Global to Local Toolkit

Adapting Global Interventions for
Local Public Health

Acknowledgements

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I. Introduction

NACCHO, the leading national organization dedicated to representing and strengthening local health departments in the U.S., collaborated with the RWJF to develop resources and best practices for adapting global health interventions in local public health settings. Through this initiative, NACCHO implemented pilot projects with two LHDs to support them in introducing new global approaches in their communities to address spikes in mental health and substance use disorders spurred by the COVID-19 pandemic. While the U.S. traditionally has not leveraged international health approaches, health provision is inherently a transnational issue that benefits from global health's emphasis on partnerships and pooled expertise to address persistent health challenges.

Purpose of the Toolkit

This toolkit details the benefits of global solutions and how to adapt and adopt global approaches to the needs of U.S. communities. A case study is included on the experience of one LHD in adapting WHO resources to bolster LHD mental health and substance use disorder responses, as well replication tips, tools, and additional resources.

Who Should Use This Toolkit

This toolkit is intended for LHDs and other local public health organizations interested in leveraging evidence-based, community-driven approaches to address health concerns in their communities. It provides insight and resources to leverage these global resources effectively.

Key Definitions

- **Global Approaches**: Programs, policies, or ideas that originated outside the United States.

- **Adoption:** Taking an approach that did not originate within the United States and bringing it into your community.

- **Adaptation:** Changing certain elements to make the approach effective in your community. This process must be conducted with caution. Otherwise, critical intervention elements can be removed, undermining its success.

II. The Case for Taking a Global Approach to Local Public Health

The Challenge

While health transcends geographic and sociopolitical boundaries, it remains socially determined by a host of factors, including race and ethnicity, income, access to transportation, and housing status. In the U.S. and abroad, historically marginalized populations, including racial and ethnic minorities, sexual and gender minorities, and substance users, often face significant barriers to affordable, effective, and efficient treatment and care.[1,2] These statuses drive incidence and premature death from diseases such as cancer, HIV, and, most recently, COVID-19. The social determinants of health drive substantial economic and social costs at the individual and population levels; however, LHDs often have to balance their mission to promote and protect the health of the people they serve with the social and political contexts in which they operate.

The rapid emergence of new public health threats—coupled with budget cuts and workforce burnout and turnover spurred by the COVID-19 pandemic—have created additional impediments to LHDs' work facilitating and maintaining immunizations, food safety, infectious diseases, chronic diseases, injury and violence prevention, tobacco control, maternal and child health, environmental health, and emergency preparedness in their jurisdictions.

How Global-to-Local Approaches Can Help LHDs

Using a global-to-local approach—applying global solutions at the LHD level—can enable LHDs to diversify their response to existing and new public health challenges and mitigate the impact of these issues. Implementing new and innovative ideas derived from global health practice can also boost fundamental public health protections and preparedness capabilities in the U.S. and abroad and bolster prevention, detection, and response to emerging and future epidemics and pandemics.

III. Global Best Practices to Benefit Local Health Departments

What Global Solutions Offer LHDs

For LHDs, global health investments and interventions, including those supported and led by low-and middle-income countries, private organizations, and bilateral/multilateral donors, provide opportunities for:

- **Diverse interventions and perspectives:** Health disparities often stem from socioeconomic inequities. Looking outside the U.S. offers an opportunity to see challenges from a different perspective.

- **Efficacy:** Global health offers access to a slate of demonstrated, evidence-based approaches that can be adapted to achieve desired results.

- **Cost-effectiveness:** Global health programs often have been developed and tested in low-resource settings, which makes them more affordable and adaptable, especially in rural and resource-limited communities.

- **Cultural and linguistic appropriateness:** Global programs offer opportunities to leverage programmatic approaches that have worked for diverse communities worldwide, including for refugees, immigrants, migrants, and other critically mobile populations.

- **Community-responsiveness:** Global solutions promote partnerships and amplify community-driven and community-led health initiatives that foster meaningful community engagement.

Global Solutions in Local Contexts

Adapting global solutions in local contexts involves the following tenets from the [Global Learning for Health Equity Network](#) (GLHEN), an RWJF-funded effort to build frameworks supporting the adaptation of health equity interventions from overseas to U.S. settings, with a strong focus on community engagement, bidirectional learning, and capacity building:

- **Cross-sector learning** across academic-community partnerships, public health departments, indigenous and tribal communities, and health systems.

- **Shared leadership and inquiry** enabling broad learning and the contribution of insights from each community's experiences with global learning.

