

Ensuring fit to cultural context to improve health equity

Phoutdavone “Noy” Phimphasone-Brady, PhD
Department of Psychiatry
University of Colorado, School of Medicine



COPRH Con

Colorado Pragmatic
Research in Health
Conference



ACCORDS
UNIVERSITY OF COLORADO
CHILDREN'S HOSPITAL COLORADO



Colorado Clinical and Translational
Sciences Institute (CCTSI)

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS

Learning Objectives

- Explain the importance of and need to culturally adapting evidence-based interventions to fit to context, paying attention to target populations' language, culture, and context.
- Describe and integrate appropriate cultural adaptations frameworks for studying the processes and impact of adaptations on intervention adoption, implementation, and effectiveness.

“...dangers of implementing evidence-based interventions without attending to:

the fit of the interventions to the context ...

the populations that are being served,

the different providers who deliver these interventions,

and the diversity of service settings that could benefit from these interventions.”

Baumann A, Cabassa LJ, Stirman SW. Adaptation in dissemination and implementation science. Dissemination and implementation research in health: translating science to practice. 2017 Nov 10;2:286-300.



COPRH Con
Colorado Pragmatic
Research in Health
Conference



ACCORDS



Adaptation

"**modifying interventions** to fit provider characteristics, organizational contexts, and service settings (e.g., historical, political, and economic contexts)."

Baumann A, Cabassa LJ, Stirman SW. Adaptation in dissemination and implementation science. Dissemination and implementation research in health: translating science to practice. 2017 Nov 10;2:286-300.

Cultural Adaptations

Integrates multicultural, evidence-based interventions

to psychological treatments to

consider culture, context systematically
(historical, economic, ecological, and political influences)

Characteristics	Implementation Science	Cultural Adaptations
Definition	“scientific study of methods to promote the integration of research findings and evidence-based interventions into health care policy and practice”	“systematic modification of EBT to consider language, culture, and context that is compatible with user’s cultural patterns, meanings, and values.”
Research question examples	How to balance the need to maintain the fidelity of established interventions and customize them ... to increase relevance, appropriateness, use and uptake?	What elements of the EBTs need to be adapted to enhance their fit, cultural relevance, and social validity to a specific ethno-cultural group or setting?
Emphasis of cultural elements	Organizational level and knowledge exchanges between stakeholders	Provider and client levels
Potential challenges in reducing racial and ethnic disparities in mental health care	Most implementation trials do not document the adaptation process when implementing EBT	Culturally adapted EBTs lack explicit attention to implementation context and implementation strategies

Why adapt?

Mismatch between intervention content and population and settings

Lack of involvement of racial and ethnic groups in development and testing of interventions

Risk of transporting and promoting assimilation to Western values, norms, and beliefs on others, particularly subordinated groups



COPRH Con

Colorado Pragmatic
Research in Health
Conference

Distinguishing and studying cultural adaptations



DISTINGUISHING

Planned vs
Unplanned

Fidelity-consistent

Fidelity-inconsistent

tailoring, changing
session length,
adding relevant
modules

adding conceptually
different strategies;
drifting from
protocol

Study Approaches



Participatory methods

Stakeholder and Community Engagement



Human-centered design

Co-create of programs, services, and delivery strategies



Use of adaptation and context frameworks

Consolidated Framework for Implementation Research (CFIR)

Practical, Robust Implementation and Sustainability Model (PRISM)

Framework of modifications and adaptations to evidence-based interventions (FRAME)

Study Designs

- RCTs of adapted intervention to usual care (ideally, pragmatic trials www.precis-2.org)
- Adaptive designs (e.g., Sequential, Multiple Assignment Randomized Trials [SMART])
- Iterative evaluation (e.g., PDSA cycles)
- Multiphase Optimization Strategy (MOST)
- User-Centered Design and rapid prototyping
- Hybrid effectiveness-implementation designs

Cultural Adaptation Frameworks

Cultural
Sensitivity
Framework

Cultural
Adaptation
Process Model


Cultural
Adaptation
Framework

Cultural Sensitivity Framework (Resnicow et al., *Ethn Dis*, 1999)

Ethnic/cultural characteristics, norms, values, beliefs as well as historical, environmental, and social forces



