

# ***“Think Globally, Act Locally: Just Do It”***

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# What we know about global/local so far ...

- We know what it is.
- We want to do it.
- We must do it.
- We have the skills to do it.
- We know the stumbling blocks.
- So . . .

# We know what it is.

- *Proposed 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.*
- “Global/local **engages** communities, especially vulnerable communities, **in the identification of health needs** and in the application of a **global, interdisciplinary perspective** and understanding of transnational health issues, determinants and solutions.” – Dr. Rebecca Dillingham
- Global/local, **as applied to health education or health care**, means teaching or applying a global perspective to **multinational health issues**, determinants and solutions to improve health **and equitable access to healthcare**, especially amongst vulnerable populations. - Dr. Nadia Sam-Agudu

# We know what it is.

- Community Engagement
- Global Frameworks/Local Solutions and Transferable Skills
- Focus on Social Justice and Health Care Disparities
- Bi-Directional Learning
- Experiential/Clinical Learning
- Interprofessional Approach
- Reflective Component

# We want to do it. (We have always wanted to do it).

- “Tropical medicine” and “international health” focused heavily on infection control and not on the delivery of healthcare.
- 1978, Declaration of Alma Ata – WHA declared that all governments, all health and development workers, and the world community need to **protect and promote the health of all people** and that primary healthcare was the way to get there.
- 2001, Gro Harlem Brundtland, then Director General of WHO said to UN
  - “With globalisation, a single microbial sea washes all of humankind. The separation between domestic and international health problems is no longer useful.”
- 2007, Hout et al noted
  - “Terms such as ‘international health,’ or ‘tropical medicine’ are evasive and do not fit into geographic, climatic, or infectious disease pigeonholes. ‘Global health’ is increasingly used to stress the global commonality of health issues that transcend national borders, class, race, ethnicity, income, or culture.”
- 2009, Koplan et al –
  - “an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide.”
- Along with this new field came money from governments and NGOs. Funding for global health went from US\$ 2.5 billion in 1990 to US\$14 billion in 2005.

# We must do it.

- The professional code of ethics for every profession includes the responsibility to care for vulnerable populations.
  - Lawyers should devote professional time and resources and use civic influence to ensure equal access to our system of justice for all those who because of economic or social barriers cannot afford or secure adequate legal counsel” **Model Rules of Professional Conduct: Preamble**
  - The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. **American Nurses Association Code of Ethics**
  - Etc.

# We must do it.

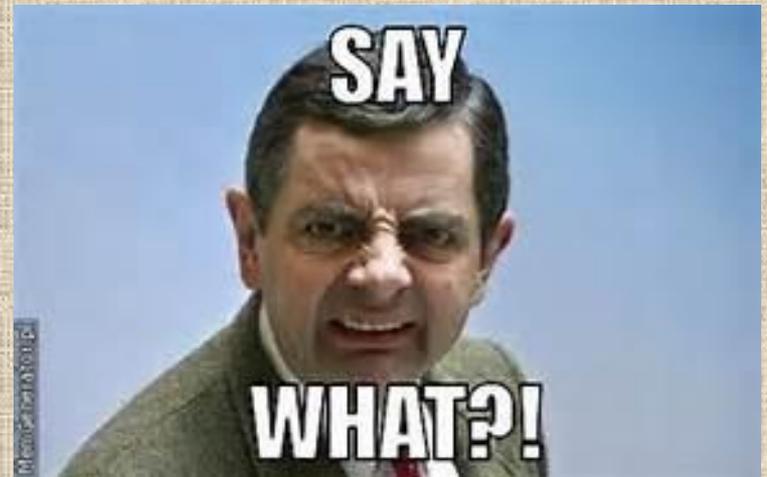
- Social Accountability of Universities
  - ...the obligation universities to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and / or nation they have the mandate to serve. The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals, and the public. (WHO 1995)
- **Community service learning opportunities for all students** to move the issue of professional development of altruism, humility and excellence beyond the realm of good intentions to measurable achievement.

# We have the skills to do it.

- Community Engagement
- Global Frameworks/Local Solutions and Transferable Skills
- Focus on Social Justice and Health Care Disparities
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(Global citizenship scholars are urging this type of education at the undergraduate level and thinking how study abroad fits in this this)

# We know the stumbling blocks



But we have a definitional/conceptual/marketing problem we need to address . . .

- Global perspectives are essential for effective local public health.
- Global Health is Global/Local and Glocal and vice versa. Two of these terms have to go.

Reinvigorate  
**global health**  
to make it what it should be.

