

ORIGINAL RESEARCH

# Beyond Visas and Vaccines: Preparing Students for Domestic and Global Health Engagement



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## Abstract

At campuses across the United States, scores of students are embarking on global health experiences in low- and middle-income countries. The desire to improve the health of poor communities while preparing for future health careers is often the main driver. The spotlight on domestic health issues also has fueled a resurgence of interest in underserved communities in the United States. Regardless of the destination, rigorous preparation is needed to ensure that the students' presence benefits the communities they aim to serve.

Development of mutually beneficial programs with host communities coupled with thoughtful preparation of students is essential to the future of these university programs but, more importantly, to achieve the goal of shared learning and capacity building across borders. US program leaders may not fully consider the potential risks that can occur to their programs from involving poorly prepared students, or these risks may appear largely theoretical. However, many experienced practitioners and their international collaborators can relate examples of damaged partnerships, adverse consequences on community structures, dangers to patient safety, and harmed professional reputations and credibility. Domestic health experiences do not require a visa or vaccines but bring students in contact with many of the same ethical, professional, and cross-cultural challenges as overseas endeavors.

Fortunately, best practices for preparing students to confront these challenges have emerged from years of experience in domestic and global contexts alike. It all begins with establishing institutional partnerships built on principles of reciprocity and respect. Through careful program design, universities can align missions, goals, and expectations to best serve all invested parties: local partners, students, faculty, staff, and the communities where they will be working. A second critical component is appropriate student selection. Matching student skills with partner needs can optimize benefits for both the host organization and student. Finally, universities can prepare students to navigate in cross-cultural settings in a professional and ethical manner through careful training.

Just as negative experiences can have lasting negative consequences, the best ones can lead to strengthened partnerships; durable benefits for local and global communities; and optimal learning for students, their supervisors, and hosts.

**KEY WORDS** domestic health, global health, predeparture, training, health equity, international health, orientation, partnership

## INTRODUCTION

Global health has become a highly popular area of study for students in health-related fields at both the undergraduate and graduate levels. A growing attention to health disparities and a desire to improve the health of poor communities often are the main drivers of such student interest. Impassioned students and trainees are now clamoring for both additional global health coursework in their formal curricula and for opportunities for mentored overseas clinical, community health, and research experiences. For many considering future careers in health, a global health experience has become a presumed rite of passage for students, who now view a term, or summer, or year working in global health as requisite for admission to medical or graduate school. Many prospective applicants now include the option for international training or the presence of global health tracks as a criterion for ranking their colleges; medical, nursing, or public health schools; and residency programs.<sup>1,2</sup>

In the constant competition to attract the best students, academic institutions across the country continue to expand global health programs to meet this growing demand. In 2010, 37% of medical schools reported offering global health content, and this number has grown every year.<sup>3</sup> At universities, global health programs feed into a growing trend of internationalization of the undergraduate curriculum and of experiential learning.<sup>4</sup> Recent attention to global health programs in the lay press, spurred by advocacy from various Hollywood celebrities, has pushed global health into mainstream media and discourse. Global health also responds to the desire of today's altruistic youth to take part in making the world a better place. As Dr. Mike Merson, a global health expert based at Duke University, observed "Global health, particularly because it brings to light such gross disparities between low- and high-income countries and populations within countries, is a natural channel for student compassion and action."<sup>4</sup> As a result of this confluence of factors, each year, scores of students embark on global health experiences in low- and middle-income countries (LMICs) across the world, predominantly in Africa and Asia, and to a lesser extent in Central and South America. Indeed, more than one-third of incoming medical students report having an international volunteer experience before entering medical school.<sup>5</sup>

Applications for participation in these programs indicate how competitive they have become; in

some cases, as much as 25% of the student body applies.<sup>6</sup> At our own institution, we have witnessed this groundswell of interest in global health experiences among our students at both the undergraduate and graduate levels. Applications to our Global Health Internship program,<sup>7</sup> open to both undergraduate and medical students, have increased more than five-fold since its establishment in 2006. Each year, applications outstrip the number of opportunities we have available by several orders of magnitude. In addition to growing our global health internship opportunities from 4 slots in 2006 to a peak of 26 in 2015, in the coming academic year we are launching a health equity track open to medical students and internal medicine residents. Residency programs throughout the United States, including those at Dartmouth, are rapidly establishing global health activities to accommodate demand for such programming.

**Domestic Health Equity Programs: Global Health Comes Home.** Although not always as popular among students, programs to address domestic health equity issues also are commonplace on academic campuses.<sup>8</sup> Some of these programs predate the global health movement by decades; at Dartmouth such programs—then referred to as community service programs—have been available to undergraduate and medical students since the 1980s. These programs range from clinics providing free care to medically indigent populations in urban and rural areas, to programs that provide assistance with the health care needs or health education of recently resettled refugee or at-risk immigrant populations, to public health campaigns in lower socioeconomic neighborhoods to reduce smoking, obesity, drug use, and other unhealthy lifestyle habits. Well-designed domestic programs offer students an opportunity to achieve similar experience in addressing complex health and public health issues as is available in international programs, and the added benefits of longitudinal, multiyear (vs. 4–12 weeks) involvement and, depending on the number and capacity of community partners, the potential for all interested students to participate.<sup>9</sup>

For some students, these experiences lack the exotic appeal of a dramatically different culture and setting. Our experience has shown that both global health and domestic health equity work are extremely challenging and highly rewarding. In fact, we remind our students that there are more similarities than differences to working with underserved populations regardless of where they reside. The common themes of understanding context

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