

The Millennium Development Goals Incorporated into Clinical Practice

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Program Objectives

- 1. Recognize the role of the educator in incorporating the United Nations Millennium Development Goals (MDGs) in the clinical setting
- 2. Identify and define the Millennium Development Goals (MDGs) and the specific activities to advance these goals

Presidential charge: Respond to vulnerable populations

“As STTI members and nurse leaders, we have the ability to address the needs of vulnerable populations across the life span and around the world. Each person may be vulnerable at some point in their lifetime, so we recognize the needs of these populations. The poor and underserved, mothers, children and the elderly are especially at risk.”



- “Many of our nursing students are vulnerable, as well. STTI, an official non-governmental organization (NGO) of the United Nations, supports the U.N.’s Millennium Development Goals (MDGs), which include reducing child deaths, improving maternal health, and combating HIV/AIDS, malaria and other major diseases. These goals lay the foundation for improving world health by 2015 and beyond.”

Suzanne Prevost, November 2011

STTI's Vision

To create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world's people.

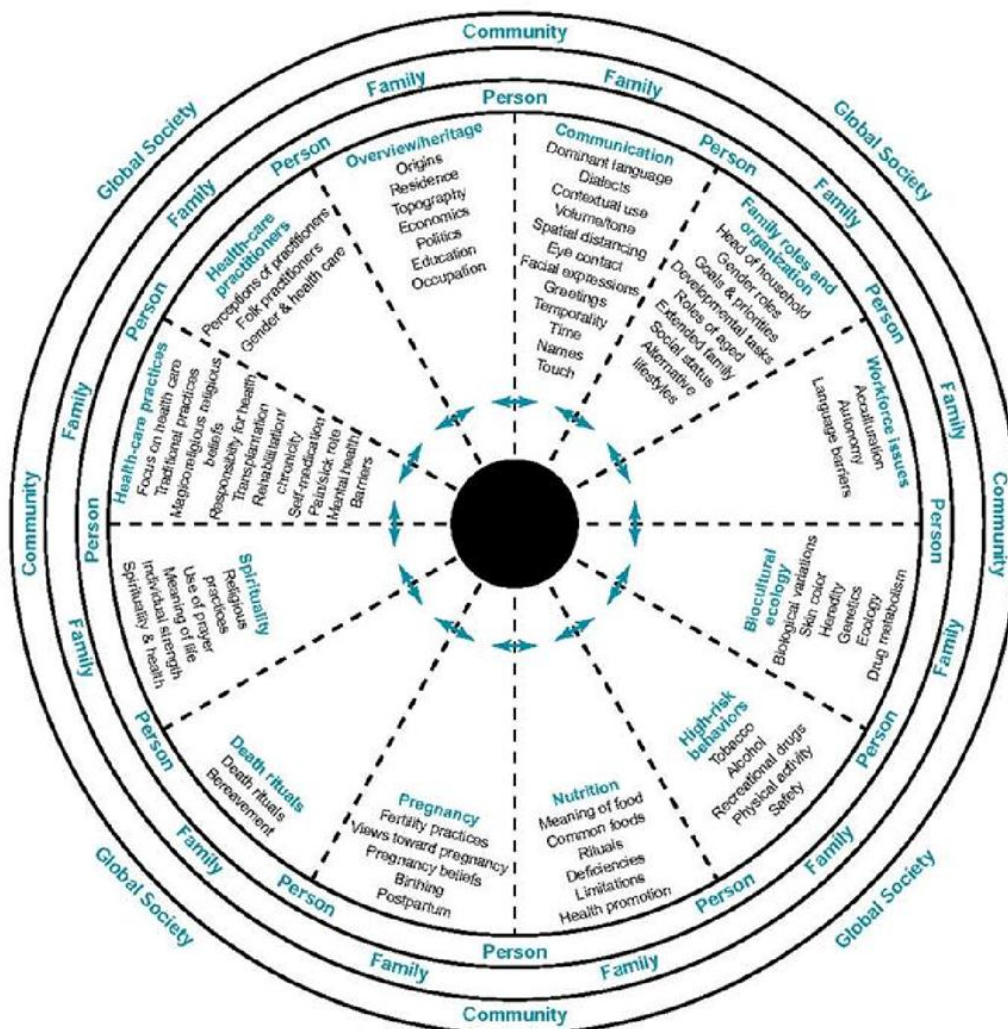




Purnell's Model for Cultural Competence

- 12 domains, each viewed from person through family, community, and global society
 - Overview/heritage
 - Communication
 - Family role / organization
 - Workforce issues
 - Biocultural ecology
 - High-risk behaviors
 - Nutrition
 - Pregnancy / childbearing practices

