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## **Partners in Health Engage at UNCA: Promoting global health through advocacy, education, and fundraising**

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### **Background/Origins of the Project**

In 2011, Paul Farmer, co-founder of Partners in Health (PIH), stated “ten million people — many of them young and most of them poor — will die around the world this year from diseases for which safe, effective and affordable treatments exist. In Haiti, these are known as ‘stupid deaths’” (Preventing “stupid deaths” in poor countries around the world, 2011). Paul Farmer coined the term “stupid deaths” in response to the astronomical number of deaths that occur globally that could be prevented with adequate care. His organization, PIH, is a global organization that offers preferential health care options for some of the world’s poorest communities that are suffering from these health disparities. They partner with community organizations to create sustainable health care solutions that offer lasting results (Partners in Health, [pih.org](http://pih.org)). Their goal is to prevent “stupid deaths,” and offer viable responses to health crises. To respond to these health crises, they address all dimensions of the issues, which could be anything from political unrest to natural disasters that devastate communities. The subset organization, Partners in Health Engage (PIH Engage), is a branch of PIH based out of the United States that supports the efforts of PIH by “growing and amplifying PIH’s work to advance the right to health globally” (PIH Engage).

PIH Engage was founded in 2011 to support the work of PIH at a grassroots and advocacy level. It functions by supporting PIH through community education, governmental advocacy, and national fundraising. PIH Engage provides essential resources and financial stability for PIH projects and aid. PIH Engage is primarily volunteer based and has both community and

university chapters throughout the country. In each group there is an advocacy lead, a fundraising lead, and a community building lead. With this foundation, PIH Engage has a set shared leadership structure that helps to delegate tasks. Each PIH Engage group is interdependent and fosters support and accountability within the team. Having designated leaders allows tasks to be divided equally and easily.

Our project developed after the Asheville PIH Engage community team reached out to the University in a Service-Learning Class. In the spring of 2015 I was enrolled in the HWP Health Parity class that had a focus on global health. My Service-Learning course that semester was to help generate campus interest in the PIH Engage campaign, which led to a strong passion for developing a sustainable student chapter on campus. As it stands now, there is a gap in student organizations that support and advocate for global health, so developing a student chapter of PIH Engage on campus seems crucial to representing and supporting global health through student involvement. Campus wide grassroots initiatives have been focal to our national history, so it makes sense that UNCA would be an appropriate environment to facilitate the growth of PIH Engage.

The goal of our project is to create a sustainable student-run PIH Engage chapter to mirror the greater Asheville community chapter. This will facilitate networking capacities and resources between both the Asheville chapter and the UNCA chapter and let students interested in global health have access to a strong and developed global health organization. It will also provide opportunities for students to learn about the benefits of networking, building community relationships, advocating for specific issues, and fundraising for just causes. With the creation of the PIH Student organization, we will create a pamphlet for future PIH Engage campus communities to refer to when creating student chapters. Considering that PIH Engage is still in its initial stages of development, a pamphlet will help continue the growth of the organization across other campuses. This will document recruitment strategies and teamwork building activities, and will detail the roles of the fundraising lead, the advocacy lead, and the community building lead. It will also target elements of promoting sustainable, long lasting clubs.

## **Methods and Work Undertaken**

I got involved with PIH Engage during the Spring of 2015 when the Team Coordinator of the Asheville chapter reached out to the university to get a gauge for student interest in involvement. At the time, I had never heard of Partners in Health or Paul Farmer. But once I spent more time getting involved with the organization and understanding their core values, I became deeply passionate about their global health mission. Enough students were interested to become leads for the UNCA chapter. I became the Community Building Lead, Summer became the Advocacy Lead, and Mariah became the Fundraising Lead. Since the initial development, as the community building lead, I have been actively involved in the organization and the continued development of a student chapter on campus and member recruitment. As Community Building Lead I am responsible for building the people power behind the chapter. I lead member recruitment, help build relationships across the team, and participate in trainings led by the national team (Community building lead manual, 2015). The following timeline represents the continued effort, this semester, of creating a student chapter at UNCA:

