

“Global Health Goes Local”

Speech given to Project in Appropriate Technology in Health

by

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I manage the health reform project for the King County Board of Health and I’m going to talk about the project – first the concepts that underlie it and then I’ll describe some of the specific activities we’re engaged in.

But, before I begin the substance of my remarks, I want to take a moment to explain who is on the Board and what it does.

The King County Board of Health consists mostly of elected officials. Three from the King County Council, including Julia Patterson who chairs the Board; three from the Seattle City Council; two mayors from suburban cities, and two medical professionals.

The Board has broad power to establish policies and regulations pertaining to the life and health of people in King County. These policies and regulations are

carried out by the Public Health Department, known as Public Health – Seattle & King County.

The department is composed of professionals with expertise in population health. Many of you here are familiar with our director, Dr. David Fleming, who worked with you when he was at the Gates Foundation.

The public health department does many things from making sure we have safe drinking water, to ensuring that nutritional information provided at fast-food restaurants is accurate, to implementing a community response to the H1N1 virus, to providing basic health services to those who do not have insurance and have nowhere else to turn.

That's a very brief outline of who we are and what we do. If you want more information you can visit our website: www.kingcounty.gov.

Vision

I think it's fair to say that those of us here share a vision: A "global health vision" if you will.

We want our residents, our businesses, our institutions, our neighboring counties, our state, our country, and, indeed, we want all people to enjoy healthy lives and to live in vibrant, healthy communities – whether old or young, male or female, from rural areas or city centers, whether poor or rich, black or white or yellow or brown.

This vision is articulated in our strategic plan, the King County Public Health Operational Master Plan which the Board adopted in 2007. I'm going to talk about this document a bit today and refer to it as the Operational Master Plan. So, in terms of our vision, the Operational Master Plan directs the health department to "identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health." And it states that Public health must be a voice for the needs of the weak, the poor, minorities and the disenfranchised.

And, by health, I should point out that King County means the World Health Organization definition: “a state of physical, mental, and social well-being and not merely the absence of disease or infirmity”.

Underlying Concepts

And, this shared vision is sustained by two key concepts that could be called global in that they apply across populations, across countries, and across time.

- First, all people have a right to enjoy the underlying conditions that will make them healthy, (in the Operational Master Plan we state it a little differently but it amounts to the same thing. We say that health programs and services should be “driven by social justice.”

And

- Second, governments and non-governmental actors can and should work collaboratively to promote individual and population health.

These two simple concepts are really very profound. They beg to differ from those who believe government can never serve a positive role, or from those who believe we must each struggle alone to carve out a decent life for ourselves.

So, while individual responsibility is absolutely vital and a fundamental part of the social contract, it is also true that we're all in this together, and that we flourish or flounder together.

So this is our vision and the two basic concepts that underlie it. And they underlie the Board's health reform project.

Importance of community engagement

So to explain the project, I have to explain a bit more of the context within which it came about.

We recognize, as you do, that healthy communities depend upon the collaboration of that entire community. And, again, the Operational Master Plan specifically directs the department to work across agencies, community groups, non-profit organizations and health institutions to promote and improve health.

For example, we work with members of our immigrant communities and our local community clinics to provide culturally appropriate care. On a regional level, we are part of the Puget Sound Health Alliance, which aims to improve quality and

lower health costs around the region. On the state level, we have supported programs to provide health insurance to all children across the state, and, more broadly, King County supports and owns Harborview Hospital, the largest trauma facility in the five state western region. The list of our partners is, in fact, some 33 pages long, single-spaced. So, these are just a very few examples of ways we engage our community and improve health outcomes.

The nature of the groups some of you collaborate with may be very different. But, I know that many of you interact regularly with health ministers and medical practitioners. And I am familiar, for example, with Path's public health efforts to reach out to community members and provide them crucial health information about HIV/AIDS and malaria through the innovative use of community theater and music shows. For all of us, collaboration with key stake holders is essential to fulfilling our mission.

As vital as this community and collaborative approach is, it wasn't enough to protect us from the economic crisis that hit all of us last year. A significant amount of the funds the Department depended upon from the County's general fund, just disappeared.

And that is where our health reform project came into play. The Board realized, that especially in light of the economic downturn, it would be impossible to implement the lofty goals of the Operational Master Plan without comprehensive national health care reform.

And, in this context, it's important to remember that King County is a crossroads community

- 25% of the visits to our public health centers and clinics require interpretation, in dozens of languages.
- Tukwila is considered to be the most diverse city in the United States
- Because of our location and because of organizations like the ones represented in the audience today, we are at high risk for the spread of epidemics such as the West Nile virus or the H1N1 virus from international travel, and
- We have some of the highest rates of tuberculosis in the United States among our foreign born residents

So, if we want to be taken seriously as a leader in global health, if we are to be a model of health for the world and be the place where Path and the Gates Foundation and Seattle Biomedical Research Institute and the Cancer Care

Alliance, among others, are proud to call home, and if we are to be a place that serves all of those who live here, regardless of national origin or immigration status, then we must have significant change. And, we realized our collaborative efforts, significant though they were, weren't sufficient. We needed national health care reform to solve our very local problems.

So, we went back to the Operational Master Plan because it also committed the County to work for federal health reform. At the time that provision was drafted and adopted – in 2007 -- we had no idea how important it would be become. And, although our plan provided for it, choosing to actively advocate for federal health reform in order to improve local health, -- was not only new for us, I would venture it was a new role for counties to play in general.

