




Editorial

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 OUR INTERNATIONAL JOURNEY in this edition of *Global Health Online—An Internet Journal for the Digital Age* takes us from the United States to India, with stops along the way in Europe, Latin America and Albania.

John Baranowski is a senior consultant for one of the world's top-ranked consulting firms. Recently, his job took him to Saudi Arabia where he was asked to evaluate the health of one of the Kingdom's largest hospitals. He found a facility, underwritten by the Saudi ruling family that had state-of-the-art equipment, cutting-edge technology, and a well-educated staff. Yet, money does not buy efficiency. The Saudi Constitution guarantees free health care, and indeed, Saudi Arabia ranked in the top 30 countries in the world when its health care system was ranked by the World Health Organization. The United States, by comparison, ranks 37th. For all its riches, the Kingdom realizes it cannot continue to throw money at an inefficient system and is considering privatizing the system. Mr. Baranowski examines both the process of needed change and the cultural impediments that must be considered in the transition. Editors Note: Mr. Baranowski wrote his article while a student in the MBA Health Care Management Program at The University of Findlay.

Dr. M. Chandra Sekar looks at the striking differences in pharmacy practice in the United States and India in the first part of a two part series entitled *Two Different Worlds of Pharmacy Practice and Education—United States of America and India*. As the Indian government prepares to offer a Pharm D. degree this year, the author questions the true value of the Pharm D. degree in the United States in view of the fact that U.S. pharmacists do not have the professional autonomy to use their advanced training in a meaningful way. The gap in professional recognition in India may be even greater. Indian pharmacists with a three-year B. Pharm degree (bachelor's degree) seldom work in retail pharmacies or hospitals – these jobs are filled by two- year diploma graduates.

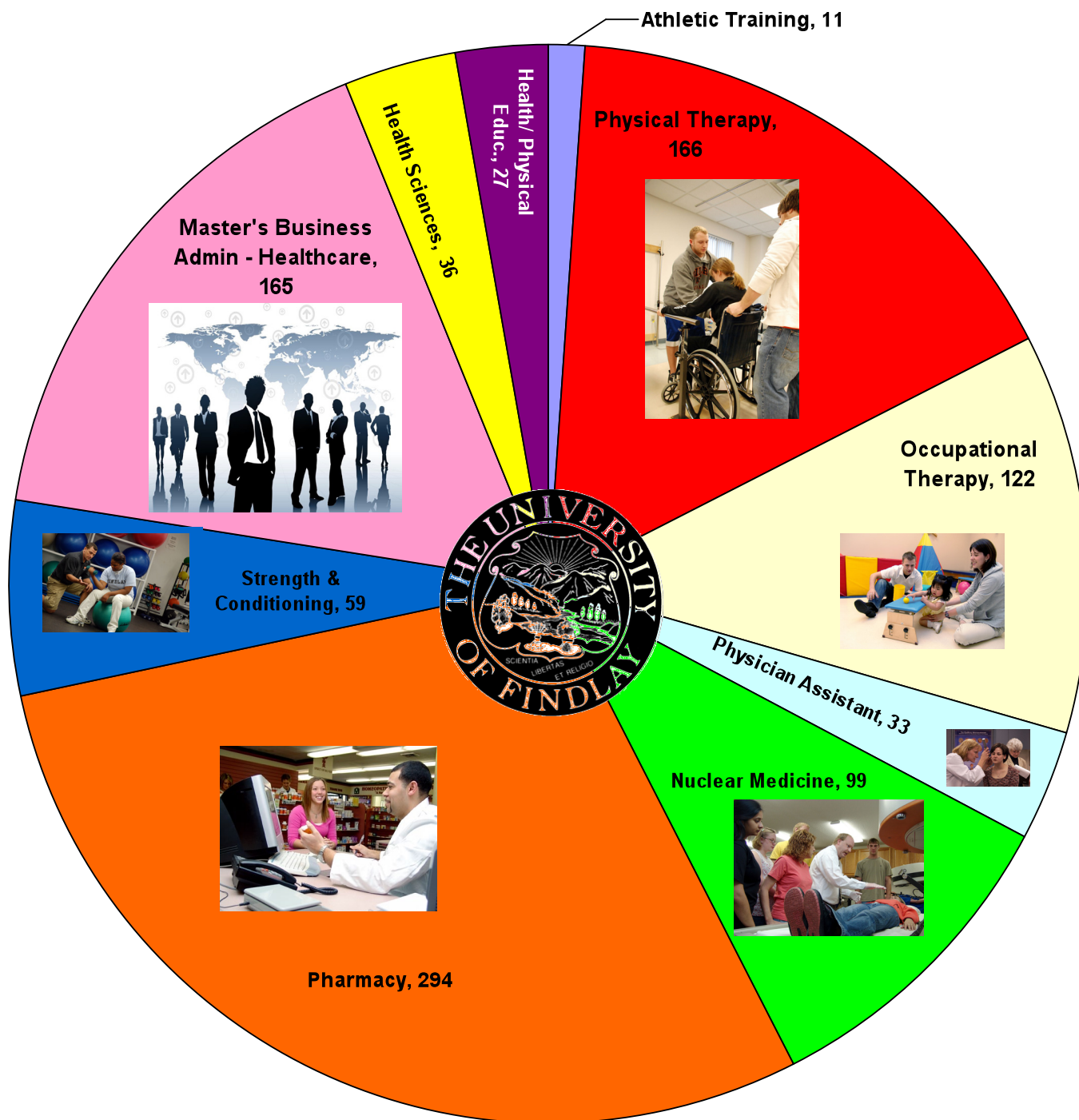
The Promotores de Salud program has been effective in improving the health of the Latino community in the state of South Carolina, American Authors Windsor Sherrill and Rachel Mayo trace the results of a study where 15 lay health advisors were recruited and trained to work within the community and empower its residents to adopt healthy lifestyles. Through educational programs, the lay health advisors implemented nearly 2100 health interventions and referred over 300 individuals for needed health services. The results show how an ethnic community, working together, can improve family health.

