Guest Editorial

Global Health and Gerontological Nursing

Although the number of global health courses in colleges and universities has increased, the inclusion of global health content in gerontological nursing education is often controversial. Gerontological nurses frequently ask me questions such as, “Why should we use our resources for global health?” and “Don’t gerontological nurses have enough to do right here in our own backyard?” Discussing these questions usually results in engaging conversations that end with something like, “You should write this up.” Thus, I am delighted to have an opportunity to provide a broad perspective regarding why I believe gerontological nurses would best serve society and our profession by incorporating knowledge about global health in our education and practice.

WHAT IS GLOBAL HEALTH?

In 2009, the Center for Strategic and International Studies, a nonprofit bipartisan public policy institution headquartered in Washington, DC, published a report that described the differences between global, international, and public health (Merson & Page, 2009). Key attributes of global health include (Merson & Page, 2009, p. 14):

- Focuses on issues that directly or indirectly impact health but can transcend national boundaries.
- Development and implementation of solutions often requires global cooperation.
- Embraces both prevention in populations and clinical care of individuals.
- Health equity among nations and for all people is a major objective.
- Highly interdisciplinary and multidisciplinary within and beyond health sciences.

In comparison, international health focuses on other countries (especially those of low and middle income), seeks to help people of other countries, and has not embraced multidisciplinarity.

The definition of global health is important for nurses, and in particular gerontological nurses, because it: (a) clearly delineates global health as including all of us who live on this earth; (b) focuses on health equity for all and, by extension, uses a co-empowerment model whereby partners recognize that they both have strengths to offer in the relationship, as well as opportunities to learn from one another; and (c) focuses on the global health issue at hand and not the health discipline (e.g., nursing, medicine, public health, dentistry). Whether the health issue is H1N1, tuberculosis, air and water quality, health issues of aging immigrants, or chronic illnesses of older adults, all people of the world and the society are affected by these issues and are best served by health professionals paying attention to them. Attention to global health also helps gerontological nurses better understand and serve the older citizens and communities “in their own backyards.”
OUR OWN BACKYARD

We know older adults are becoming the largest age cohort in the world: Life expectancy has increased, fertility rates have declined, and for the first time in history, people 65 and older will outnumber children younger than 5 by 2018 (Kinsella & He, 2009). This growth brings opportunities for greater participation of older adults in society, such as their involvement on community coalitions and through political action, as well as a need for health care services that promote healthy aging and quality of life regardless of chronic health conditions and functional decline.

In 2009, approximately 13% of people in the United States were 65 and older, and approximately 1 of every 9 older adults was an immigrant (Terrazas, 2009). Most older immigrants are aging in place after coming to the United States at younger ages or as older parents and family members of immigrant children or relatives (Terrazas, 2009). With one of the highest immigration rates in the world, the United States can expect these numbers to increase. As such, our “backyards” will continue to encompass a mix of people from various parts of the world, who bring unique backgrounds, experiences, needs, wisdom, and strengths as they age. In addition, internal migration of U.S. older adults—whether they are “snowbirds” who travel south for the winter months or older adults who move across the country to be near their children—is also changing the makeup of the older population. Gerontological nurses prepared in primary care, health promotion, the complex needs of frail older adults, and the ability to translate this knowledge into appropriate care are paramount to meeting the needs of an increasingly diverse citizenry. Clearly, they will benefit from a global health perspective in meeting these complex challenges.

GERONTOLOGICAL NURSING PRACTICE

While we often live and practice locally, recognizing that we are all global citizens may help us, as gerontological nurses, to better assess and listen to our older patients’ history and current lifestyle. For example, if older adults are locally born, what are their travel patterns? Do they live in different parts of the country or world during different times of the year? How does this affect their health? How does this influence their access to and continuity of health services? For example, one midwestern older woman who regularly traveled “south” decided to move “back home” to remain near her primary health care provider. Others from this midwestern community had developed intricate strategies for networking with friends and their primary care provider “back home” to get the health care they needed when they were away (Skemp & Wu, 2009).

On the other hand, with increasing access to global networks and digital technologies, gerontological nurses may need to know where the key members of older adults’ social networks live. Are their children, siblings, and close friends nearby or far away, and regardless of distance, how accessible are they to provide the support the older adult expects, anticipates, and needs? Expectations are not always realized (Skemp Kelley, 2005), and there are plenty of practice examples of family members who, although geographically next door, remain inaccessible, whereas others, although geographically distant, are only a Skype™ or telephone call away.

How do we continue to prepare for the increasing population of immigrant older adults? Research facilitates better understanding of their histories and needs, while diligence in developing a trusting relationship, asking the right questions at the right time, purposeful observations, and offering the appropriate assistance is critical to prevention of neglect, abuse, and abandonment of some of our most vulnerable older adults. As an example from my own practice, a family of undocumented immigrants brought a frail older family member to the United States. With recent changes in the local political climate regarding immigrants, the adult children became fearful and kept her locked in the house so she would not expose the family. The family desired to provide for her, but the economic and political climate put this at risk. Intervention with the adult children and the older family member required trust and a variety of strategies at the personal, community, and policy level to assure that harm did not come to her, for example, working with the family and the older adult to identify safe environments for the older adult to visit during the day when they were at work and referral of the family to appropriate legal and immigration services to assist the family and older adult to better understand their rights. Additionally, nursing dialogue with local and state leaders facilitated the discussion about the impact of immigration policy, not only on the health of the immigrants and their older family members, but the stability of the local workforce.

GERONTOLOGY WORKFORCE

The United States has made monumental strides toward the development of leaders in gerontological nursing, integration of gerontology content in nursing curricula, and infusion of gerontology into practice. However, attention must also be given to how to best prepare gerontological nursing professionals who are able to not only address the needs of individual frail older adults, but also promote an understanding of global aging and the importance of healthy aging among community and global partners.

This is an opportune time for gerontological nurses to play a key
role in global health. To do so necessitates that gerontological nurses be aware of global health and aging initiatives. The integration of global health competencies in nursing programs will facilitate global health learning and the development of successful careers as members of an interdisciplinary health workforce (Association of Schools of Public Health, 2011). This workforce will then be better able to address one of the major global health issues: aging.

QUESTIONS TO CONSIDER
I close with a few questions to consider:
- What is the best way for gerontological nursing leaders to learn and develop the skill sets necessary to function at the global, community, family, and individual points of capacity building for healthy aging?
- What are the information needs of the global gerontological nurse of the future?
- How do gerontological nurses best partner with others to facilitate moving vertical or categorical programs that provide discipline-focused services toward synergist, interdisciplinary, interprofessional, civic programs that are globally aware and locally sustainable?
- What are the best mechanisms for gerontological nurses to use cross-national data and programs for decision making?
- How do gerontological nurses facilitate older adults’, families’, and communities’ involvement in defining the critical areas of need for healthy aging, as well as the appropriate approaches, timing, and people to both strengthen and sustain effective global aging initiatives?

REFERENCES

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