



# GLOBAL TO LOCAL

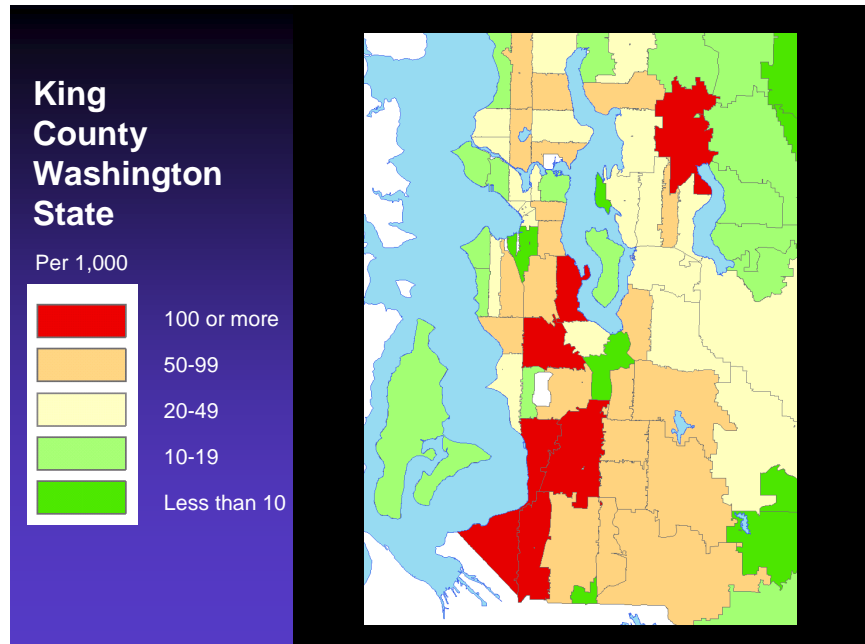
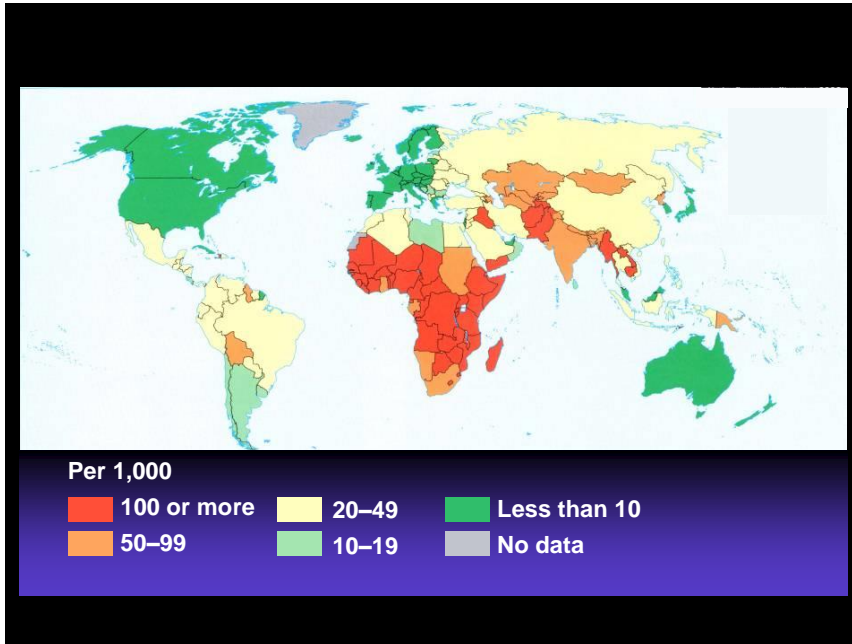
KING COUNTY, WASHINGTON



