



Global citizens, healthy communities: Integrating the sustainable development goals into the nursing curriculum

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ABSTRACT

Background: Integrating the Sustainable Development Goals (SDGs) into the nursing curriculum is an ethical response and facilitator developing students into global citizens. Nurse educators can promote global citizenship through the concept of “glocal” experiences in local communities as students work in partnership with communities to address social determinants of health and begin to achieve SDG targets.

Purpose: This paper explores the process of integrating the SDGs into the nursing curriculum emphasizing the strategic vision of international agencies and national nursing organizations.

Discussion: Distinct pedagogical and clinical approaches for implementing SDG content into the curriculum are provided including an exploration of global health competencies and their relationship to the SDGs. Finally, an academic-community partnership is described as a clinical exemplar to strengthen the health of communities and begin realizing the SDGs at a local level.

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Integrating the sustainable development goals (SDGs) into the nursing curriculum is an ethical response to the call for global citizenship and meeting the health care needs within our communities and across the United States (McKinnon & Fitzpatrick, 2017). The purpose of this article is to explore the process of integrating the SDGs into the nursing curriculum through a review of current guidelines and curriculum standards as well as exemplars from nursing education. As a continuation to the Millennium Development Goals from 2000 to 2015, the United Nations (UN) adopted the SDGs with its 17 goals and 169 targets to comprehensively address threats to the well-

being of all people and the planet (UN, n.d.). The broad scope of the SDGs including environment and social determinants of health (SDH) represents a significant departure from the Millennium Development Goals.

The SDGs provide a framework for nurse educators everywhere to promote the essence of global nursing through the concept of “glocal” and to respond to calls for health equity through the SDH. Wilson et al. (2016) provides the most current definition of *global nursing* noting that glocal or, the interdependence of local and global health, is an underlying theme of global nursing. The efforts of global nursing directly impact the

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SDH at both individual and population levels of care regardless of local or global context.

The SDH are broadly defined as the daily lived circumstances affecting health. These circumstances include the socioeconomic and environmental context in which individuals are born and live across the lifespan. An individual's home, gender, age, ethnicity and culture, religion, social support networks across communities, income, and place of employment are all considered SDH (Kavanaugh, Oliver, & Lorenc, 2008; World Health Organization [WHO], 2008). The impact of SDHs are significant and the consequence of health inequities across the socioeconomic strata are well-documented (Braveman & Gottlieb, 2014; Chokshi, 2018).

The SDGs and SDH are not mutually exclusive and many of the SDGs embed targets affecting SDH as well as specific health targets such as ending AIDS, tuberculosis, and malaria (United Nations, 2018). Essentially, both SDH and SDGs promote health equity and recognize that inequities are without boundaries. All nations including high income countries such as the United States experience inequities and all populations can benefit when the SDGs targets are achieved. Ongoing policy initiatives and calls for partnership with other health care organizations are among some of the major strategies to meet nursing's social mandate to address the SDHs and reduce health inequities (Tilden, Cox, Moore, & Naylor, 2018). Nursing education can also have a direct and indirect role in influencing students to be change agents for healthier communities and realize the interconnection between local and global health as nurse educators integrate the SDGs across the curriculum (Thornton & Persaud, 2018).

Global and National Guidelines

International organizations including WHO and the International Council of Nurses (ICN) offer goals for preparing the global health workforce to achieve the SDGs. For example, the *Global Strategy on Human Resources for Health: Workforce 2030* (WHO, 2016b) outlines four objectives for meeting human resource needs. The first objective addresses the performance, quality, and impact of providers and calls for transformative approaches to educate health care providers. Increased coordination and interprofessional efforts are encouraged along with competency-based training. Objective one also calls for building resilient communities that are self-reliant and promote shared decision making with healthcare providers. Communities are considered active participants in resolving health inequities and specifying targeted SDG priorities for resolution. The remaining objectives focus on distribution of health providers, institutional capacity building for policy, leadership, and governance, and data management.

