HDPulse

An Ecosystem of Health Disparities and Minority Health Resources

Intervention IP-055: Community Engagement and Planning (CEP) to Address Depression Disparities

Summary

This intervention compares the effectiveness of Community Engagement and Planning (CEP) versus Resources for Services (RS) to implement depression care to improve mental health-related quality of life and services. Researchers used programs from health, social and other service sectors to implement depression quality improvement toolkits to under-resourced communities over a 12-month period. The findings show that CEP was more effective than RS at improving mental health-related quality of life (HRQL), physical activity, homelessness, health hospitalization and medication visits.

Overview

Purpose of Intervention:

Compare the effectiveness of Community Engagement and Planning (agency collaboration) versus Resources for Services (individual agency support), to implement evidence-based depression collaborative care, to improve clients' mental health quality of life and services use.

Intervention Type:

Research-Tested — *Interventions with strong methodological rigor that have demonstrated short-term or long-term positive effects on one or more targeted health outcomes to improve minority health and/or health disparities through quantitative measures; Studies have a control or comparison group and are published in a peer-review journal; No pilot, demonstration or feasibility studies.*

Intervention Details

Intervention was Primarily Driven, Led, or Managed by:

Both Community and Academic/Clinical Researchers

Citations:

- Wells KB, Jones L, Chung B, Dixon EL, Tang L, Gilmore J, Sherbourne C, Ngo VK, Ong MK, Stockdale S, Ramos E, Belin TR, Miranda J. Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. Journal of general internal medicine. 2013 Oct;28(10):1268-78. Epub 2013 May 7.
  Relevance: Main Intervention
- Chung B, Ong M, Ettner SL, Jones F, Gilmore J, McCreary M, Sherbourne C, Ngo V, Koegel P, Tang L, Dixon E, Miranda J, Belin TR, Wells KB. 12-month outcomes of community engagement versus technical assistance to implement depression collaborative care: a partnered, cluster, randomized, comparative effectiveness trial. Annals of internal medicine. 2014 Nov 18;161(10 Suppl):S23-34.
  Relevance: Post-Intervention Outcomes

Adaptation of Another Research-based Intervention:

Yes

Name of Original Intervention:

Collaborative care for depression based on Partners in Care, including Cognitive Behavioral Therapy tailored to under-resourced groups

Name of Original Intervention Author:

Collaborative care and Cognitive Behavioral Therapy, Kenneth Wells (kwells@mednet.ucla.edu), Jurgen Unutzer (unutzer@uw.edu) and Jeanne Miranda (jmmiranda@mednet.ucla.edu) for CBT

URL to original Intervention:

Collaborative care AIMS center: https://aims.uw.edu/
CBT for minorities: https://www.rand.org/content/dam/rand/pubs/monograph_reports/2005/MR1198.6.pdf
https://www.rand.org/health-care/projects/pic.html#:~:text=Partners%20in%20Care%20(PIC)%20consists,socioeconomically%20and%20ethnically%20diverse%20populations.

Citations:

- Miranda J, Schoenbaum M, Sherbourne C, Duan N, Wells K. Effects of primary care depression treatment on minority patients' clinical status and employment. Archives of general psychiatry. 2004 Aug;61(8):827-34.
- Unützer J, Rubenstein L, Katon WJ, Tang L, Duan N, Lagomasino IT, Wells KB. Two-year effects of quality improvement programs on medication management for depression. Archives of general psychiatry. 2001 Oct;58(10):935-42.

Intervention Primary Outcomes were comparable to the original:

Yes

Contact Information

Primary Contact Name:

Kenneth B Wells

Primary Contact Affiliation:

UCLA Jane and Terry Semel Institute for Neuroscience and Human Behavior

Intervention URL:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785665/
https://communitypartnersincare.org/

Primary Contact Email:

kwells@mednet.ucla.edu

Primary Contact Phone Number:

310-794-3728

Results

Intention

Improve minority health or the health of other populations with health disparities (e.g. rural populations, populations with low SES)

Intervention Primary Outcome:

Mental health-related quality of life (HRQL) and depressive disorder

Intervention Secondary Outcome:

At various months: physical activity, employment, homelessness risk, behavioral health hospitalizations, use of health/community services, medications and visits for depression, community-defined remission, first remission and periods in remission

Key Findings:

