



National Association of County & City Health Officials

The National Connection for Local Public Health

FOR IMMEDIATE RELEASE

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NACCHO MEDIA BACKGROUNDER

What Is “Glocal” Health?

Applying *Global* Health Solutions to *Local* Health Department Problems

Q&A with Lori Tremmel Freeman, Chief Executive Officer
National Association of County and City Health Officials (NACCHO)

Washington, DC, September 23, 2019 — The [National Association of County and City Health Officials](#) (NACCHO) is the voice of the nation’s nearly 3,000 local health departments. NACCHO’s efforts focus on promoting health and equity, combating disease, and improving the quality and length of all lives. Here NACCHO’s CEO Lori Tremmel Freeman discusses the findings of NACCHO’s new report, [Lessons from the World: Applying Global Thinking to Local Public Health](#).

Q. Ms. Tremmel Freeman, that is an intriguing *portmanteau* – global + local = “glocal.” What exactly do you mean by this?

Glocal is exactly what it sounds like: the combination of global and local. Within a public health context, good ideas for public health have no borders. Solutions in other countries may provide cost-effective and evidence-based strategies that could improve the health and wellbeing in our own communities. Therefore, we should see these as a resource, especially in areas that local health departments are failing to see improvement.

Q. What can relatively poor countries' public health practices teach public health practitioners here in America? Can you give us a couple of real-life examples?

It is easy to think that our country should always be sharing our best practices with other, less resourced, countries. While we have much to share, there is also much to learn from the global perspective. While communities in relatively poor countries may not seem to have many similarities with our own, they can and do face similar challenges. Leaders of local health departments often need to create cost-effective solutions. Many low-income countries have seen great success in highly resource-constrained environments, and there is a lot that we can learn from these countries about sustainable, cost-effective solutions.

While the opportunities for insight are potentially limitless, I learned of one great example from a leader of a local health department in rural Kentucky. There was a local dentist in his community who went to Ecuador each year to provide dental care to children. On one of his visits, he learned of a dental varnish that was quick and easy to apply to children's teeth to substantially reduce tooth decay. He was able to obtain funding for a supply to use within his practice in Kentucky and saw a decline of tooth decay rates of children from around 50% to 11%. While at first glance, Ecuador and Kentucky appear to have very little in common, this solution was highly effective in both communities.

There are many challenges that U.S. local health departments face where globally inspired programs can offer effective solutions, such as community health workers, mobile health, and centering models for pre- and post-natal women. The opportunities are seemingly endless when we recognize the potential of cross-country inspiration and collaboration.

Q. How do you envision "glocal" health practices being applied in the future? Is this something that could be taught in college MPH programs? How will NACCHO get the word out to its members?

Our hope is that NACCHO will be a facilitator in creating a more glocal approach to public health among local health departments. With our new Global Health program, we want to be a linking agent among the local health departments that we serve and organizations that are doing incredible work and having great success in other countries.

Within the next few years, we hope to share success stories of health department that have taken a glocal approach and provide opportunities for other health departments to learn from those partnerships. We hope to provide replicable steps that local health departments can take as they start to think about this approach and guide other health departments through this process.

We recognize that this is a new way of thinking about public health and will serve as a resource to those who are ready to think about a glocal approach to challenges they are facing.

Q. Any final thoughts to add?

Global health is bidirectional in nature. In 2009, the Consortium of Universities of Global Health (CUGH) Executive Board published a manuscript in *The Lancet*, attempting to define global health: *“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual level clinical care”* (Koplan et al., 2009). This is how we must think about global health if we are to advance the health of all people, both domestically and abroad. By siloing global health and local public health, we are doing ourselves a disservice and potentially closing the door to finding more evidence-based, cost-effective solutions to the challenges that are keeping us up at night. NACCHO is excited to do its part in advancing the true definition of global health and improving the health and wellbeing of local communities.

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For more information about NACCHO’s Glocal work and how international public health projects can inform practices in the United States, listen to September 19 edition of [NACCHO’s Podcast from Washington](#). This episode marks the first in a series where NACCHO’s Podcast from Washington will set aside time to highlight global health solutions that can inform domestic public health policy and practice. In this episode, NACCHO Program Analyst for global health Emily Yox interviews Duncan Stephenson, the Deputy Chief Executive for the Royal Society for Public Health in the United Kingdom to discuss his Health on High Street project. This model uses data to score stores found on UK High Streets (like an American Main street) to create a measure to determine the “healthiness or unhealthiness” of 70 UK towns and cities. This model is now migrating to the United

States to rank the healthiness or unhealthiness of U.S. main streets, with a final report coming out in early 2020. In the interview, they discuss the catalyst behind starting this work, how they scored and ranked the streets, and its adaptation within the U.S. context.

About NACCHO

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit www.naccho.org.