- **Shared activities, evaluation, knowledge building, and dissemination practices** to advance the growing field of global learning.

Examples of these activities include:

- **Engagement in Bi-Directional Peer Learning:** LHDs can build relationships with other health departments and public health partners across the U.S. and abroad and engage in twinning and study tours with international organizations, sharing mutual best practices and lessons learned on similar issues in their respective communities. Through such engagement, LHDs share and build their expertise, enabling them to serve as a resource to other LHDs interested in leveraging global approaches.

- **Development of Cross-Border Strategies:** Specialized peer learning, as well as information exchange, data sharing, joint public health initiatives, and ongoing coordination, can be particularly beneficial for LHDs located adjacent to U.S. borders; these areas include the U.S.-Mexico border and in jurisdictions with significant diaspora populations, such as those in Texas, Florida, and the Caribbean.

IV. Adopting and Adapting Global Approaches to Local Contexts

NACCHO created the *Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments* to assist LHDs engaging in the process of adopting and adapting a global approach within the context of the communities they serve. The guide provides an overview of the adaptation process, breaking it down into three distinct parts: 1) how to select a global solution whose elements can be adapted without undermining the solution's overall effectiveness; 2) how to adapt a program in a manner that ensures it best suits the needs of your community; and 3) how to diffuse the adapted global solution in the local community. The guide provides examples of global solutions leveraged by other LHDs in the U.S. and addresses the opportunities and challenges presented by using global solutions in local contexts.

Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments (v.1) Aug 2020

At its core, global health is defined as a bidirectional endeavor, with "a mutuality of real partnership, a pooling of experience and knowledge, and a two-way flow between developed and developing countries" (Koplan et al, 2009). There is much that other countries, including low- and middle-income countries, can teach U.S. local health departments to improve persistent health challenges. While a relatively new area of study, there are examples of the adaptation and diffusion of global ideas within U.S. communities, and through these examples and the broader examination of program adaptation, we can learn the most effective strategies to adopt and adapt global strategies for LHDs.

The following provides an overview of different factors LHDs and other local public health organizations should consider before adopting and adapting a global approach:

Adoption and Adaptation Considerations

- **Global Approaches:** Programs, policies, or ideas that originated outside the United States.

- **Cultural Adaptation:** Can the intervention be tailored to the worldview and lifestyles of the populations served by the local organization?

- **Cognitive Adaptation:** How might the language be updated to reflect the reading and age levels of the intended audiences?

- **Affective-Motivational Adaptation:** What adjustments need to be made to address differences in gender, racial, ethnic, religious, and socioeconomic backgrounds and norms?

- **Environmental Adaptation:** What changes must be made to the intervention to reflect the community's local ecological aspects?

- **Program Content Adaptation:** What tailoring is needed regarding language, visuals, examples, scenarios, and activities used during the intervention?

- **Program Form Adaptation:** How might these changes, such as altering program structure and goals, impact or potentially reduce program effectiveness?

Stoplight Adaptations

LHDs and local public health organizations have important decisions to make when adapting a global approach. Elements of a program that work in a different country inevitably must be adjusted when transported to a new context. However, not all programmatic elements are as adaptable as others, and changes to some might negatively impact the success of a program or intervention. Below are three categories of adaptations—referred to as Stoplight Adaptations—identified by the Department of Health and Human Services (HHS)[3] and the Centers for Disease Control and Prevention (CDC)[4]:

- **Green Light –** *Go!*
  These adaptations are appropriate and encouraged to ensure that program activities better fit the population's age, culture, and context. These adjustments will result in minimal to no negative impact on the intervention. Examples of such changes include the following:

  » Updating and/or customizing statistics or information to reflect the local community.

  » Keeping the information and/or skill-building content the same.

  » Tailoring learning activities and instructional methods to culture, developmental stage, gender, and/or sexual orientation.

  » Making the words, images, and scenarios inclusive of all participants to increase engagement and effectiveness.

- **Yellow Light –** *Caution!*
  These types of changes must be made cautiously since they might impact core elements important for the intervention's success. When making yellow light adaptations, it is recommended to consult more detailed adaptation tools and/or an expert in the approach, such as the model developer (if available), before making the change. Examples of such alterations include the following:

  » Changing the session order or sequence of activities. Lessons and messaging conveyed in an intervention often build on each other. It is imperative that changes do not undermine the logical progression of an intervention's content or decrease the audience's understanding or skill-building opportunities.

  » Adding activities to support learning, address additional risk and protective factors, and reinforce the approach's key positive health behaviors. Introducing too many new activities may dilute core messages, potentially making the program too long or creating information retention problems for participants.