6-month follow-up: Community Engagement and Planning (CEP) was more effective than Resources for Services (RS) at improving mental health-related quality of life (MHRQL) (OR=0.74, 95% CI=0.57 to 0.95), increased physical activity, and reduced homelessness risk factors and behavioral health hospitalizations
12-month sample: CEP compared to RS decreased odds of having reduced MHRQL (OR=0.77, CI=0.61 to 0.97
36-month follow-up: CEP relative RS improved physical health quality of life (PCS-12), between group difference=0.2, CI=0.2 to 2.2), reduced behavioral health hospitalization nights, and increased use of faith-based and community depression services
48-month follow-up: CEP was more effective than RS in improving depression remission (OR=1.73, CI: 1.00, 2.99) and community-defined outcome remission (OR=2.43, CI: 1.17, 5.02). CEP relative to RS improved secondary outcomes

Statistical Method Used:

All analyses accounted for clustering (clients within programs), weighting, and multiple imputation. Significance of comparisons by intervention status was based on regression coefficients. Results of linear regression models are presented as between group difference, logistic regression as odds ratios (OR), log-linear regression as rate ratios (RR), and Cox proportional hazard regression as hazards ratios (HR) with 95% confidence intervals.

Was statistical method used to analyze data from original Intervention comparable to the original:

Yes

Evaluations and Assessments

Were Any of the Following Assessments Conducted (Economic Evaluation, Needs Assessment, Process Evaluation)?:

Yes

- **Process Evaluation:** Administrator and Provider surveys

Demographic and Implementation Description

Diseases, Disorders, or Conditions:

Depression

Race/Ethnicity:

African American or Black, American Indian or Alaska Native, Asian, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White

Populations with Health Disparities:

People with Lower Socioeconomic Status (SES), Racial and Ethnic Minority Populations

Age:

Adults

Socio-demographics / Population Characteristics

Community Type:

Suburban, Urban / Inner City

Other Populations with Health Disparities:

People with Low Education, People Who Are Homeless

Geographic Location:

California, Los Angeles

Socio-Economic Status:

Low SES, Middle SES

Minority Health and Health Disparities Research Framework

		Levels of Influence			
		Individual	**Interpersonal**	**Community**	**Societal**
Determinant Types	**Biological**				
	Behavioral	✔	✔	✔	
	Physical / Built Environment			✔	
	Sociocultural Environment			✔	
	Health Care System	✔		✔	

Community Involvement

The community's role in different areas of the Intervention (Choices are "No Role", "Participation", and "Leadership"):

Design:

Leadership

Dissemination:

Leadership

Evaluation:

Leadership

Implementation:

Leadership

Outreach:

Leadership

Planning :

Leadership

Recruitment:

Leadership

Sustainability:

Leadership

Characteristics and Implementation

Intervention Focus Area:

Behavior Change, Patient-Clinician Communication, Physical Environmental Change, Quality Improvement or Organizational Change, community engagement and inter-agency collaboration

Disease Continuum:

Secondary Prevention, Tertiary Prevention, Treatment

Delivery Setting:

Clinic / Health Care Facility, Local Community (e.g. Barbershops, Beauty / Hair Salon, Laundromats, Food Markets, Community Centers), Parks and Recreation

Mode of Delivery:

In-person, Online/e-Health

Who delivered the Intervention?:

Community Health Worker/Promoters, Health Educator, Healthcare Professional (Physician, Nurse, Technician)

Conceptual Framework

Intervention Theory:

Social Cognitive / Social Learning Theory, Theories of Organization Change (e.g. Dimensions of Organizational Change, Stage Theory, Interorganization Relations Theory, Community Coalition Action Theory)

Intervention Framework:

Community Organization / Community Building, Social Ecological Model

Implementation

Intervention Study Design:

Cluster Randomized Controlled Trial

Targeted Intervention Sample Size:

1246

Actual Intervention Sample Size:

1018

Start Year:

2009

End Year:

2011

Intervention Exposures

Duration of Intervention/How Long it Lasted:

10-12 months

Frequency of Intervention Delivery:

Ten webinars in 7 months, community planning over 12-18 months, and for individual participants, flexible selected between service providers and participants

Number of Sessions/Meetings/Visits/Interactions:

7-8 Sessions

Average Length of Each Session/Meeting/Visit/Interaction:

1-2 Hours

Format of Delivery:

Group (e.g. Community leaders), Individual

Highest Reading Level of Intervention Materials Provided to Participants:

Grade 12 or higher

Adaptations and Modifications

Were modifications made?

