



Global to Local:

A new model to improve community health

Global to Local (G2L) was founded by the desire to build a new approach to community health in the US. Launched by global health groups, community organizations and city agencies, our work began as a simple concept: to adapt global health strategies to underserved communities in the US. We've spent the last six years refining this concept. Along the way, G2L served more than 12,000 individuals while testing over 10 programs tailored to meet the needs of the community outside a doctor's office. Global to Local stands as a model for replication, bringing a world of opportunities to our US communities.



G2L invested significant time into building trust and local ownership. Staff participate in existing community-based human service programs and attend events, such as school district meetings. Prior to any program creation, staff spent seven months in SeaTac and Tukwila just listening. We worked with a broad range of community groups, asking “What makes it hard for people in this community to be healthy?”

By starting with such a broad question, we created the potential to hear concerns that traditionally fall outside of the purview of healthcare systems. Community members voiced issues like economic stability, transportation, housing, navigating government systems and language and cultural barriers.

Creating health from within communities

In the US we frequently associate healthcare with big MRI machines and surgery, often overlooking social determinants of health, such as behavior and environment, as critical contributors to poor health. If a woman’s doctor, for instance, tells her that she must adjust her diet to avoid diabetes her ability to do so may be determined by factors beyond her control. Without access to fresh food through both availability of grocery stores and adequate income, this woman will always struggle to maintain a healthy diet.

However, investments to improve health beyond typical health care settings are rare—investments primarily focus on hospital and clinical care, guided by aggregate city or county-level statistics. The results are often extreme health disparities among neighborhoods that leave the most vulnerable unheard. Health depends on community-level changes to social and physical environments that work in concert with clinical care. By combining the remarkable lessons of global health and community-led program design, we can uncover the limitless potential for health equity in our local communities.

Engaging communities on needs and priorities

In 2010, G2L launched the first of several pilot programs designed to specifically meet the needs of communities in SeaTac/Tukwila, Washington. These cities experience significantly higher rates of poverty and premature death than the rest of their county—one of the richest in the US. Life expectancy varies by over 10 years depending on where in King County a person lives. With many immigrants and refugees, these communities face multiple barriers to accessing health and navigating care systems. It was clear early on that health outcomes of residents in these communities were markedly different from neighboring communities.

“Here in the US, anything that has to do with health is expensive and happens in a hospital. The rest of the world hasn’t had this luxury and has become better at less costly ways of improving health.”

— Dr. David Fleming, Vice President of Public Health, PATH and former Director, Public Health, Seattle and King County

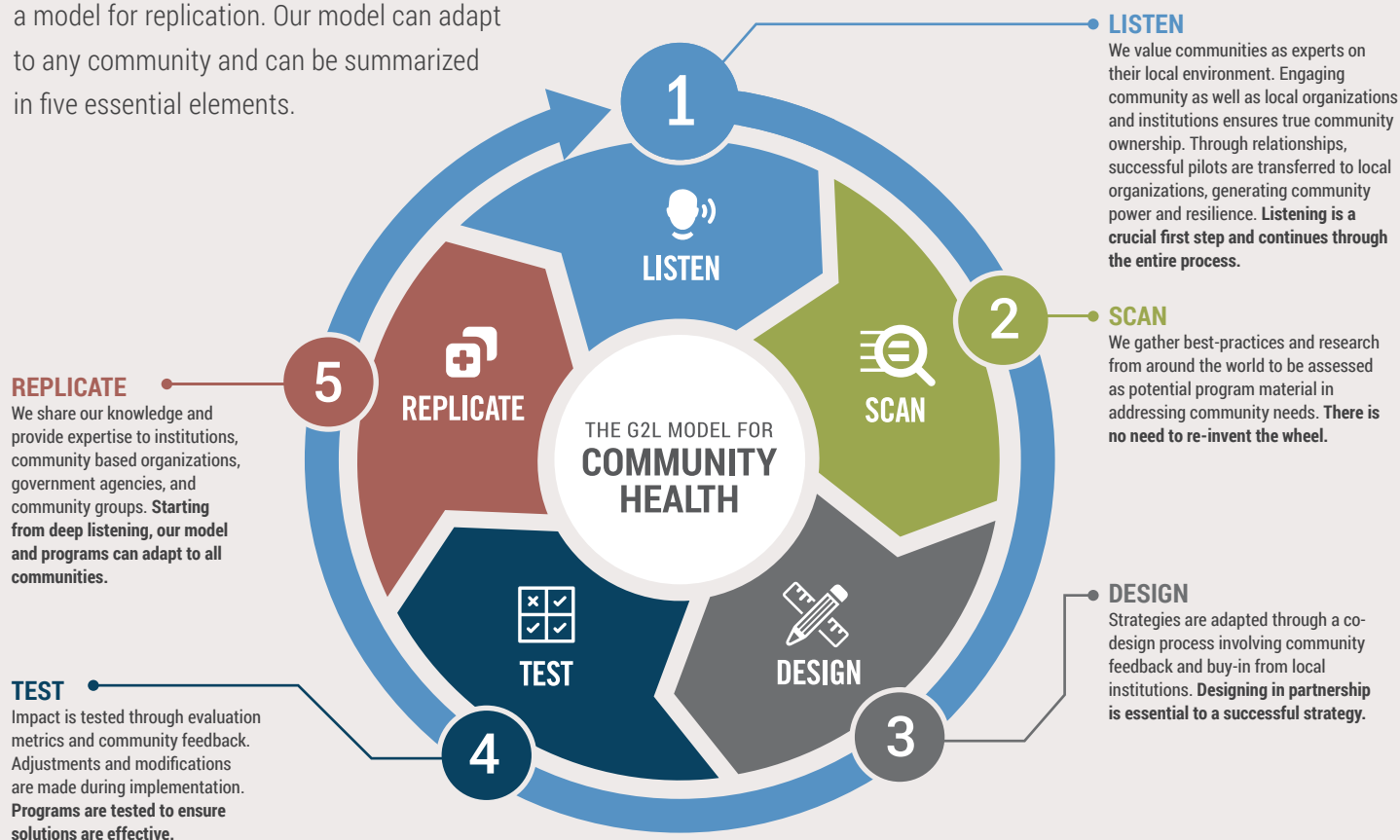
As global health encourages, solutions cannot just be imposed, they must be formulated in partnership with the community in order to be successful. In low-resource countries, global health organizations improve health by collaborating closely with communities and strengthening leadership in villages and neighborhoods. Research shows that local ownership of programs is fundamental to success—and can help marginalized populations regain power.