*Past work during the semester:*

- ❖ **9/18/2015 - “Changing the World” Chancellor expo** – tabling for recruitment:
  - We had our first school event during which we promoted PIH Engage through education and generated initial interest on campus.
- ❖ **9/20/2015 – PIH Engage Retreat** – making a plan for the year:
  - During our day-long PIH Engage retreat, the leaders of PIH Engage met to discuss the coming year and our goals both globally and locally. We focused on establishing roots at UNCA with the developing student organization and set into motion the plans for the next year.
- ❖ **9/24/2015 – Global Health Mini-film festival** – educational event and recruitment:
  - Three of the PIH Engage leads facilitated a discussion on some of the global work that PIH has been involved in (including work in Haiti, the Navajo Nation, and the like). We helped to start a campus dialogue surrounding global health and developed more interest in a student chapter of PIH Engage.
- ❖ **9/25/2015 – 10/11/2015**
  - We had one-on-ones with potential team members.
  - We provided and will continue to provide additional training in Advocacy (Summer) and Community Education (Hannah) from National team in the form of calls/webinars/online resources.
  - We submitted the club’s recognition form and advisor recognition form to the Key Center.
- ❖ **10/12/2015**
  - We had our first PIH Engage UNC-Asheville team meeting.
  - We began planning our 1st advocacy event (Congressional calls or LTE’s about appropriations for PEPFAR and Global Health Fund).
- ❖ **10/13/2015**
  - We submitted the PIH Engage UNC-Asheville constitution.
  - Between these meetings we held our first advocacy event.
- ❖ **10/20/2015 - Dialogue with Dr. Rebecca Nantanda**
  - Partnering with RESULTS, we hosted a dialogue with a pediatric doctor from Uganda - Dr. Nantanda - who talked to students about her medical experience in Uganda and the measures she has gone to help different health disparities like pre-term infant death, pregnancy health, and the like. She explains that Uganda has a population of 35,000,000, 50% of which is under the age of 15. 20% of the population lives on an income of less than a dollar a day, and four newborns die every hour in Uganda. Alarmingly, out of those newborn deaths, 80% are preventable (Nantanda, 2015).
- ❖ **10/26/2015**
  - We had a PIH Engage UNC-Asheville team meeting.

- We began to plan our winter Grassroots Giving Challenge fundraiser (funds go to treating MDR-Tuberculosis in Lima, Peru).
- ❖ **11/9/2015**
  - We had another PIH Engage UNC-Asheville team meeting.
  - Between these meetings – We will hold Grassroots Giving Challenge.

*Future work for the remainder of the semester:*

- ❖ **11/20/2015**
  - We will complete a “How to Create University Based PIH Engage Team” pamphlet.
- ❖ **11/23/2015**
  - We will have our final PIH Engage UNC-Asheville team meeting of the Fall Semester.
- ❖ **11/30/2015**
  - We will have created a sustainable PIH Engage UNC-Asheville team.

### **Challenges Faced and Responses to those Challenges:**

The greatest obstacle we have faced in starting the student chapter has been recruitment and retention. Naturally, the students that have strong passions about global health have gathered together to create an organization fueled by individual caring. However, global health can be a large concept that is not easily accessible. We thought that because we are interested and invested in global health, that it would be easy to generate interest in a club and that recruitment would be a breeze. However, as we began to extend efforts across the campus to find members, we found it was difficult to retain interest in new/potential members

In my experience, often people have stronger attachments to issues that are more accessible and closer to home. Global health is expansive and overwhelming, and exposure to consistent issues full of gravity has heightened desensitization concerning global health and global issues. Problems that are farther away are harder to understand, and can be conceptualized as “other.” Students and other volunteer bases have busy lives and are potentially more drawn to issues that can provide evidence of impact. Global health advocacy and work is a more gradual process, and it can easily dissuade people. It requires patience and persistence. We did not anticipate the struggle of maintaining student interest and engagement. Global health issues are perceptively far away, and removed from the immediate daily life of advocates. This can make it difficult to feel like you are making a positive impact when you are not exposed to the impact of community education, advocacy, and fundraising.

In response to these struggles, we have continued education outreach to make the global impact more accessible to students. Recently, on October 20th, we hosted Dr. Rebecca Nantanda from Uganda, who gave context to global impact on change and medical disparities in Uganda. Specifically, she noted that 50% of the 35,000,000 population of Uganda is under the age of 15, and there are extreme health disparities regarding infant health and mortality. (Nantanda, 2015). Having someone there who was able to give a global, first-hand account, made the information

more accessible and immediate. It allowed us to see how global change is happening and critical in health care dialogues. Continuing to promote community education and advocacy will help to counter the struggles we have encountered regarding retention and recruitment.

Another example of successful educational outreach is the Global Mini Film Festival that we hosted earlier in the semester. At the film festival we showed examples of work that Partners in Health is doing in multiple countries in Africa, and even work they are doing on the Navajo Reservation in the mid-West of the US. The films show detailed information about the amazing healthcare work that Partners in Health provide. For example, in the Navajo Nation, PIH employs and trains community health workers for outreach. In doing so they can access more community members because they are actively involving members of the community.

### **Project Outcomes and Sustainability**

Outside of creating a sustainable student chapter of PIH Engage at UNCA, the culmination of our project will be to create a referential PIH Engage startup pamphlet that consolidates helpful information on the structural integrity of PIH Engage, the roles of each team lead, and useful information for creating a student chapter. We will provide tips on network building, advocacy training, and fundraising training. Not only will it be useful for future leaders of the UNCA chapter, but PIH Engage can utilize it for other universities interested in starting a group across the nation.