  » Introducing new videos or activities to replace original training videos or in-person lecture content. Caution must be taken in replacing or supplementing training material to ensure communication of the same messaging from the original content.

  » Implementing programmatic changes to reflect the new population and/or setting. Ensure any changes based on group size, setting, or culture align with the original content's intentions and purpose.

- **Red Light – *Stop!***
  These adaptations remove or alter key aspects of the program and, if made, will weaken the program's effectiveness. Examples of such alterations include the following:

  » Shortening a program.

  » Reducing or eliminating activities.

  » Contradicting, competing with, or diluting the program's goal.

For more information on adopting and adapting global interventions, see the following resources:

- NACCHO's *Global to Local Public Health Resources* (**https://www.naccho.org/programs/community-health/global-to-local-public-health-exchange**)

- *Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments* (**https://www.naccho.org/uploads/downloadable-resources/GuidanceForImplementingGlobalHealthInLHDs_2020.pdf**).

V. Adaptation Process and Steps

Below are replication tips developed for LHDs or other local public health organizations considering implementation of global interventions adapted to local health contexts.

Steps	Description
1. **Conduct formative research about community needs**	• Identify behavioral determinants and risk behaviors that contribute to outcomes in populations of concern via collecting and analyzing data gathered through quantitative (e.g., surveys) and qualitative (e.g., record reviews, focus groups, and interviews) methods. • Assess organizational capacity to implement the program.
2. **Review the program or intervention**	• Understand the theory behind the program and its core elements.
3. **Consult with experts to determine its appropriateness**	• Convene a panel of experts, including original developers of the intervention (if possible), to ensure accurate comprehension of the intervention and determine its potential applicability in the local context. • Incorporate experts' recommendations into program implementation.
4. **Consult with stakeholders**	• Seek input from advisory boards and community planning groups where program implementation takes place. • Identify stakeholders and partners who can champion program adoption in a new setting and ensure program fidelity.

Steps	Description
5. **Identify areas requiring adaptation**	• Identify and categorize potential mismatches in intervention goals, population(s) of interest, implementation agency, and so on that may need to be updated. • Determine how the original and new intended population(s)/setting(s) differ regarding risk and protective factors. • Identify potential implementation barriers. • Determine core components that must be retained to ensure fidelity to the original intervention.
6. **Adapt the original program or intervention**	• Develop the adaptation plan. • Adapt the original program contents through collaborative efforts, potentially creating a mocked-up version of the adapted material where appropriate. • Make cultural adaptations continuously through pilot testing without altering core components related to desired behavior change.
7. **Train staff**	• Select and train staff to ensure quality implementation.
8. **Test the adapted materials**	• Pilot/pretest the adapted intervention with select members of the population and other stakeholders. • Conduct readability tests. • Modify the approach as necessary.
9. **Implement**	• Develop an implementation plan based on results generated in previous steps. • Identify implementers and the desired behaviors and outcomes. • Develop scope, sequence, and instructions. • Execute an adapted approach.
10. **Evaluate**	• Write evaluation questions; document and evaluate the adaptation process and outcomes of the intervention. • Choose and measure indicators; plan data collection, analysis, and reporting processes. • Employ an empowerment evaluation approach framework to improve program implementation.
11. **Maintenance and evolution**	• Establish wide-scale dissemination of the adapted intervention, provided that the intervention is successful and is embraced by the community. • Develop training systems to widen the dissemination (e.g., train future implementers in the adapted version of the intervention). • Implement an ongoing re-assessment.

VI. **Case Study:** WHO Mental Health Gap Action Programme (mhGAP) Implemented by Calvert County Health Department in Maryland

> "All countries, regardless of income level, are developing countries regarding mental health care."
>
> - Dr. Shekhar Saxena, Professor of the Practice of Global Mental Health, Global Health and Population, Harvard T.H. Chan School of Public Health

Need for Global-to-Local Implementation

The sharp rise in mental health and substance use disorders (SUDs)[5] during the COVID-19 pandemic revealed critical gaps in behavioral health service delivery in areas served by LHDs nationwide.[6] Representative panel surveys conducted by the CDC in June 2020 with adults ages 18 and older across the U.S. revealed substantial and increased incidences of mental health concerns, SUDs, and suicidal ideation.[7] Just under 41 percent of respondents reported at least one adverse mental or behavioral health condition, such as anxiety disorder or depressive disorder, and over 13 percent said they had started or increased the use of substances to deal with stress or emotions related to COVID-19.[8]