I'm sure some of you can relate to what I'm saying. National health policy – or the lack of it – also impacts the local environment where many of you work. And it is one thing to collaborate with practitioners and government officials to promote vaccination programs, healthy living habits, or access to clean drinking water, and quite another to try and transform the very public health and medical system within which you work.

And, that's what our health reform project is all about. We're taking our knowledge and expertise and background in medicine and health and policy, and collaborating with others to promote a wellness-based health system that will help us here in King County and Spokane County and Cook County and in Dade County. Everywhere across the United States.

The Principles

So, that's background. Now for some nitty-gritty.

We started the project with identifying values or principles of health reform. The Board didn't start, as so often is the case in this country, with selecting the financing method it liked best.

The Board members were driven by one thing and one thing only – how to design a system that would generate good health outcomes for everyone. The Board worked with other stakeholders in establishing a set of health care principles that we believed would fit the bill and we boiled it down to six overarching health principles.

I am going to list the principles briefly. They are listed in more detail in your hand-out. And, again, you can find them at our website where there are also links to a number of our project documents and presentations.

Our principles require that:

- health care services be accessible and available to all United States residents
- health care be of high quality and be patient-centered
- health care financing be sustainable over the long term, and include sufficient funding for public health infrastructure and programming so that services are cost and health effective
- services encourage patients to be engaged in their care
- the system emphasize primary care, preventive care, and healthy lifestyle choices, and finally,
- the system track health disparities and be designed to reduce disparities to the greatest extent possible.

How the Principles Work

These core principles serve a valuable purpose. They provide lawmakers and health professionals alike with guidance and a starting place for designing and implementing effective programs. I use the words, “starting place” very deliberately, because these global concepts, as I pointed out and want to re-emphasize, only matter if they lead to specific programs and better health outcomes on the local level.

Health reform project activities

Along with our principles, we adopted a set of four activities:

1. Community outreach about the principles and the project
2. Advocacy with state and federal lawmakers
3. Application of the principles to a Department program, and
4. Collaboration with other health departments

Let me expand on these activities:

Community outreach is essential. If the community whose health we are charged with protecting does not know what good health care looks like, we have not served our health promotion and health education duties.

How do we get this information out? Since we started this project in April, board members have made numerous presentations to community groups such as the Kent Rotary, the City Managers and Administrators Association, and the King County Medical Society, and more are planned for the next two months. We have published articles in local and national papers. Using our health care principles, we have prepared analyses of the Obama Administration health principles and the five health plans under consideration at the state level. And, we are in the process of analyzing the House and Senate health reform bills to see how they measure up against our principles.

Our second activity is advocacy. The focus of our advocacy is with state and federal lawmakers regarding what we would like to see in health reform based upon our experience and our six principles. This work is key to the project. These lawmakers are the individuals who are drafting the health care legislation that the

King County will implement. If we want to see better programs and services, it is essential that we engage with them now and explain our principles and our local needs and goals. To date, we have met directly with Representatives Inslee, McDermott and Reichert, and have plans to meet with Senators Cantwell and Murray during the August recess.

The third activity of the Board is to use the principles to help improve program design so that we have better health outcomes in the field. For example, we are planning on using the principles to analyze an existing program that targets treatment for maternal depression in low-income pregnant women and mothers. By doing so, we hope to identify areas where we can potentially tweak the design so that the program is as effective as possible at reaching the women it is designed to reach, and serves to treat their health problems as efficiently and effectively as possible.

Finally, collaboration across regions and states is important. Health issues and treatments know no boundaries. To the extent we only serve residents within the borders of King County, we often end up not serving our own health interests. The H1N1 virus, as well as HIV, tuberculosis and other diseases illustrate this point. If someone is ill in Snohomish County and we don't worry about care for that person,

we in King County may soon be at risk. And, as I described earlier, we can easily extrapolate these example out to the international level.

So our work on programs, policies and health reform must be done collaboratively. Of course, a collective approach also strengthens our hand. Elected officials at the state and federal levels are more likely to hear our message the larger the number of constituents we represent. To that end we are currently working with officials in Snohomish, Kitsap, Pierce, and Thurston Counties. The director of public health in Snohomish County, Dr. Gary Goldbaum, joined us in our meetings with Representatives Inslee and Reichert.

So, that's a quick review of what we've accomplished to date. We are currently planning a Puget Sound Forum on Federal Health Care Reform. We are shooting for the morning of August 11th – during the congressional recess - and I can provide details to Carla Ware or you can contact me directly for information if you're interested in attending.

Working from our base at the local level, out to the regional levels (adjacent counties), and then to the broader state and national levels, we are working to implement system changes that are crucial to sustainable local health. We think

this approach is both necessary, and possible. In fact, it is crucial because as we all know, if you are going to change the system, it rarely starts from above. It needs to be grounded at the local level.

I know King County doesn't compare, when it comes to the misery and poverty found in the developing world where many of you work. But, despite our best efforts – and the presence of great wealth – King County is still not a model for a well-designed and well-functioning health system. It should be. Not only for its own citizens. King County should be a model for community health that we can all – you and us -point to as an inspiration for better health around the world.

So, at the end of the day, the one constant we share, whether we are working in King County or in Africa, or Asia or South America -- we all share the same values and vision. I don't know if there are ways we can collaborate. But, I know that as we move forward with our respective agendas, we all move forward on a local level, wherever we are, and that we thus move forward together. Because global health is local health.

As we do our part here, we will look to all of you for inspiration and, likewise, I hope we can be an example to you of how to advocate for better health outcomes

for all people – in King County, in Washington State, in the United States and, indeed, around the world.

Thank you.