



Transforming U.S. Local Health Department Public Health Practice through Global Health Innovation and Exchange Final Report

NACCHOSM
National Association of County & City Health Officials

Background

Public health in the United States has reached a critical crossroads due to insufficient funding and infrastructure, new and emerging diseases and epidemics, and worsening health disparities and inequities. Local health departments (LHD) are at the frontlines of responding to public health threats and are leading efforts to improve and protect the health of populations they serve; they also play a critical role in strengthening local public health systems to better serve their communities.

To better address the new and myriad public health challenges facing LHDs, NACCHO implemented a three-year project with support from the Robert Wood Johnson Foundation (May 2020 to May 2023) focused on building the capacity of LHDs to improve their communities' health by adapting and introducing a global health tool or practice in a local setting. Global health practices have been underutilized and underexplored as potential solutions to improve community health and health equity in the U.S. This project provided a unique opportunity to leverage and learn from global health practice and support LHDs in addressing a high-priority health need in their community. NACCHO has detailed progress and achievements against the four objectives of this grant below.

Progress on Goals and Objectives

Objective 1: Learning from U.S. early adopters

Identify global mental health and substance use disorder approaches from U.S. early adopters and provide opportunities for LHDs to learn how to effectively adapt these approaches to their communities.

Prior to engaging directly with U.S. early adopters of adapted interventions, NACCHO's global health team began by conducting research on adaptative implementation in the global health sphere to synthesize a standard framework and process. NACCHO sought to uncover the evidence base around this topic and to better support LHDs in ensuring that global health practices are effectively adapted in a new cultural or geographic setting. With this evidence and input from other global health and learning experts, NACCHO created a resource called [Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments](#).

The Adaptation Guide included three steps in a cyclical process for adapting global to local:

1. Assess the elements to adapt, including green, yellow, and red-light adaptations.
2. Adapt appropriate elements by changing only what needs to be changed.
3. Diffuse approach into the community.

A key element of step one is determining which components of a selected intervention or program can be adapted without compromising its effectiveness (i.e., green-light), those that can be adapted with caution (yellow-light), and those that should not be modified (red-light). As part of step two, the guide walked through a multi-step process for bringing an adaptation to life, from initial exploration, to preparation, implementation, and finally sustainment. Finally, step three leveraged Diffusion of Innovations Theory to emphasize the importance of creating and strengthening key partnerships to introduce and scale up activities, communicating the benefits and value of an innovation or new program to the intended recipients, and leveraging early adopters to maximize success of the adaptation.

With the Adaptation Guide created, NACCHO next engaged in a process to identify a handful of early U.S. adopters who were interested in undertaking the adaptation process in their local setting. In November 2020, NACCHO launched a request for proposals and selected three LHDs that planned to leverage the World Health Organization's (WHO) Mental Health Gap Action Programme (mhGAP) resources to respond to emerging mental health and substance use disorder (SUD) needs through non-specialists. NACCHO chose these health areas based on a 2019 survey it conducted in which NACCHO LHD members identified two of their top public health challenges in need of innovation as mental health and SUD. Furthermore, with a robust mental health program, the WHO was a natural source for resources, guides, manuals, and tools that could be used and adapted into a LHD setting.

Two of the LHDs selected—Calvert County Health Department and Housatonic Valley Health District—participated in a series of training workshops led by an expert mental health consultant and former director at WHO's Mental Health and Substance Abuse division, Dr. Saxena Shekhar. Unfortunately, the third LHD did not have the staff capacity during the peak of the COVID-19 pandemic to complete the requirements needed to proceed with the pilot project. As part of the training, Dr. Saxena introduced the two LHDs to the WHO's mental health resources, as well as the framework for adapting global health tools. During the workshops, Dr. Saxena supported LHDs to select an appropriate WHO tool and develop implementation, evaluation, and sustainability plans for their adaptation. He also provided technical support following the workshop as the two sites began piloting their adapted approach.