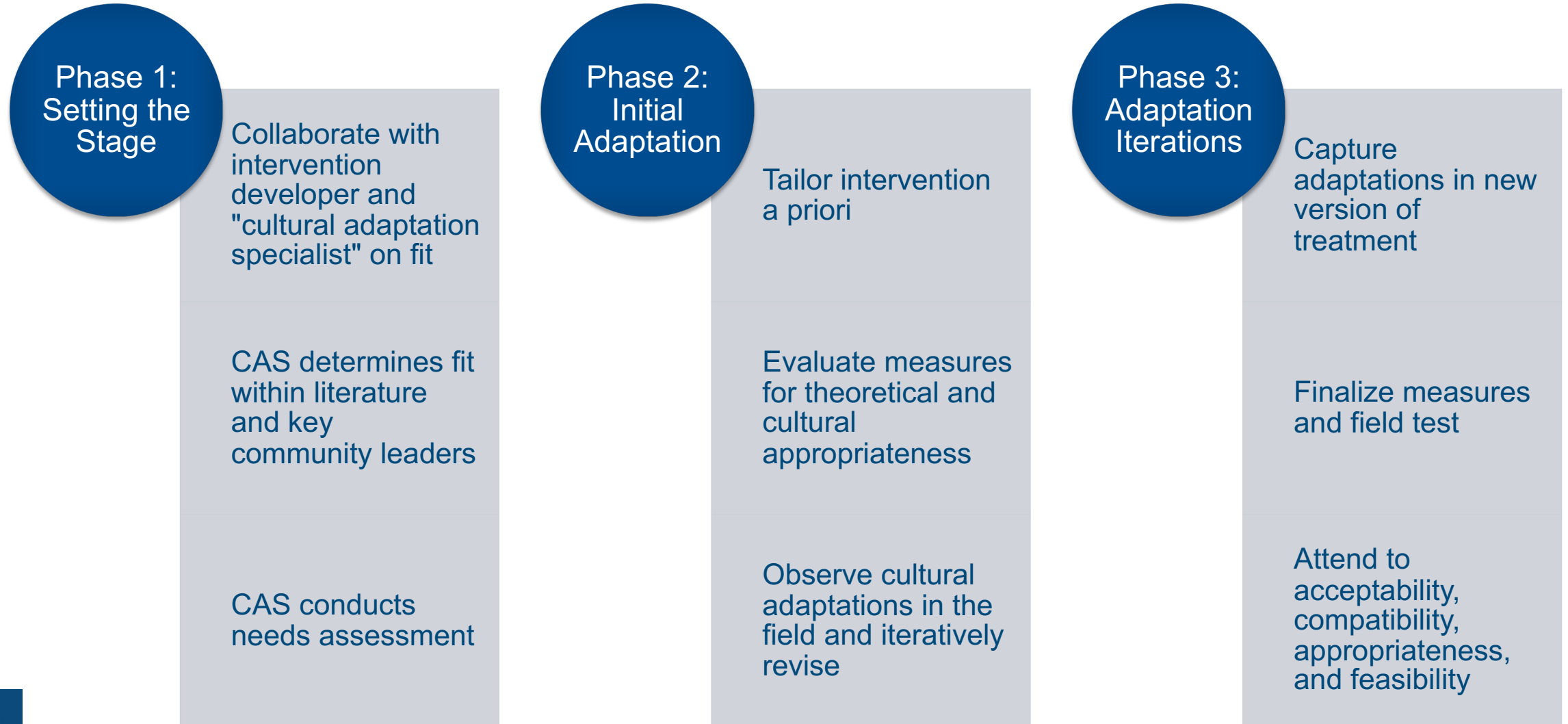
Design, delivery, and evaluation

- Surface: visual appeal, content or messages
 - Deep: predictors of problems and contextual influences (socio-historical, etc.)
- 