WHO's (2016a) *Global Strategic Directions for Strengthening nursing and midwifery 2016-2030* reflects the objectives in the *Human Resources for Health* report. Essentially, the vision for 2030 requires enough nurses in places of

greatest need who can provide acceptable, quality care, and be cost-effective. The conceptual framework for strengthening nursing and midwifery comprises four thematic areas with two of the themes directly related to nursing education. The first theme calls for an educated, competent, motivated nursing workforce effective in multiple settings while an additional theme encourages intraprofessional and interprofessional partnerships to maximize nursing capacity.

ICN supports WHO's global strategic directions for nursing and midwifery. Most recently, ICN endorsed WHO's *Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals* (ICN, 2018; WHO & United Nations Children's Fund [UNICEF], 2018). ICN recognizes that nurses make significant contributions to health, facilitate the resiliency of individuals, families, and communities, and play a central role in reducing health inequalities using a holistic approach to care. Additionally, ICN supports projects across the globe such as the Girl Education Fund which broaden nursing's impact across the SDGs (<https://www.icn.ch/what-we-do/projects>) (Holguin, Hughes, & Shamian, 2017).

In the United States, professional standards and competencies provide the foundation for integrating the SDGs across the curriculum and developing competencies for a global mindset, or global disposition. Table 1 provides a matrix of standards and guidelines from the American Association of Colleges of Nursing (AACN) (2008) and American Nurses Association (ANA) (2015) and selected global health nursing practice guidelines based on a Delphi research method with global health nursing experts (McDermott-Levy, Leffers, & Mayaka, 2018). The most common themes within all the standards and guidelines refer to the nature of the relationship with patients, nurses, health care providers, and relationships with the community including the need for respect and understanding cultural differences. The environment or context in which the relationship takes place is also noted. Collaboration and partnership are emphasized within this cultural context. These themes and individual concepts (trust, respect, transparency, partnership, and advocacy) extend across the SDGs providing a foundation for reaching all SDG targets. The standards and guidelines can be applied locally and globally; however, the SDGs are not specifically mentioned in any of the guidelines. The ANA directly addresses the SDHs and recommends partnerships and professional development of nurses to counter inequities. From a nursing education perspective, there is ample opportunity to include the SDGs in future revisions of the documents especially the 2008 AACN's *Essentials* document.

On Becoming a Global Citizen

Some organizations may be reluctant to cite the SDGs in professional standards. The SDGs may be perceived as too broad and time-bound even though the UN

