



### ***Workshop Summary***

***“Global/Local: What does it mean for global health educators and how do we do it?”***

**Consortium of Universities for Global Health Pre-Conference Workshop**

**March 25, 2015**

#### **Short Description of Workshop:**

This pre-conference workshop was designed to study how universities, community partners, and NGOs are defining the concept “global/local” and “glocal” but more importantly, how they are operationalizing it. The goal of the workshop was to discuss the issue of global/local education from multiple perspectives and work with participants to arrive at conclusions and recommendations regarding global/local education and practice that can be shared with a greater audience. The workshop consisted of several plenary presentations, two rounds of lightening presentations, and two rounds of small group work including focused discussions and report outs. Over 110 people attended the workshop.

#### **Primary Organizers:**

- Virginia Rowthorn, JD, University of Maryland Carey School of Law and University of Maryland Baltimore Center for Global Education Initiatives
- Dr. Sharon Rudy, Director, USAID Global Health Fellows Program II
- Dr. Jody Olsen, University of Maryland School of Social Work and University of Maryland Baltimore Center for Global Education Initiatives
- Dr. Jane Lipscomb, Professor, University of Maryland Schools of Nursing and Medicine and Director, University of Maryland Center for Community Based Engagement and Learning
- Dr. Lori Edwards, Associate Director for Global Occupational Health, Office of Global Health, University of Maryland School of Nursing

#### **Executive Summary of Workshop:**

Participants at the workshop agreed that a new – and positive – trend in global health education is recognition of the local (U.S. domestic) component of global health. Programs that include this component of global health are often called “global/local” programs. In the global/local context, “local” usually means the global health student or practitioner’s home or university community. For

US-based global health university programs, “local” therefore refers to communities in the US and “global” typically refers to international systems or communities overseas. It is precisely because this description of global/local seems to raise outdated and complicated issues that a room full of educators met to initiate dialog on how to reframe global health in a way that explicitly acknowledges the universality of human health concerns and the importance of contextually appropriate solutions wherever they are needed. Global/local programs seek to break down or link two fields that have historically been siloed from each other - global health and community health and the university institutions, faculty, scholarship, funding and jobs that flow from these separate pathways.

Global health has always focused on the health of communities, but almost exclusively on communities outside the Global North and outside the students’ home environments. This was consistent with historical forces that encouraged the transfer of skills and services from countries with more resources to countries with fewer resources. However, workshop participants support the growing recognition that virtually all of the skills that characterize good practice in an international low-resourced setting are appropriate when working with vulnerable populations domestically and vice versa. In other words, the idea that one set of skills is needed for global health work (i.e. non-domestic work) and another for local work (i.e. domestic work) is mostly inaccurate and squanders opportunities for shared research and solutions. Participants also agreed that the intrinsic value of global/local programs is that they firmly place students on the same globe as those they seek to help which may encourage greater humility, greater empathy, and greater ties between health care professionals and patients/communities. Flowing from this perspective is likely to be a greater focus on the health needs of vulnerable communities in our own backyard, an openness to bi-directional learning, and learning how to adapt low cost/high impact innovations for use in the United States and other countries.

As educators, the global/local perspective naturally raises important definitional questions regarding the difference between public health, community health, global health, and international health – and all the trappings that accompany these different fields. It also makes us question whether we need to expand our portfolio of international placements to include domestic placements as well.

Although global/local is a critical component of global health education, workshop participants agreed that linking global and community health education conceptually and practically is complicated – the terms we use are unclear and how best to structure curriculum to meet the goals of global/local is unclear in the absence of best practices and well-publicized models.

Critical preliminary conclusions from the workshop – recognizing that no consensus was sought – are the following:

- **Reframe Global Health Education to Encompass the Global/Local Link:** Global health education should be reframed as the study of global health themes (e.g. chronic and infectious disease, gender-based violence, social determinants of health) for which contextually appropriate local solutions are required. Under this framework, global health education should include the study of successful interventions that can be shared globally and adapted locally and methods to reduce the barriers that inhibit sharing and adoption of such interventions. However, some noted that there should be a way to distinguish generalizable knowledge and the normative

work of international organizations such as the WHO – which is uniquely global - with what happens on the ground at the local level.

