## Interview Spotlight: Bridging Local and Global Health Through Nursing Innovation

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Editor-in-Chief Dr. Jihane Frangieh sits down with Dr. Angela Chang Chui, a leader at the Center for Global Initiatives (CGI) at Johns Hopkins, to explore how CGI empowers nurses to lead in an increasingly interconnected world. Their conversation highlights how CGI supports innovation and excellence among students and faculty locally and globally through immersive learning, interdisciplinary research, and long-term partnerships that advance health equity and strengthen the nursing profession worldwide.

Q: Can you briefly describe your role at the Johns Hopkins School of Nursing and your leadership in the Center for Global Initiatives and What inspired your interest in global health?

A: I am currently serving as an Assistant Professor in the Practice Education Track and have the privilege of serving as the Assistant Director for Student Experiences at the Center for Global Initiatives at Johns Hopkins School of Nursing. In this role, I design and lead immersive global learning opportunities, including educational and service-based learning trips, that connect pre-licensure and

advanced practice nursing students in global health fieldwork in an international setting. It offers a customized global health immersion experience depending on the collaboration with local partners. Students learn and develop nursing skills beyond the bedside, global health competencies, and community health principles. Through a combination of classroom learning and practical fieldwork, students develop foundational skills in addressing social and structural determinants of health, community health, investigation of local health systems and cultural influences on health.

Q: How does the Center for Global Initiatives support innovation and excellence among students and faculty, both locally and globally?

A: The Center uses a multi-faced approach to that bridges local and global health efforts, through a blend of immersive education, strategic partnerships, and interdisciplinary research. CGI aims to redefine what it means to be a nurse in a globally connected world through the following approaches:

 Empowering the next generation of nurse leaders: Our commitment to students' development is evident in its robust portfolio of global learning experiences. From service-based learning trips in Guatemala, Nepal and Ghana to collaborative projects with institutions in Africa and Asia, students are immersed in real-world health challenges that deepen their understanding of equity, access, and cultural humility. These experiences are not just educational—they are transformative, shaping students into globally minded practitioners and leaders.

- Fostering faculty innovation, collaboration and knowledge exchange:
   The Center serves as s a launchpad for innovation. Not only does CGI support interdisciplinary research initiatives that address pressing global health issues that range from maternal health to infectious disease prevention, we also foster with academic institutions, NGOs, and ministries of health worldwide. CGI enables faculty to co-create solutions that are both locally grounded and globally informed.
- Serving as a model of excellence in global health nursing: CGI has a holistic approach to capacity build-



ing. Rather than focusing solely on short-term interventions, the Center invests in long-term relationships and sustainable impact. We champion the role of nurses not just as caregivers, but as educators, researchers, and policy influencers. This vision aligns with key global frameworks such as the Sustainable Development Goals, the WHO's Global Strategic Directions for Nursing and Midwifery, and the State of the World's Nursing Report 2025, positioning Johns Hopkins as a leader in global health nursing.

4. **Bridging local to global health:** The Center recognizes that global health begins at home. Many of the lessons learned abroad are applied to underserved communities in Baltimore and across the U.S., and vice versa, creating a feedback loop of innovation that benefits both local and international populations. This dual focus ensures that the pursuit of global excellence is always grounded in community relevance.

Q: Many of our readers are Maryland-based nurses and students. How does global health work translate into tangible benefits for local communities and nursing education in Maryland?

A: This is a great guestion—and one that resonates deeply with many of our nurses and students in Maryland who are passionate about both local service and global engagement.

Global health experiences cultivate cultural humility, advocacy, and a systems-level understanding of health disparities—skills that are vital in nurses' ability to provide culturally responsive care to Maryland's increasingly diverse population, including immigrant and refugee communities in Baltimore and beyond. "I was able to make connections between the disparities and social determinants of health in Guatemala and see differences and similarities of health outcomes between here in the U.S. and in rural countries," shared one student. "It gave me a new perspective on how to interact and

communicate with patients and their access to health care and resources." Lessons learned from addressing health disparities abroad—such as community-based care models or low-cost interventions—are often adapted to underserved neighborhoods in Maryland. For example, strategies used in rural Guatemala or sub-Saharan Africa may inform outreach programs in East Baltimore or the Eastern Shore. This global-local connection is especially powerful for those pursuing careers in community and rural health. One student reflected:

"It provided the community-level public health engagement that I was hoping to find. In many ways, the work mirrored the public health work I previously did and solidified my desire to return to rural public health."

Beyond clinical skills, these experiences often ignite a deeper sense of purpose. Global health work fosters critical thinking, adaptability, and systems-level problem-solving—skills that are essential for nurse leaders in any setting. Students return from global experiences with a broader perspective and a renewed commitment to tackling local health challenges:

"Perhaps most importantly, these experiences have instilled in me a deep sense of advocacy and social responsibility. Witnessing firsthand the disparities and inequities in healthcare has fueled my determination to be a voice for marginalized populations and work towards systemic change. As an NP, I am committed to advocating for equitable access to healthcare and addressing the underlying social determinants of health that impact my patients' well-being."