Table 1 – Matrix of Professional Standards and Competencies Relevant to the SDGs

<i>American Nurses Association (ANA) Code of Ethics with Interpretive Statements (IS) (2015)</i>	<i>American Association of Colleges of Nursing (AACN): The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)</i>	<i>Ethical Guidelines for Global Health Nursing Practice (McDermott-Levy et al., 2018, p. 478)</i>
<p>IS 1.2: “Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family and population-centered care” (p. 1)</p>	<p>“The environments in which professional nurses practice have become more diverse and more global in nature” (p. 5)</p>	<p>“The global health nurse respects the culture of the people in the host setting.”</p>
<p>IS 2.3: “Collaboration intrinsically requires mutual trust, recognition, respect, transparency, shared decision-making, and open communication among all who share concern and responsibility for health outcomes” (p. 5)</p>	<p>“Increasing globalization of healthcare and the diversity of this nation’s population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the skills to provide culturally appropriate care” (p. 6)</p>	<p>“The global health nurse will engage in shared dialogue with nurses from the host setting to deepen understanding of local practice and professional issues.”</p>
<p>IS 5.6: “Professional and personal growth reciprocate and interact. Activities that broaden nurses’ understanding of the world and of themselves affect their understanding of patients; those that increase and broaden nurses’ understanding of nursing’s science and art, values, ethics, and policies also affect nurses’ self-understanding” (p. 22)</p>	<p>“...professional nurses need to demonstrate a sensitivity to and understanding of a variety of cultures to provide high quality care across settings. Liberal education, including the study of a second language, facilitates the development of an appreciation for diversity” (p. 6)</p>	<p>“The global health nurse will collaborate with nurses and health professional in the host setting to identify community priorities/needs and cultural practices that may impact health and healthcare delivery in the host setting.”</p>
<p>IS 8.2: “Nurses understand that the lived experiences of inequality, poverty, and social marginalization contribute to the deterioration of health globally. Nurses must address the context of health, including social determinants of health such as poverty, access to clean water and clean air, sanitation, human rights violations, hunger, nutritionally sound food, education, safe medications, and healthcare disparities. Nurses must lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering” (p. 31)</p>	<p>“Nurses focus on individual, family, community, and population health care, as they monitor and manage aspects of the environment to foster health” (p. 9)</p>	<p>“The global health nurse will strive to develop sustainable host country partnerships with emphasis on mutual trust, respect, integrity, transparency, and commitment.”</p>
<p>IS 8.3: “Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death” (p. 32)</p>	<p>“Liberal education is critical to the generation of responsible citizens in a global society. . . Studying the humanities, social sciences, and natural sciences expands the learner’s capacity to engage in socially valued work and civic leadership in society” (p. 11)</p>	

(continued)

IS 9.3:

“Nurses must be vigilant and take action to influence leaders, legislators, governmental agencies, non-governmental organizations, and international bodies in all related health affairs to address the social determinants of health. All nurses, through organizations and . . . must firmly anchor students in nursing’s professional responsibility to address unjust systems and structures, modeling the profession’s commitment to social justice and health through content, clinical and field experiences, and critical thought” (p. 36)

IS 9.4:

“Social justice extends beyond human health and well-being to the health and well-being of the natural world. Human life and health are profoundly affected by the state of the natural world that surrounds us. . . the profession’s advocacy for social justice extends to eco-justice. Environmental degradation, aridification, earth resources exploitation, ecosystem destruction, waste, and other environmental assaults disproportionately affect the health of the poor and ultimately affect the health of all humanity” (p. 36)

“Liberal education provides the baccalaureate graduate with the ability to integrate knowledge, skills, and values from the arts and sciences to provide humanistic, safe quality care; to act as advocates for individuals, families, groups, communities, and/or populations; and to promote social justice” (p. 12)

Note. There are a total of 10 Ethical Guidelines for Global Health Nursing Practice but only the most salient and those directly related to the SDGs are listed here.

agenda extends through 2030. An alternative approach is to include the concept of “global citizen” in all professional standards to foster community engagement locally and globally, accepting the reality of global citizenship as integral to the professional nursing role (National League for Nursing, 2017). Varying definitions of global citizenship exist with distinct underlying conceptual frameworks; however, the development of global citizenship should be seen as a process. Becoming a global citizen is a disposition that is developed and practiced. Ultimately, global citizenship is conducive to transformative learning (Lilley, Barker, & Harris, 2017; Robinson & Levac, 2018).

Nursing perspectives of global citizenship are rooted in a social justice framework and the awareness of the interconnection among persons and environment across the globe. One definition of global citizenship mirrors the concepts included in Table 1’s guidelines and standards, “. . . awareness, caring, and embracing cultural diversity while promoting social justice and sustainability, coupled with a sense of responsibility to act” (Reysen & Katzarska-Miller, 2013, p. 858). Nurses, including students, must have an understanding of global issues and the interconnection at a local level, including the health inequities that exist in local communities as well as

other countries (Cesario, 2017). However, awareness, caring, and valuing diversity are not enough, even when viewed through the lens of social justice and sustainability.