Calvert County Health Department adapted the PHQ-4 screening guide from WHO's mhGAP Programme into its harm reduction and behavioral health programs, and trained peer recovery support specialists and mobile crisis unit staff to use this questionnaire during mobile and community outreach activities. These trained non-specialists were successfully able to identify community members with mental health concerns and refer those individuals for additional behavioral health care. Housatonic Valley Health District adapted WHO tools around coping during times of stress and recognizing mental health warning signs into non-specialist-led workshops and events at senior centers. Housatonic saw an improvement in knowledge among participants at the senior centers on mental health, recognizing signs of stress and maladaptive coping, and understanding positive coping practices. More details on the implementation experiences and results achieved by Calvert County Health Department and Housatonic Valley Health District can be found in the [NACCHO 360 2022 conference presentation](#), in which representatives from both health departments shared their project journeys and takeaways from piloting a global health tool in their communities.

Objective 2: Identifying and sharing global approaches that have potential for adaptation in the U.S. through a partnership with Apolitical.

Uncover, develop, and share additional approaches that have global-local potential, paying close attention to solutions that address health disparities that exist in U.S. communities.

In lieu of pursuing a formal partnership with Apolitical, NACCHO decided to leverage its own vast network of members and local public health partners to disseminate case studies and examples of applying global health practices in local settings. In September 2020, NACCHO issued a special feature of [NACCHO Exchange](#), its quarterly publication on promoting effective local public health practices, dedicated solely to global to local health exchange. This special feature shared information on adapting global to local to respond to the epidemics of COVID-19 and mental health as well as global ideas for making progress in other health areas, such as improving prenatal care and advancing health equity and inclusion.

Objective 3: Communicating lessons learned

Utilize NACCHO's influence across the 3,000 US LHDs and external public health organizations to communicate the effectiveness of looking abroad for solutions to local challenges where innovation is needed to advance health in the US and begin to normalize the sharing of effective solutions across borders.

NACCHO completed several dissemination activities throughout the grant period to share its experience and lessons learned on adapting global health tools in local public health settings. One such dissemination activity was presenting project findings at public health conferences and convenings. NACCHO's global health team led and facilitated two conference sessions:

1. *Utilizing Global Health Approaches for Local Health Departments: Implementing Cuban Methods to Improve Prenatal Care in Local Health Departments in the Rural United States* (presented at AMCHP's 2021 Conference, *Global Meets Local: A Global Approach for Local Outcomes*.)
2. *Global-Local Health Exchange: Utilizing WHO's Global Mental Health Resources for Local Public Health Challenges* (presented at NACCHO's 2022 Annual Conference)

Following the conclusion of NACCHO's engagement with local health departments through the pilot project, NACCHO sought to further the project by producing a toolkit of learnings and best practices from its multiyear journey in the global to local space. NACCHO released an RFP in early 2023 to identify an instructional design and communications consultant or firm to support the development of this toolkit. NACCHO selected Impact Marketing and Communications based on the extent of their experience in creating instructional tools, and expertise in global and public health. Impact Marketing and Communications developed and designed a final toolkit that distills a wealth of information into a digestible and easy-to-follow format.

The final toolkit, [*The Global to Local Toolkit: Adapting Global Interventions for Local Public Health*](#), was finalized in May 2023 and shared in June 2023 with NACCHO's membership and on its website. The toolkit highlights the benefits of looking to the global health community for new ideas and solutions to address pressing local public health concerns and includes adaptation steps, tools, and guidance for local public health actors who are interested in pursuing a global-to-local adaptation. The toolkit also includes two supplemental tools to aid local public health actors in this process—a readiness assessment checklist for local actors interested in implementing a global health adaptation (*Are You Prepared to Go Global-to-Local?*) and a tool designed to help identify potential partners in implementing a global-to-local initiative (*Global-to-Local Partner Identification Tool*).

Objective 4: Capitalize on NACCHO members' existing interest in global health by formalizing the Global Health workgroup and continuing to rely on expertise of the Global Health Expert Advisory Group (GHEAG) formed in Phase 1.

Throughout the project, NACCHO participated in quarterly calls with the GHEAG to share updates and information and ensure that the project was guided by expertise from global health practitioners. NACCHO leveraged GHEAG members to help develop and refine its Adaptation Guide.