While the demand for mental and behavioral health services has increased—particularly among historically marginalized groups, including rural populations, racial and ethnic minorities, youth, and sexual and gender minorities—the availability and accessibility of these critical services have been hampered by the pervasive stigma around mental health and SUD and the limited public health infrastructure in place to reach all people in need of care. Like many other health areas, mental health services were significantly disrupted during the COVID-19 pandemic— when feelings and experiences of isolation, distress, and trauma were amplified for much of the population. Challenges also included resource reallocation—particularly during the pandemic response—and high levels of public health and LHD staff turnover and burnout, all of which undermined the delivery of mental health and SUD services. Replacement of these staff working on the frontlines of mental healthcare has been slow due to the time required to train and onboard clinical and behavioral mental health and SUD specialists.[8,9,10]

Global-Local Health Exchange: Effectively Utilizing and Adapting WHO Mental Health Resources for Local Health Department Needs

Through a small pilot project, NACCHO funded and built the capacity of two LHDs in identifying and adapting a global health intervention to better prepare for and respond to existing and emerging mental health needs within their communities. Through this project, participants from the funded LHDs learned how mental health interventions provided by non-specialists (i.e., through volunteers and other non-clinical staff) can be effective and cost-effective approaches to linking persons with common mental health disorders, such as anxiety and depression, to treatment and care services. To this end, LHDs in the project learned how to:

- **Leverage WHO's mhGAP resources and other tools** to adapt and adopt interventions commonly used in low- and middle-income countries that focus on utilizing non-clinical health specialists to identify and refer patients who require mental health services. While low cost, these interventions require dedicated staff time, supervision, and the involvement of mental health professionals as trainers.

- **Establish short-term and long-term strategies to sustainably address their community's unique mental health needs post-COVID.** This process involved establishing standard operating procedures to facilitate the following:

  - » Deploying non-specialists in the community to fill gaps in mental health care, facilitate a community-based perspective, and build trust with clients.

  - » Address the community's lack of knowledge and awareness of mental health and SUD services.

  - » Expand access to mental health and SUD services despite challenges related to staff capacity, turnover, and competing priorities.

Calvert County Health Department

Background

Calvert County Health Department (CCHD) was one of the LHDs supported by NACCHO through this pilot project. CCHD serves a predominantly rural area that is located south of Washington, DC. Many clients in the county depend on the LHD for critical public health services. As elsewhere, COVID-19 resulted in a dramatic behavioral health workforce shortage. CCHD adapted elements of the WHO mhGAP toolkit in a manner that aligned with the needs of their community and populations disproportionately impacted by mental health diagnoses and SUDs, including those experiencing trauma, food and housing insecurity, limited access to transportation, and other environmental factors associated with mental illness, including depression and anxiety. To set the stage for designing and implementing the adapted intervention, CCHD's behavioral health staff participated in a series of training modules, led by Dr. Shekhar Saxena, called "Utilizing Global Mental Health Resources for Local Public Health Challenges: Training Workshops for LHDs." The training covered the following topics:

- **Kick-off Meeting:** Program overview and steps.
- **Module 1:**

    » The interconnection of mental health and wellbeing, mental illness, and substance use and disorders.

    » Models of care for mental health/substance use disorders: Introduction to mhGAP.

    » Facilitating task sharing between clinical providers and non-specialists in mental health services.

- **Module 2:** Leveraging questionnaires and checklists for early detection.
- **Module 3:** Methods for successfully adapting global resources to work in the U.S. LHD context.
- **Module 4:** Using global mental health resources for local public health challenges.

How CCHD Adapted a Global Tool

With this training and ongoing technical assistance provided by Dr. Saxena, CCHD selected a tool that peer support workers could leverage to assess the mental health status of those with SUDs. The team selected the **Patient Health Questionnaire (PHQ)-4: Four-Item Patient Health Questionnaire for Anxiety and Depression**,[11] a brief scale developed to assess patients' levels of anxiety and depression. Validated in the German general adult population[12] and among U.S. college students,[10] the tool has been found to be effective for screening depression and anxiety. The tool can be delivered in print and online and guides clients in responding to four statements associated with the question, "Over the last two weeks, how often have you been bothered by the following problems?" using a Likert scale. Each statement can receive a score of 0 (not at all), 1 (several days), 2 (more than half the days), or 3 (nearly every day).