# Global Warming





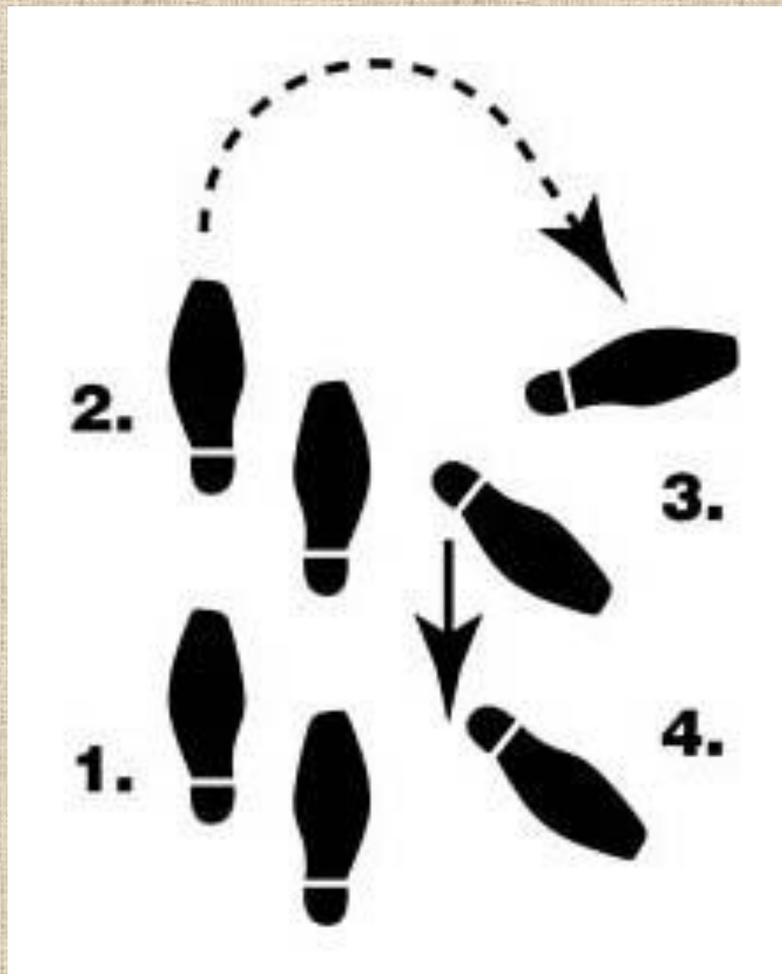
**Global Knowledge,  
Skills and Attitudes**

**Local, contextually  
appropriate adaptation**



- ~~Global/local, glocal~~, global health education is:
  - ↓ Addressing challenges that transcend national boundaries (e.g. Zika, Ebola)
  - ↓ Understanding global root causes and impacts of a health condition or risk factor (e.g. nutrition)
  - ↓ Focusing on interdependent communities and the promise of scale up or diffusion of innovation (e.g. remote diabetes management via cell phone)
  - ↓ Teaching ability to identify and adjust to different contexts (cross-cultural effectiveness)
  - ↓ Learning comparatively across local and international sites that share similar culture, health challenges, or program strategies (immigrant health)

# Closing



**JUST DO IT.**



# Next Steps

- Immediate next step
  - Article
  - Symposium issue of journal
  - Report
- Longer term
  - Community folks: how do you want to collaborate?
  - CUGH plenary panel
  - CUGH statement, working group, etc?
  - Book?

# Challenge

- Can we regroup in 18 months each having made one step forward on our campuses?
- Ideas from big to small:
  - ↓ Bring together your community engagement and global health folks for half a day around a common theme, e.g. preparing students to enter local communities.
  - ↓ Establish a link between your global health center and community engagement center.
  - ↓ Host a symposium on a topic and bring one local and one international speaker together to discuss common themes/differences.
  - ↓ Create/require local placements for global health students.
  - ↓ Create a course that teaches global health or community health from local and global perspectives.

# Introduction to Public Health: Local to Global Perspectives – University of Wisconsin Madison (Dr. Patrick Remington, Course Director, Associate Dean for Public Health)

<u>Module</u>	<u>Topic</u>
#1	Introduction to public health
#2	Global public health
#3	Infectious diseases
#4	Chronic disease
#5	Injuries
#6	Environmental health
#7	Integrating medicine & public health

## **Module 5: Injuries (Durkin/Gendi)**

Mar 29 5.1—The politics of firearm injury control (Hargarten)

Mar 31 5.2—Injuries: Global burden, costs, and trends (Durkin)

Apr 5 5.3—The Opioid Epidemic: A National and State Public Health Perspective (Weiss)

Apr 7 5.4—Health policy advocacy approaches to injury prevention (Corden)

## **Module 6: Environmental Health (Malecki/Scott)**

Apr 12 6.1—Introduction to environmental health (Malecki) (Ch. 8)

Apr 14 6.2—Geographies of vulnerability: The 2003 Heat Wave in Paris (Keller)

Apr 19 6.3— Studying the health effects of environmental exposures (Malecki)

Apr 21 6.4—Asbestos and health: the case for a worldwide ban (Kanarek)

**JUST DO IT.**