- Death rituals
- Spirituality
- Health care practice
- Health care practitioner



Unconsciously Incompetent - Consciously incompetent - Consciously competent - Unconsciously competent

Primary characteristics of culture: age, generation, nationality, race, color, gender, religion
Secondary characteristics of culture: education, status, socioeconomic status, occupation, military status, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual orientation, gender issues, and reason for migration (sojourner, immigrant, undocumented status)
Unconsciously Incompetent: not being aware that one is lacking knowledge about another culture
Consciously Incompetent: being aware that one is lacking knowledge about another culture
Consciously competent: learning about the client's culture, verifying generalizations about the client's culture, and providing culturally specific interventions
Unconsciously competent: automatically providing culturally congruent care to clients of diverse cultures

Figure 1. The Purnell model for cultural competence.

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Canadian Public Health Agency

Determinants of Health

- Income and social status
- Social support networks
- Education and literacy
- Employment / working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture



Background of the MDGs

- 2000 – Adoption of the Millennium Declaration by the United Nations, stating 8 goals to be achieved by 2015
- Began with a desire to eradicate extreme poverty and the idea that it is possible



“The End of Poverty



- Extreme poverty, defined by the World Bank as incomes of less than 1 dollar per day, can be eliminated globally by the year 2025, through carefully planned development aid.
- The problem is an inability of very poor countries to reach the "bottom rung" of the ladder of economic development; once the bottom rung is reached, a country can pull itself up into the global market economy, and the need for outside aid will be greatly diminished or eliminated.

Jeffrey Sachs, 2005

Ensuring Feasibility

- Collaboration of G8 countries, World Bank, International Monetary Fund, African Development Bank
- Cancellation of \$40-55 billion in debt owed by Heavily Indebted Poor Countries so they could channel more resources into social programs focused on health, education and poverty



U.N. Millennium Development Goals:

- 1. Eradicate extreme poverty and hunger
 - By 2015, reduce by half (compared to 1990) the proportion of people whose income is less than US \$1 per day.
 - Achieve full and productive employment and decent work for all, including women and young people.
 - By 2015, reduce by half (compared to 1990) the proportion of people who suffer from hunger.



■ 2. Achieve universal primary education

- Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.



■ 3. Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education by 2015.

■ 4. Reduce child mortality

- By 2015, reduce by two-thirds (compared to 1990), the under-five mortality rate.

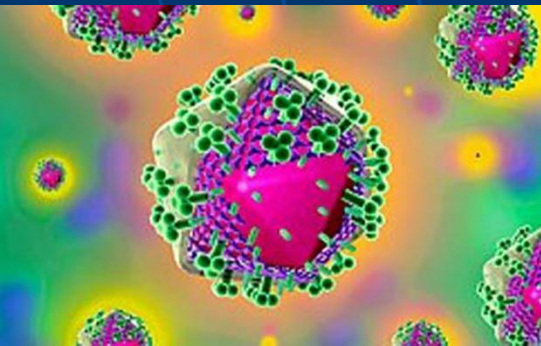
■ 5. Improve maternal health, reducing by three-quarters maternal mortality

- Reduce by three-fourths the maternal mortality ratio.
- Achieve universal access to reproductive health.



■ 6. Combat HIV/AIDS, malaria and other diseases

- By 2015, halt and begin to reverse the spread of HIV/AIDS.
- By 2010, achieve universal access to treatment for HIV/AIDS for all who need it.
- By 2015, halt and begin to reverse the incidence of malaria and other major diseases.





■ 7. Ensure environmental sustainability

- Integrate principles of sustainable development into country politics and programs, and reverse the loss of environmental resources.
- Reduce biodiversity loss and, by 2010, achieve significant reductions in the rate of loss.
- By 2015, reduce by one-half the proportion of the population without sustainable access to safe drinking water and basic sanitation.
- By 2020, achieve significant improvement in the lives of at least 100 million slum dwellers.

■ 8. Develop a global partnership for development

- Address the special needs of the least developed countries, landlocked countries and small-island developing states.
- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
- Deal comprehensively with developing countries' debt.
- In cooperation with the private sector, make available benefits of new technologies, especially information and communications.