Targeted health promotion, materials, and programs

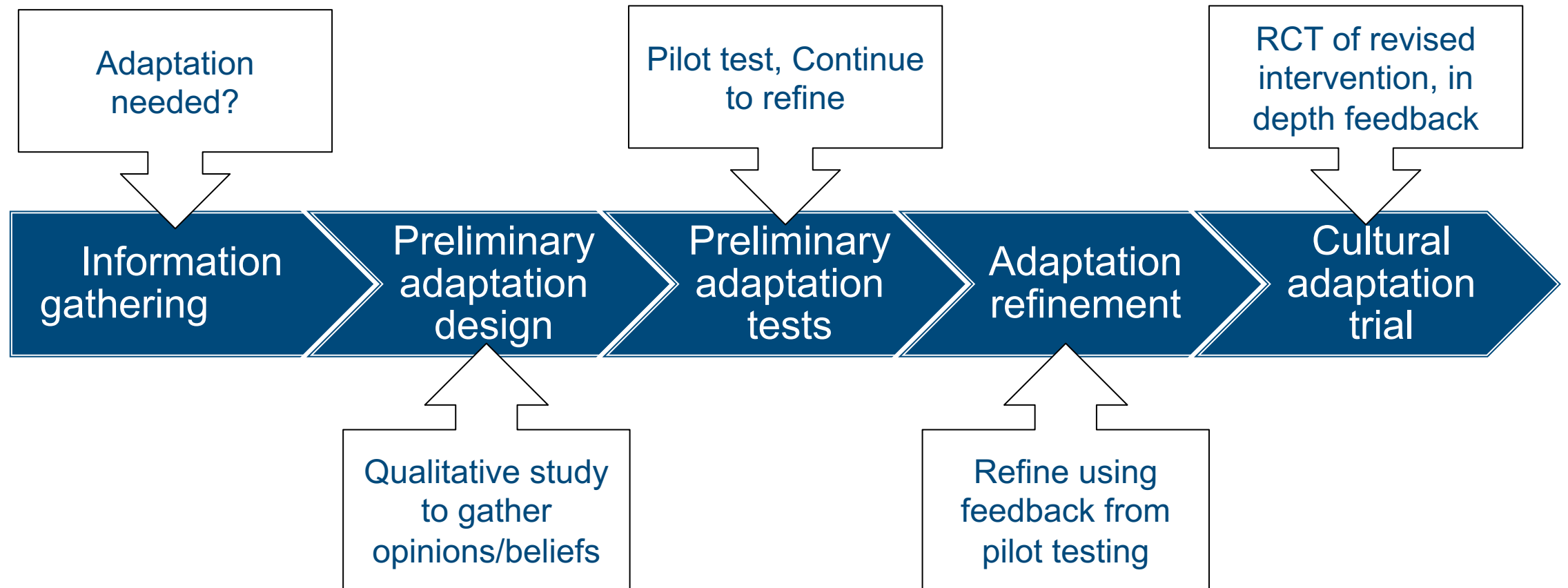
Cultural Adaptation Process Model

(Domenech Rodríguez et al., *Voices of color: First-person accounts of ethnic minority therapists*, 2004)



Cultural Adaptation Framework

(Barrera et al, *J of Coun Clin Psych*, 2013)





COPRH Con

Colorado Pragmatic
Research in Health
Conference

Cultural adaptation and feasibility of cognitive-behavioral therapy for Latina women with binge eating disorder



**Cultural
Sensitivity
Framework**

**Cultural
Adaptation
Framework**

Information Gathering: Should we adapt?

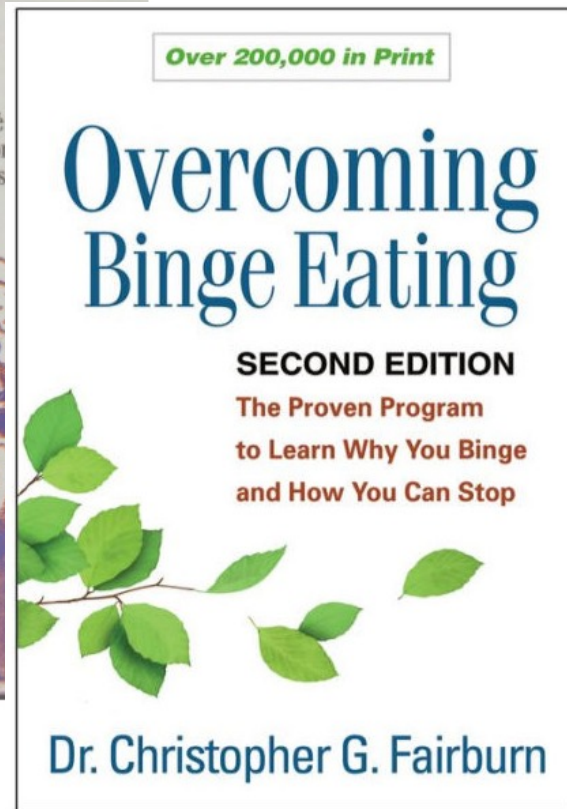
- Bulimia Nervosa (BN) and Binge Eating Disorder (BED) are comparable between White and Latina women and both groups want help
- White women were more likely to have utilized psychotherapists, psychiatrists, and medications.
- Latina women were less likely to seek help and if sought help, were less likely to be diagnosed or treated.
 - Seek help from general practitioners for weight concerns
 - Higher degree of importance on cultural meaning of food and eating that intersects with acculturation stress, immigration, limited family and social support

