

Speaker 1:

The future of business is responsible

Speaker 2:

[foreign language 00:00:03]

Speaker 3:

Conscious co-mingling of growth and impact.

Speaker 4:

[foreign language 00:00:09]

Speaker 5:

[foreign language 00:00:11]

Speaker 6:

[foreign language 00:00:13]

Speaker 7:

The future of business is intentional and transparent.

Speaker 8:

[foreign language 00:00:18]

Andreas:

Welcome to The Future of Business podcast, where we take you on a journey to explore the diverse range of sectors and stories embedded here in the Oxford MBA. My name is Andreas Finzel, and I will be hosting our conversation today with Kaitlyn McConnell. And we are going to talk about her work in public health on a tiny, tiny Pacific island. Kaitlyn and I met, and her children as well, and I'm so excited to have her here today. Kaitlyn, how are you?

Kaitlyn McConnell:

Very good. I'm so excited to be here. Thank you so much, Andreas.

Andreas:

I remember when I first met you and you talked about your work on these tiny island, and it blew my mind, but that's can't understand what exactly happened. So, can you briefly tell us where exactly you worked and what kind of work you did that?

Kaitlyn McConnell:

So since 2010, I've lived on an island called Saipan. It's a hundred miles north of Guam. It's east of the Philippines. It's about 7,000 miles away from here. And since about 2013, I started working on healthcare and public health there locally for the local government.

Andreas:

Thank you so much. I love how you describe where it is, that it's close to Guam, which is literally the next bigger island. For anybody who has a globe, it is pretty much between Japan and Australia, in the middle. And if you look at Google maps, it's just blue. You have to really zoom in to find any land there.

Kaitlyn McConnell:

It's a dot.

Andreas:

But it's also an incredible place to live and to work, especially if you work something like public health that is so dependent on scale. And I'm excited to dive deeper with you into how it works and how it's different in different areas. So before we start, briefly, just to get a perspective today, what is public health?

Kaitlyn McConnell:

Public health, it's difficult to draw the boundaries around public health, but it's a field where we promote and protect the health of people anywhere they live, learn, work, and play. It's really about setting up people and their environments for health. And that doesn't just mean the absence of disease. So, it's also just really wellbeing and health promotion.

Andreas:

I love that. So, I always think of it like when I leave the men's room and there's a sign that says, "Did you wash your hands?" that is part of public health.

Kaitlyn McConnell:

That is public health.

Andreas:

But there's definitely much more to it. So Kaitlyn, can you take me in? What are some of the current public health priorities?

Kaitlyn McConnell:

Well, communicable disease is suddenly very important again with COVID. Communicable diseases are those diseases that you can catch from another person, just to be clear. And immunization and the tension between the individual and the government or kind of collective behavior really came forward during the COVID pandemic. And that's something that exists... It has existed in public health throughout history, but you know, it really came to a head during COVID. Obviously, mental health is something that is... It has been a problem for a while, but now fortunately, it's coming to the surface. Non-communicable diseases are a threat in developed countries and developing countries. I think they're the most crucial threat to health and to people and to economies in the world right now

Andreas:

So, these are disease like cancer-

Kaitlyn McConnell:

Yes.

Andreas:

... that you can't catch on somebody else.

Kaitlyn McConnell:

Yeah. Disease that you can't catch from somebody else. Typically when someone says noncommunicable disease, they're talking about things like high blood pressure and diabetes, obesity, things that you accumulate, basically, over the course of your life. And health equity is something that's at the top of everyone's mind. And health equity means that everyone gets the opportunity to achieve their full potential for health and wellbeing. So, that crosses the spectrum from social determinants of health, like poverty and education, to things like access to healthcare services.

Andreas:

Yeah, I think it's a really important point, especially here in Oxford. We live in a bubble of wealthy, educated, more or less fit, healthy people. And for us, public health quite often really feels like wash your hands after you've gone to the toilet. And it's important to understand that that's an incredible privilege.

Kaitlyn McConnell:

Absolutely.

Andreas:

And that public health can really look very, very, very different not too far from here. We don't know if you go to Nigeria or Yemen to find different scenarios, but we might just as well look in the suburbs of some of the [inaudible 00:05:09] cities where nutrition looks very different. So, now you mentioned a couple of factors here, really communicable diseases, non-communicable diseases, mental health, and health equity. And maybe we can dive deeper into at least some of them. I always feel like with COVID, public health got pushed into the spotlight.

And I remember this briefly, not vividly. In Germany, we have a center for disease prevention and control. And obviously, it has been there for the last a hundred years, but just nobody ever cared about a plague coming or anything. And then suddenly everybody turns to these public health experts. And I guess it can be exciting. I don't think people you ask for this, and were like, "Yes, now finally people listen to us," but can you maybe talk a little bit about why we got better in controlling these diseases, or if we got better [inaudible 00:06:13]?