Given the brevity and usefulness of the PHQ-4, CCHD opted not to make any changes to the questionnaire's content. They recreated the PHQ-4 as a Google Form, which enabled clients to complete the form on a tablet or laptop provided to them by staff. Staff, in turn, were freed from dealing with paperwork, allowing them to focus on clients, quickly analyze the results of clients' replies to the PHQ-4, and make any necessary referrals to behavioral health services based on need.[13]

PHQ-4: THE FOUR-ITEM PATIENT HEALTH QUESTIONNAIRE FOR ANXIETY AND DEPRESSION

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
TOTALS				

Total score is determined by adding together the scores of each of the 4 items.
Scores are rated as normal (0–2), mild (3–5), moderate (6–8), and severe (9–12).
Total score ≥3 for first 2 questions suggests anxiety.
Total score ≥3 for last 2 questions suggests depression.

Reprinted with permission from Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics. 2009;50(6):613–21. From Principles of Neuropathic Pain Assessment and Management, November 2011.

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Staff Training

Prior to the PHQ-4's deployment in the field, Peer Recovery Support and Mobile Crisis Team members received extensive training about the tool's purpose and how to use it to assess clients' depression and anxiety levels and make referrals as needed. During the training, the behavioral health project leads leveraged materials that featured pictures and plain language, which facilitated easy comprehension and use by the non-specialists. The peer support staff appreciated the opportunity to build their skills and expand existing services, creating a sense of excitement around implementing a new tool in the course of their field activities.

Who Led the Intervention

CCHD implemented the PHQ-4 tool in two cohorts—the first with Peer Recovery Support Specialists and the second with the Mobile Crisis Team.

- **Cohort 1: Peer Recovery Support Specialists, July 2021 – June 2022**

  » Peers were part of Calvert County's Harm Reduction Services Team, which is supported by Maryland's Statewide Center for Harm Reduction Services, a primary funder for CCHD. This team works with clinical and non-clinical providers to administer the local overdose response program, harm reduction service program, and naloxone distribution in the county.

  » Peer Recovery Support specialists used scores from the PHQ-4 to create tailored referrals to behavioral health services, notably mental health and SUD services.

  » Peers received follow-up support after they started using the tool in the field, including refresher trainings and check-ins with managers from CCHD. All of the peers noted the ease with which the tool was incorporated into CCHD's operations, where it remains a vital tool for the Peer Recovery Support Team's activities.

- **Cohort 2: Mobile Crisis Team, December 2021 – June 2022**

  » The Mobile Crisis Team responds to emergency calls in the community, in conjunction with first responders, when there is evidence of mental health or SUD needs.

  » The team provides free behavioral health services and SUD support 24 hours a day, seven days a week.

  » The team used the same approach as Cohort 1 in administering the tool and referring clients to behavioral services.

Results

- **Cohort 1:** 132 individuals completed the PHQ-4. The Peer Recovery Support Team made 48 referrals, 39 of which occurred based on the results of the PHQ-4.
- **Cohort 2:** 151 individuals completed the PHQ-4. The Mobile Crisis Team made 45 referrals, 27 of which occurred based on the results of the PHQ-4.
- The use of the PHQ-4 identified 66 persons with behavioral health needs who otherwise would not have been identified.
- The intervention expanded the CCHD's ability to reach clients in new or unexpected settings served by non-specialists, such as detention centers (i.e., meeting people/clients where they are and bringing care closer to them, even beyond the traditional healthcare system).

Challenges, Opportunities, and Sustainability

The intervention presented some challenges, including competing priorities and an inability to track whether clients who received the intervention followed through with their referrals due to the confidential nature of the harm reduction and crisis response programs. Staff noted that the tools built LHD capacity to leverage nonspecialists as key supports connecting the community to behavioral health services. Indeed, the intervention demonstrated the ability of non-clinical/nonprofessionals ("peers") to make quick mental health assessments while providing street outreach for the most at-risk population and created beneficial relationships between clinical and non-clinical staff members delivering services to clients in need of mental health and SUD services. Peers and Mobile Crisis Team personnel continue to use the tool in the field due to its ease of use, low cost (with the exception of training and implementation), and success in addressing the needs of underserved populations.

