

A New Approach to Thinking Globally and Acting Locally

The Global to Local Health Initiative

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In June 2010, Pacific Health Summit participants will explore creative ways to build a healthier future for our world, discussing many of the challenges that result from economic disparities in developing nations. But the gaps between the “haves” and “have nots” exist across the spectrum of developed nations as well. To help us serve those outside our home countries, let us also look within them – and share with each other what we are learning. Taken together, our individual stories can help us building healthier communities – where mothers and babies not only survive, but thrive.



*My name is Aminah
I am a girl
I am small
I am happy*

Living and working in Seattle, Washington, we are well aware of the impact that our locally-based global health organizations make on the lives of millions of people around the world.

But the world also comes to us. It comes in the form of a small, happy girl who proudly displays her tidy penmanship for a visitor to her classroom in Tukwila.

Located south of Seattle, the Tukwila School District was recently identified as the most ethnically diverse school district in the United States.

Aminah is surrounded by classmates, neighbors, and friends who speak as many as 70 different languages.

Many came from countries where the poor and marginalized faced the perils of high maternal and infant mortality, malaria, and malnutrition.

Here in the United States, many are still among the poor and marginalized who face the perils of diabetes, hypertension, and poor nutrition.

Framing New Questions

This parallel between the urgent and the chronic represents a typical evolution in public health: once the immediate threats of high infant mortality and deadly pathogens are overcome, chronic diseases threaten a population.

The annual \$2.2 trillion that the United States spends on technologically sophisticated healthcare does not change the underlying socio-economic factors that put poor domestic populations at risk. And despite our huge investment, health outcomes in this country lag substantially behind many others who spend far less.

Political debate here tends to focus on our system of healthcare insurance, but what we need to look at is our system of health *delivery*.

The question is: How can we apply global health strategies that are working in communities 10,000 miles away to communities that are 10 miles away?

And, conversely, what can we learn from working with local communities plagued by chronic diseases that will help prevent these problems on the other side of the globe?

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Seeking More Effective, Less Complicated Answers

The Global to Local Health Initiative, launched in 2009 in the Seattle area, is seeking to answer these important questions.

The initiative is spearheaded by the Washington Global Health Alliance, Seattle-King County Public Health, Swedish Medical Center, the area's largest healthcare provider, and HealthPoint, a community-based network of primary care clinics.

We recognize that the tremendous investment the United States has made in sophisticated, expensive healthcare has shaped – and in many ways constrained – the way we think about providing healthcare. And the cost of treating chronic diseases is astronomical, compared to the cost of prevention.

We have learned from global health efforts that effective strategies do not always have to be complicated or expensive. What they *do* have to be is holistic and highly attentive in their approach to a community's culture, structure, and economic realities. To be truly effective, we need to empower local communities to take an active role in improving their own health.

Tukwila and its neighbor city, SeaTac, will be the first communities involved in the Initiative. Their diverse, largely poor residents have lower life expectancies than surrounding communities and much greater incidences of death related to cardiovascular disease and diabetes – chronic diseases.

Applying Global Health Strategies Locally

A number of global health strategies have significantly improved health outcomes in developing countries, and they hold promise for the Tukwila/SeaTac area.

One such strategy is the use of community health workers. In India, for example, local people who know the culture and understand the community are trained as community health workers. They provide women with home-based education and services before and after their babies are born. In areas where this system has been effectively put in place, newborn mortality has dropped dramatically.

Other key strategies include:

- Integrating public health and primary medical care
- Linking health with economic development
- Mobilizing community-based organizations
- Generating focused campaigns around priority health issues.

In India... local people who know the culture and understand the community are trained as community health workers. ...in Washington State, local people ... may well have the same dramatic impact.

Using communications technology to transform practices

We believe that identifying effective tactics within these over-arching strategies will give us the potential to powerfully influence the health of our communities. The next step is to match the needs of the Tukwila/SeaTac communities with the tactics that will be effective there, and we are working now to do that.

No nation has unlimited resources for health care. We must all to think creatively about how to invest existing resources in new and different ways. To work within our undeserved communities to tackle the underlying social and economic problems that plague their health. And to realize that, whether in developing or developed countries, *all* of our communities fall within the definition of "global."

Aminah is eight years old. By applying global solutions to local healthcare challenges, we could help her have the long life expectancy that she deserves.

We urge leaders to consider ways to import the methodologies that we often talk about exporting to our friends.