

# Global to Local

Empowering communities as experts



## A global health approach

Global health has advanced equity where the U.S. has failed.

## What we do at Global to Local

We take community-led health and equity strategies from around the world and adapt them to meet local needs. By addressing social determinants of health like economic opportunity, food access, and social inclusion, we can advance health equity and transform systems.



## How we work

- 1 LISTEN**  
We continuously listen to communities, the true experts on their environments.
- 2 SCAN**  
We find global solutions that might apply locally.
- 3 CO-DESIGN**  
We bring community and global expertise together to generate a localized solution.
- 4 LEARN**  
We evaluate our impact and adjust as we go along.
- 5 DISSEMINATE**  
We share what we learn to create a greater impact.

## In action

A real-world example of our work



**1** Global to Local hears from Somali women in Tukwila that they don't have a safe place to work out.



**2** Community Health Workers (CHWs) can be effective at identifying and addressing barriers.



**3** A CHW reaches out to a local community center to create a women-only fitness program.



**4** We measure specific ways this approach improves health, such as weight loss and diabetes management.



**5** We inform other communities of positive health outcomes to encourage similar efforts.

Learn more.  
[www.globaltolocal.org](http://www.globaltolocal.org)





Global to Local's mission is to demonstrate the effectiveness of global health strategies to improve health in local underserved communities. Where global health efforts have effectively shrunken health disparities in under-resourced environments around the world, US efforts to address disparities have largely failed. Over the past eight years, G2L has researched what has worked in global health and has established an approach for adapting successful global health strategies to meet local needs and priorities. And perhaps the most important learning from global health that G2L employs is that you need to start by listening.

## Deep and ongoing listening

G2L's approach to developing community-led programming starts with deep listening, recognizing that people most impacted by health disparities are best positioned to identify what they need to achieve their vision of health. As we have learned from global health, it is important to view "communities as experts."

G2L employs a team of Community Health Workers (CHWs) who serve as the organization's principle connection point with the communities we serve. The CHW team is a diverse group who are trusted members of their communities, speak the language and understand the culture, and have a shared experience with the groups with which they work. They are not health care specialists—they are community specialists who understand intuitively the opportunities and challenges their communities face.

Initially, G2L's CHWs hosted Community Café events, inviting community members to come together in a comfortable and informal setting to talk about their priorities and needs. Rather than coming with a long list of focus group-type questions, we asked participants to describe what a healthy community looks like to them. While health care came up in these discussions, participants tended to talk more about things like jobs, housing, feeling connected to their community, being able to access and navigate systems, and having a voice. Through these initial conversations, it became clear that our efforts needed to focus more on these areas—the social determinants of health—than on traditional health care delivery.

While these initial gatherings were a great start, they only scratched the surface. But thanks to the nature of the CHW relationship within their communities, the feedback loop is ongoing, allowing us to keep a constant finger on the pulse of the community to guide our programming efforts.

## Co-design: Bringing together global health and local expertise

Global to Local partners with PATH and other locally based global health agencies to identify successful global health strategies that hold promise for local adaptation. Thanks to our initial engagement with PATH we identified a number of global health strategies to consider, including:

1. CHWs
2. Partnering with and building the capacity of local organizations
3. Using technology, like mobile phones, to transform practices
4. Linking public health with primary care (addressing social determinants)
5. Investing in community leadership

While the learnings from global health provide a great place to start, the specific intervention required will look different from one environment to another. G2L's approach is to adopt the principle of the global health strategy and adapt the tactics for implementation. The adaptation is the result of our co-design process, in which we work with CHWs and community representatives to adapt and modify our approach to meet local needs and priorities. Our recently developed financial coaching program illustrates this process.

### Integrating financial and health coaching

Through our listening and engagement, we have heard repeatedly that financial instability is standing in the way of people being healthy. Through global health research, we have learned that when CHWs integrate financial coaching and health coaching, you get better results in both areas. What would this look like locally?