Global citizenship requires defining the personal and professional self as connected to all others, and then actively expanding the definition of self through critical global citizen education. Critical global citizenship education is a response to inequality and injustice that implies that nurses work “with” rather than “for” others. In this model, all beings are considered the problem and the solution. We are all constrained by our historical, social, economic, and political context and a complete understanding of another’s context is not possible. What is possible through a critical perspective of global citizenship is the ability to question our assumptions and use reflection and dialogue to empower others for ethical action (Rosa & Shaw, 2017).

Competencies to develop global citizenship exist, but they are specific to global health programs. These competencies require ongoing validation and integration across the curriculum. A systematic review of public health and global health literature revealed 14 global competencies with similar themes as those in Table 1. Additional categories in the systematic review included

travel and migration, and management skills (Clark, Raffray, Hendricks, & Gagnon, 2016). The Consortium of Universities for Global Health (CUGH) developed a comprehensive list of interprofessional global health competencies specifying two levels: global citizen and program-oriented basic operation (Jogerst et al., 2015). All individuals working at any capacity in global health should be competent at the global citizen level. Individuals with additional responsibilities for global health policy or program planning, implementation, and evaluation must be competent at the program-oriented basic operational level. Both levels indicate a range of competencies which can further be aligned according to both level and category of educational objective (knowledge, attitude, and skill). Table 2 aligns the CUGH competencies including levels and categories with specific SDGs. These competencies may be a focal point for integrating the SDGs into nursing curricula through the concept of global citizenship. For example, Domain 1 addresses morbidity and mortality and is expected of all individuals as global citizens. This domain is directly related to SDG 3 and its specific targets which address morbidity and mortality.

Research is beginning to confirm and further inform global health competencies (Litzelman et al., 2017; Okatch, Sowicz, Teng, Ramogola-Masire, & Buttenheim, 2018). Measuring the achievement of global health competencies to support student self-reflection of a global health experience is at an early stage. Most recently, a self-confidence scale based on the CUGH global health competencies was developed to determine a student's level of confidence pre- and postglobal health experience (Stuhlmiller & Tolchard, 2018). Reliability and validity of the scale was established further validating the CUGH global health competencies. However, the research also indicated the potential to reduce the domains from 11 to four components: ethical, professional, and collaborative partnership; capacity strengthening and planning; structural and SDH; and, strategic analysis. Compartmentalizing the domains and determining the impact on the development of global citizenship requires ongoing research. Of note is the emphasis on partnership before and after reducing the domains.

Didactic and Clinical Approaches to Global Learning

One definition of global learning is, “the knowledge, skills, and attitudes that students acquire through a variety of experiences that enable them to understand world cultures and events; analyze global systems; appreciate cultural differences; and apply this knowledge and appreciation to their lives as citizens and workers” (Olson, Green, & Hill, 2006, p. 5). Global learning fosters a sense of global citizenship while global health competencies provide specificity to the global

learning process. However, few tools exist to assist nurse educators in facilitating the development of global citizenship and global health competencies. Curriculum resources to integrate the SDGs throughout undergraduate and graduate programs are even more scarce.

Typically, student outcomes related to SDHs and global health are consigned to a community health course. In many nursing programs across the United States, these outcomes remain in one community health course. Creative strategies to developing global health competencies using a course-based approach are noted in the literature. For example, a simulation-based case study teaching strategy was instrumental in developing epidemiological skills and meeting the CUGH competencies as well as public health nursing competencies in a community nursing course (Okatch et al., 2018). The simulated case-study was based on a cervical cancer screening program in Botswana and developed in consultation with a physician from Botswana actively involved in cervical cancer screening. Over time, the case study evolved into a shorter experience and now has a variety of versions, but students and faculty continue to provide positive self-reports of the experience.