Through in-depth community needs assessments and partnering with global health experts, we have constructed a framework for adapting global health strategies in our own backyard. Health for all requires us to test new approaches, share our learnings, and replicate our work across organizations and clinics nation-wide.



A new model for community-led health

Over the last six years working in Washington communities we've developed our concept into a model for replication. Our model can adapt to any community and can be summarized in five essential elements.



Key strategies of global health:

- Activate local community leadership.
- Use technology to overcome barriers and increase access to care.
- Generate campaigns around community-identified health issues.
- Empower community-based organizations.
- Link health with economic development.
- Link clinical care with public health and social services.

Supporting better health

G2L worked with PATH, a Seattle-based global health organization, to identify global health strategies that matched the needs of local communities. G2L then worked alongside local organizations and community representatives to design programs and interventions tailored to the communities of SeaTac and Tukwila. Below we showcase four G2L programs as case study examples.



COMMUNITY HEALTH WORKERS (CHWS)

Many global health programs train trusted community members as health workers who operate outside of clinics to provide education, referrals and social support for healthy behaviors. CHWs often deliver information and support in more culturally sensitive and consistent ways than clinic-based providers. In SeaTac, G2L recruited CHWs from Burmese, Eritrean, Latino and Somali communities. These individuals develop trainings and forums to support community members who face cultural and language barriers.

The success of the program depends on the CHW having strong preexisting relationships within the community. One example of this strategy's effectiveness is an award winning, culturally-tailored, women's-only fitness program for Somali women. This simple program, developed by a local Somali CHW, helped hundreds of women improve their fitness and combat chronic disease.



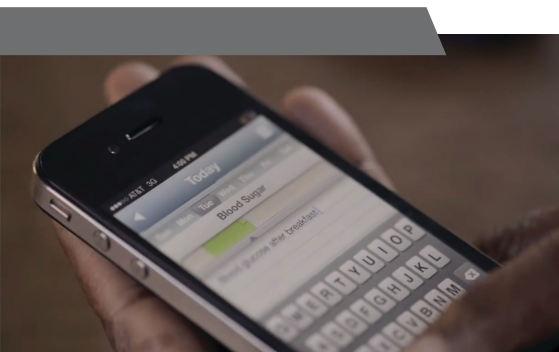
CONNECTION DESK

To help community members with social challenges associated with poor health, G2L launched the Connection Desk, an information clearinghouse linking people to local human-service programs. A physical space in a health clinic lobby, The Connection Desk can be accessed in person or by phone. This service, more accessible than the many social services located 13 miles away in Seattle, helps people identify and obtain food, transportation, employment and language training.

