Annals of Global Health
VOL. 82, NO. 6, 2016

ISSN 2214-9996/$36.00
http://dx.doi.org/10.1016/j.aogh.2016.11.009

PREFACE

Global to Local: Methods and Models

Virginia Rowthorn, JD, LLM, Lori A. Edwards, DrPH, MPH, RN, PHCNS-BC, Jane Lipscomb, PhD, RN, FAAN, Jody Olsen, PhD, MSW

The global/local movement is gaining momentum in universities across the country. As the president of an urban university, I well understand the critical need to engage with our local neighbors and work toward health equity for all using the best ideas from around the globe. My colleagues at UMB have shown me what we stand to gain when we link community health and global health, and share the models, practices, and competencies that elevate our work in both spheres. To end health disparities, we must view the health of populations through a global/local lens and apply the lessons we learn mutually to better serve our neighbors—both at home and abroad.

—Jay A. Perman, MD, President, University of Maryland, Baltimore

Three years ago, the editors of this special issue of the *Annals of Global Health* were struck by the shared goals and methods of the 2 campus centers we run—the University of Maryland Baltimore (UMB) Center for Global Education Initiatives and the UMB Center for Community Based Engagement and Learning. Both centers are focused on engaging students, faculty, and community members in meaningful research, education, and service to chip away at the chronic disparities experienced by vulnerable populations, particularly in the areas of health care and public health. Was the only meaningful difference between the 2 centers the proximity of faculty and students to the communities of interest? We asked ourselves: Does the need for a passport and what it symbolizes—travel, engagement with new cultures and languages, adventure—explain the siloing of global health and community public health fields in academia and beyond? Are we missing the opportunity to learn, collaborate, and share successful interventions to address disparities across borders both near and far? And what message does this siloing send to students and the world—are communities in Baltimore not part of the globe that the field of global health is intended to reach? Are the interventions that work (or don't work) in Baltimore instructive for community health workers overseas, and are there not lessons learned overseas that could work here?

We were not alone in asking these questions. As the number and scope of global health programs is growing in universities across the country, universities are also restating and enhancing their commitment to active community engagement. This includes working to improve the social determinants of health in our own communities and facilitating community participation in the educational process.[1] At the intersection of these efforts, faculty and nongovernmental organizations (NGOs) are creating programs and initiatives purposefully designed to bridge global and community efforts. The terms *global to local, global/local* and *glocal* are often used to describe these efforts and to express an important but poorly articulated understanding that global health's traditional international focus must be linked—conceptually and in practice—with needs in our own communities. A movement of sorts has taken off but, as yet, does not have the benefit of a conceptual framework or a platform for sharing good ideas.

To investigate and advance the global/local movement and work toward coherent linkages on our own campus, the special issue editors held a workshop titled "Global/Local: What Does It Mean for Global Health Educators and How Do We Do It?" in conjunction with the 2015 Consortium of Universities for Global Health conference. The open workshop was styled as a working meeting with 120 global health faculty and administrators organized into small groups to discuss how

The authors have no conflicts of interest to disclose.
From the University of Maryland, Baltimore, Maryland. Address correspondence to V.R. (vrowthorn@law.umaryland.edu).

Annals of Global Health, VOL. 82, NO. 6, 2016
November–December 2016: 951–954

universities, community partners, and NGOs are using the concept global/local and why it is so important now. Attendees also discussed the substantive differences between working in global health and community public health and how universities and NGOs can operationalize the link between global and local.

A primary goal of the workshop was to agree on terms and basic concepts. This is particularly complicated because the words global (and local) can and do refer to communities both near and far. Further complicating matters is a lack of clarity about basic goals and whether global/local is a noun (a type of program) or a verb (a thing we do) and whether it refers to education or practice or both. Toward clarifying the field, participants agreed on a preliminary definition:

Global/local, *as applied to health and health care, means teaching or applying a global perspective and understanding of transnational health issues, determinants and solutions to address the health needs of communities everywhere, particularly vulnerable communities.*[2]

