Community-Defined Evidence:
Imagine the Possibilities

Ken Martinez, Psy.D.

Department of Psychiatry

University of New Mexico School of Medicine (Retired)

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Imagine

Imagine all the people
Livin' life in peace

Imagine no need for greed or hunger

A brotherhood of man

John Lennon, 1971

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Imagine

- Home

- Schools

- Universities

- Communities

- Work

- Governments

Values

Respect, Equity, Inclusion,

Diversity, Social Justice,

the Value of Culture, Family,

Language, Traditions, and

Collective Wellbeing of Community

Principles In Our Work

Soft power process	Reciprocity	Strength-based teaching, policies, practices, and research	Holistic view of health, wellness and recovery
Developmental lifespan approach	System intersections	Flexibility - Open to new ways	Collective advocacy and action

Community-Defined Evidence (CDE)

- **2007** – The National Network to Eliminate Disparities (NNED) in the Substance Abuse and Mental Health Services Administration, USDHHS

- **2008** – The National Latino Behavioral Health Association

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. (Martinez, 2008)

Community-Defined Evidence 2022

- **Community-Defined Evidence** seeks to develop an evidence base that uses cultural and/or community indices, to influence the research and evaluation agenda, as well as policymakers and funding agencies, to implement and use innovative community-based practices to reduce disparities and improve availability, quality, and outcomes of healthcare for all individuals and families.

Concordia University's engAGE Living Lab presents

Community-Defined Evidence:
Health, Creativity and the Power of the People

Thursday September 22nd
9AM–4PM

Friday September 23rd
9AM–12PM

Community-Defined Evidence Goals

Identify and describe	(discover) measurable community and/or culturally-based best practices
Promote	the use of culturally-informed methodologies and measurement practices
Utilize	research methods that involve the community, community-based participatory research
Identify	the common characteristics and define the "essential elements" of practices that work
Develop	measurement criteria to define "evidence"

Key Assumptions

Around the world, there are pockets of knowledge, expertise, insight, and excellence that is not being shared

Research, teaching, and policy often lack the connection to the very communities they seek to serve

Lack of coordination of information prevents movement or innovation

We must identify, collect, and develop innovative solutions for diverse communities

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Inclusive Cultural Perspective

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Need	to take action to incorporate values and principles into our learning and work
Broaden	our base; include diverse communities
Confront and Address	the impact of historical trauma, genocide, racism, colonialism, institutional racism, white privilege, western benevolence, social determinants of health, disparities and their health/economic impact

Inclusive Cultural Perspective

Make a cultural shift that includes:

- From deficit model ≫ a culturally responsive pedagogy

- Including Community-Defined Evidence (CDE) in moving science to practice and practice to science

- Ensure that we <u>do no harm</u> to communities through our ideologies, world views, models, methodologies, structures, teaching, practices, research, funding and ultimately <u>through our silence</u>

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Is the "Gold Standard" (RCTs) Culturally Appropriate?

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Randomized control trials upon which EBPs are based comes from a western epistemological (theory of knowledge) model

Western methodologies <u>exclude</u> indigenous, non-Western European evidence as valid, if it can't be proven empirically

We don't want EBPs to become "an ideological and economic monopoly...There is a need for <u>methodological pluralism</u>" (Slife, Wiggins, Graham, 2005)
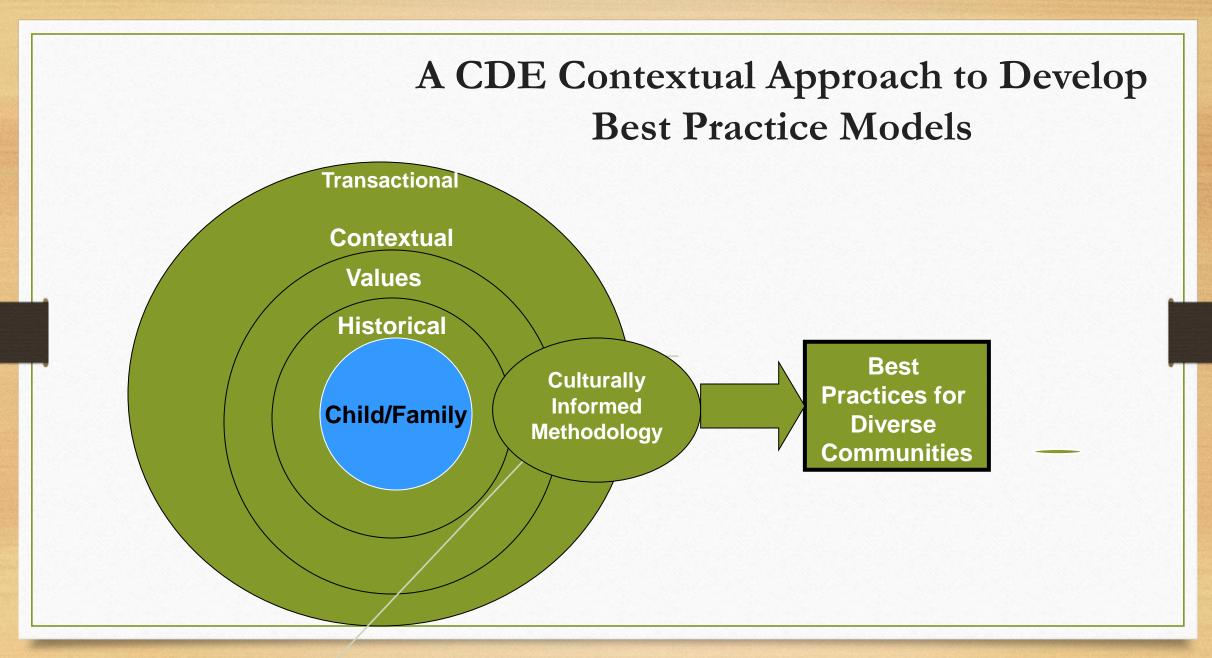
Usual Method of Developing EBP

