

No matter how much I feared the rockets and airstrikes, I was driven by the resilience of the survivors and the local nurses, who revealed to me what my obligation as a nurse truly is. By simply stepping out of my living room, I was no longer a passive bystander. Once you become the person a pleading father runs towards to hand his wounded child to, you are never the same again.

Iraq will continue to bleed for many years to come. The truth is the politics of caring on a global scale is difficult, yet it has the power to restore humanity. In the words of Martin Luther King Jr. "Our lives begin to end the day we become silent about things that matter." Nursing gives us the ability to go beyond our own borders and use our voice to speak out about what we witness. "The choice of where or how we care is ours" (D. Nickitas, personal communication, August 15, 2017).

Case Study Questions

1. What do you think motivated the author to help this particular patient population? What motivated the local nurses?
2. Do you think the benefits of working in such a context outweighs the risks? Could she have been more effective helping a local population at home?
3. What were the most significant challenges you think the author faced in her initial days?
4. Using the American Nurses' Association *Code of Ethics* as a guide, describe what you see as the most significant challenges you might face in respecting the professional boundaries of nursing vs. caring on a more emotional level? Does this change with a pediatric patient population?
5. Do you think the exposure to a life-threatening environment affected the author's ability to perform her duties?
6. Referencing Maslow's Hierarchy of Needs, describe how the author fulfilled each tier for her patients. What about for herself? How do you think your experience would differ, if at all?

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CASE STUDY

NCDs: Nursing's Opportunity?

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Background

Six years before noncommunicable diseases (NCDs) and prevention were included in the United Nations Sustainable Development Goals, C3 Collaborating for Health, a small London-based not-for-profit agency, was working internationally to address this escalating public-health crisis. Christine Hancock, then President of the International Council of Nurses, attended a conference that changed her life.

After a career in nursing, specializing in cardiac care, working as a ward sister in London's National Heart Hospital, Christine followed a career in nursing management, culminating in 12 years as CEO of the Royal College of Nursing where she was able to influence UK health policy, working closely with health ministers and probably visiting more hospitals and community facilities across the UK than anyone else. Christine next had a full term as President of the International Council of Nurses, when over 4 years she visited 50 countries and was able to see health care in action, and meet nurses and health ministers.

Towards the end of that time, she learned of the growing epidemic of NCDs not, as once thought, diseases that only affected rich, elderly, fat Americans closely followed by the British, and she learned two startling facts: First that this epidemic was disproportionately affecting low and middle-income countries (LMICs), and second, it was happening at an earlier age than in western countries.

There are 40 million deaths from NCDs occurring each year: 70% of the total. Most of these are caused by four diseases: cardiovascular disease (CVD), cancer, chronic obstructive pulmonary disorder (COPD), and diabetes. Eighty percent of these preventable deaths occur in LMICs and 48% NCD deaths in LMICs occur in people under 70 years old.

The World Health Organization (WHO) estimates that 80% of heart disease, type 2 diabetes, and stroke, and 35% of cancers are preventable by focusing on just four risk factors: smoking tobacco, increasing physical activity, reducing harmful alcohol use, and eating a healthy diet with less salt, sugar, and fats and more fruit, vegetables, whole grains, and nuts.

There has been increasing global recognition that prevention and the risk factors of NCDs are critical issues. However, our work has become more urgent as the NCD epidemic escalates and health systems buckle under enormous financial demands.

Using their extensive connections to bring together organizations, C3 Collaborating for Health *began to imagine a world* where there are no premature or preventable deaths from NCDs, by working towards a world where:

- It is easier to live healthy lives.
- Fewer fathers and mothers, brothers and sisters, and daughters and sons are dying at young ages from largely preventable diseases.
- Prevention, health, and well-being are core to proper health care.
- The focus is on not just on individual behavior change, but also on changing our environment.

C3 is unusual as it is global (not national or local), it is not disease focused like most charities, and it uses multisector collaboration to focus on the unhealthy behaviors that lead to NCDs: tobacco use, unhealthy eating and drinking, and physical inactivity. While C3 does not work with the tobacco industry, a fundamental principle is to engage the business world, and that includes the food industry; many of these companies have played a part in our unhealthy lives, and C3 believes they need to be part of the solution.

Although NCD prevention frequently focuses on individual behavior change, C3 knows that

the environment in which we all live very much dictates our behavior. It can be difficult, if not near impossible, to adopt healthy behavior if your surroundings make being unhealthy the cheaper, easier option. That is why C3 uses a partnership approach to bring together different groups—individuals, communities, organizations, businesses, and policymakers—to collaborate on societal solutions that make it easier for people to live healthy lives.

C3's main work areas include businesses, including the workplace, professionals who can influence others, and local communities.

Why would businesses care about NCDs? It is estimated that NCDs will cost the world's economy about £30trillion over the next 20 years. The World Economic Forum has stressed that the NCD epidemic is one of the most important global risks in terms both of likelihood and severity.

Health starts where you live, learn, work, and play, says Sir Michael Marmot, President of the World Medical Association. The place where you are born, grow up, and live is critical to your health throughout your life. Too often, governments and well-meaning people focus on convincing (they often say "educating") individuals to change their unhealthy lifestyle, but fail to recognize the importance the environment has on our ability to choose healthy options: fresh or fast food? Green space or concrete? Walking and cycling or driving? Social networks or isolation? All of these can influence the risks to our health. This is particularly true for disadvantaged communities, where healthy food options and opportunities for physical activity can be nonexistent, expensive, and/or unrealistic.

The best way to break down the barriers to living a healthy life and creating sustainable change is to work with community members who are the experts in their environment and their health; the empowerment of people is essential to address the NCD epidemic.

Health professionals are among those best placed to give the trusted, accurate advice needed to prevent and treat NCDs. C3 wants to stimulate a global movement to raise awareness, motivate, stimulate, educate, and support the global health workforce in promoting healthy behavior to combat the NCD epidemic. C3's Healthy Nursing Collaborative is a network of nurses, nursing organizations, and other stakeholders, which aims

to encourage sharing of evidence, resources, materials, and experiences to support nurses in leading healthier lives so they can better lead and help their colleagues, family, friends, and communities to live more healthily. C3 is interested in sharing evidence and good practice from around the world.

Conclusion

There are more than 20 million nurses across the world; in some parts of the world they are the only health professionals people meet. Imagine the progress that could be made if all those nurses were supported with the knowledge, skills, and opportunities to promote healthy lifestyles and prevent NCDs.

C3's NCD nursing model does just that:

- Help and support nurses to understand and improve their health.
- Educate and promote health among their patients, families, and communities.
- Disseminate knowledge and promote skills development with their colleagues.
- Advocate for NCD prevention locally, nationally, and internationally.

Are you interested in making it easier for people to be more active, eat and drink better, and stop smoking tobacco?

Case Study Questions

1. To what extent do health professionals have a responsibility to role model healthy behaviors?
2. What changes are needed in the work environment to ensure that health professionals are enabled to lead healthy lives at work?
3. How can initiatives such as C3's Healthy Nursing Collaborative and ANA's Healthy Nurse: Healthy Nation help build a culture of health in nursing?
4. What changes are needed to ensure that healthcare professionals receive appropriate education input and appreciation of public health issues to ensure a skilled workforce knowledgeable in preventive health care, well-being, and public health?

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