- **Global/Local as Social Justice:** Global/local programs should acknowledge the social justice barriers that prevent access to adequate health care in both domestic and international settings.
- **Global/Local as Transferable Skills:** Participants agreed that the many of the skills needed to succeed in global health and community health are similar (including profession-specific skills, cultural understanding and awareness, program design and evaluation) and more effort should be made to merge these two fields from education and employment perspectives.
- **Global/local should facilitate bi-directional learning:** Global/local programs should break down traditional “us/them” conceptions of global health and international aid that support a one-way flow of knowledge and services from the Global North to the Global South.
- **Create opportunities for students to experience global/local link:** Global/local programs should create mechanisms to give global health students an opportunity to integrate their global health education with local community engagement both didactically and experientially. For example, a social work student who works in an HIV/AIDS clinic in Thailand should be introduced to a setting in his/her home community in which social workers support individuals with HIV/AIDS either before or after the international experience. This meets the university’s obligation to its own community and models a domestic career path for a social worker interested in HIV/AIDS work.
- **Elements of a global/local course:** The following model elements of a successful global/local course or experiential learning experience emerged from small group discussions. A global/local program should . . .
  - Teach global health themes from international and domestic perspectives.
  - Focus on health care disparities.
  - Include ethics/social justice/human rights training.
  - Teach transferable skills while building professional skills.
  - Incorporate short-term community experience locally or internationally.
  - Include a short-term experience that meets community needs in short periods of time with students.
  - Engage the community, especially with immigrant populations, in the local and global aspects of an initiative.
  - Work early with community to identify needs.
  - Be sustainable.
  - Connect the university with local health care centers and advocacy groups.
  - Work across schools and programs to break down silos and encourage interprofessional education.
  - Include a reflective component.
  - Use the same evaluation processes for both international and local engagement.

Although the overwhelming tenor of the workshop was positive, some participants noted that the path ahead is not easy. University-level barriers include administration and faculty resistance to a new conception of global health, rigid silos that make innovation difficult, and limited funding for cross-disciplinary initiatives. Also, although participants believe that global/local is the right thing to do for

our students, for global health, and ultimately for the health of the world's populations, there is no evidence that a global/local approach improves health outcomes or health disparities. More research is in order. Caution was noted that academia must take into consideration the importance of ensuring that the educational experience not only prepares students for their career but also contributes to their being attractive candidates for employment.

### **Recommendations:**

Several recommendations for follow-up activities emerged from the workshop:

- Words and definitions matter – the global health community should agree in principal on a definition of global/local or “glocal”. It is important to decide if global/local refers to a concept or a method of education. As an educational concept, is it something we teach or something we do or both? Is it part of the didactic curriculum, experiential learning, immersion experiences, and/or global health practice? How does global/local play out in the practice, employment and funding context?
- Models of successful global/local programs should be compiled and shared to facilitate development of new programs.
- A series of elements, themes, competencies and best practices should be developed in the global/local area to:
  - Train global health and community health faculty.
  - To inform curriculum development.
  - To facilitate creation of experiential and immersion learning programs, with an emphasis on creation of domestic programs in which global/local themes can be taught.
- Universities should consider shared curriculum across community and global health programs. One suggestion was to view global health through the lens of community engagement and social justice. In other words, start with community engagement and build global concepts on top of this foundation.

As a next step, the organizers will seek publication of an article detailing the outcomes of the March 25, 2015 workshop to initiate national dialog on these issues. Workshop leaders will work with CUGH to organize follow-on meetings to work on the recommendations that emerged from the workshop. The organizers will reach out to workshop participants who want to stay involved and, if possible, be part of a follow-on pre-conference workshop next year that focuses on global/local best practices and models.

**The agenda and all the Workshop presentations are online:**  
<https://www.umaryland.edu/global/cugh/presentations/>