Workshop participants agreed that the difficulty they experience discussing and framing global/local is not, however, a superficial problem of language, but a reflection of deeply rooted conceptions and policies that have wholly separated international relations and foreign aid from any connection to related local (domestic) work.[2] This division between global and local work also compromises our ability to fully engage students in a spectrum of public health approaches to address health disparities in our own communities, an increasingly outdated orientation given the growing ethnic and cultural diversity of the United States. Participants concluded that this is one of the critical gaps in learning that educators address with global/local programs. To address this gap and assist educators develop curricular offerings, workshop participants developed a list of 7 program elements that should be included in global/local programming[2]:

1. Community engagement
2. Global concepts and transferable skills
3. Focus on social justice and health care disparities
4. Bidirectional learning
5. Experiential learning
6. Interprofessional approach
7. Reflective component

In 2016, the guest editors held a follow-up workshop, "Bridging the Global-Local Divide in Academia: Best Practices and Models," which brought together global health educators with public/community health educators. At this novel gathering, participants discussed what each field needs to know about the other to bridge global and local education and practice, as well as ways to enlarge our conception of global health to include vulnerable communities wherever they exist. Proposals included changes to university structures, curriculum, competencies, professional ethics, postgraduate hiring practices, and research funding frameworks, and addressing legal and regulatory barriers. Participants at the workshop were invited to submit papers for this special issue to elaborate on specific elements of global/local education and research or to describe a program they created to teach students or trainees the global/local approach. This special issue is the first body of work describing the nascent movement toward an expanded conception of global health to explicitly include communities in our own backyard.

Several of the articles in the special issue focus on bidirectional learning, a primary element of global/local education identified at both national workshops. The Redko and Dillingham[3] paper explores the concepts underlying bidirectional learning and addresses the importance of academic and research partnerships to facilitate bidirectional exchanges, while Shdaimah et al[4] provide the concrete example of a course that focuses on shared learning across cultures, in this case between Baltimore and Haifa, Israel. Teaching concepts of bidirectional learning is necessary to encourage students to seek knowledge broadly, but how does bidirectionality look on the ground and in our health care system? Taylor et al[5] bring the critical organizational perspective on the value and viability of bidirectionality in their article, "Bringing Global Health Home: The Case of Global to Local in King County, WA," which describes the challenges and successes of bringing global innovations to low-income neighborhoods in Seattle. The organizational perspective is also described in the article "Achieving Sustainable, Community-based Health in Detroit Through Adaptation of the UNSDGs," in which Plum and Kaljee[6] discuss their noteworthy initiative to use the United Nations' Sustainable Development Goals as a platform to support community health projects in Detroit. These success stories provide sustenance to the emergent global/local community as these programs move global/local concepts into working models.

Notwithstanding these successes, however, working across cultures and regulatory systems takes

more than good will and funding; significant barriers exist in translating tested innovations from one community to another. The article by Rowthorn et al,[7] "Legal and Regulatory Barriers to Reverse Innovation," highlights how the US legal system sets up roadblocks to health care innovation generally, and to imported innovations specifically. Dr. Sharon Rudy and her collaborators[8] present an additional barrier to breaking down the silos between global and US community health efforts—the rigidity of the global health employment market. Dr. Nadia Sam-Agudu[9] and her clients raise a barrier that is felt keenly among global health practitioners in low- and middle-income countries, namely inadequate research funding and training opportunities in developing countries.

Several articles in the special issue focus on how to create global/local training programs for both undergraduates and graduates. These articles focus on programs that teach global concepts along with a set of skills that are transferable across contexts, all framed with a focus on social justice and health care disparities. In recent years, global health educators have recognized that virtually all skills that characterize good practice in an international low-resourced setting are appropriate when working with vulnerable populations domestically and vice versa. The idea that one set of skills is needed for international global health work and another for community health (ie, domestic) work is mostly inaccurate and squanders opportunities for shared research and solutions. Rabin et al[10] describe the creation of the Global Health and Equity Distinction Pathway for Yale internal medicine trainees, which is designed to provide residents with the opportunity to spend dedicated time focusing on the care of underserved individuals, both locally in Connecticut and globally. The article includes the program's development process and tables that will prove invaluable in reproducing the model. In their article, "Educational Activities for Trainees to Connect International Experiences to Local Realities,"[11] Dr. Tamara McKinnon and her colleagues describe training activities to help facilitate local application of global health exposure abroad through the use of pedagogies and resources. Although these 2 articles are focused on medicine, they are highly applicable to other professions.