The Connection Desk is staffed by university student-volunteers, who speak a variety of languages. This program has provided more than 8,000 resource referrals, and 87% of people who received Connection Desk help accessed at least one service. Nearly half of the referrals have come from healthcare providers, indicating that the service allows providers to focus on health-related problems and refer social needs to people better equipped to provide solutions.

The Connection Desk program will be transferred to Lutheran Community Services Northwest, a nonprofit human services agency, which will ensure long-term program sustainability in this community. Global to Local provides support and technical expertise during the transfer and is assisting other agencies in replicating this program into their care models.





G2L collaborated with a local health care institution to launch a mobile phone-based type-2 diabetes management system.

Patients are trained to use a phone app to track their blood glucose levels, diet, exercise, and mood.

MOBILE HEALTH (mHealth)

In low-resource settings such as sub-Saharan Africa, mobile phones are used for a variety of interventions, including promoting maternal and child health and monitoring disease. Global to Local is adopting a similar strategy to address type-2 diabetes, a pressing local concern. G2L collaborated with a local health care institution to launch a mobile phone-based type-2 diabetes management system.

Patients are trained to use a phone app to track their blood glucose levels, diet, exercise, and mood. Case managers provide them with expertise, reminders and encouragement via text messages. G2L recruited 50 type 2 diabetes patients for a University of Washington Study, wherein their app reports were monitored for one year. A third of participants in the pilot project reduced their HbA1C by 1.26% on average, corresponding to a 45% reduction in the risk of death by heart attack. In another study, the National Institute of Coordinated Health Care found that averted diabetes-related health care costs more than paid for the program. There was a positive rate of return of 10% from the project. Just six months after the end of the pilot study, approximate savings amounted to \$556.50 per patient in averted health care costs.



COMMUNITY LEADERSHIP DEVELOPMENT

Supporting community leadership is critical in ensuring that community priorities are heard. Over the last two decades a demographic shift has occurred in SeaTac and Tukwila; now more than a third of residents are foreign-born. Historically, community engagement strategies developed for white, US-born residents have proven ineffective in reaching more diverse residents. Government services are still evolving to reach ethnically diverse residents in this area.

The City of Tukwila contracted Global to Local to recruit active, interested participants in its programs to serve as “Connectors” between city staff and under-represented communities. These Connectors participate in a “City 101” training to familiarize them with the roles of the city council, mayor’s office, city departments and the budgeting and comprehensive planning processes. Connectors have been involved in the creation of community gardens, resident satisfaction surveys, and community safety events with the police and fire departments. G2L has provided thousands of hours of mentorship and training to more than 50 new community leaders.



Meeting the needs of the community

Aisha Dahir is a Somali-born social worker from Tukwila, Washington. From her previous work, Aisha witnessed Somali immigrants struggling with complications from diabetes, high blood pressure, and other chronic diseases. At G2L, Aisha developed prevention-oriented programs to support Somali community members facing system and cultural barriers to health. When Somali women told her that fitness facilities didn’t address their cultural needs related to modesty, she started a collaboration with a local recreation facility to offer women-only fitness programs. These classes remain very popular and help women be fit, eat better, manage and prevent chronic disease, and create important social connections.

Expanding impact

After successfully implementing several pilot programs in our home-base community, Global to Local is expanding to adapt its model to different settings with underserved populations such as rural and agricultural communities, former manufacturing hubs, urban neighborhoods, and tribal areas.

Global to Local seeks to expand to several new communities and cities across Washington State. In these new locations, G2L will invest significant time in understanding community priorities and incorporating key social determinants of health into its program design. Over the long term, we will use our lessons learned to inform the design of sustainable models of care for underserved communities around the country.

But we can't do this work alone. To reach all underserved communities in the US, it will take many researchers, health care professionals, institutions, organizations, and community leaders working together. Over the next year, we are creating a learning community where anyone can learn about the G2L approach, make connections, and collaborate. Please join us and help bring global health home!

Partnerships are key to success

Global to Local began as a partnership between Swedish Health Services (Seattle's largest hospital), Seattle-King County Public Health, HealthPoint (a network of nonprofit health centers), and the Washington Global Health Alliance (a consortium of global health institutions). Swedish made a \$1 million commitment to fund G2L as a 5-year pilot project. With the help of the University of Washington's Institute for Health Metrics and Evaluation, Public Health Seattle & King County determined SeaTac and Tukwila were most in need of support to address disparities in their communities. SeaTac and Tukwila became major partners of G2L at the start of the project.



For more information regarding G2L services or programs or to request technical assistance, visit our website at www.globaltolocal.org



Global to Local



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