Approaches to integrating SDHs and by extension, the SDGs in the curriculum are preferred given the several different and profound effects of SDH on the health of all populations (Mahony & Jones, 2013). Climate change (SDG 13) is a prime example illustrating the need for an integrated curriculum approach. The wide-ranging effects of climate change affect all age-groups and exacerbate underlying chronic conditions in vulnerable populations. Nurses can play a role in mitigating the effects through conserving health care resources, helping patients to adapt to severe weather extremes, and helping communities develop climate resilience (Leffers & Butterfield, 2018; McDermott-Levy, Jackman-Murphy, Leffers, & Jordan, 2019). The complexity of climate change and its impact on population health demands attention across the nursing curriculum similar to all other SDGs. The challenge is facilitating curriculum revision and invigorating faculty to embrace a vision of developing nurses who are foremost, global citizens.

A group of faculty already demonstrating a global disposition can introduce processes to examine current curricula and inspire enthusiasm. Nursing faculty in one public university developed an eight-step process to map global health competencies in existing nursing courses and provide resources for ongoing integration of competencies (Dawson, Gakumo, Phillips, & Wilson, 2016). The process began by agreeing on a definition of global health followed by identifying the competencies to be used for mapping. The third and perhaps most crucial step was to obtain faculty and administrative approval to move forward with the process. Faculty were reminded that courses did not need to contain all the global health competencies and new courses were not being recommended. Fourth, a tool to map the global health competencies was adapted. Next, two faculty members with global health experience were

Table 2 – Alignment of CUGH Competencies with the SDGs

CUGH competency	Level	SDG
Domain 1: “Encompasses basic understandings of major causes of morbidity and mortality and their variations. . .”	Global citizen level: knowledge	SDG 3: Ensure healthy lives and promote well-being for all at all ages.
Domain 2: “Focuses on understanding how globalization affects health, health systems, and the delivery of care.”	Global citizen level: knowledge	SDG 9: Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation.
Domain 3: “Focuses on an understanding that social, economic, and environmental factors are important determinants of health. . .”	Global citizen level: knowledge	Aligns with all SDGs with specific implications for: SDG 3: Ensure healthy lives and promote well-being for all at all ages.
Domain 4: “Capacity strengthening is sharing knowledge, skills, and resources. . . to address current and future global public health needs.”	Program-oriented level: knowledge and skill	SDG 8: Promote, sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all. SDG 11: Make cities and human settlements inclusive, safe, resilient, and sustainable. SDG 13: Take urgent action to combat climate change and its impacts.
Domain 5: “Collaborating and partnering is the ability to select, recruit, and work with a diverse range of global health stakeholders. . .”	Program-oriented level: skill and attitude	SDG 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.
Domain 6: “Encompasses the application of basic principles of ethics to global health issues and settings.”	Global citizen level: knowledge, skill, and attitude Program-oriented level: knowledge, skill and attitude	SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels.
Domain 7: “Refers to activities related to the specific profession or discipline of the global health practitioner.”	Global citizen level: knowledge and skill Program-oriented level: knowledge, skill and attitude	SDG 3: Ensure healthy lives and promote well-being for all at all ages. SDG 17: Strengthen the mean of implementation and revitalize the Global Partnership for Sustainable Development.
Domain 8: “Health equity and social justice is the framework for analyzing strategies to address health disparities. . .”	Global citizen level: knowledge Program-oriented level: knowledge and skill	SDG 10: Reduce inequality within and among countries. SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable, and inclusive institutions at all levels.
Domain 9: “Program management is ability to design, implement, and evaluate global health programs to maximize contributions. . .”	Program-oriented level: knowledge and skill	SDG 17: Strengthen the mean of implementation and revitalize the Global Partnership for Sustainable Development.
Domain 10: “Sociocultural and political awareness is the conceptual basis with which to work effectively within diverse cultural settings. . .”	Global citizen level: knowledge Program-oriented level: knowledge	SDG 17: Strengthen the mean of implementation and revitalize the Global Partnership for Sustainable Development.
Domain 11: “Strategic analysis is the ability to use systems thinking to analyze a diverse range of complex and interrelated factors shaping health trends. . .”	Program-oriented level: knowledge and skill	Aligns with all SDGs

selected to review each course. The course materials were further evaluated by two additional faculty reviewers. After consensus was reached among the four reviewers, results were shared with the course

faculty. Seventh, summary results were compiled and presented during faculty meetings. Finally, a toolkit of global health resources was developed and shared among all faculty for ongoing revision.