With regards to the Global Health Workgroup, NACCHO chose not to pursue formalizing this group and instead collaborated closely with the GHEAG as well as the recently formalized Global Learning for Health Equity Network (GLHEN), which is an important thought leader, convener, and partner to NACCHO. Through these initiatives, NACCHO has been able to exchange knowledge around adapting global tools and shift more into a supportive role whereby it can share learnings and best practices for strengthening the application of global best practices to address public health challenges in the U.S.

Challenges and Lessons Learned

One major challenge during the grant period was, of course, the arrival of COVID-19 and the ongoing public health emergency. In particular, COVID-19 limited both NACCHO's ability to provide support and technical resources to LHDs in the pilot and LHDs' ability to sustain significant engagement over a two-year period. Within NACCHO, there was turnover of staff in charge of leading and overseeing this project, which led to some delays in monitoring the progress of and providing support to each health department in the pilot.

The pandemic also stretched most local health departments to the breaking point in terms of their capacity to implement non-emergency or non-essential activities. Calvert County and Housatonic Valley Health District both experienced challenges incorporating their project plans and activities into their LHD's programming and faced staff turnover and burnout as a result of the pandemic response. This challenge was particularly acute with Housatonic Valley, as the entire project team who designed the intervention ultimately left the health department during the project period. This loss of expertise and knowledge hindered its ability to quickly identify program-related challenges, re-visit and re-design its approach as needed, and focus on innovation and sustainability.

Without consistent and informed staffing, including leaders at the health department who are knowledgeable about the adaptation framework and fully invested in adopting a global-to-local approach, undertaking a robust adaptation process with fidelity to the model is difficult. Furthermore, more substantial resources may be required to elevate activities around designing, testing, iterating, and evaluating the efficacy of a new global health approach in a local setting. While neither health department made significant alterations to the existing WHO mental health tools, they decided—given the constraints related to the pandemic response, inconsistent staffing, and financial resources—to instead pursue adaptation in terms of implementing a proven, existing tool into a new setting and with a new audience. This approach best fit Calvert County and Housatonic Valley's situations, but there many different strategies a health department could take in adapting global-to-local; some of these angles would require more time, resources, and expertise but could result in deeper learnings and the discovery of new best practices for implementation.

Future Directions

With this investment, NACCHO was able to begin exploring how the organization could better learn from and leverage innovations from global health and start to bridge strategies and programs between global and local public health. NACCHO will aim to continue investigating best practices and utilizing evidence from the global health field in its work with local public health partners. One area of opportunity is to integrate or exchange knowledge between global health and NACCHO's focus on addressing health equity issues, including in its programs that focus on refugee, immigrant, and migrant (RIM) populations.

Furthermore, NACCHO will remain engaged in the GLHEN initiative and aims to support that network by sharing NACCHO-developed resources and learnings from this project. At an upcoming kickoff meeting with GLHEN's cohort of grantees that are exploring different learning opportunities around integrating global ideas to address health equity, NACCHO's global health team will present its recently

developed Global to Local toolkit and will serve as a technical assistance resource as part of the network's advisors and experts.

Finally, NACCHO will continue to explore other funding opportunities for fostering connections and bi-directional learning between global and local public health. There is a wealth of evidence, best practices, innovations, and tools from the global health community that may be the key to unlocking progress on some of the most pressing health issues facing communities across the United States.

Appendix: Final Evaluation Report

As part of the final evaluation for the RWJF Global Local project, the NACCHO Research and Evaluation team created and implemented four focus groups (one with each site, and one with each sites' trainees) to better understand project successes and challenges, as well as opportunities for project improvement. The team spoke to both representatives from the health department and the non-specialist trainees they worked with.

Key Takeaways

- Both Calvert County and Housatonic County were able to effectively use non-specialists to address the care gap in mental health in their communities. Additionally, both sites were able to increase the number of people they referred to behavioral health services.
- Both local health departments felt that non-specialist positions were hard to fill and train with high attrition and felt that additional funding would be needed to repeat this process with other areas of work.
- Calvert and Housatonic Health Departments struggled with internal challenges like staff capacity and competing priorities which impacted their participation in the project. Housatonic County especially struggled with staff turnover and had to adapt their chosen tool to compensate for this.
- Support from NACCHO staff as well as the expert consultant, Dr. Saxena, was greatly appreciated by staff from both health departments.