***“TELL ME HOW A MAN DIED AND I’LL TELL YOU  
WHERE HE LIVED.”***

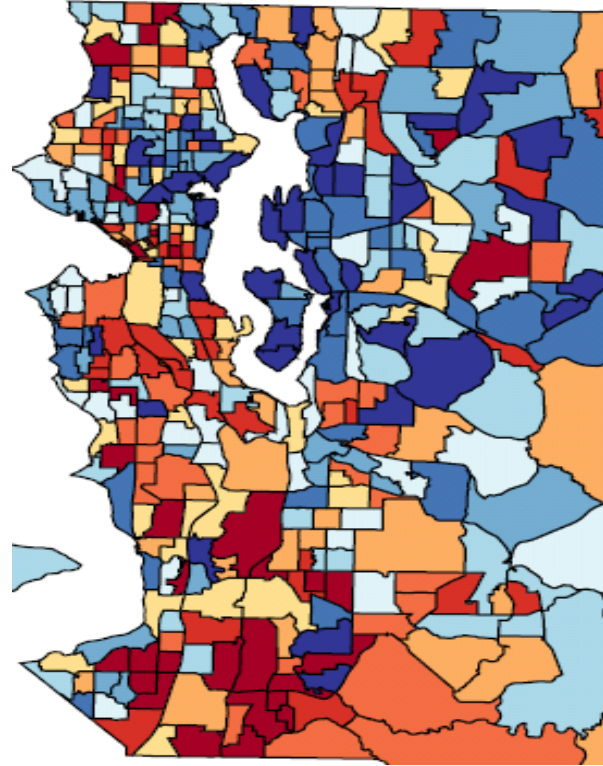
-Aristotle

# THE WORLD AND OUR BACK YARD

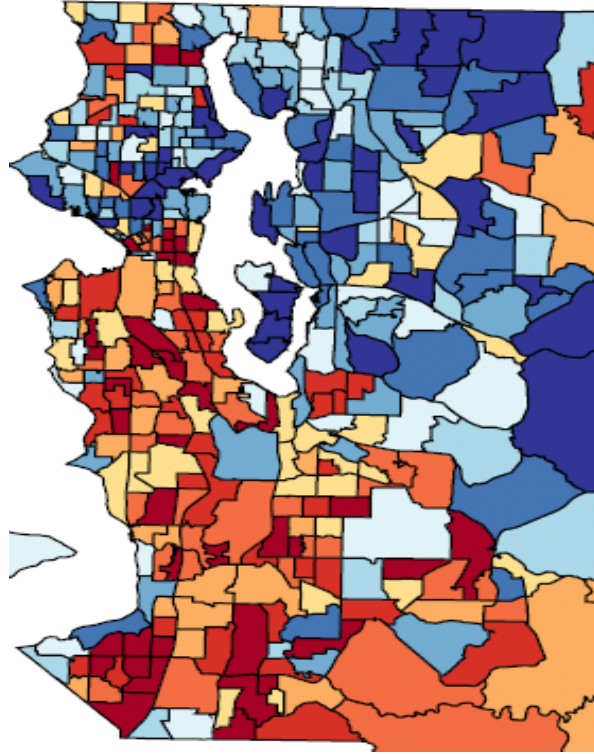




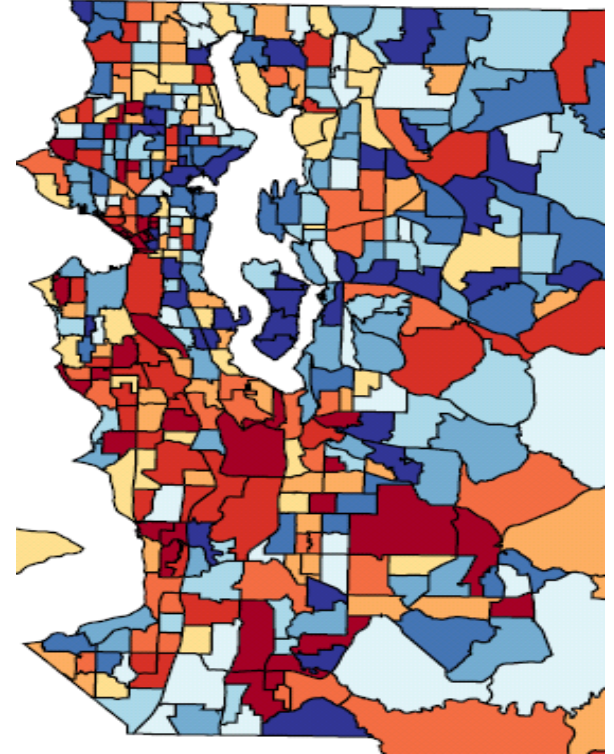
# Place and death



**Heart disease deaths**



**Diabetes deaths**



**Alcohol-related deaths**

# OUR MISSION

To demonstrate effectiveness of global health strategies, techniques, methodologies, and technologies to increase the health status of local underserved communities with the goal of sharing learning and scaling successes