Kaitlyn McConnell:

Oh, that's a really great question. So, when everything is going well in public health, you don't notice. So, it's like a good DJ at a party, right? You're just having a great time and everything's going well. And it's only when that DJ starts playing Red Red Wine that everyone starts to notice.

Andreas:

That is a great metaphor, great metaphor. Public health is like a DJ. As long as it's going well, you don't notice. But the second it doesn't go well, you leave the club. Just in that case, you can't leave, but do continue.

Kaitlyn McConnell:

Yes. Yeah. So everyone became epidemiologists. Everyone started to learn about public health statistics and what transmission rates meant. And that was really fun, but then it also means that it's... It's very difficult to explain or to understand these concepts very quickly, so you get kind of snippets or soundbites of things and someone kind of runs with that. And so, it's difficult to kind of control the narrative or to give a comprehensive answer in a short amount of time with a soundbite. When these things start affecting people's lives, they started recognizing, "Oh, we just take all these things for granted. We take being able to talk to someone in person for granted," but that actually presents a very real risk with COVID.

Andreas:

Yeah. I think it's a really good point, how you say that we, some people take it for granted, because clearly in some regions like Southeast Asia, they had other pandemics in the decades prior to the new... Oh, for example, my mother works in a refugee facility. And when COVID broke out, I asked her if the refugees are really scared, but then my mom said they're not because they have been living in camps for years, and they have seen lots of sicknesses come and spread. And they understand how disease are communicated, and then understand the risk behind it. And they were much calmer in listening to what they can do to prevent it than the entitled Germans that refuse to get the vaccine and refuses to wear masks because that didn't cross their mind that there's an actual disease now.

Kaitlyn McConnell:

Yeah. And that's the tension between the individual and the community, right? So, with all the challenges with younger people or healthier people not understanding the impact that they might have, or the role they play in transmission to someone who's more vulnerable, that's the tension between the individual and the collective, right?

Andreas:

Yeah, and there's clearly no good answer to this.

Kaitlyn McConnell:

Right.

Andreas:

That it's rights, everybody should have freedom, and everybody should play a good role in this. Let's briefly talk about this tension before we move away from communicable diseases. So, I mean, in COVID, I think it's kind of quite clear, the fact not wearing a mask feels great, but I might infect the lady next to me in the tube. Can you tell us a different example of the conflicts [inaudible 00:09:15] the individual and the community

Kaitlyn McConnell:

One that took place in the seventies and eighties in the US was seat belts. It's viewed as... And now it's taken for granted that it's a safe thing to do, but it was seen as something that was... Seatbelt laws especially, when they came into effect in the nineties and later, were seen as an infringement on my right to do what I want to in the car, or I don't want to wear a seatbelt. I shouldn't have to. But I think it's important to recognize the effect that would have is not just on yourself, but also on the healthcare system. When you have a worse outcome from a car crash.

Andreas:

Yeah.

Kaitlyn McConnell:

And you have to be rushed to the ER and you're in ICU because you weren't wearing a seatbelt. So, that affects everyone. That affects the first responders. That affects the healthcare staff. And that's similar in COVID, right? When originally, we weren't sure how things are being transmitted or how contagious it was, the guidelines were just, "Stay home, stay away from other people. We need to preserve our healthcare resources. We can't have everyone flooding the healthcare system," which still happened in many parts of the world where there just weren't hospital beds open. So, that's kind of the... It's something that feels very individual, but then downstream, it actually has a very strong ripple effect.

Andreas:

I think the other day we were talking, and I think you said something interesting. You said, "On an island, a small Saipan, that ripple effect is much easier to understand."

Kaitlyn McConnell:

Yes, absolutely.

Andreas:

And you talked about how in a big city, people don't really understand what it means for the healthcare system to collapse or when supply chains are affected. But if you know everybody on the island and there's just one hospital, it becomes very clear to you very quickly when the bottom is reached. And I think that's a great example. You mentioned a couple of other healthcare priorities. Let's maybe talk about non-communicable diseases like diabetes. What are public healthcare priorities in these areas?

Kaitlyn McConnell:

Well, generally social determinants of health are huge when it comes to non-communicable diseases. Unfortunately for non-communicable diseases, the time horizon for developing them is so long, and the time horizon for bending the curve is very long, because this isn't an instant thing. With COVID, you get COVID, you get over COVID, you're vaccinated for COVID. It's all very real time, and it really affects your life. But diabetes, especially type two diabetes, is built up over, 30 years or 50 years of someone's life, so it's very difficult to figure out what exactly are the priorities, but we know that things like poverty, education, nutrition are huge in terms of diabetes. And then downstream, once diabetes is developed, then access to healthcare, access to appropriate healthcare for secondary and tertiary prevention to make sure that diabetes is managed and that you don't end up getting amputated or in dialysis.