Individual → **Western Epistemology/ Methodology** → **EBP**

Who Defines Evidence and How is it Measured? We Need Other Culturally Responsive "Measuring Sticks"

- **Imagine** if "evidence" was defined from more than one world view or epistemology (Theory of Knowledge)?

- **Imagine** if policy makers, researchers, funders, administrators, and key decision makers added other definitions of "evidence" (from other world views) to their repertoire of accepted research, practice, policy, and funding criteria?

- **Imagine** if "evidence" was also defined from the "bottom up" instead of only from the "top down?"

A CDE Contextual Approach to Develop Best Practice Models

CDE Domains and Variables

Historical
- Racism
- Ethnocentrism
- Colonialism
- Displacement
- Genocide
- Prejudice
- Discrimination
- Exploitation
- Mistrust

Values
- Cultural beliefs
- Spirituality
- Religion
- Rituals
- Traditions
- World view
- Mind/Body as one
- Concepts of:
    - Family
    - Respect
    - Communal vs. Individualistic
    - Cooperation vs. Competition
    - Interdependence vs. Independence

Contextual
- SES
- Immigration status
- Generation in US
- Degree of political power
- Transnationalism
- Geographic region
- Cultural knowledge
- Acculturation level
- Self-identified cultural identity
- Heterogeneity within culture
- Respect for community knowledge
- Setting
- Age

Methodological
- Epistemology
    - Empirical
    - Non-empirical
        Qualitative
        Pluralistic
- Efficacy vs. Effectiveness
- Definition of evidence
    - By whom
    - Using what standard
    - Compared to what
- Research approach
    - Western (Top down)
    - Community defined (Bottom up)
- Data collection/analysis/ interpretation
- Translation
- Clinician/Consumer match

Transactional
- Language
- Engagement
- Synchronous goals
- Relationship emphasis
- Engaging consumers in
- research

Best Practice Models, Strategies, and interventions

Historical Variables

Historically experienced or perceived racism/ethnocentrism

Historical Trauma

Colonialism – Imperialism – Displacement - Genocide - Slavery - Prejudice – Discrimination - Exploitation - Mistrust

Values and Cultural Beliefs

Spirituality

Religion

Ritual

Tradition

Concepts of:

- **Family**
- **Respect**
- **Communal/Group - vs - Individualistic**
- **Cooperation - vs – Competition**
- **World View**

We are active creators of culture

Contextual Variables

Immigration status

Generation in the country

Socio-economic status

Other contextual variables:

- **Acculturation Level - Geographic Region - Degree of Political Power - Cultural Knowledge - Self-Identified Cultural Identity - Heterogeneity within a Culture - Respect for Community Knowledge - Setting - Age**

Transnationalism

Transactional Variables

Language

Engagement

Relationships

Engaging youth, families and consumers in research (Community Based Participatory Research)

Criteria Used to Identify CDEP Study Practices

- Knowledge of the population(s) of focus

- Clear articulation of practice

- Evidence of practice utilization

- Potential for demonstrating outcomes

- Demonstrated (or potential) sustainability of practice and outcomes

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Criteria Used to <u>Review</u> Identified CDEP Study Practices

- Identify a need though a process that includes the community

- Develop a practice with community involvement and expertise

- Implement and test the practice, including community input

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Criteria Used to <u>Review</u> CDEP Study Practices

- Assess implementation and utilization of the practice

- Develop ways to document community consensus on the practice and its effectiveness