Assessing progress

- Over 60 MDG indicators, addressing all eight goals
 - Example: Goal 3 – Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- 3.1 Ratios of girls to boys in primary, secondary and tertiary education
- 3.2 Share of women in wage employment in the non-agricultural sector
- 3.3 Proportion of seats held by women in national parliament

UN's Millennium Development Goals Website:

<http://www.un.org/millenniumgoals/>



The Millennium Development Goals Report 2012



Goals and Targets	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western	Oceania	Latin America & Caribbean	Caucasus & Central Asia
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GOAL 1 | Eradicate extreme poverty and hunger

Reduce extreme poverty by half	low poverty	very high poverty	moderate poverty	high poverty	very high poverty	low poverty	very high poverty	moderate poverty	low poverty
Productive and decent employment	large deficit in decent work	very large deficit in decent work	large deficit in decent work	large deficit in decent work	very large deficit in decent work	large deficit in decent work	very large deficit in decent work	moderate deficit in decent work	moderate deficit in decent work
Reduce hunger by half	low hunger	very high hunger	moderate hunger	moderate hunger	high hunger	moderate hunger	moderate hunger	moderate hunger	moderate hunger

GOAL 2 | Achieve universal primary education

Universal primary schooling	high enrolment	moderate enrolment	high enrolment	high enrolment	high enrolment	high enrolment	—	high enrolment	high enrolment
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GOAL 3 | Promote gender equality and empower women

Equal girls' enrolment in primary school	close to parity	close to parity	parity	parity	parity	close to parity	close to parity	parity	parity
Women's share of paid employment	low share	medium share	high share	medium share	low share	low share	medium share	high share	high share
Women's equal representation in national parliaments	low representation	moderate representation	moderate representation	low representation	low representation	low representation	very low representation	moderate representation	low representation

GOAL 4 | Reduce child mortality

Reduce mortality of under-five-year-olds by two thirds	low mortality	high mortality	low mortality	low mortality	moderate mortality	low mortality	moderate mortality	low mortality	moderate mortality
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GOAL 5 | Improve maternal health

Reduce maternal mortality by three quarters	low mortality	very high mortality	low mortality	moderate mortality	high mortality	low mortality	high mortality	low mortality	low mortality
Access to reproductive health	moderate access	low access	high access	moderate access	moderate access	moderate access	low access	high access	moderate access

GOAL 6 | Combat HIV/AIDS, malaria and other diseases

Halt and begin to reverse the spread of HIV/AIDS	low incidence	high incidence	low incidence	low incidence	low incidence	low incidence	low incidence	low incidence	low incidence
Halt and reverse the spread of tuberculosis	low mortality	high mortality	low mortality	moderate mortality	moderate mortality	low mortality	high mortality	low mortality	moderate mortality

GOAL 7 | Ensure environmental sustainability

Halve proportion of population without improved drinking water	high coverage	low coverage	high coverage	moderate coverage	high coverage	moderate coverage	low coverage	high coverage	moderate coverage
Halve proportion of population without sanitation	high coverage	very low coverage	low coverage	low coverage	very low coverage	moderate coverage	low coverage	moderate coverage	high coverage
Improve the lives of slum-dwellers	moderate proportion of slum-dwellers	very high proportion of slum-dwellers	moderate proportion of slum-dwellers	high proportion of slum-dwellers	high proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	moderate proportion of slum-dwellers	—

GOAL 8 | Develop a global partnership for development

Internet users	high usage	moderate usage	high usage	moderate usage	low usage	high usage	low usage	high usage	high usage
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STTI's Interest in the MDGs

- STTI was recognized as an associated NGO of the United Nations in 2009
- One of our priorities is outreach to members around the world to better understand the MDGs and the roles we can play in achieving them
- The Millennium Development Goals and Me
<http://www.nursingsociety.org/GlobalAction/UnitedNations/Pages/MakeaDifference.aspx>

What can STTI members do to further achievement of the MDGs?

■ In general:

- Be aware!
- Follow the news
- Films that depict life in very different environments can help us gain insight
- Learn about the challenges that other countries face as well as their accomplishments
- Think about the impact of war, famine, migration, debt



- Be attentive to the needs of refugees and other dislocated populations in your community
- Invite colleagues from other parts of the world to talk about their lives and their work there
 - How did they solve common clinical problems there?
- Value your international colleagues' wisdom and guidance
- Express your opinions to elected officials on relevant topics



MDGs in practice

- **Eradicating extreme hunger and poverty**
- Awareness of impoverished populations where we live and work
 - The effects of the Great Recession and adverse bank practices in various countries
 - The effects of drought
 - Homelessness
 - Resources for immediate relief that I can help people access?
 - Educational / healthcare /training / employment resources?