Over the past year, through a partnership with the Prosperity Agenda, we have trained G2L's Somali and Latina CHWs to be financial coaches. This effort started with community conversations about what the financial needs were in each community, and with that input we designed a series of classes, which we tested with participants. Following each class, we collected feedback from the CHWs and the class participants, allowing us to make modifications. After a year of listening, testing, and modifying, we are now ready to fully implement what we believe is a solution that is co-owned by G2L and the community.

Below is an overview of other programs we have developed over the years following a similar co-design process.

Local need/opportunity addressed	Global health strategy	Global health learning	Co-designed, locally adapted solution
Language and cultural barriers, high rates of chronic disease, challenges navigating health care and insurance systems	Community Health Workers	Trusted community members, working outside of the clinic, can effectively provide health education, resource referral, and overall social support to promote healthy behaviors	Culturally-tailored chronic disease prevention and management.  Example: <a href="#">women-only fitness program</a>
Challenges navigating systems, language and cultural barriers	Linking public health and primary care	It is important to work across sectors and address the social issues that often drive poor health	<a href="#">The Connection Desk</a> , which integrates social service provision into primary care
Access issues related to transportation, ability to pay for health care, fear of and/or unfamiliarity with health care systems	Using technology to transform community health practices	Mobile phones can address access issues, improve information flows, and lower costs of providing services	<a href="#">Mobile phone-based diabetes management</a>
Limited economic opportunity, challenges in starting businesses, poor employment options	-Linking health with economic development -Making catalytic investments to address market failures	-Increasing wealth will often lead to improved health -By making investments in places where there are market failures it is possible to spur economic development	A <a href="#">Food Innovation Network</a> , which convenes a broad array of partners to support the creation of food businesses and improve access to healthy foods
Need for increased civic participation, role in decision making for under-represented groups	Building local capacity	An active and engaged community is necessary to ensure sustainability as well as to advocate for systems change	The Connectors Program, which builds local leadership to increase community voice and civic participation

## Addressing systemic inequities that affect health

Developing isolated solutions that reach a limited number of program participants is not enough if we want to shrink inequities. The power of our approach lies in our ability to influence the systems that serve communities that are impacted by poor health. This could be local government, schools, health departments, clinics, or more.

To do this work, G2L employs a two-pronged approach. First, we invest directly in local leadership development with the goal of elevating the voice of marginalized groups so they can have a greater say in how systems are structured and how they serve them. Second, we share what we learn and work with systems to adopt and scale the programs we develop through our co-design process, ensuring that the solutions that communities have conceived of become part of how systems serve them.



### Building leadership: Community Connectors

In a place as diverse as Tukwila, where over 80 languages are spoken, the city has a hard time reaching out to and engaging all of its residents—particularly communities of color who face language and cultural barriers. Since 2012, G2L has collaborated with the City of Tukwila and Forterra to implement the Community Connectors program. Through this partnership, G2L recruits individuals from groups that the city has a difficult time reaching through traditional outreach and provides them with a “City 101” training where they learn about things like how the city is structured, what different departments do, how the budget is developed, and what city council does.

Next, G2L and the city work together with the connectors to identify priority projects that the connectors can support, reaching out to their communities to seek input on things like the comprehensive plan, housing, safety, and economic development. This process not only builds local leadership and engagement, but it also ensures that the priorities of marginalized groups are heard and incorporated into city work. In the future, the City of Tukwila will take over management of this program, ensuring that this approach becomes part of how they do business every day.

This approach was selected for a statewide award from the Washington chapter of the American Planners Association in 2014 and since that time, Global to Local and Forterra have extended this approach to the cities of SeaTac, Burien, and to the Port of Seattle.

## Influencing systems: Connection Desk

One of the top barriers G2L hears about through its ongoing listening is the difficulty of navigating a variety of systems, and in particular the social services system. To address this challenge, and following our scanning and co-design processes, G2L launched the Connection Desk in 2012.

In partnership with HealthPoint, the Connection Desk integrates the provision of social services into a clinical setting, screening patients for issues like housing, transportation, employment, and more. Providers refer patients to the Connection Desk, which is staffed by volunteers and interns who support people to access the services they need—often in the client’s native language.

Since 2012, the Connection Desk has made over 12,000 resource referrals and has enrolled over 6,000 people with health insurance. With support from G2L, several other systems have adopted a similar approach, and this year HealthPoint has chosen to fully integrate this service into their Tukwila clinic, hiring and staffing the desk independent from G2L.