Intervention Elements	Modified
Content	Yes
Context	Yes
Implementation	Yes
Funding	Yes
Organization	Yes
Participants	Yes
Providers	Yes
Sociopolitical	No
Stages of Occurrence	Yes

Modification Details

	Explanation
Content	
Adding Elements, Tailoring	Community partners gave input into tailoring to local communities and in engaging communities. Agency leaders were supported in tailoring materials to their agencies and clients and adding new elements such as psychoeducation for Cognitive Behavioral Therapy and a "community clinic" for broad access across agencies in the CEP intervention -- all defined as priorities in the planning meetings. This was all done with input through a Community Partnered Participatory Research framework with community leaders as co-leads of the discussion groups.
Context	
Format, Personnel, Setting	In the CEP planning meetings, format was modifiable/tailored, such as adding lay person-led education in Cognitive Behavioral Therapy. This change triggered other adaptations, such as training lay personnel and changing the setting from healthcare settings to community centers or churches.
Implementation	
Delivery, Exposure, Study Design	With community input, the study design was modified to assure that the comparison condition (Resources for Services) included the evidence-based practices of individual agencies. The scope of agencies was expanded to include faith-based and other community-based service areas such as parks and recreation and barber shops. This also improved delivery personnel as well as collaboration across sites, and reinforcing intervention principles in healthcare and community settings broadening exposure.
Funding	
Federal Government, Local Government	The interventions were supported by insurance models and funding from NIMH/NIMHD and local sources such as county agencies. The study also provided a fund to CEP councils to support their innovative ideas.
Organization	
Availability of Staffing / Technology / Space, Culture / Climate / Leadership Support, Location	The usual scope of Collaborative Care and interventions such as Cognitive Behavioral Therapy were expanded in the CEP model, by having broader staffing collaborating in training with healthcare providers, and through the regular leadership meetings in CEP. This built a broader culture across the community for leadership support and also shifted trainings to community locations such as faith-based organizations or parks and recreation settings.
Participants	
None	With community input, the participants were expanded to include individuals who were homeless and had high-risk medical conditions in the under-resourced communities, relative to the initial plan for the study.
Providers	
Training / Skills	Providers were expanded to include individuals providing social and community services outside of health care settings, for both the CEP and comparison RS condition.
Stages of Occurrence	
Implementation, Planning/Pre-implementation/Pilot	The intervention was primarily modified in the planning stages prior to participant recruitment. However, the modifications added by the CEP oversight committee including their innovations for psychoeducation and community clinic, occurred as they observed the implementation phase and decided what improvements might improve outcomes.

Impact, Lessons, Components

Produced an impact or change beyond the primary or secondary outcome:

Yes

Network analysis of partnerships among agencies in the CEP versus RS condition, and qualitative analysis of perspectives on interagency network changes from multiple sources, suggested that agencies in the CEP intervention exhibited greater growth in partnership capacity than did RS agencies. CEP participants viewed the coalition development intervention both as promoting collaboration in depression services and as a meaningful community capacity building activity. Community partners noted developing leadership skills and opportunities from participating in trainings and research. The intervention was used in other geographic areas for under-resourced or at-risk communities.

Essential Aspects for Success:

Engagement of community partners in shared training in evidence-based practices, with adaptations for other community practice and context (health workers/peers, social determinants), coupled with joint planning for implementation adapted to community experience over time.
Intervention Impact:

Network analysis of partnerships among agencies in the CEP versus RS condition, and qualitative analysis of perspectives on interagency network changes from multiple sources, suggested that agencies in the CEP intervention exhibited greater growth in partnership capacity than did RS agencies. CEP participants viewed the coalition development intervention both as promoting collaboration in depression services and as a meaningful community capacity building activity. Community partners noted developing leadership skills and opportunities from participating in trainings and research. The intervention was used in other geographic areas for under-resourced or at-risk communities.

Lessons Learned

Key Lessons Learned and/or Things That Could be Changed or Done Differently:

1.CPPR engages community partners in interventions.
2. Planning requires time and resources for partners.
3. Balance time to implement and agency need given economics/stressors.
4. Clarify partner expectations and organizational support.
5. Be flexible and value contribution.

