



## Community Defined Evidence Models to Measure Practice Effectiveness in Diverse Communities

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Community Defined Evidence Work Group  
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*A System of Care for Children's Mental Health*  
Expanding the Research Base  
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## The Problem


Disparities in mental health care are widening between whites and people of color, particularly in the areas of access, availability, quality and outcomes of care. Collectively, ethnically/racially diverse populations experience a greater disability burden from emotional and behavioral disorders than do white populations. (Huang, 2002; U.S. Dept. of Health and Human Services [USDHHS], 2001)



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## Attempts to Solve the Problem

In continuing efforts to ensure that individuals in need receive the best treatment available, policymakers, researchers and funders initially promoted the use of empirically-supported treatments (ESTs) and more recently the use of evidence-based treatments (EBTs) and evidence-based practice (EBP).




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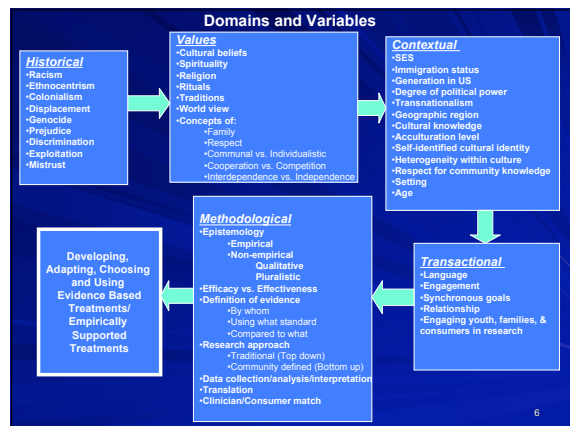
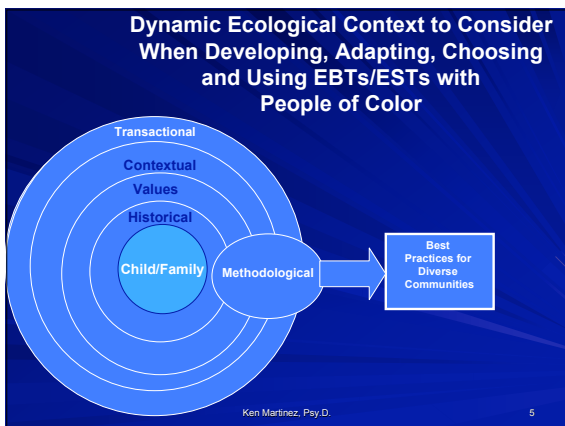
## Empirically Supported Treatments (ESTs) and Evidence Based Treatments (EBTs)

“Treatment” indicates the focus is on the individual manualized intervention targeted to alleviate a particular set of symptoms, without sufficient regard to the impact of:


- Historical trauma
- Cultural values, beliefs, traditions and preferences
- Contextual and societal variables relating to the environment the consumer lives in
- Multisystemic transactional processes that impact the implementation of ESTs/EBTs



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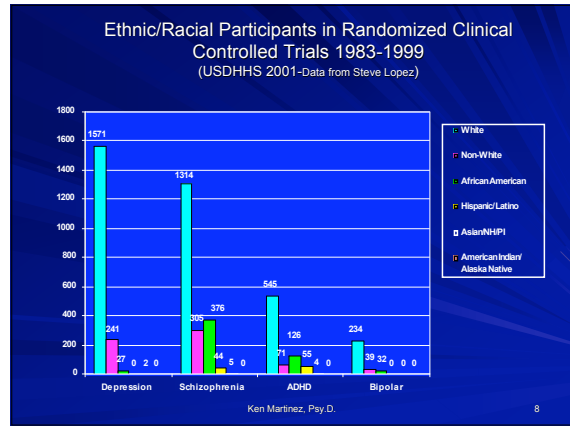
### Special Analysis for Surgeon General's Report on Culture, Race and Ethnicity