> **"Peers have been integrated into our behavioral health system for quite some time. Their extensive training in motivational interviewing and behavioral and clinical health services has enabled them to deliver diverse services to clients, including HIV and hepatitis C testing and blood pressure checks. Peers readily incorporated the PHQ-4 into their engagements with clients, whose trust in peers translated into their ready acceptance and engagement with the tool."**

> - Director of Behavioral Grant Programs at CCHD

Links to Additional Resources Utilized by CCHD

- **NACCHO.** *Implementation Plan Template*. Available at www.naccho.org/uploads/downloadable-resources/Implementation-Plan-Template.docx#asset:678506@1

- **NACCHO.** *Check-in Worksheet*. Available at www.naccho.org/uploads/downloadable-resources/Check-in-Worksheet.docx#asset:678625@1

- **NACCHO.** *Evaluation Plan Template*. Available at www.naccho.org/uploads/downloadable-resources/Evaluation-Plan-Template.docx#asset:678505@1

- **NACCHO.** *Pre-Training Assessment Tool 1*. Available at www.naccho.org/uploads/downloadable-resources/Pre-assessment-example-1-ss.docx#asset:678626@1

- **NACCHO.** *Pre-Training Assessment Tool 2*. Available at www.naccho.org/uploads/downloadable-resources/Pre-assessemnt-example-2-ss.docx#asset:678648@1

- **NACCHO.** *PHQ-4: The Four-Item Patient Health Questionnaire for Anxiety and Depression*. Available at https://www.naccho.org/uploads/downloadable-resources/PHQ-4.pdf

- **Modgill G, Patten SB, Knaak S, Kassam A, Szeto AC.** Opening minds stigma scale for health care providers (OMS-HC): examination of psychometric properties and responsiveness. *BMC psychiatry.* 2014 Dec;14:1-0. Available at https://link.springer.com/article/10.1186/1471-244X-14-120.

- **Substance Abuse and Mental Health Services Administration (SAMHSA).** *Value of Peers*. 2017. Available at https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

- **WHO.** *mhGAP Intervention Guide: Version 2.0*. Available at https://www.who.int/publications-detail-redirect/9789241549790

- **WHO.** *mhGAP Operations Manual*. Available at https://www.who.int/publications/i/item/mhgap-operations-manual

- **WHO.** *mhGAP Community Toolkit: Field Test Version*. Available at https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version

- **WHO.** *Doing What Matters in Times of Stress: An illustrated Guide*. Available at https://apps.who.int/iris/bitstream/handle/10665/331901/9789240003910-eng.pdf

- **WHO.** *Community Engagement Framework for Quality, People-Centered and Resilient Health Services*. Available at https://apps.who.int/iris/bitstream/handle/10665/259280/WHO-HIS-SDS-2017.15-eng.pdf

- **WHO.** *Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression*. Available at https://apps.who.int/iris/bitstream/handle/10665/152936/?sequence=1

VII. Replication Resources to Support Global-to-Local Adaptation

NACCHO Global-to-Local Resources

- **NACCHO.** *Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments*. Available at **https://www.naccho.org/uploads/downloadable-resources/ GuidanceForImplementingGlobalHealthInLHDs_2020.pdf**

  This guide provides LHDs and other local public health organizations with assistance in implementing a process for the adoption and adaptation of a global approach.

- **NACCHO.** *Global-Local Health Exchange: Utilizing WHO's Global Mental Health Resources for Local Public Health Challenges*. NACCHO's 360 Annual Conference. June 19-21, 2022. Atlanta, GA. Available at **https://www.naccho.org/uploads/downloadable-resources/Programs/ Global-Local-Presentation_7.11.22_with-QR-code.pdf**

  This presentation provides an overview of NACCHO's Global-to-Local pilot project and resources for adaptation and how to use WHO's Global Mental Health Resources to address health challenges faced by LHDs. Case studies from two LHDs, Calvert County and Housatonic Valley Health District, are included.

- **NACCHO.** *From Global to Local: Bringing International Lessons to U.S. Local Public Health Practice*. Available at **https://www.naccho.org/uploads/downloadable-resources/Global-Health-Report-Final-November-2019.pdf**

  This paper provides insight into the challenges U.S. LHDs experience that could benefit from global strategies and how willing LHDs are to leverage them.

- **NACCHO.** *Lessons from the World: Applying Global Thinking to Local Public Health*. Available at **https://www.naccho.org/uploads/downloadable-resources/Global-Local-Lit-Review-September-2019.pdf**

  This paper details several innovative solutions worldwide that could have benefits in the U.S.

NACCHO Supplemental Learning Tools

- **NACCHO.** *Are You Prepared to Go Global-to-Local?* Available at https://www.naccho.org/uploads/downloadable-resources/Global-to-Local-Are-You-Prepared-to-Go-Global-Checklist.pdf

    This checklist walks LHDs and other local public health organizations through an assessment of whether or not they are prepared to implement a global intervention.

