Annals of Global Health
VOL. 82, NO. 6, 2016

ISSN 2214-9996/$36.00
http://dx.doi.org/10.1016/j.aogh.2016.11.006

VIEWPOINT

Bringing Global Health Home: The Case of Global to Local in King County, Washington

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Abstract

The article describes the experience of testing successful global health interventions in the cities of SeaTac and Tukwila, Washington—2 very diverse, underserved communities outside of Seattle that experience significant health disparities compared with surrounding areas in King County. Topics covered include an overview of the partnership that established Global to Local, the process of engaging Seattle-based global health institutions in identifying global health strategies to test, identifying communities experiencing health disparities that might benefit from global health–inspired interventions, engaging those local communities to understand the perceived drivers of poor health outcomes, tailoring global interventions to the local context, launching programs, and the successes and challenges that have emerged throughout this process. Global health strategies that were tested and are reported on in the article include the use of community health workers to support chronic disease prevention and management, partnering with and building the capacity of local organizations and institutions, linking public health and primary care by addressing the social determinants of health in a primary care and community setting, and using mobile phones to transform practices for managing type 2 diabetes. The paper concludes that based on the early learnings of this approach, there is value in looking to tested and proven global health strategies to address health disparities in underserved communities in the United States and calls for further exploration of this approach by other actors.

KEY WORDS global health, community health workers, mhealth, economic development, health equity, diabetes, reverse innovation, social determinants of health, community development, leadership development, public-private partnerships, diversity, innovation, disparities

INTRODUCTION

Global to Local (G2L), started as an initiative and now formalized as a nonprofit organization, was formed in 2010 in an effort to bring the learnings of global health interventions—many of which have their origins in Washington State–based global health institutions—back home to address health disparities in local communities. The initiative was formed through a partnership between Swedish Health Services (Seattle's largest hospital), Public Health Seattle & King County, HealthPoint (a federally qualified health center), and the Washington Global Health Alliance (a consortium that brings together a broad range of global health institutions working in Washington State).

The partnership came together based on the recognition that although billions of dollars from Washington State are being invested on an annual basis to identify innovative, often low-cost, approaches to addressing health disparities in low-resourced environments around the world, there are many under-resourced communities in King County—particularly South King County—that

Disclosures: Global to Local receives funding from multiple sources mentioned in this article, including Swedish Health Services, Providence Health and Services, Washington State University, and Starbucks.
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experience significant health disparities. The partnership set out to answer the question of whether any of these approaches that have been effective overseas might be relevant to local communities.

This case study sets forth a detailed model of an organization designed to adapt proven global health strategies to vulnerable populations in the United States. The authors provide a detailed background of the genesis of the organization, its development and funding, several projects initiated by the organization, and an analysis of successes and barriers along the way. Although the creation of a "global to local" organization depends on multiple moving parts coming together toward a single goal, G2L stands as a model replicable in whole or part and an inspiration to public health advocates hoping to bring the world home to their U.S. location.

GETTING STARTED

In 2009, Swedish Medical Group, a Seattle hospital system,[*] committed to funding a pilot project at the level of $1 million over 5 years. With this significant commitment, the partnership group set about identifying communities where a pilot could be launched. Public Health Seattle & King County, working with the University of Washington's Institute for Health Metrics and Evaluation, a group well known for its Global Burden of Disease reports,[1] analyzed health outcomes at the census tract level for King County and developed a number of maps showing how different parts of the county compared across health outcomes. The findings—and in particular the visual representation of these findings—were shocking. Residents of the cities of Tukwila and SeaTac, just miles south of downtown Seattle, were found to have 1.5 times the rates of diabetes-related deaths compared with King County averages; obesity rates were also 1.5 times the county average, as were the number of people who reported no physical activity during the past month; teen birth rates were 3 times the county average and smoking rates were 200% higher. These cities were also found to have significant economic and social disparities, with twice the number of students on free and reduced lunch (76% in Tukwila, 66% in SeaTac, 35% for all of King County), more than twice the proportion of people living below the poverty line (24% in Tukwila vs 9.7% for all of King County), and nearly one-third of people being foreign born (compared with 19% for King County). Life expectancy in these cities was found to be 2.4 years less than King County overall.[2]

Based on these data, G2L's founding partners approached the cities of SeaTac and Tukwila and presented the opportunity to work together on a pilot project. The cities, through the involvement of their human services departments,[†] were interested in participating and became integral partners both through the startup and implementation phases, as described later. At the same time, in order to move this concept toward action, the partners hired a program manager who was initially tasked with conducting an analysis of the opportunity and making recommendations on how to operationalize the conceptual model.

IDENTIFYING RELEVANT GLOBAL HEALTH STRATEGIES AND UNDERSTANDING LOCAL PRIORITIES

With the support of the Washington Global Health Alliance, G2L contracted with the Seattle-based global health organization PATH to research and write "Global to Local Landscape Assessment: Lessons Learned from Global Health," (PATH, unpublished study, 2010) which looked at broad global health strategies G2L might consider for SeaTac/Tukwila.[*] Topics covered included training and deploying community health workers, using technology to overcome barriers and transform community health practices, generating focused campaigns around priority health issues, mobilizing and empowering community-based organizations, linking health with economic development, and linking primary health care with public health services.

The group of partners felt strongly that, as global health learnings have found, solutions cannot be helicoptered in but must rather be formulated in

[*]Swedish Medical Group has since strategically aligned with Providence Health and Services. As these institutions came together, Providence also joined in supporting Global to Local, also at a level of $1 million over 5 years.

[†]Evie Boykan and Colleen Brandt-Schluter were and remain the human services managers in the cities of Tukwila and SeaTac, respectively.

[*]PATH looked for high-level, broadly applicable global health strategies that would have local relevance. So, rather than looking at a specific intervention that had worked in a specific environment (such as a text messaging program supporting medication adherence from South Africa), they called out the overarching approach of using mobile technologies to transform practices. As a result, the document reads like a selection of general themes and best practices from global health that have allowed multiple interventions to work in multiple environments.