By fostering this kind of transformative learning, the Center for Global Initiatives ensures that global health is not a distant concept rather an embedded competency of nursing education and practice in Maryland. These opportunities enrich the academic environment and prepare students for careers in public health, policy, and global service.

Q: How do you envision the future of global nursing education, and how is the Center preparing students to be leaders in both global and local settinas?

A: In an increasingly globalized world, the future of nursing education needs to be reshaped by a global perspective—one that recognizes that health challenges transcend borders and that solutions must be both locally grounded and globally informed. Experiential learning is not just about sending students abroad—it's about cultivating globally competent nurses who can navigate complex health systems, advocate for equity, and lead interdisciplinary teams in any setting. To achieve this, the Center:

- Integrates global health competencies into core curricula
- Engages students in real-world projects that build leadership, project management, and cross-cultural collaboration skills
- Fosters reciprocal, long-term partnerships with institutions and communities around the world
- Explores integration of digital health tools, AI, and virtual exchange programs can expand access to global learning and care delivery—especially in resource-limited settings

In essence, the Center is not just preparing students to work in global healthit's preparing them to think globally and act locally, equipping them with the tools to lead transformative change wherever they serve.

Q: What advice would you give to Maryland nursing students or early-career nurses who are interested in contributing to global health

A: Another great question! Being passionate is the most important first step but be intentional with that passion.

1. Start local to think global: Global health begins in your own community. Get involved with local organizations

- that serve immigrant, refugee, or underserved populations. These experiences will build your cultural humility and deepen your understanding of health equity.
- Seek out global learning and participation opportunities: Take advantage of programs offered through your school, such as service-learning trips, global health electives, or internships with international NGOs. Many organizations such as the Pan American
- Health Organization (PAHO), the United Nations, and even Sigma Theta Tau International have young leader programs with student volunteer opportunities.
- 3. Develop and build core competencies: Focus on developing skills in public health, leadership, communication, and systems thinking. These are the foundations of global nursing practice and will serve you well in any setting—whether you're working in rural Mary-

## land or rural Nepal.

4. Stay curious and informed: Global health is constantly evolving. Stay engaged by reading global health journals, attending webinars, and following organizations like the World Health Organization (WHO) or Partners In Health. This will help you understand emerging issues, opportunities and innovations in the field ...

# Navigating Isolation: Exploring the Lived Experiences of Healthcare Engagement Among Smith Island, Maryland Residents

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## **Background**

Somerset County is the southernmost county in Maryland, situated between the Chesapeake Bay and the Atlantic Ocean (Somerset County, 2024). Nearly one-third of county residents are impoverished, more than any other county in Maryland (NIMHHP, 2024). Residents face food and housing insecurities, limited public transportation, and unemployment, among other social drivers of health disparities (TidalHealth, 2022).

Somerset County is home to Maryland's last inhabited island group, Smith Island (SI) (SI United, 2025). The island encompasses three villages, including Ewell, Rhodes Point, and Tylerton, located 12 miles from Crisfield,

Maryland and accessible only by boat (SI United, 2025). The isolated nature of SI has led to a strong sense of community among residents who are "... bound together by faith, work, our connection to the water, and a rich history ..." (SI United, 2025, p. 1). SI's history dates back to 1608, with an economy supported primarily by blue crab and oyster harvesting (SI United, 2025). The United States Census (2020) reports a total population of 202, resident median age of 57.2, and a 48.2% employment rate.

The island is informally governed by residents and the church. There are no police, stop signs or lights, grocery stores, pharmacies, or schools. School-age children are ferried to the mainland daily to attend classes, and two volunteer fire departments provide emergency medical services. In 2019, Tidal-Health initiated a telehealth and acute care program on SI with a nurse practitioner (NP) and pharmacist traveling to the island biweekly from March to November to provide acute and chronic healthcare management. A full-time TidalHealth medical assistant, native to the island, provides year-round

medical support for residents.

As with other communities in Somerset County, SI residents are disproportionately affected by chronic diseases (TidalHealth, 2022). Residents engage in little physical activity, aside from manual labor (Forsthoffer, 1997; Windemuth & Murphy, 2011). Food options are limited to native seafood and a small convenience store on the island (Windemuth & Murphy, 2011). Fresh fruit and vegetables are not readily accessible and must be delivered by boat (Windemuth & Murphy, 2011).

To date, there have been no qualitative or quantitative studies examining healthcare engagement among SI residents. Therefore, the aim of this study was to explore the lived experiences of SI residents' engagement with healthcare. Researchers hypothesized that the rural nature of SI has a significant impact on residents' engagement with healthcare.

### Methods

**Design, Sample, & Measures**Phenomenology was utilized to explore the