- **NACCHO.** *Global-to-Local Partner Identification Tool.* Available at https://www.naccho.org/uploads/downloadable-resources/Global-to-Local-Partner-Identification-Tool_5-30-23-FILLABLE_2023-05-31-194537_prns.pdf

    This tool helps LHDs and other local public health organizations identify potential partners to help implement a global-to-local effort.

Adaptation Resources

- **Administration for Children and Families**. *Making Adaptations Tip Sheet*. Available at https://www.acf.hhs.gov/media/9902

    This tip sheet is intended to guide users who need to update an evidence-based program in order to make it more suitable for a particular population, organizational setting, or program structure without compromising or deleting core components.

- **Center for Community Health and Development**. Chapter 19. *Adapting community interventions for different cultures and communities. Community Toolbox*. University of Kansas. Available at https://ctb.ku.edu/en/table-of-contents/analyze/choose-and-adapt-community-interventions/cultural-Adaption

    This chapter of the Community Toolbox provides an overview of how to adapt interventions developed for other communities to meet the needs of one's local context.

- **CDC**. *General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula*. Available at https://www.etr.org/ebi/assets/File/GeneralAdaptionGuidanceFINAL.pdf

    This manual provides guidance on appropriate adaptations to sexual health evidence-based interventions without sacrificing core components or undermining outcomes.

- **Escoffery C, Lebow-Skelley E, Haardoerfer R, Boing E, Udelson H, Wood R, Hartman M, Fernandez ME, Mullen PD**. A systematic review of adaptations of evidence-based public health interventions globally. *Implementation Science*. 2018 Dec;13(1):1-21. Available at https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0815-9

    This article provides an overview of evidence-based public health interventions worldwide and their impact.

- **Escoffery C, Lebow-Skelley E, Udelson H, Böing EA, Wood R, Fernandez ME, Mullen PD**. A scoping study of frameworks for adapting public health evidence-based interventions. *Translational Behavioral Medicine*. 2019 Feb;9(1):1-0. Available at https://academic.oup.com/tbm/article-abstract/9/1/1/4812370

    This study is the first to systematically identify, review, describe, and summarize frameworks for adapting evidence-based interventions.

- **Movsisyan A, Arnold L, Evans R et al**. Adapting evidence-informed complex population health interventions for new contexts: a systematic review of guidance. *Implementation Sci* 2019;14(105). Available at https://doi.org/10.1186/s13012-019-0956-5

    This systematic review synthesizes the content of existing guidance papers to inform the development of overarching guidance on adapting complex population health interventions.

Community Engagement

- **CDC**. *Community Engagement: Definitions and Organizing Concepts from the Literature*. Available at **https://www.atsdr.cdc.gov/communityengagement/pce_intro.html**

  The manual explores four ways to generate community engagement to improve public health.

- **Chen EK, Reid MC, Parker SJ, Pillemer K**. Tailoring evidence-based interventions for new populations: a method for program adaptation through community engagement. *Evaluation & The Health Professions*. 2013 Mar;36(1):73-92. Available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3553290/**

  The authors describe procedures for obtaining high-quality participant feedback and adjudicating recommendations to decide on program changes.

Cost-Benefit Analysis

- **CDC**. *Cost-Benefit Analysis Tool*. Available at **https://www.cdc.gov/policy/polaris/economics/cost-benefit/**

  This tool provides an overview of cost-benefit analysis, providing ways to compare the costs and benefits of an intervention.

- **Robertson L, Skelly C, Phillips D**. Making hard choices in local public health spending with a cost-benefit analysis approach. *Frontiers in Public Health*. 2019 Jun 28;7:147. Available at **https://www.frontiersin.org/articles/10.3389/fpubh.2019.00147/full**

  This article provides an overview of cost-benefit modeling and how to give the decision-makers a transparent metric to facilitate discussions on an intervention's value.

Additional Global-to-Local Resources

- **Health and Risk Communication Center**. *A Model for Introducing Global Ideas to the U.S.* Available at **https://hrcc.cas.msu.edu/_assets/Dearing_et_al_2019b.pdf**

  This report presents the results of a study of five global ideas and their introduction into the U.S.

- *Landscape Assessment: Bringing Health to Local Communities—Strategies from Global Health* Available at **https://www.globaltolocal.org/wp/wp-content/uploads/2017/02/G2L_LandscapeAssessment_FINAL.pdf**

  This review summarizes some of the most influential and innovative global health interventions, focusing on how they might be implemented to improve health in low-resource U.S. communities.