- Continuous quality improvement process

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California Mental Health Services Act

https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx

- Passed in 2004, 1% income TAX on personal income in excess of $1 million/year to transform CA's behavioral health system

- "Introducing a new application to the mental health system of a **promising community-driven practice or an approach that has been successful in nonmental health contexts or settings.**"

- $69 million (2007) for suicide prevention, school-based programs, stigma and discrimination reduction, TA and capacity building, infrastructure, technology, and training

- Greatly expanded in 2020 to include workforce development, student loan forgiveness, innovative programs and more

California Reducing Disparities Project (CRDP)

https://www.cdph.ca.gov/Programs/OHE/pages/crdp.aspx

A statewide policy initiative to identify prevention and early intervention solutions for historically unserved, underserved, and inappropriately served communities to reduce disparities
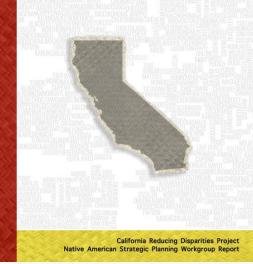
$60+ million investment

Largest U.S. investment to address behavioral health disparities in diverse communities

Phase 1 (2009-2018): Development of a strategic plan, and reports from the project's five populations

African American

Asian/Pacific Islander

Latino/a
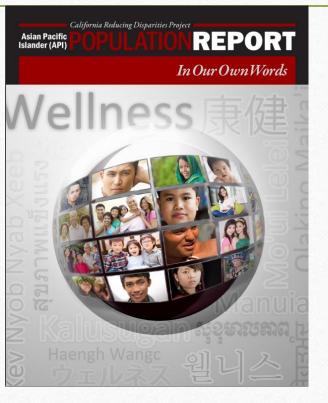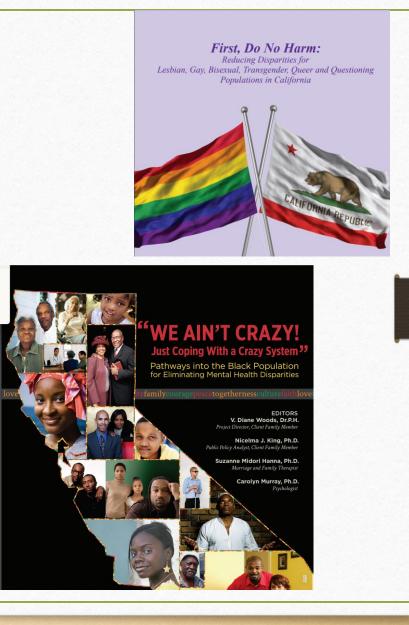
LGBTQ+, and

Native American

California Reducing Disparities Project (CRDP)

Phase 2 (2018-Present): Funding to demonstrate community-defined evidence can reduce behavioral health disparities by <u>implementing promising practices and strategies</u> identified in the five reports

Includes: 35 Implementation Pilot Projects;

7 contracts for Evaluation, Technical Assistance, and Education/Outreach/Awareness

Conclusions

☞ Let's not be empiri-centric! EBPs are not a panacea; there is room for more than one way to validate effective interventions

🔍 Include, not dismiss, practices that have "worked" in diverse communities, even though we still need to evaluate in culturally responsive ways and validate them

Conclusions

We need to discover and/or develop the evidence that certain community and cultural practices work

A new **CDE** "measuring stick" can be used by policy makers and funders to justify funding based on a set of evaluation criteria based in **CBPR**

Map backwards from outcomes to methods

Conclusions

- No one approach allows us to know and learn everything
- We don't want to be trapped in one method to solve the large array of challenges
- Practices/interventions are:
  - culturally connected, relationship-based, need adaption/flexibility, evolve, require institutional/policy/system level change
    Lizbeth Schorr (2010)

Recommendations

- Choose interventions based on:
  - Cultural match of practice to population
  - Cultural adaptations based upon fundamental cultural world view of population
  - Culture-specific interventions using a CDE approach
  - Individualize for, and include, the consumer in developing practices

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Recommendations

- Examine practices for their cultural assumptions/biases based on their epistemology and cultural world view

- Influence policy-makers, funders, administrators, researchers, clinicians to be open to alternative methods of measurement and intervention that fit culturally and linguistically <u>and</u> produce desired outcomes - **It's a matter of social justice**

- Refrain from "legislating" practices under the pretext of good stewardship, risking the omission/restriction of community/cultural results-based options

- Don't reject challenges because of their complexity

Imagine

Imagine all the people
Sharing all the world

I hope someday you'll
join us

And the world will
live as one

John Lennon, 1971

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Thank you
Merci

Resources and References

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