## Empowering communities as experts

G2L has found success because of its willingness to fully embrace an idea that turns conventional wisdom on its head: that solutions lie within communities, and that best practices can come from under-resourced countries around the world. This is easier said than done. Nongovernmental organizations have a long tradition of telling communities what to do to improve their lot, and then implementing top-down approaches to solve problems as they see them. Reversing course requires a major leap of faith, trusting that the expertise lies within communities to achieve the vision of health that they define for themselves. What does it take to do this?

First, G2L has been fortunate to have funders who have come to embrace this approach. When Swedish, King County Public Health, the Washington Global Health Alliance, and HealthPoint started G2L, the initial instinct was to move quickly to implementation on an issue they viewed as being important, and something they believed they could make progress on: vaccinations. After all, dramatically improving vaccination rates is one of global health’s greatest achievements. Through listening, however, we learned that vaccinations were not a community priority, and that there was little energy to support this work. Fortunately, rather than charging ahead, the founders stepped back and embraced the listening, scanning, and co-design process, something that yielded work that they never would have conceived of. Then they took a leap of faith and committed funds to support the ideas that were hatched in the community.

What kind of message does this send to a community? It says that we trust you, that we value your expertise, that we recognize that you are best positioned to determine what solutions are right for you, that we believe that our systems can learn from you, and that we’re willing to put resources behind your ideas. And in turning to global health, we embrace and learn from approaches that share these values, ones that invest in local people like Community Health Workers, ones that can inspire our local communities to take ownership of their own health, and ones that have been successful in advancing health equity.

## Partnerships are key to success

Let's be honest -- when you ask people what they need, you can hear a lot of different answers! And when endeavoring to address the social determinants of health, there are many different things you could work on.

By far, the greatest challenge for G2L has been how to prioritize what we should take on and how to recognize what is outside our scope as an organization. There is a food access problem, so maybe we should operate a mobile food pantry! Voter turnout is low, so maybe we need to support voter registration and education! Housing is a top priority, so maybe we should invest in that! (We have not done any of those things, but we have definitely considered them.)

This remains a challenge, though over time we have gotten better, establishing criteria for how to select new projects. And by focusing on partnerships, we find ways of addressing certain issues without feeling like we need to do everything ourselves. Deciding what we take on really comes down to mission alignment and ensuring that our efforts are helping us to achieve all parts of our mission. These criteria include:

1. Is there an expressed community need?
2. Is there clear learning from global health that can inform our work?
3. Do we have a clear learning objective and a plan to measure and share our learnings?
4. Is there a potential partner who could scale/replicate this program to achieve greater impact?

Where we have struggled, in particular, is finding those partners who can scale and replicate our work. And in the absence of those partners, G2L is faced with the difficult decision to either continue running a program we developed in perpetuity, or to eliminate it so we can test and learn from different approaches. Moving forward, we intend to limit the need to make these hard choices by adhering more strongly to our screening criteria and investing greater resources in establishing partnerships for replication and scale.

## Building toward a more equitable future

Partners adopting programs we've developed provides one measure of success; HealthPoint's replication of the Connection Desk, as well as Swedish's adoption of mobile phone-based diabetes management, show the effectiveness of our process. However, the real impact of this work is greater than the sum of its parts. The genesis of the Community Connectors program in Tukwila illustrates this point nicely.

After succeeding in creating a women's fitness program, the Somali community, with the support of G2L CHWs, worked with the Tukwila pool to create a similar women's swim program. Some members of the community resisted this program, and the Tukwila City Council decided to hold a hearing. That evening, dozens of women attended their very first city council meeting and testified about why this program was so important to them. Not only did the council end the evening in full support of the program, but they were also excited by the fact that so many people they rarely heard from had been mobilized around this issue.

A short time later, the city engaged G2L to create the Community Connectors program, formalizing a process for increasing civic engagement. That work started with one CHW who listened to her community, but it has led to many communities finding their voice. And it is only by listening to and supporting those voices that we'll be successful in advancing health equity.