

Creating Change: Finding the Intersect Between Cultural Competence and Evidence-Based Practices

Mareasa R. Isaacs, Ph.D.
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WHAT IS NAMBHA?

- ◆ The National Alliance of Multi-Ethnic Behavioral Health Associations
- ◆ Incorporated as a non-profit entity
- ◆ Composed of four ethnic-specific behavioral health associations:
 - The National Asian American/Pacific Islander Mental Health Association (NAAPIMHA)
 - The National Latino Behavioral Health Association (NLBHA)
 - The National Leadership Council on African American Behavioral Health (NLC)
 - The First Nations Behavioral Health Association

NAMBHA MISSION

To collectively promote the behavioral health, well-being, and full potential of people of color and to eliminate racial/ethnic disparities in behavioral health services and treatment. Strategies to achieve this mission include policy reform; culturally appropriate research and evaluation; systems change and transformation; acquisition/distribution of resources; and, family/consumer involvement.

CONCERNS ABOUT EBPs

- ◆ Are randomized clinical trials the only way or even the best way to gather “evidence”? (Methodology)
- ◆ Whose evidence and what evidence?
- ◆ Who sets the criteria for what “evidence” is?
- ◆ How much adaptation before you no longer have the same model?
- ◆ Is “evidence” needed only in interventions or in other aspects of an organization’s culture?

**WHAT HAVE WE DONE ABOUT
OUR CONCERNS?**

CONSENSUS MEETING AND STATEMENT

- ◆ Model developers, family/community members, providers of color, NAMBHA members
- ◆ What We Know
- ◆ What We Don't Know

Consensus Statement: What We Know

- ◆ Evidence does exist to show that specific programs for specific populations are effective.
- ◆ Helpful practices exist for which the “evidence base” has not been fully established.
- ◆ There is little research with diverse populations.
- ◆ Implementation depends on adequate infrastructure.
- ◆ Emerging research suggests that adjustments can be made to meet the needs of specific racial, ethnic and cultural groups.

REVIEWED THE LITERATURE

AND THE “EVIDENCE”

Summary of NIMH Research Grants Awarded By Year, By Racial/Ethnic Group

M. Hernandez,
2004

Year	Total # of Grants	# & % Min. Grps.	# & % African	# & % A. & N. Indian	# & % Asian	# & % Hisp./Latino
1995	273	34 12.5%	14 5.1%	5 1.8%	2 .7%	13 4.8%
1996	135	27 20.0%	14 10.4%	4 3.0%	3 2.2%	6 3.7%
1997	338	55 16.3%	29 8.6%	8 2.4%	2 .6%	16 4.7%
1998	366	67 18.3%	35 9.6%	8 2.2%	4 1.1%	20 5.5%
1999	382	71 18.6%	38 9.9%	8 2.1%	4 1.0%	21 5.5%
2000	408	69 16.9%	37 9.1%	5 1.2%	7 1.7%	20 4.9%
2001	459	82 17.9%	42 9.2%	10 2.2%	7 1.5%	23 5.0%
2002	546	100 18.3%	47 8.2%	16 2.9%	12 2.2%	25 4.6%
2003	563	74 13.1%	42 7.5%	9 1.6%	8 1.4%	15 2.7%

Grand Total of NIMH Research Grants Awarded By Grand Total

Table 2

Grand Total of Grants	Grand Total Minority Group	Grand Total African	Grand Total A. & N. Indian	Grand Total Asian	Grand Total Hispanic/Latino
3470	579	298	73	49	159
	Total: -----	Total: 51.5%	Total: 12.6%	Total: 8.5%	Total: 27.5%
	Grand Total: 16.7%	Grand Total: 8.6%	Grand Total: 2.1%	Grand Total: 1.4%	Grand Total: 4.6%

CONCLUSIONS

- ◆ Children and families of color are very under-represented in clinical research funded by the NIMH – despite 10 years of guidelines related to including them
- ◆ Even when there is research, the vast majority of the researchers are not from any of the racial or ethnic groups (scarcity of researchers of color)
- ◆ No foreseeable change in this state of affairs without major policy and resource allocation shifts
- ◆ Disparities in access and quality of mental health services will most likely worsen rather than abate

WE BELIEVE THAT...

AN EBP BECOMES, AT BEST, A PROMISING PRACTICE WHEN IT LEAVES HOME!!!!

- ◆ Must leave a tightly controlled setting for another place
- ◆ Population often changes
- ◆ Issues become more complex
- ◆ Caseloads become larger
- ◆ Cultural and linguistic issues require adaptations
- ◆ Targeted problems may be different or change altogether

EBPs HAVE THEIR OWN CHALLENGES

- ◆ According to Jensen et. al., have a “soft underbelly”. Can’t rule out the fact that factors such as attention, empathy, relationship may be the “core” ingredient in their success rather than a “specific” intervention or process.

