Also I have found that finding ways to make work fun helps. Most importantly have a sense of humor, and don't take everything so seriously. It is often hard to do when you are dealing with desperate populations, but laughter is important. You have to remember that your own well-being affects your clients. One of the causes of burnout is the vicarious trauma you are subjected to, so it is important to find ways to deal with this. Always remember that you are directly affecting the lives of many people who, in one way or another, appreciate it.

IN CONCLUSION

As can be seen by reading this chapter or simply by reading almost any newspaper, health is now a global issue that requires us to look beyond the confines of our own nation. Whether we approach global health at the macro level through policy and worldwide health education initiatives or at the micro level through programs and projects in local communities, we must be aware of the impact of culture on everything we do. We also must approach health promotion from a systems perspective that incorporates an understanding of political, economic, geographic, environmental, biological, social, and population dimensions. This requires health promotion professionals and health

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educators working in international settings to be systems thinkers with a keen awareness of the cultures they work in. In this global village we call planet Earth, there are ever-increasing opportunities to work in other countries and to experience first hand the re-

wards of doing so. As one of the early international health promotion advocates in Africa, Dr. Albert Schweitzer, once said, “The only ones among you who will be really happy are those who have sought and found a way to serve.”

IN-BASKET ASSIGNMENT

TO: Agency Health Education and Health Promotion Personnel

FROM: The Director

RE: World AIDS Day

As you are aware, World AIDS Day is quickly approaching. I would like your staff to send me a listing of ideas and methods our department could use to promote this international event. With each method please provide the funding needed to successfully complete the project. Thank you for your attention to this matter.

BUZZWORDS

Avian Flu: Sometimes referred to as “bird flu” caused by influenza A virus and is highly contagious in domestic fowl.

Dementia: A decline in intellectual functioning often caused by various disease states.

Human Papillomavirus: A viral sexually transmitted disease.

Morbidity: Indicates the rate or status of a disease.

Mortality: Measures the number of deaths over a period of time.

Noncommunicable Disease: A noninfectious disease.

Pandemic: An epidemic over a widespread geographic area.

Perinatal: The time period before or after birth.

Syphilis: One of many sexually transmitted diseases caused by *Treponema pallidum* bacteria.

Tuberculosis: An airborne disease caused by *Mycobacterium tuberculosis*.

West Nile Virus: A mosquito-borne virus carried by various bird species.

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