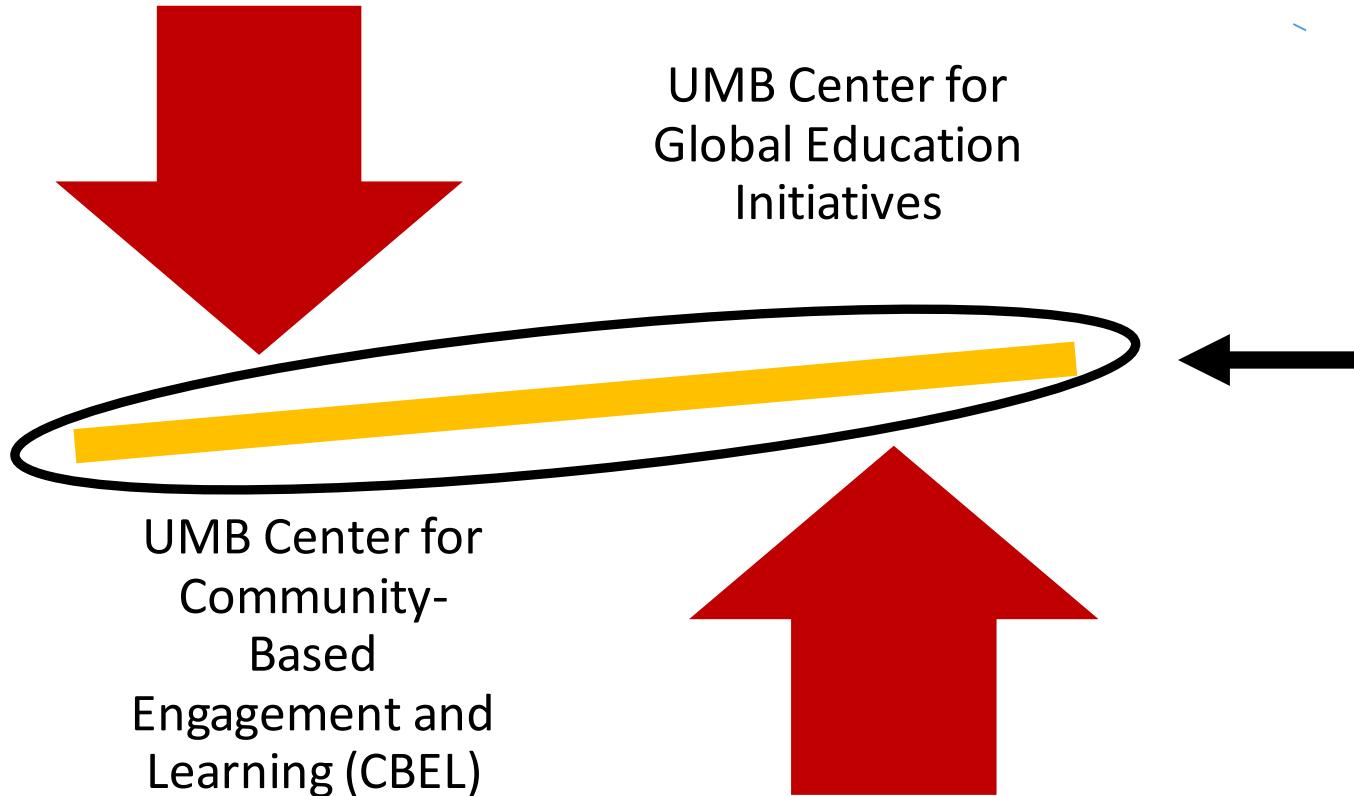


Making the Global to Local Link in Academia: Concepts and Models

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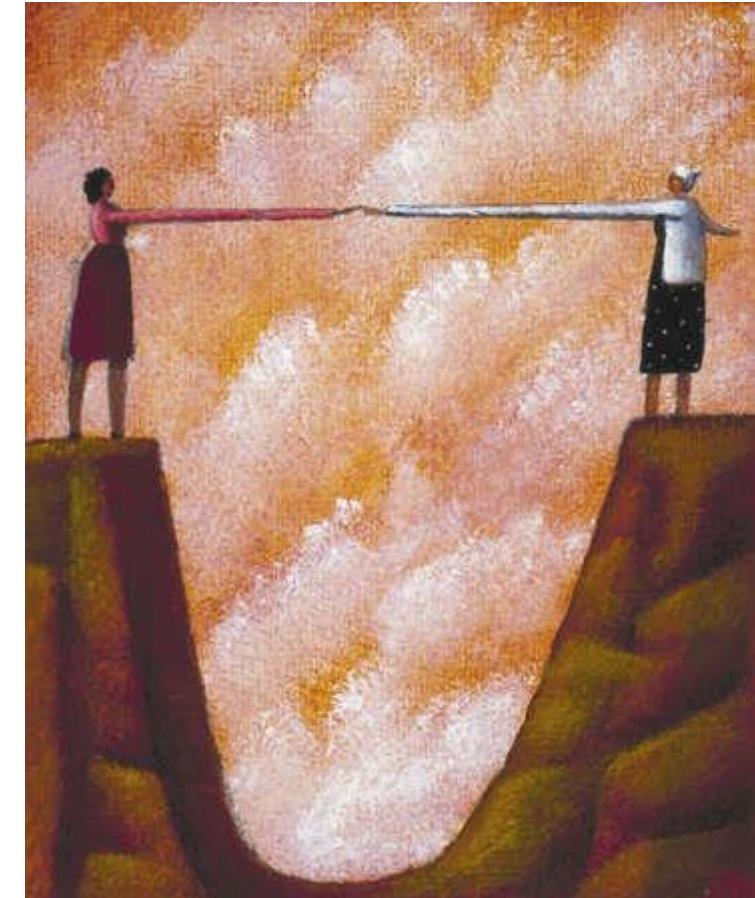
Annals supplement was joint project between the two campus centers that were previously siloed.

Both centers are focused on engaging students, faculty, and community members in research, education and service to address chronic disparities related to social determinants of health.

Was the only meaningful difference between the two centers the proximity of faculty and students to the communities of interest (in other words, a passport?)

What is the impact of the historic divide between domestic community health and global health?

- Missed opportunities to learn from, collaborate, and share successful interventions across borders (north to north, south to south, south to north, north to south).
- Divided educational tracks that lead to separate career paths.
- Implied message that US is not part of the “globe” in global health.





Global to Local “Movement”

- We started studying this “global to local phenomenon in 2014.
- Decided not to get hung up on messy language problem (everything is local, everything is global, attempts to use “glocal”) but rather see how universities and practitioners were addressing this issue.
- Held 2015 CUGH pre-conference workshop with 120 global health faculty and administrators.
- Held 2016 workshop “Bridging the Global-Local Divide in Academia: Best Practices and Models,” which brought together global health educators with public/community health educators.
- Findings . . .

- Definition of a global/local program:

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.

- Program elements that *should** be included in global/local programming:

- Community engagement
- Teaching overarching global concepts and transferable skills
- Focus on social justice and health care disparities
- Bi-directional learning
- Experiential learning
- Interprofessional approach
- Reflective component



GLOBAL + LOCAL = GLOCAL

*acknowledging it's hard for one program to support all elements

Fifteen articles in *Annals of Global Health* Supplement



- Participants from 2016 meeting submitted articles for supplement
- Some articles track the proposed elements developed at the meeting.
 - Bi-directional Learning (2 articles)
 - Community Engagement (2 articles)
 - Interprofessional teaching and practice (2 articles)
 - Experiential learning (3 articles)
- Some articles address barriers to the “global to local” paradigm
 - Legal and regulatory barriers (1 article)
 - Rigid and divided career paths (1 article)
 - Limited participation of LMIC researchers and providers in global health research (1 article)
- “How to” articles that describe creating global/local training programs (3 articles)