A workshop format was used by [Parcells and Baernholdt \(2014\)](#) to develop faculty skill in creating and implementing objectives for global learning in the curriculum. The process was initiated with a faculty survey and content analysis of existing global course content followed by an extensive literature review for next steps. Two workshops were subsequently developed with the first focused on creating an awareness of cultural competence and strategies for including global content into courses. The second workshop focused on learning activities and evaluating learning objectives. Faculty participation was a major limitation of the workshop approach although five courses were revised to include global learning objectives.

The Knowing, Valuing, and Acting framework proposed by [McKinnon and Fitzpatrick \(2017\)](#) offers a comprehensive, reflective approach to engage nursing faculty in integrating the SDGs and promoting global learning. The first part of the framework, “Knowing,” begins with determining baseline understanding of the SDGs. Nurse leaders, faculty, and students are queried about their knowledge of the SDGs and implications for the curriculum. Responses to the Knowing questions provide a baseline assessment for the next step in the framework, assessing the “Value” of integrating the SDGs into the curriculum. Finally, “Acting” focuses on the facilitators and challenges to curriculum revision as well as the actual process for making the necessary curricular changes. In summary, this three-step framework provides the foundation for implementing processes such as global health competency mapping. The framework can also be used for workshops to develop faculty skills in creating global learning objectives and activities in existing courses.

Theoretical knowledge is not sufficient for developing global citizenship or contributing in any way in meeting the targets of the SDGs. Nursing faculty and students must increase their engagement with the community through multiple clinical experiences beyond the acute care setting and across the curriculum ([Thornton & Persaud, 2018](#)). Clinical experiences promote more than faculty and student awareness. Well-planned, global health education experiences can provide the context for developing the values related to global citizenship ([Robinson & Levac, 2018](#); [Visovsky, McGhee, Jordan, Dominic, & Morrison-Beedy, 2016](#)).

Achieving the SDGs requires a holistic approach, a perspective without disciplinary or geographical boundaries. Students can have multiple opportunities for contributing to the SDGs while developing a global disposition amid the sociopolitical and economic diversity within the United States. Encouraging students to move out of their comfort zone and engage with communities in a spirit of partnership reorients the clinical experience from a skill-building exercise or a way to provide charity to a social model of engagement where all are empowered by the experience ([Robinson & Levac, 2018](#)).

Community Nursing Coalitions (CNC): A Clinical Exemplar

The University of Central Florida (UCF) College of Nursing implemented the concept of Community Nursing Coalitions (CNC) over 20 years ago in response to changes in health care that decreased hospital length of stay. At the time, students were immersed in community-based learning in 11 diverse areas within Central Florida to provide health care within communities considered underserved. The curriculum modeled after other universities having a community-focused curriculum, was revised to reflect an increase of community experiences from almost an entirely hospital-based clinical rotations. Community clinical sites included ambulatory clinics, home care agencies, private and public community clinics, as well as hospital experiences. Nursing faculty actively engaged in developing partnerships with agencies in each of the communities with one faculty member responsible for a CNC site. Students engaged in clinical activities such as assisting school nurses with monitoring BMI's of school-age children, promoting health literacy, delivery of meals to the homebound elderly, and stimulating high school student's interest in nursing as a professional career ([University of Central Florida School of Nursing, 2006](#)).