Having a student chapter will also benefit the greater Asheville Community PIH Engage Chapter. We will be able to work in concert with the Asheville Community group, which will encourage networking, and the utilization of helpful resources shared among both groups. The student organization will encourage the sustainability of the community organization and can only make it stronger. As both a member of the community chapter and student chapter, we have access to outside networking to community groups like RESULTS and have access to student resources like hosting events on campus and cultivating interest on campus.

Having PIH Engage as a campus community at UNCA will also be incredibly beneficial for the University. As it stands now, there is not much of a strong global component represented in current organizations, especially with the strong element of social justice as a proponent to change. PIH Engage is informative globally and locally, and will give students who are interested in global concerns an outlet for their interest and motivations. As a dominating voice in health care advocacy, PIH Engage aims to “deepen commitment to the social justice approach to health care delivery and to inspire PIH Engage to act in accordance with this model to advance the right to health” (A social justice approach to global health, 2015). This will allow students to feel like they *are* making a difference and having a positive impact on the world.

As a community-engaged scholar, the outcomes for me will be two-fold: I will set up a sustainable organization that can continue to function well after I graduate in May, and I will help strengthen the grassroots efforts of PIH Engage as a whole. Since it is only in its fourth year of existence, plenty of work still needs to be done on the ground to develop a strong grassroots foundation. As a community-engaged scholar I am excited and passionate about helping my community at the university as well as the broader global health community through PIH

Engage. As a student of Health and Wellness Promotion, this project is directly related to my experiences on campus, my field of study, and my future career in health care.

Ultimately, my Service Learning Project is about promoting change and inciting action on many levels. The goal is to promote global health on campus and cultivate change. As Ganz writes, “a deep desire for change must be coupled with the capacity to make change. Structures must be created that create the space within which growth, creativity, and action can flourish... and leaders must be recruited, trained, and developed on a scale required to build the relationships, sustain the motivation, do the strategizing, and carry out the action required to achieve success” (Ganz, 2010).

### **Ties to Academia**

I first began understanding my role as a global citizen when I took the LS 479 course on cultivating global citizenship. It completely reshaped my views on poverty and foreign aid. I began exploring work by Vandana Shiva, who writes that, “Nature shrinks as capital grows. The growth of the market cannot solve the very crisis it creates” (Shiva, 2015). Shiva has participated in expansive environmental advocacy, and is also a strong advocate for impoverished peoples of the world. In exploring the concept of poverty, I began to see how intricately linked it is to a market system, commercialism, and economic modalities that are specific to “developed,” nations. The culture of poverty, and the very basis of its definition is linked to commercial wealth, and that is not always translatable across cultures. This has created an atmosphere of foreign aid that has the potential to create more problems than answers, disrupt the livelihood of many impoverished people across the globe, and has a direct relationship to health.

Once I began taking classes in the Health and Wellness Department, I was exposed to work by Paul Farmer that addressed these very issues and called for sustainable and beneficial foreign aid that takes into consideration the multitude of reasons behind health crisis and disparity. It is important to be culturally competent, understand the needs of communities, and build community ties that address disparities by working *together*. In many of my classes, this precedent is important for local health advocacy as well. It has allowed me to go into Service-Learning experiences as a collaborator instead of seeing myself as someone who has all of the answers and can cure problems. Specific to my collaborations with PIH Engage, through my background in Health and Wellness Promotion and expertise in global health I have been able to educate the campus community on a number of international health disparities and crises that PIH works to address.

### **Conclusion:**

The message from my CES work is one of hope. Ultimately, our work with PIH Engage will help to shift the health care foreign aid paradigm to find more sustainable and direct responses to global health disparities. Ideally, we are creating an environment of adequate health care across the globe and reminding people on all levels (stake-holders, funders, policy makers, community members, and the like) that universal health care access is a fundamental human right, and that “stupid deaths” can be eradicated in a new era of health care access. My partner on the project, Summer, and I value the chance to use our resources, networking skills and privileges in the

world to advocate for global health and encourage student involvement on UNCA's campus. We are both deeply passionate about global health, as is our organization PIH Engage, and we all value the importance of working towards making the world a healthier place and reducing disparities. Our project impacts different dimensions of the local community (both on campus and in our city) as well as nationally and globally through PIH Engage campaigns and global support.

In the words of Paul Farmer, "Supporters of global health equity do not need to hold official positions of power to make a significant impact. Students, health workers, lawyers, people living with HIV, and other grassroots activists have changed global health policy through effective advocacy; their tactics are available to anyone with a passion for equity" ( Farmer, P., Kleinman, A., Kim, J., & Basilico, M., 2013).

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