Andreas:

Yeah. Incredible. I think we... Again, it is a stark reminder of how different the environment can be depending on where you grow up.

Kaitlyn McConnell:

Exactly.

Andreas:

Yeah. In Germany, it's... Yeah, in Germany. In Germany or here in the UK, it's quite easy to get access to good healthy food. And an island like Saipan, it's very difficult. I used to live and work in India, and we worked with the ministry of health, and that was their number one priority as well, non-communicable diseases, trying to get people to eat more healthy and to move more. And what really surprised me back then was that one of the biggest issues was that for women of an older generation, exercise was considered inappropriate. So, the government and our agency tried very hard to somehow communicate that a lady too has to take care of her health and her body by going to the gym. And it ended up with women in their 40s, in a full sari sitting on the treadmill and walking slowly just to get something done. And that was probably one of the healthier ones, because she went.

Kaitlyn McConnell:

Went, yeah. And when public health starts looking at these things, or when we looked at these things through a public health lens, we think about, okay, how can we design where someone works, lives, plays better so that they don't have to go to the gym, so that they get regular activity in just their daily life, mobile, active transportation, walking, biking. When a city or when a community is set up that you can just maintain a healthy lifestyle without thinking about it too much, that's the ideal circumstance. So, we know in Oxford that active transportation is mostly how everyone, how many people get around. So, we know that we're getting... I get my steps in every day by not even thinking about it.

Andreas:

Yeah.

Kaitlyn McConnell:

So, design is a huge part of a public health as well.

Andreas:

Yeah. In Oxford and Copenhagen, we walk and recycle. And in Abu Dhabi or Saipan, it's very complicated. And again, you said you came back to the [inaudible 00:14:28], people don't notice. So, if we manage to design the environment well, then we come back to the DJ, that's invisible.

Kaitlyn McConnell:

Exactly.

Andreas:

And then we get no credit for it.

Kaitlyn McConnell:

Yes.

Andreas:

But at the same time, it is hard to make people do something, unless it's the default choice.

Kaitlyn McConnell:

Yes.

Andreas:

If healthy and active lifestyle is the default choice, then it's very easy to maintain it. But the moment it's an extra, or a real effort for people, it gets very difficult to convince them to do anything. Now, we already drew all kinds of differences between mostly regions or levels of income. And maybe it's a good moment to pivot to talk about health equity. I think it's a bit of a complicated [inaudible 00:15:13], so maybe you can just briefly say what health equity means again.

Kaitlyn McConnell:

Sure.

Andreas:

And then talk about some examples.

Kaitlyn McConnell:

So, you already made the comparison of Oxford versus maybe some suburb or something of the UK where the environment is not set up in the same way. So, incomes might be lower, maybe education is less, food might be not as easy to come by, or healthy food might not be as easy to come by. Maybe it's more difficult to walk, maybe you don't have a healthcare clinic nearby. So, those are all components of health equity. And really when we talk about health equity, it's a lot about the social determinants of health. So, what is your socioeconomic status and how does that position you in the world where... What opportunities do you have to be healthy or not to promote your health, or are there all these factors that conspire against you to keep you from being healthy?

Andreas:

Yeah. Do we have equal access and chances in health or not. The other day-

Kaitlyn McConnell:

It's about chances and opportunities. Yeah.

Andreas:

Yeah. Opportunity is a great word. The other day, here at the UK, I called a dentist and asked for an appointment. And the answer was simply, "For 60 bucks, you can come today, or you can come in six weeks for free." And that is not equal access to opportunities. And I think one thing we didn't touch upon yet was mental health.

Kaitlyn McConnell:

Yeah, so mental health is very complex, as I think a lot of people have known and are realizing more. That factors trauma, isolation, social disadvantage, bereavement, stress, discrimination, and then also long term physical health conditions. So, your own health status can contribute to your mental health status. So, these are all very complex. And similarly to unweaving social determinants, the factors which makes someone mentally healthy are pretty difficult to line up. And it is... I think it can be a little bit more individual because of the factors like discrimination and trauma-

Andreas:

Yeah.

Kaitlyn McConnell:

... than something like... Population health interventions for diabetes can be a little bit more population based. But when it comes to mental health, there are individual factors, more so, I think, than other diseases, that contribute to mental health or mental illness.