Insights Gained During Implementation

Insight Category	Insight Description
Cost of Implementing or Sustaining	Future research is needed to clarify mechanisms by exploring linkages of system and provider changes to client outcomes and examining long-term outcomes and intervention costs.
Logistics	Compared with RS, CEP increased program and staff training participation. CEP had a greater effect on staff training participation within social-community sectors than RS, but not within healthcare. CEP may promote staff participation in depression improvement in under-resourced communities.
Administrative Resources	CEP planning and training costs were almost 3 times higher than RS, largely due to greater CEP provider training participation vs RS, with no significant differences in 12-month service-use costs.
Equipment / Technologies	Resources for trainings were made broadly available through hardcopy and websites for providers. With partner input, client materials included features such as cartoon/comic book descriptions and videos to be more engaging.
Training / Technical Assistance	CEP case managers had greater participation in depression training, spent more time providing services in community settings, and used more problem-solving therapeutic approaches compared with RS case managers ($p<.05$).
Staffing	A broad range of staff were included in trainings for provision of case management, education and some clinical services. This included lay person psychoeducation in Cognitive Behavioral Therapy, which expanded access.
Recruitment	Recruitment through a combination of healthcare and community-based agencies was feasible and increased sample in under-resourced communities, and in this study. Recruitment was conducted largely by trained community members supervised by research staff to increase community trust.

Intervention Components

Intervention Has Multiple Components:

Yes

Assessed Each Unique Contribution:

No

Products, Materials, and Funding

Expertise, Partnerships, and Funding Sources

	Used for Implementation	Needed for Sustainability
Expertise		
Community mobilization, community organization/coalition building	Yes	Yes
Clinical Care	Yes	Yes
Health Education / Health Literacy	Yes	Yes
Key informants, Tribal leaders, Community gatekeepers	Yes	Yes
Patient Navigation	Yes	Yes
Partnerships		
Community groups (e.g. faith-based organizations, barbershops, beauty-salons, laundromats, food markets, community centers, cultural associations, tribal groups)	Yes	Yes
Health care facilities (local clinics)	Yes	Yes
Local leaders/families	Yes	Yes
Government agencies (city/state/county health department, law enforcement/criminal justice agencies)	Yes	Yes
Funding Sources		
Fee for service/billing and reimbursement	Yes	Yes
Public funding (e.g., federal, state or local government)	Yes	Yes
Private funding (e.g., foundations, corporations, institutions, facilities)	Yes	Yes

Product/Material/Tools

	Tailored For Language	Language(s) if other than English	Material
Outreach/Recruitment Tools			
Informed Consent Form	Yes	Spanish	https://communitypartnersincare.org/downloads/
list	No		https://communitypartnersincare.org/videos/
Publicity Materials (e.g. Posters, Flyers, Press Releases)	Yes	Spanish	https://communitypartnersincare.org/about-cpic/
Participant Educational Tools			
Brochures/Factsheets/Pamphlets	Yes	Spanish	https://communitypartnersincare.org/depression-toolkit-resources/
Measurement Tools			
Standardized Instrument/Measures	Yes	Spanish	https://communitypartnersincare.org/downloads/

Implementation Materials and Products

	Material
Implementation/Delivery Materials	
Intervention implementation guidelines	https://communitypartnersincare.org/community-engagement-and-planning/
Curricula	https://communitypartnersincare.org/conference-videos/
Intervention implementation guidelines, Training/Operations manual	https://communitypartnersincare.org/resources-for-services/
Training/Operations manual	https://communitypartnersincare.org/collaborative-care/
Guidebooks/Workbooks/Participant Manual	https://communitypartnersincare.org/depression-care-resources/
Implementation/Output Materials	
Websites (include URL/link)	https://communitypartnersincare.org/publicationsawards/
Social/traditional media publicity/news coverage	https://nam.edu/visualizehealthequity/#/artwork/94

Articles Related to Submitted Intervention

	Article
Reports/Monographs	
No Reports/Monographs provided.	
Additional Articles	
Qualitative findings	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5436044
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5794612
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5711579
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5872839
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5517140
Methodology	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128339
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128340
Qualitative findings	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128335
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128327
Evaluation, Cost-related	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6128344
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6422773
Methodology	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2962454/
Methodology, Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785668
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785665
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235578
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6595525
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478049
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4582783
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868397
Methodology, Evaluation	https://pubmed.ncbi.nlm.nih.gov/26384926/
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024369
Evaluation	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6320755