Ravished by wars and ideological differences, Albania is a country in transition. Through the vortex of change, a strategic plan has emerged for improving health care access and quality for Albanian citizens. In an article entitled, *Health Systems of the World—Albania*, author William Ruse looks at the Albanian health care system through the eyes of its Ministry of Health (MoH). The economy is fragile, and although it is expanding, it is still adjusting to decentralization of control from the state to the private sector. One of the challenges faced by the MoH is a lack of skilled managers and health professionals. Progress has been substantial but much remains to be done.

New to this issue of *Global Health* is a brief Commentary on Contemporary Issues. The United States spends far more on health care than any country in the world—but its citizens are far from the healthiest, and U.S. age longevity lags that of other developed countries. A Commentary explores this issue in an article entitled, *Can Money Buy Longevity?* Author William Ruse responds to a student's question and analyzes the divergence between expenditures and results. Japan spends approximately 60percent less of its GDP on health care compared to the United States, but its infant mortality rate is half that of the U.S. The bullet points at the end of the article serve not only as food for thought for future Commentary issues, but also appear to summarize why getting sick in the U.S. is expensive.

Among the University of Findlay's diverse student population and course selection, the fastest growing departments fall in the areas of health and the health sciences. We encourage our readers to look at the "Wheel of Health Care" prepared by Andrea Koepke, Dean of the College of Health Professions and her administrative assistant, Jane Niese, see chart on next page. More than 1000 students are pursuing careers in health care. Many of our students will receive master's or doctoral degrees.

Should the content of the Journal change? As we enter our second year of publication, we are aware of our commitment to student writing, and we need to consider how to apply local articles (those addressing health care in the United States) to the Journal's global perspective. While we may occasionally publish articles without a global flavor, we encourage our authors to think about how an article could be enhanced by applying its content to the health care issues of other countries around the globe.



Athletic Training	Physical Therapy
Occupational Therapy	Physician Assistant
Nuclear Medicine	Pharmacy
Strength & Conditioning	Master's Business Admin - Healthcare
Health Sciences	Health & Physical Educ.