Andreas:

Yeah. And I often look around in the jobs I've worked, and I see here in the MBA, and I realize there's a very, very little margin for error when it comes to mental health. And if I break a foot and I'm limping for a week, then it's not going to be a problem at all. But it only takes a bad break up to fall in a depressive phase, and it could really easily throw you out of the environment you're in. And I volunteered with homeless people in Germany. And usually what happens is that they have mental health struggles that disable them from using the social services that are available for as little as three months, and that's all it takes for you to fall entirely. And in a society where the demands to a person, our performance demands are so heavily based on our mind and our brain, and so little on our physical performance. I keep on being stunned.

Kaitlyn McConnell:

And that's the invisible versus the visible.

Andreas:

Yeah, absolutely. That's a good point.

Kaitlyn McConnell:

So, you might see someone's physical health condition and make allowances, or there's accommodation. But when you can't see what's going on in someone's mind, it's very difficult to make appropriate accommodations or to give them what they need.

Andreas:

Kind of briefly touch upon some of the things that make public health so difficult. I think you already mentioned a couple of them. One is that it's often not a priority for individuals. So, I think what we said earlier was, if the healthy choice is a default choice, we can expect people to make it. And if it's an effort, then it's unlikely that we get people to do it. I mean, clearly it's hard to measure the impact of public health. It takes forever until we see the effects. Sometimes it's really difficult to translate the big picture into a concrete action. So, we see that there's more and more teenagers that's depressed, but



it's hard to know, should we kick Facebook out? Or should we start doing class in schools? Or should we change the way they eat so they actually get skinnier?

And I think, thirdly, we talked about the rights of the individuals versus the community. So, to what extent are you allowed not to wear a mask, or whatnot. Maybe to [inaudible 00:20:15] let's come back to the island.

Kaitlyn McConnell:

Sure.

Andreas:

To Saipan. Can you just... If you would have to point out one key difference between public health in the UK and public health on Saipan, what would it be for you?

Kaitlyn McConnell:

Well, I think the proximity to tragedy, or the proximity to risk in Saipan is so much greater than what we feel here in Oxford in the UK. We are so much closer to natural disasters like typhoons, which we've had a couple of really terrible ones. And that contributes to not only people really losing their homes and their lives, but also the trauma of that and the rebuilding. And so I think that, in some way, contributes to a community on the islands that is more collective. And everyone experiences typhoons in a similar way. Not everyone has as strong houses. But when something like COVID hits, we have a feeling of, "This is going to be bad. And we need to work together, and we need to think about each other." And when the supply chain problems happened on Saipan, it was no big news.

It was something that everyone's kind of used to. Not that it's good or justified, but it was something that is not really so much of a shock. So, I think... And conversely in the unfortunate way, when we have so many of our residents, our neighbors, our friends dying early dying prematurely from diabetes or from oral cancer. [inaudible 00:22:08] is a big one. There's a drug called betel nut that's used that's causes oral cancer. So conversely, that kind of acceptance or that familiarity with tragedy creates an environment where those things are kind of okay. It's kind of like, "Well, okay. People are dying prematurely, but we're kind of used to it." So, that's kind of the... It's a double edged sword, for sure.

Andreas:

Yeah. On the one end, you're you are okay with it, but at the same time, you are aware of it.

Kaitlyn McConnell:

Right. Exactly.

Andreas:

So, it can be good and bad. This has been an incredible time with you to discuss, and I really, really love the way that you could look at this from both a big perspective, as a US citizen. But at the same time, you see this tiny, tiny islands. I think the other day, we talked, and we talked about how it was for you to come here. And you mentioned that it almost felt like waking up out of a dream after 10 years on [inaudible 00:23:09]

Kaitlyn McConnell:

It really was. Yeah, it was like the story of Rip Van Winkle, which is an American novel where a man falls asleep after drinking in the mountains and wakes up, and the American revolution happened and he doesn't know where his dog is, and he has a long gray beard. That's kind how I feel. I woke up from going there when I was 24. And now I'm 36. I've got gray hair. All of a sudden, the world has changed around me. Of course I've been off the island, but yeah, it really is like waking up from this long, amazing island dream. A lot of things happened in that dream, but-

Andreas:

You build a career. You raised a kid.

Kaitlyn McConnell:

Yeah.

Andreas:

You got into the MBA program.

Kaitlyn McConnell:

Yeah.

Andreas:

And now you're here with me. So, thank you so much for taking the time.

Kaitlyn McConnell:

Thank you.

Andreas:

It's an absolute pleasure talking with you.

Kaitlyn McConnell:

Thank you so much, Andreas.

Andreas:

And thank you to all of you who are listening. I hope to have you back for the next episode next week. And until then, take care.