

CONSENSUS STATEMENT ON EVIDENCE-BASED PROGRAMS AND CULTURAL COMPETENCE

July, 2003

For further information please contact Karen A. Blase, Ph.D., or Dean L. Fixsen, Ph.D., Co-Directors, National Implementation Research Network, the Louis de la Parte Florida Mental Health Institute, 13301 Bruce B. Downs Boulevard, MHC 2225, Tampa, Florida 33612-3699 (813-974-4463; kblase@fmhi.usf.edu).

July, 2003

CONSENSUS STATEMENT ON EVIDENCE-BASED PROGRAMS AND CULTURAL COMPETENCE

Introduction

In March, 2003, the National Implementation Research Network of the Louis de la Parte Florida Mental Health Institute convened a meeting of experts in the area of children's mental health and cultural competence. These included the developers of evidence-based programs for children; individuals with expertise on African American, Asian American Pacific Islander, Latino, and Native American issues; as well as researchers, family members, and stakeholders. The goals of the meeting were twofold. The first was to address the applicability and appropriateness of evidence-based programs for children and adolescents of different cultures and, second, to increase the capacity of systems to develop and implement culturally relevant approaches.

At the meeting, participants developed a consensus statement of what we know and what we do not know about the relationship between evidence-based programs and cultural competence. The objective of this consensus statement is to provide both a platform and a guide for discussions and decisions related to the cultural relevance of evidence-based programs for children and adolescents. Participants also developed recommendations for future action. Both are presented in the following sections of this document.

It is important to note that the information in this document is based on the knowledge and experience of the participants at the meeting and is not based on a systematic review of the literature.

Acknowledgements

We want to thank the Annie E. Casey Foundation (Award #200.2202) and Louis de la Parte Florida Mental Health Institute for providing the funding and support for this meeting. In particular, we want to thank Mareasa Isaacs and Patrick McCarthy (Annie E. Casey Foundation) and Robert Friedman and Mario Hernandez (FMHI) for their ideas, support, and encouragement. We appreciate the assistance and logistical support provided by Mary Armstrong, Julio Vasquez, and Robert Paulson during the meeting. We also want to thank Vijay Ganju (National Association of State Mental Health Program Directors Research Institute) for preparing the original drafts of this Consensus Statement. We want to thank the 25 participants for their willingness to attend the meeting, review and revise drafts of this document, and share their intelligence and wisdom at a time when the world of Mental Health is in need of both.

For further information please contact Karen A. Blase, Ph.D., or Dean L. Fixsen, Ph.D., Co-Directors, National Implementation Research Network, the Louis de la Parte Florida Mental Health Institute, 13301 Bruce B. Downs Boulevard, MHC 2225, Tampa, Florida 33612-3699 (813-974-4463; kblase@fmhi.usf.edu).

EVIDENCE-BASED PROGRAMS AND CULTURAL COMPETENCE: WHAT WE KNOW AND DO NOT KNOW

- We know more about effective practices and programs than what is reflected through research done using randomized control trials. There are practices and interventions that consumers and practitioners have found to be helpful in addressing their problems and achieving their goals but for which the evidence base has not been fully established. Therefore, assertions about the effectiveness of these programs are premature.
- There is evidence to show that there are programs that are effective with a high degree of certainty based on randomized control studies or carefully controlled single-case studies conducted by multiple investigators in multiple sites for specific problems for specific populations in specific settings.
- Little research related to evidence-based programs has been conducted with diverse populations making it difficult to ascertain whether currently identified evidence-based programs are in fact best practices models for specific racial, ethnic, and cultural communities. Assessing differences in outcomes for persons of different racial and ethnic origins or for persons of different cultures has not been a focus of such research.
- Where studies have been done that include different racial, ethnic, or cultural groups, small sample sizes have prevented any conclusions regarding the effectiveness of evidence-based programs for these populations. Within this important limitation, existing data suggest that there are no significant differences in outcomes across different racial, ethnic, or cultural groups. There are, however, tantalizing data that suggest some evidence-based programs may actually result in better outcomes for some racial, ethnic, or cultural groups.
- In communities where evidence-based programs have been implemented, there is no discernible pattern of success or failure for those that have higher disenfranchisement or poverty levels when compared to other communities that have lower levels.
- Implementation of evidence-based programs depends on the availability of an adequate infrastructure (e.g., financial and human resources, strategies to promote community organization and readiness, implementation and knowledge transfer strategies, fidelity measurement procedures, support from stakeholders). We are just beginning to learn about the infrastructure needs associated with the implementation of evidence-based programs. We do not yet know whether and how the infrastructures needed to support evidence-based programs will differ from those that support current services. To the extent that infrastructure inadequacies and system failures disproportionately affect people who are poor and who are not white, strategies are needed to address such deficiencies.