Alegrí et al., 2007; Cachelin et al., 2014; Lozano-Vranich & Petit, 2003

Information gathering and Preliminary adaptation design: Acceptability and cultural relevance of CBT

- CBT is widely considered the treatment choice for BN and BED
- CBT requires special training, delivered guided self-help (GSH) format
 - Low intensity in which users follow a self-help manual with the assistance of a specialist or nonspecialist (supporter or coach) in clinical and nonclinical settings
- Further explored CBT-GSH to understand the effects of acculturation and language of intervention on treatment acceptability.

Surface and deep structure of a CBT-based self-help manual



1. Getting started: self-monitoring and weekly weighing
2. Establishing a regular pattern of eating and stopping vomiting and laxative misuse
3. Substituting alternative activities for binge eating
4. Practicing problem solving and reviewing progress
5. Tackling dieting and other forms of avoidance eating
6. Preventing relapse and dealing with other problems

Preliminary adaptation design: Focus Groups

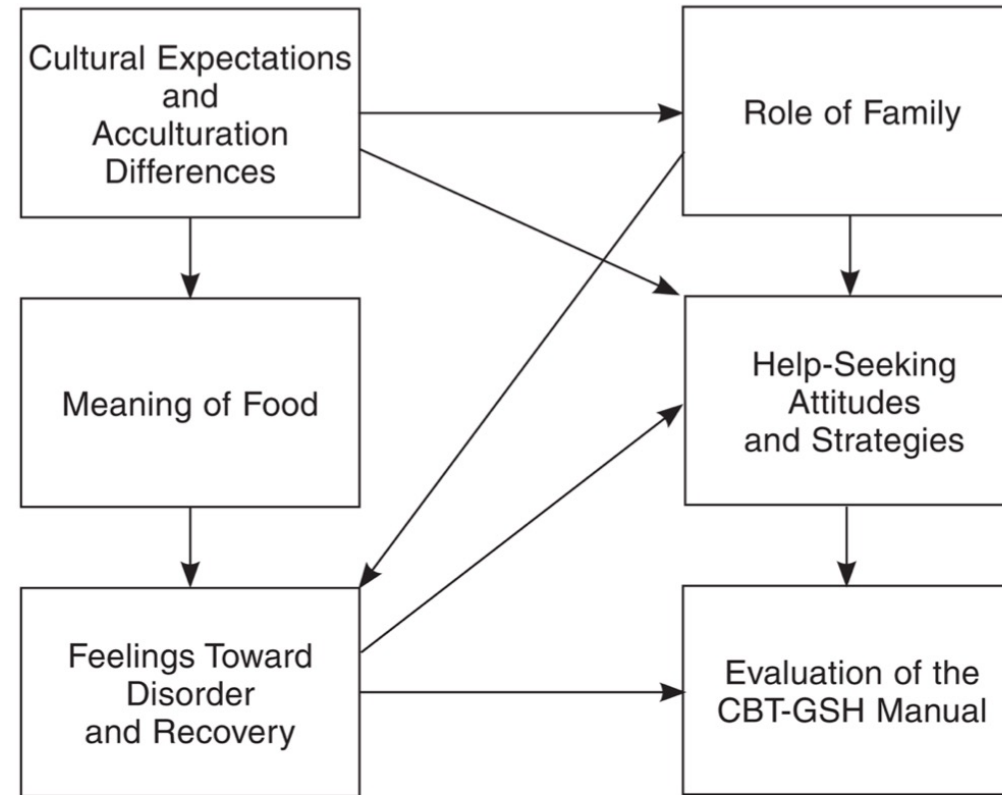


FIGURE 1. Interrelationships of Themes

Note. CBT-GSH = cognitive behavior therapy guided self-help.