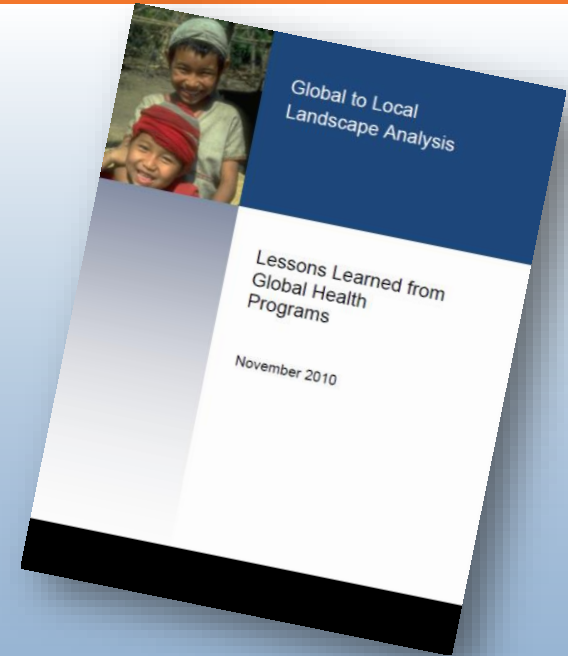
# TOP NEEDS IDENTIFIED

1. Limited economic opportunities
2. Language and Cultural barriers
3. Difficulty navigating the system
4. Limited community voice in decision making



# UNDERSTANDING THE OPPORTUNITY

1. Use Community Health Workers
2. Link health with economic development
3. Mobilize community-based organizations
4. Generate focused campaigns around priority health issues
5. Use communications technology to transform practices
6. Integrate public health and primary medical care services





# COMMUNITY HEALTH PROMOTERS

- Community outreach
- Culturally tailored projects/initiatives
- Health education
- Local leadership
- Systems change





# INTEGRATING PUBLIC HEALTH PRIMARY CARE

## Global to Local Connection Desk

- Connecting patients with social services
  - Volunteer university students as resource referral specialists
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- Successes to date
  - 1000+ resource referrals since April, 2013
  - 3000+ people enrolled in medical insurance



# HEALTH + TECHNOLOGY

## Remote diabetes management

- Self-management through smartphone technology
- Remote case management support
- 40 participants in 1 year UW-supported study

## What works and why?

- 40% of participants reduced HbA1C by average of 1%
- Personalized, ongoing support and encouragement
- Appropriate mix of technology and personal care



# OUR FUTURE



Increased  
Partner  
Support



New  
Community  
Programs



Reach  
Through  
Technology



Program  
Sustainability



Shared  
Best  
Practices

# WORKING LOCALLY VS GLOBALLY

Issue	Local	Global	Shared
Health care system	Decentralized and fragmented	Centralized but insufficient	Working to strengthen systems
Regulatory environment	Too much but reliable	Too little and unreliable	Required to navigate
Populations	Diverse in local setting	Homogeneous in local setting	Need for widely replicable models
Available funding	Unclear/untapped	Clear, known funders	Seeking more effective use of \$
Costs	Expensive!	\$ goes farther	More need than \$
Experience for students	Bus ride	Plane ride(s)	Work and learning can be very similar



# PARTNERSHIPS & SPONSORS





# MORE INFORMATION

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**ADAM TAYLOR**

**adam@globaltolocal.org**

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**[www.globaltolocal.org](http://www.globaltolocal.org)**

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