- Implementation of evidence-based programs is likely to be facilitated by incorporating systems accountability, quality improvement, and knowledge transfer frameworks. A data-based outcomes orientation is a critical component of these frameworks.
- Currently we do not know whether and what types of adaptations and modifications of an evidence-based program are needed to ensure that its implementation does not create or exacerbate disparities across cultural groups. However, there is a body of emerging research and knowledge that suggests that appropriate adjustments can be made for specific cultural groups and partnerships with representatives of cultural communities can result in more successful implementation. Further research is required to understand what adaptations and modifications need to occur to improve the implementation of best practices models in diverse communities. At the same time, support for exploring the development of evidence-based programs targeted to specific cultural communities is needed. Only in this manner can the field begin to address the disparities in service delivery to at-risk populations.
- While it is important to conduct research involving specific racial, ethnic, and cultural communities, their role should not be limited to just being subjects of research. It is imperative that partnerships are developed with specific racial, ethnic, and cultural communities so they can participate fully in the design, implementation, and evaluation of promising and best practices models. Moreover, such partnerships should design evaluations of practice-based interventions in order to demonstrate their effectiveness and potential for replication in other communities.
- There is evidence that there are current services and programs that are ineffective for the problems they are intended to address and, under certain circumstances, may actually be harmful. These harmful effects have a high probability of having disproportionately greater impact on persons belonging to specific racial, ethnic, and cultural groups. Mechanisms for shifting funds from these ineffective and harmful practices to evidence-based and best practice models should be developed and implemented.

EVIDENCE-BASED PROGRAMS: RECOMMENDATIONS FOR ACTION

Federal agencies and entities funding mental health research should place a high priority on research related to the effectiveness of evidence-based programs for persons belonging to diverse groups. More specifically, they should fund research to:

1. Investigate differences in outcomes, if any, for persons belonging to different racial, ethnic, and cultural groups as well as any modifications or adaptations that may be needed to enhance the effectiveness of specific evidence-based programs within these groups.
2. Investigate factors that contribute to consumer and practitioner access to evidence-based programs and the extent to which these factors differ across racial, ethnic, and cultural groups and design strategies to increase access accordingly.
3. Investigate the critical system, infrastructure, and knowledge transfer components related to the successful, sustained implementation of evidence-based programs and any adjustments or variations needed to address the needs of different cultural groups.
4. Explore the extent to which positive outcomes for children and their families who are receiving evidence-based programs are related to the inclusion of common programmatic elements such as being individually-oriented, home-based and family-focused, and placing a strong emphasis on supports for practitioners.
5. Develop new models of research that incorporate differences in language, race, ethnicity, and culture in their design, methodology, and analyses.
6. Seek to understand the relationship of racial, cultural, and community infrastructure and “protective” factors that reduce risk and increase resilience of specific groups with respect to mental health, and incorporate knowledge about such protective factors into the development and testing of mental health treatments and services.
7. Develop curricula of training and professional programs that explicitly cover evidence-based programs and best practice models and racial and cultural aspects and differences which may affect access to, and effectiveness of, such programs; and conduct research to examine whether such training and professional programs are effective. These curricula should be flexible and updated regularly so that they can be inclusive of the expanding knowledge base.

8. Provide resources to develop and increase the workforce capacity to effectively implement racially and culturally appropriate intervention strategies.

This consensus statement was signed by:

Carl C. Bell (Community Mental Health Council)
Charlotte Booth (Homebuilders Program)
D. J. Ida (National Asian American and Pacific Islanders Mental Health Association)
Dean Fixsen (Teaching-Family Model)
Eric Bruns (The Wraparound Approach)
Ethleen Iron Cloud-Two Dogs (Nagi Kicopi – Calling the Spirit Back)
James Alexander (Functional Family Therapy)
Josie Romero (National Latino Behavioral Health Association)
Karen Blase (National Implementation Research Network)
Mareasa Isaacs (Annie E. Casey Foundation)
Mario Hernandez (Systems of Care)
Marta Pernas (Annie E. Casey Foundation)
Melanie Barwick (The Hospital for Sick Children)
Patrick Canary (Center for Innovative Practices)
Patrick McCarthy (Annie E. Casey Foundation)
Patti Chamberlain (Multidimensional Treatment Foster Care)
Regenia Hicks (American Institutes for Research)
Robert Friedman (Systems of Care)
Rolando Santiago (Substance Abuse and Mental Health Services Administration)
Ruth O'Brien (Nurse-Family Partnership Program)
Shelley Leavitt (Homebuilders Program)
Sonja Schoenwald (Multi-Systemic Therapy)
Toni K. Johnson (National Leadership Council on African American Behavioral Health)
Vijay Ganju (NASMHPD Research Institute, Inc.)