MST Model Developer

“Despite the fact that the field of mental health services has moved toward mandating the use of evidence-based interventions, minimal research attention has focused on identifying specific within-session therapist behaviors and processes that can enhance treatment outcome when using these interventions for ethnic minority populations. This lack of research attention has also been true for our research with MST...we have only recently devoted research attention to demarcating those specific within-session processes that have made MST palatable for minority consumers.”

Phillippe Cunningham, 2005, *Child and Family Policy and Practice Review*

MUST TAKE OTHER “EVIDENCE” INTO ACCOUNT AS WELL

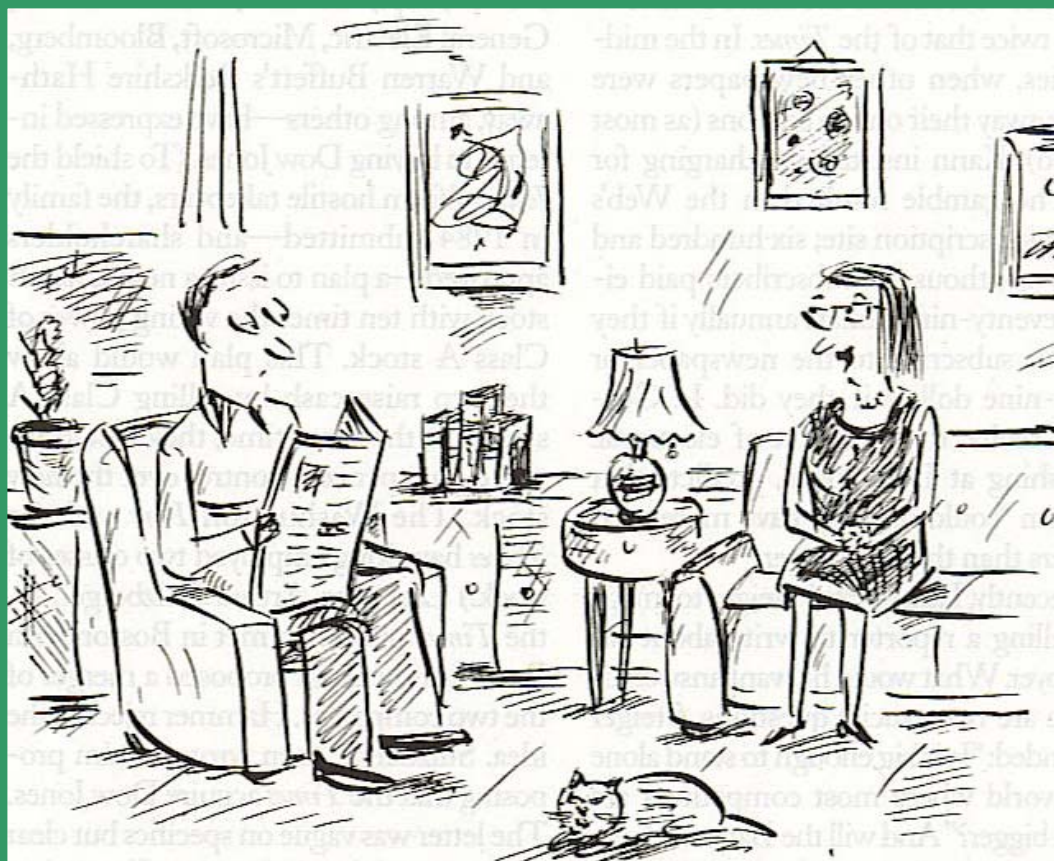
- ◆ Racial and ethnic disparities
- ◆ Class disparities
- ◆ Gender disparities
- ◆ Rural/inner city disparities
- ◆ Sexual orientation disparities exist within health and mental health systems

Transformation and Change Require

- ◆ Shared Purpose and Values
- ◆ Commitment to Strategy
- ◆ Leadership Involvement, Commitment and Action
- ◆ Critical Mass and Inclusion of Change Champions (Inside and Outside the Organization)
- ◆ Roadmap and Alignment of the Change Strategies
- ◆ Infrastructure and Resources to Support the Change
- ◆ Effective Communication and Engagement of Diverse Stakeholders

Two Key “Transformers” in Mental Health System

- ◆ Reduction of disparities through **CULTURAL COMPETENCE**
- ◆ Improved quality and outcomes of care through **EVIDENCE-BASED PRACTICES**



SIPRESS

"O.K., we'll try it your way—let's ignore any problems that come up in the next twenty years and see what happens."