Adaptation Processes

The evaluation highlighted differences between the two adaptation processes. In Calvert County, the local health department (LHD) staff implemented the process designed for this project without many adjustments. The staff at Calvert worked with Dr. Saxena to adapt the PHQ4 tool to their context by scaling it back slightly to match their community's needs. They did this by adjusting the PHQ9 (9 questions) to include only four questions in order for the tool to be easier to use in the field. Meanwhile, Housatonic County LHD staff contended with staff turnover that affected their ability to fully participate in the project. Originally Housatonic staff had outlined one process for this project, but ultimately their new staff worked with Dr. Saxena to adapt their process and tool due to the turnover and the changing needs during the pandemic. In the end, Housatonic staff adapted the Mental Health Gap Community Provider Dialogue, a tool used to assist anyone in addressing mental health in their own community.

Project Successes

While the adaptation processes were different, both sites had similar thoughts about project successes. Dr. Saxena helped both sites pick out an existing WHO tool to adapt to their community. From there, he worked with the sites to adapt the tool and provided feedback throughout the implementation process. NACCHO staff worked on the administrative and logistical side of the grant, making sure that sites were paid on time and had their questions answered. Both sites greatly appreciated working with Dr. Saxena and NACCHO staff and felt well supported throughout the adaptation process. In terms of impact, both LHDs cited the existing rapport the non-specialists had with community members as an asset to outreach facilitation with their respective populations. Additionally, both sites were able to increase the number of people they referred to behavioral health services.

Project Challenges

Like many projects executed during the COVID-19 pandemic, both LHDs struggled with internal capacity. Competing demands and staff turnover made committing to this project more challenging than LHD staff expected. Additionally, both sites spoke of a need for additional funding to realistically be able to apply the global to local model to other projects. Sites said that additional funding would help them devote staff time and capacity to this work.

Benefits of Using Non-Specialists

In both communities, non-specialists worked on mental health outreach with community members. In terms of using non-specialists to meet mental health concerns, sites spoke of the success of incorporating a new perspective, using those already imbedded in the community, and using existing services as a bridge. In Calvert County, non-specialists were already a big part of the staff and were embedded in all the services. In Housatonic, they used the non-specialists to facilitate educational programs, so there were more people in the community disseminating information about behavioral health programs. Through this project, they were able to expand their reach to include detention centers and a peer academy.

Challenges of Using Non-Specialists

On the other hand, both sites named staffing as a challenge to this project. Non-specialist positions were hard to fill and had high attrition, and sites considered them to have low sustainability due to the significant training required.

Facilitators of Project Implementation

NACCHO's Research and Evaluation team also asked local health department staff participants about the facilitators of project implementation. LHD staff spoke about using materials that had pictures and plain language to make them as easy as possible to use when training the non-specialists. Additionally, on the local health department level, LHD staff said building off existing services (i.e., Existing mental health programs) was helpful and that in general, the non-specialists were eager to implement the tool.

Program Benefits

Local health departments benefited from this project by training volunteers, nurses, and community participants, providing new services to the community, and increasing awareness of available mental health services. On the local health department level, the project raised awareness of World Health Organization (WHO) tools and allowed them to address mental health for the first time, while also equipping them to address mental health challenges associated with COVID. Additionally, the tools confirmed needs surrounding LHD capacity; in both communities, non-specialists were considered key supports to connecting community members to behavioral health services. LHDs benefited from technical assistance with support selecting a tool as well as having an expert reviewing and evaluating materials. LHD staff spoke about NACCHO staff and Dr. Saxena with high regard, and project staff said working with an expert gave them confidence in their work and the direction it was heading.

Potential Technical Assistance Improvements

The major improvement that LHD staff recommended was that because sites were completing different projects in different contexts, the collaboration piece was unnecessary.

Conclusion

The project successfully facilitated an increase in the acceptability and use of non-specialists by pilot LHDs to address the care gap in mental health. Sites spoke about the ease of working with those already imbedded in their communities to connect residents to existing behavioral health services. While LHD participants mentioned internal capacity as a challenge, having expert support throughout the project helped local health departments meet their goals. As health department staff worked to recover from COVID-19 and subsequent staff burnout, this support was critical to success and should be replicated in future iterations of this project.