- *The Task Force on Global Advantage Report.* Available at **https://icahn.mssm.edu/files/ISMMS/Assets/Research/Arnhold/TheTaskForceonGlobalAdvantageReport.pdf**

  This report details the Task Force on Global Advantage's work addressing how the U.S. can improve community health by applying global lessons.

Robert Wood Johnson Foundation (RWJF): Global Ideas for U.S. Solutions Blog Series

- **RWJF**. *A Successful Model that Predicts and Prevents Violence*. Available at **https://www.rwjf.org/en/insights/blog/2018/06/successful-model-that-predicts-and-prevents-violence.html**

  This article explores innovative solutions to leveraging data to prevent violence.

- **RWJF**. *Advancing Well-being in an Inequitable World*. Available at **https://www.rwjf.org/en/insights/our-research/2019/01/advancing-well-being-in-an-inequitable-world.html**

  The authors report on how different countries and cities worldwide define, pursue, and track their progress regarding residents' well-being, expanding beyond economic indicators.

- **RWJF**. *Can a Trash Can Reveal a Community's Value?* Available at **https://www.rwjf.org/en/insights/blog/2017/09/can-a-trash-can-reveal-communites-values.html**

  This piece details how RWJF and the Gehl Institute convened a group to explore what the U.S. can learn from other countries about placemaking—designing and using public spaces to promote health, equity, and inclusion.

- **RWJF**. *Creative Communities are Addressing Social Isolation*. Available at **https://www.rwjf.org/en/insights/blog/2019/01/what-communities-are-doing-to-address-social-isolation.html**

  This blog provides an overview of RWJF grantees in the U.S. who have taken inspiration from overseas to increase meaningful social connections and a sense of belonging in their communities.

- **RWJF**. *Four Ways to Build Inclusive, Healthy Places for All*. Available at **https://www.rwjf.org/en/insights/blog/2018/07/four-ways-to-build-inclusive-healthy-places.html**

  This piece provides an overview of how RWJF and the Gehl Institute worked together to better understand how planners design public spaces in an inclusive way that supports health for all.

- **RWJF**. *Global Approaches to Curb the Health Impact from Climate Change*. Available at **https://www.rwjf.org/en/insights/blog/2020/03/global-approaches-to-curb-the-health-impact-of-climate-change.html**

  This article provides examples of programs abroad that have sought to create equitable and sustainable approaches to curb the health impacts of climate change.

- **RWJF**. *Global Approaches to Well-being: What We Are Learning*. Available at **https://www.rwjf.org/en/insights/blog/2019/07/global-approaches-to-well-being-what-we-are-learning.html**

  This piece provides examples of how cities and countries are exploring ways of centering decision-making on human and planetary well-being.

- **RWJF**. *Health Equity: What We're Learning from the World*. Available at **https://www.rwjf.org/en/insights/our-research/2019/10/health-equity-what-we-can-learn-from-the-world.html**

  This blog provides examples of global innovations that can be used in the U.S. to address inequities and improve health and well-being.

- **RWJF**. *How Lessons from Abroad Are Uplifting Youth in the United States*. Available at **https://www.rwjf.org/en/insights/blog/2017/08/empowering-youth-with-lessons-from-abroad.html**

  This piece provides an overview of global innovations used to improve health among youth in the U.S.

- **RWJF**. *The Secret to Successful Health Partnerships*. Available at **https://www.rwjf.org/en/insights/ blog/2015/02/the_secret_to_succes.html**

  This manual provides guidelines for meaningful collaboration among healthcare delivery organizations, public health departments, and other community stakeholders to facilitate the design, implementation, and sustainability of a comprehensive approach to promoting the overall health of communities.

Understanding the Diffusion of Innovation Theory

- **Boston University School of Public Health**. Diffusion theory. *Overview of Behavioral Change Models*. Available at **https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/ BehavioralChangeTheories4.html#:%7E:text=of%20Innovation%20Theory-,Diffusion%20of%20 Innovation%20Theory,the%20oldest%20social%20science%20theories.&text=Researchers%20have- %20found%20**.

  This section of Boston University's Overview of Behavioral Change Models provides an extensive overview of the development, constructs, and uses of Diffusion of Innovation (DOI) Theory.

- **Dearing JW**. Applying diffusion of innovation theory to intervention development. *Research on Social Work Practice*. 2009 Sep;19(5):503-18. Available at **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2957672/**

  This article reviews diffusion of innovation theory and its potential for accelerating the spread of evidence-based practices, programs, and policies.

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