Making the Global to Local Link in Academia: Concepts and Models

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Global & local health: a growth industry

- "Tsunami of interest" in GH
  - Students, Researchers, Faculty, Practitioners:
  - Interest in domestic health: GH comes home

- Alas, tsunamis can cause disruption & destruction
  - Ethical dilemmas
  - Unfamiliarity with local context
  - Poor preparation common
  - Misaligned goals
    - Project completion at expense of collaboration?
    - Jeopardized partnerships
  - Under-appreciation of the burden on host partners to on-board/orient, provide translation for, and supervise newcomers

Global vs. local experiences: why?

- Encourage students to reflect on their motivations
  - Ask "why are you interested in this population, community or project?"
    - Delhi vs. Baltimore
  - Would they want to do the same project in an underserved community in the US?
    - Why or why not?
    - What would be different/harder/easier?

Global & local health experiences: who benefits?

- Important to remind students of the realities:
  - Low-hanging fruit has been plucked
  - What can be accomplished in a month? 3-months? A year?
  - Who benefits?
    - What might you gain from this experience?
    - What were you able to accomplish/leave behind?
  - How might your presence there affect the environment?

Global & local health experiences: how to prepare

- Move beyond cultural competency or humility
  - Start with my own culture
    - Requires "unlearning" of previous socialization (praised traits)
    - Adapt assertiveness, drive & initiative to listener / learner mode
- Learn and respect local hierarchies
- Appreciate complexities of local systems
- Consider context: limited clinical staff, resources, competing health priorities
- Step back to see the big picture
  project or collaboration

Global health experiences: ask before you sign up

- **Partner/community liaisons should always be driving the agenda**
- Sadly, not all academic partnerships are equitable
- Assess:
  - Is this project responding to a community/partner-identified need and/or initiative?
  - What are the goals of the project?
  - Who forms the leadership team?
    - If a joint HIC-LMIC project, is it balanced?
  - How is reciprocity honored in the collaboration?
  - What has the partnership achieved to they measure their accomplishments?

Achieving equity in global health education

Table 1 Core components of equitable global health education and practice

1. Engagement of interdisciplinary teams and an ability for all global health practitioners to work respectfully and collaboratively
2. Development of equitable partnerships with shared leadership and stated, common goals
3. Alignment of priorities and research agendas that are driven by the low- or middle-income country partner
4. Program management, problem-solving, and where possible, financial oversight provided by the low- or middle-income partner
5. Education of trainees from the low- or middle-income country site is prioritized over education of trainees from the high-income country partner
6. Applications for research or programmatic funding opportunities are jointly conceived and written
7. Research conducted jointly with shared principal investigator and research team member roles, publication authorship and presentations, and broad availability of findings through publication in open-access or HINARI-supported journals

Source: Adams et al. BMC Med Educ, 2016.

Global & local health experiences

- Most clinicians & trainees recognize the importance of true partnership & bilateral capacity building
- Challenge is in the execution of these practices
- Equity in global/local health programs & practice ought to be central to our mission
- More in *"Beyond Visas and Vaccines: Preparing Students for Domestic and Global Health Engagement"* (Adams & Sosin, Annals of GH, 2016)

- *The stakes are high but when done right, global health engagement can have both personal rewards and broad impact*