The concept of CNCs has evolved with students having 45 hr of community experience at both the beginning and end of the nursing program rather than only one experience. The number of communities has also expanded to 16 locations with new sites and partnerships currently in development. Faculty recognize that health care and the need for health education is without boundaries and they define community broadly, beyond economic indicators of need. Community agencies now seek CNC faculty to establish new partnerships. One of the most current examples is outreach through local Buddhist temples where students provide health screening at temple festivals at the request of the local temple Abbott. Students also attend temple ceremonies and further their understanding of the Buddhist way of life, expanding their global disposition.

Students continue to engage in some of the earlier CNC activities such as educating the public and working with the underserved across the lifespan. However, nursing faculty can create new opportunities for meeting the SDGs depending upon community interest and expressed areas of need. Interprofessional educational (IPE) experiences are conducive to meeting the SDGs and opportunities for IPE are being developed to meet community needs. Recognizing the significance of IPE, one CNC nursing faculty collaborated with faculty from the College of Medicine to provide a mobile clinic for migrant farmworkers and their families. The idea for the local clinic emerged from an established relationship for study abroad experiences between The

College of Nursing and the College of Medicine in the Dominican Republic (University of Central Florida, 2015). A year after the study abroad experience, the global initiative director recognized the need to provide similar services to the local migrant farmworker community as a “study away” experience rather than study abroad. Study away represents the glocal alternative to study abroad allowing students to have a global experience within their own national geographical boundaries.

Each year there are four clinics that are opened to the local farmworker community for access to health care. The multidisciplinary team of nursing, social work, pharmacy, physical therapy, and medical students provide health care and develop as global citizens while learning about each other’s areas of expertise. Over 100 farmworkers are seen during each clinic with care ranging from school physicals, acute illness, women’s health care, and pediatric screening to chronic illness such as diabetes and hypertension. Referrals are also made to a nearby community health clinic and other low-cost primary care clinics for follow-up.

Other CNC activity exemplars include teaching parents and children about the different types of bullying (cyber and physical) and actions needed to prevent violence among young people, collaborating with public health nurses to provide immunizations to middle school students, and teaching the elderly how to prevent falls and maintain independence within their homes. Clinical learning experiences are boundless, and they empower nursing students to work in partnership with the community at the request of the community and local organizations. Relationships are established and sustained through year-round collaboration to meet the needs of many different communities.

Meeting the SDGs applies to clinical experiences on both local and global levels and has the potential to transform student learning and enhance global citizenship. Multidisciplinary experiences promote the value of team-based learning and students can benefit from the synergistic effect of a team approach on community health outcomes. Using the CNC approach, nursing students and faculty are beginning to address multiple SDGs—eliminating poverty, reducing hunger, enhancing health and well-being, addressing gender and health inequities, and supporting quality education. From the inception of the CNC approach, the value of partnerships (SDG 17) was realized. More efforts are needed to address climate change and environmental-oriented goals as well as measuring outcomes as a result of implementing the CNCs.

Conclusion

Nursing can realize a more holistic engagement with the SDGs beyond SDG 3 (Ensure Healthy Lives and Promote Well-Being) through thoughtful planning of didactic and clinical experiences. Students and faculty

across disciplines require opportunities to work together in their own communities to fully grasp the implications of all the SDGs at the local level. The concept of study away is not in opposition to study abroad if students and faculty appreciate the interconnectedness of the SDH and have the opportunity to participate in reducing health inequities in their own communities. There is not an exotic “other” to be discovered in another land or rescued through charity. Nursing education can provide the vision for “us” rather than the “other” as we extend ourselves into our own communities and begin meeting the SDG targets through critical global citizenship education.

Embracing all SDGs and recognizing that health can only be achieved with an inclusive approach promotes global engagement of nursing without boundaries within education, practice, research, and policy spheres (Shaffer, 2016). This requires partnership at all levels—academic, community, and service as well as a commitment to addressing SDHs in our own communities (Tilden et al., 2018). Ultimately, the SDGs provide numerous opportunities for nurse educators to facilitate transformative learning through developing students as global citizens and impacting SDH across the globe.

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