NEED TO BUILD CONNECTIONS

**BETWEEN EBPS AND CULTURAL
COMPETENCE**

The Two Have Much in Common

- ◆ Similar goals (i.e. improved quality; improved outcomes; greater consumer/family satisfaction, etc.)
- ◆ Require individual development – education, training, skills
- ◆ Require organizational development – leadership, data collection, infrastructure, resources
- ◆ Currently lack conceptual clarity – lots of definitions, terms, concepts being intermixed
- ◆ Usually meet with great resistance (for different reasons)

BOTH SUFFER DISCONNECTIONS BETWEEN :

- ◆ Concepts
- ◆ Nature of the dilemma
- ◆ Clinical interventions
- ◆ Homogenous groupings
- ◆ Vision
- ◆ Applications
- ◆ Strategies
- ◆ Functional outcomes
- ◆ Cultural variations
- ◆ Allocation of Resources

**MUST CHANGE
BEHAVIORS!**

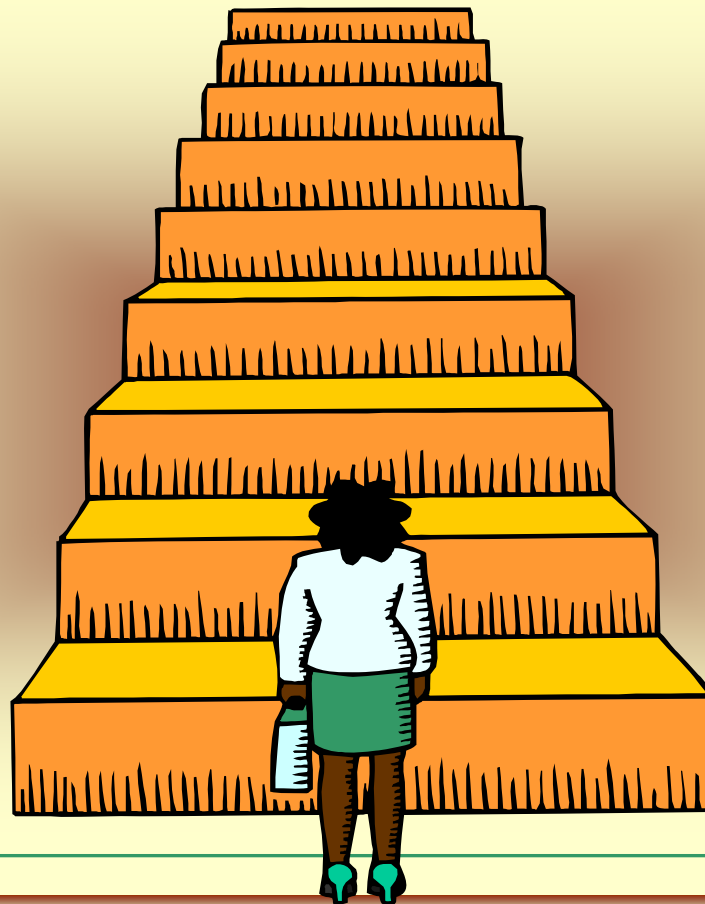
**ACTIONS MUST HAVE
CONSEQUENCES!**

MAJOR IMPLICATIONS FOR OUR “TRANSFORMED” SYSTEMS

- ◆ Create greater hierarchy?
- ◆ Increase disparities in access and quality?
- ◆ Disenfranchise providers of color?
- ◆ Create greater exclusivity?
- ◆ Negate other important aspects of “therapeutic” interventions?
- ◆ Deepen inequities in access to resources?

Where We Would Like to Be:

Vision and Goals



RECOMMENDATIONS

- ◆ Make sure that EBPs make sense for the population(s) to be served. If not included, then there is no evidence.
- ◆ Services to science is just as important as science to service.
- ◆ When we “push” for evidence, make sure we are aware of all the possible consequences.
- ◆ Build the “evidence” related to cultural competence.

RECOMMENDATIONS

- ◆ Ensure that “cultural competence” is an integral component of evidence-based practices.
- ◆ Work harder to include youth, families, consumers, and communities of color in the development and decision process for adoption of EBPs in states.
- ◆ How much adaptation can occur before there is no longer have fidelity to a model?
- ◆ Explore multiple strategies for collecting “evidence” about effective programs.

CURRENT NAMBHA EFFORTS

- ◆ Developing policy papers exploring various aspects of the intersect between cultural competence and EBPs
- ◆ Developing criteria for identifying practice-based evidence (PBE) for programs within communities of color
- ◆ Creating a compendium of practices within communities of color that have evidence that they are working for our particular populations
- ◆ Continuing our work with EBP developers, funders, and states to ensure that cultural competency issues are addressed in their work and selection of intervention models

CONTACT INFORMATION

Mareasa R. Isaacs, Ph.D.

Executive Director, NAMBHA

Phone: 410-925-2210 OR 202-806-4727

E-mail:

misaacs5548@comcast.net

Website: www.nambha.org