Health for All: Project EXPORT Addresses an Elusive Goal with an Expanded Journal

Michele Yehieli
University of Northern Iowa
During the past century, tremendous advances were made in reducing illness around the world. Many of these dramatic improvements in health status and life expectancy were the result of public health interventions such as clean water, better living conditions, prenatal care and immunizations. Nonetheless, with globalization and industrialization now increasing, significant health disparities still exist, both between nations and within them. Indeed, some 25 years after the historic Alma Ata primary care conference where the World Health Organization and leading non-governmental organizations called for “Health for All by the Year 2000,” global health equity has yet to be achieved (PAHO, 2003). For example, HIV/AIDS, diarrheal disease, tuberculosis and other preventable infectious diseases continue to be leading causes of death for millions of people in developing countries (WHO, 1999). Likewise, although the gap is narrowing in infant mortality levels around the world, rates in Africa and South Asia continue to be four times higher than those in the West (UCSC, 2003). Also, while people can live to an average of 75 years in developed nations, many do not reach 30 years in some poor countries (U.N., 1999).

Although gaps have been closing, health disparities remain significant even within industrialized nations such as the United States. For example, African Americans experience a more than double infant mortality rate and have a 30 percent higher death rate for all cancers in comparison to whites. They are also six times more likely to die from homicide, and seven times more likely to die from HIV/AIDS. Hispanics and Latinos in the U.S. are almost twice as likely to die from diabetes as whites, and also have greater rates of blood pressure and obesity. Native Americans likewise experience diabetes rates that are double that of whites, and have disproportionately high death rates from unintentional injuries and suicide. Even Asian Americans, who typically have among the best health status in the nation, still experience higher rates of new cases of hepatitis and tuberculosis in comparison to whites, and Vietnamese women suffer from cervical cancer at nearly five times the rate of white women (USDHHS, 2000).

Eliminating health disparities internationally, as well as in the United States, clearly remains an elusive goal. Recognizing and addressing health disparities can be multifaceted and complex. They are defined by the National Institutes of Health as “differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions that occur among specific populations groups in the United States.” (NIH, 1999). In addition to race and ethnicity, though, disparities in health can also occur among people that vary by gender, age, sexual orientation, rural or urban residence, environmental location, geographic region, literacy level, income, occupation and other factors. Health disparities are also intimately tied to the field of health and human rights, and are increasingly being recognized as indicators of social injustices. Health disparities...
arise from differential human and population exposures to complex social, economic, cultural, political, geographic, environmental, biological, behavioral and related factors. The challenge in promoting health equity therefore results from the fact that no one single solution can completely eliminate health disparities for all special populations, and comprehensive, ongoing strategies are needed to reduce them.

As health disparities have been well documented in many cases for a number of years, the American Public Health Association is now encouraging communities and health agencies to “move from statistics to solutions” (APHA, 2004). Major health organizations at the local, state and national levels in the U.S. have called for a significant reduction in health disparities. Indeed, “reducing health disparities” is cited repeatedly in multiple federal strategic planning documents as the leading public health goal for the nation; promoting health equity is also recognized by most state and county health departments as one of their primary mandates (USDHHS, 2000). Even globally, the World Health Organization, other United Nations agencies and thousands of non-governmental organizations continue to work daily on promoting “health for all,” especially among diverse, underserved and at-risk populations.

To this end, a number of important initiatives have been launched to address health disparities. Within the United States, one such example is the Project EXPORT (Excellence in Partnerships for Outreach, Research and Training) program, which was started several years ago by the National Institutes of Health (NIH) Office on Minority Health and Health Disparities. Throughout the United States, NIH is establishing Project EXPORT Centers of Excellence on Health Disparities in key states experiencing significant demographic changes and health disparity issues. To date, several dozen of these Centers of Excellence have opened around the country, particularly in large urban and border states. The centers, which are established through competitive grants, are typically housed on university campuses and provide academic leadership in health disparity research, minority health education, diversity training, multicultural health data management and other areas. The assistance provided by each center focuses on the specific needs of the state in which it is located.

One such state that recently received a Project EXPORT Center of Excellence is Iowa. This small rural state is currently experiencing some of the most significant demographic changes in the United States (U.S. Census, 2000). Faced with one of the country’s largest percentages of aging residents and the out-migration of its young workforce to other states, many meatpacking and agricultural processing companies are actively recruiting thousands of refugees and immigrants from Latin America, Eastern Europe, Southeast Asia and Africa to come to Iowa to settle and work. This “rapid ethnic diversification” is occurring in a sparsely populated state where many Iowa counties are already designated as medically underserved areas, and where distinct populations of Native American and African Americans have already faced considerable health challenges for decades.

In order to address the obvious and rapidly growing need in Iowa for health disparities research, training and community outreach, the University of Northern Iowa therefore was recently selected by NIH as the state site for a Project EXPORT Center of Excellence on Health Disparities. This center serves as the lead academic agency devot-
ed to addressing and reducing health disparities among minority, refugee, immigrant, and rural farm families in Iowa. The EXPORT Center unites elements of three existing, innovative and highly successful programs already operating at the University of Northern Iowa, including the Global Health Corps, the Center for Social and Behavioral Research and the New Iowans Program. Together, these agencies already have extensive ties with most minority populations in the state, and have an outstanding record of conducting innovative research and service. The new center now conducts applied research; community education and outreach programs with diverse and underserved populations; trainings and workshops on health disparities and culturally competent health care for educators and providers; and specialized degree programs for students and junior investigators in health disparities. The Iowa Project EXPORT Center has a decidedly applied focus, with many of its activities being conducted directly in the field where clients and agencies can best access the services. The center was urgently needed in Iowa as there was no central program devoted to health disparities in the state, and few professionals have expertise in this area. It can also serve as a national model to other rural states challenged with addressing health disparities.

The Global Health Corps at the University of Northern Iowa had been publishing the *International Journal of Global Health* for the past four years. With new funding from NIH, this peer-reviewed journal will now be published by the Iowa Project EXPORT Center of Excellence. Its title will also be expanded to the *International Journal of Global Health and Health Disparities* (IJGHHD), so that a greater focus can be given to health equity issues that affect minority, refugee, immigrant, rural and other diverse and underserved populations in the United States and abroad. The expanded journal will feature applied research, innovative programming and provocative policy discussions on issues relating to global health and health disparities. Through continuing education and information provided to professionals through publications such as the IJGHHD, public health workers around the world can gain a better understanding of how to address disparities and ultimately achieve the elusive goal of health for all.

REFERENCES


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