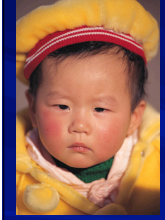
- The 2001 Surgeon General's Supplement Report on Mental Health: Culture, Race and Ethnicity found very little empirical evidence regarding outcomes of mental health care for ethnic/racial groups (Miranda, et al., 2003)
- Since 1986 nearly 10,000 participants have been included in randomized controlled trials evaluating the efficacy of interventions for four mental health conditions (bipolar disorder, schizophrenia, depression and ADHD) and only:
  - 561 African Americans
  - 99 Latinos
  - 11 Asian Americans and Pacific Islanders and
  - 0 American Indians and Alaska Natives were available for analysis
- Furthermore, not a single study analyzed the efficacy of the treatment by ethnicity or race.

(Miranda et al., 2003)

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### Cautions



- Ethnic/racial groups "are largely missing from the efficacy studies that make up the evidence base for treatments. ...well-controlled efficacy studies examining outcomes of mental health care for minorities are rarely available... There is *some*, albeit limited research, that *some* ESTs are appropriate for *some* ethnic groups" (Miranda et al., 2005)
- Most ESTs and EBTs are conducted with White, educated, verbal and middle class individuals and may not generalize to ethnic/racial groups and third world communities (Bernal & Scharron-del-Rio, 2001)
- We should be concerned about the "dogmatism of an exclusive ideology" Imposition of EBTs on another cultural group can be considered a new form of "cultural imperialism" (Bernal & Scharron-del-Rio, 2001)

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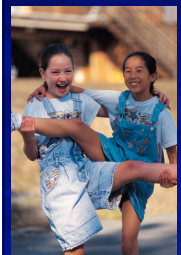
### An Alternative: Community Defined Evidence (CDE)



- A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community. (CDEP Working Group, 2007)
- CDE includes world view, historical and contextual aspects and transactional processes that are culturally rooted and do not limit it to one manualized treatment
- It is a supplemental approach to ESTs and EBTs

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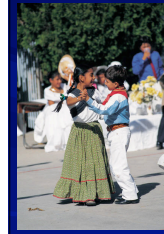
### Community Defined Evidence Project (CDEP) Aims



- The CDEP is a partnership between:
  - The National Latino Behavioral Health Association
  - National Network to Eliminate Disparities (NNED) in Behavioral Health
  - In collaboration with the Department of Child and Family Studies at the University of South Florida's Florida Mental Health Institute.
- It is intended to:
  - promote the use of culturally-informed methodologies and measurement practices
  - through Participatory Action Research methods
  - that "discover" best practices
  - distill the "essential elements" of successful practices, and
  - develop measurement criteria that may prove useful in measuring or evaluating community defined evidence, initially in the Latino community, and later through knowledge transfer to other communities of color.

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### Tasks



- Identify and describe (discover) measurable community and/or culturally-based practices that support improved access to services, outcomes
- Determine how identified and observed community-based practices can be measured to determine if they "work."
- Identify the common and varied characteristics among identified practices and define the "essential elements" of practices that work to develop criteria for community-defined evidence.
- Develop a national inventory of community-defined community-based practices.

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## Tasks



- Create issue briefs from project findings
  - to influence future legislative and policy efforts to prioritize funding for culturally-based research on racial/ethnic behavioral health disparities; and
  - advocate for “effectiveness” measures that are culturally and community appropriate.
- Provide evaluation and technical assistance/mentoring/coaching to help guide agencies/ organizations in developing their promising practices further to increase the evidence base of community-defined and community-based practices.

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## Summary



- By developing an evidence base, that might be described as the “platinum standard,” which uses cultural and/or community indices, we hope to influence the research and evaluation agenda, as well as policy makers and funders, to implement and use community defined and based practices to reduce disparities and improve access, availability, quality and outcomes for communities of color.

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