Interprofessionality is another component of global/local education and practice, and this theme is illustrated in the articles by Brueckel et al[12] and Glickman et al.[13] These papers describe activities that faculty from all disciplines can use to link international experiential opportunities with local (US) opportunities and how doing so enhances students' personal and professional development and fosters ongoing lifelong engagement with local disadvantaged communities. Experiential learning—or teaching students through structured hands-on didactic experience—is a fundamental feature of global/local education but requires focused attention on the community in which the students will work. Many well-intentioned initiatives have fallen short through insufficient community engagement and poor student preparation. In their article, "Beyond Visas and Vaccines: Preparing Students for Domestic and Global Health Engagement,"[14] Dr. Lisa Adams and Anne Sosin discuss the critical role of engagement and preparation to long-lasting and meaningful local and international collaborations. They correctly note that much of the engagement and preparation process necessary for international placements is just as necessary for work with vulnerable communities in the United States. Applying the same principle, Edwards et al[15] describe an initiative to use safety strategies developed by the Peace Corps and other international NGOs to create an orientation that prepares students to work with vulnerable populations in Baltimore while staying safe. In the final article in this group, Dr. Holly Barker[16] describes the numerous minefields she had to traverse to create a global-service learning project for student athletes at the University of Washington.

The guest editors hope that defining concepts and sharing successful models will spawn a new approach to developing and implementing global/local programs and training models. As with any educational innovation, change is driven by our students, who are increasingly diverse and globally focused. It is our responsibility to teach students the importance of contextually appropriate solutions wherever they are needed. Each article in this issue urges us to work across professions and across borders to share knowledge. This orientation must be fostered and initiated in the undergraduate system and later into professional training so that future generations begin their careers with a broad thirst for knowledge and innovation unlimited by historical silos. This is the goal, the promise, and the future of global health.

Annals of Global Health, VOL. 82, NO. 6, 2016
November–December 2016: 951–954

REFERENCES

1. Weerts DJ, Sandmann L. Building a two-way street: challenges and opportunities for community engagement at research universities. Rev Higher Educ 2008;32:73–106.
2. Rowthorn V. Global/local: what does it mean for global health educators and how do we do it? Ann Glob Health 2015;81:593–601.
3. Redko, Dillingham. Exploring the significance of bi-directional learning for global health education. Ann Glob Health 2016:955–63.
4. Shdaimah, et al. Exploring social justice in mixed/divided cities: from local to global learning. Ann Glob Health 2016:964–71.
5. Taylor, et al. Bringing global health home: the case of global to local in King County, WA. Ann Glob Health 2016:972–80.
6. Plum, Kaljee. Achieving sustainable, community-based health in Detroit through adaptation of the UNSDGs. Ann Glob Health 2016:981–90.
7. Rowthorn, et al. Legal and regulatory barriers to reverse innovation. Ann Glob Health 2016:991–1000.
8. Rudy S. The PHI/GHFP-II employers' study: the hidden barriers between domestic and global health careers and crucial competencies for success. Ann Glob Health 2016: 1001–9.
9. Sam-Agudu N. Funding and building sustainable local capacity for global health research in West Africa. Ann Glob Health 2016: 1010–25.
10. Rabin, et al. Global health without boundaries: structuring domestic and international opportunities to explore global health in a graduate internal medicine training program. Ann Glob Health 2016:1026–33.
11. McKinnon T. Service-learning as a framework for competency-based local/global health education. Ann Glob Health 2016:1034–42.
12. Brueckel, et al. Creating global experiences with local impact for pharmacy and medical students. Ann Glob Health 2016:1043–7.
13. Glickman, et al. Global learning experiences, interprofessional education, and knowledge translation: examples from the field. Ann Glob Health 2016:1048–55.
14. Adams A, Sosin A. Beyond visas and vaccines: preparing students for domestic and global health engagement. Ann Glob Health 2016:1056–63.
15. Edwards, et al. Facilitating student safety in communities: applying an international model in an urban US city. Ann Glob Health 2016:1064–9.
16. Barker H. Global-service learning and student-athletes: a model for enhanced academic inclusion at the University of Washington. Ann Glob Health 2016:1070–7.