- In my work, do I assess patients' and families' economic ability to adhere to the regimen of care?
 - If so, do I make appropriate referrals?
 - Is there adequate, safe shelter?
 - Is there food?
 - Can they obtain prescriptions?
 - If we tell them to rest, can they?



- What can a STTI Chapter do related to poverty and hunger?
 - Collections of food, coats, used eyeglasses, etc.
 - Supply groups going on international immersion experiences with vitamins, aspirin, bandaids, etc.
 - Order local merchandise from the study group
 - Share tangibles that are obsolete or excess in your context



■ **Achieve universal primary education**

- Are your pediatric patients enrolled in and attending school?
- Do they have the clothes and school supplies they need?
- Are they taking advantage of school feeding and other programs?
- Are learning issues assessed?
- Are the child's health care providers in communication with the school?
- Collecting school supplies and used books



- Assess maternal literacy and connect families with literacy programs
- Help parents develop language skills by talking and reading with their children
- Identify free educational resources such as libraries, open museum days
- Talk about television, the internet, and choices about quantity and quality of use



■ **Promote gender equality and empower women**

- **Vote! And encourage others to vote!**
- **Assist with voter registration even in clinical settings**
- **Participate in governance, professional associations, and contact elected representatives about issues of professional concern**





- Promote gender equity in your workplace
- Consider running for office – association or public
- Encourage women to participate, run for offices
- Promote a zero tolerance environment for sexual harrassment
- Ask women if they are safe in their homes

- Provide high quality rape services
- Educate young women about date rape risk reduction
- Are mothers in my care getting child support?
Do I know resources that can help them?



■ Reduce child mortality

- Be aware of top causes of child morbidity and mortality in your locale
- Promote vaccination
- Teach families about accident prevention
- Promote access to health screenings
- Promote breast feeding



- Promote exercise and sound nutrition
- Advocate for access to healthy food choices in local communities
- Promote medicaid and/or SCHIP enrollment
- Promote enrollment in WIC and feeding programs
- Assess safety of home and neighborhood; teach children risk reduction in their neighborhood
- Teach children and families re: reduction of risk of sexual predation via various modalities



■ **Improve maternal health**

- Promote high quality sexual health education
- Promote planned childbearing and child spacing
- Promote stable partnerships for childbearing
- Promote nutrition, moderation in alcohol, avoidance of substances and tobacco, exercise, sleep



- Teach household hygiene
- Consider safety of the work environment



■ **Combat HIV, malaria and other diseases**

- Promote scrupulous hand hygiene and urge patients to insist on it as well
- Promote safer sexual practices
- Promote vaccinations
- Blood and body fluid precautions
- Teach people about insect-borne infections and how to avoid them (e.g. Lyme disease)



- Ask families about safety of water supply
- Food storage and preparation
- Assess social, dietary and life-style habits that are associated with cancers, heart and pulmonary diseases, etc.
- Genetic / genomic screening, and note populations in which cousin marriage is common



■ **Ensure environmental sustainability**



- In practice settings, what choices are we making in construction or renovation? Supply purchase and utilization? Disposal? Energy choices?
- Advocacy related to access to and use of public transportation
- Familiarization with nursing organization positions related to environmental health
- Educating peers and patients about climate change and the impact on health

- Be attentive to and learn about threats to the quality of air and water in your community, and advocate and vote accordingly
- Educating peers and patients about sustainable practices in their homes, and their transportation choices



■ **Partnerships for development**

- Some churches and other organizations support immigrants in transition
- None of us needs to tackle any issue alone
- What are our colleagues in our region or in our professional organizations doing to address shared concerns?
- How can groups collaborate to achieve shared goals?
- Use of elected officials and civic organizations in our community
- Chapter / collaborative projects to support development in other countries
- Immersion practice/teaching experiences



Virginia Henderson's definition of nursing

"The unique function of the nurse is to assist the individual, sick or well, in performance of those activities contributing to health or its recovery (or peaceful death) that he / she would perform unaided if he / she had the necessary strength, will or knowledge. And to do this in such a way as to help him / her gain independence as rapidly as possible."



Concluding thoughts

- Consensus about global health needs and strategies is growing.
- Resources abound!
- Henderson and others have provided us frameworks that can help us formulate a global perspective.
- We can accomplish much if we work together.
- We can help our students become global citizens.
- All of us will gain from pooled knowledge.
- We must always practice cultural humility.



- *Thoughts, ideas and questions????*

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