Preliminary adaptation design: Deep Structure Adaptations

Role play and vignettes
to problem solve and
cope with lack of family
support

Mexican-American food
guide on appropriate
portions and healthy
distribution of American
and Latino foods

Encourage and hope
instilled through
support sessions

Sensitivity raining and
supervision Latinas'
worldviews, life
experiences, and social
context

Preliminary adaptation feasibility test and refinement

- High treatment adherence
 - Reasons for drop out: too much time commitment; program is too burdensome (requires too much work), and interference from (unsupportive) family members
- 35.5% abstinent from binge eating
- 38.7% achieved diagnostic remission from BN, BED, and RBE
 - Symptom reduction in binge eating episodes, distress level, BMI, eating concern, shape and weight concerns, and self-esteem.
- Program rated as somewhat helpful to very helpful
 - Guided support is necessary and needs to be strengthened to increase family and peer support

Cachelin et al., *Cultur Divers Ethnic Minor Psychol*, 2014

Cultural adaptation trial

Psychological Services
2019, Vol. 16, No. 3, 504–512

© 2018 American Psychological Association
1541-1559/19/\$12.00 <http://dx.doi.org/10.1037/ser0000182>

Randomized Controlled Trial of a Culturally-Adapted Program for Latinas With Binge Eating

Fary M. Cachelin, Virginia Gil-Rivas,
Brooke Palmer, Alyssa Vela,
and Phoutdavone Phimphasone
University of North Carolina–Charlotte

Brisa Urquieta de Hernandez and Hazel Tapp
Carolinas HealthCare System, Charlotte, North Carolina

- Treatment resulted in reductions in: binge eating frequency, depression, and psychological distress
- 47.6% were abstinent from binge eating at follow-up
- Highly satisfied with program and suggests that dissemination of this program can be a feasible first-step for minimal intervention for Latinas with BED

Cross cutting themes

Conduct a needs assessment with target ethnocultural group, literature review, and seek feedback

Iterative process on designing and testing culturally adapted intervention using multiple methods

Pilot test and seek feedback to refine and improve for subsequent larger trial with target ethnocultural group

Interventions can be adapted improve fit and compatibility and be easily disseminated to improve accessibility and engagement with underserved groups with the ultimate goal to achieve health equity

Key Cultural Adaptation References:

- Barrera Jr, M., Castro, F. G., Strycker, L. A., & Toobert, D. J. (2013). Cultural adaptations of behavioral health interventions: A progress report. *Journal of consulting and clinical psychology*, 81(2), 196.
- Barrera, M., Jr., Berkel, C., & Castro, F. G. (2017). Directions for the Advancement of Culturally Adapted Preventive Interventions: Local Adaptations, Engagement, and Sustainability. *Prev Sci*, 18(6), 640-648. doi:10.1007/s11121-016-0705-9
- Baumann, A. A., Domenech Rodríguez, M. M., & Parra-Cardona, J. R. Community-based applied research with Latino immigrant families: Informing practice and research according to ethical and social justice principles. *Family process*. 2011 Jun;50(2):132-48.
- Bernal, G., & Domenech Rodríguez, M. M. (Eds.). (2012). *Cultural adaptations: Tools for evidence-based practice with diverse populations*. American Psychological Association. <https://doi.org/10.1037/13752-000>
- Cabassa, L. J., & Baumann, A. A. (2013). A two-way street: bridging implementation science and cultural adaptations of mental health treatments. *Implement Sci*, 8(1), 90. doi:10.1186/1748-5908-8-90
- Domenech Rodríguez, M., Baumann, A., & Swartz, A. (2008). Cultural adaptation of an empirically supported intervention: From theory to practice in a Latino/a community context. *Psychology Faculty Publications*.
- Domenech-Rodríguez M, Wieling E. Developing culturally appropriate, evidence-based treatments for interventions with ethnic minority populations. *Voices of color: First person accounts of ethnic minority therapists*. 2004:313-33.
- Resnicow, K., Baranowski, T., Ahluwalia, J. S., & Braithwaite, R. L. Cultural sensitivity in public health: defined and demystified. *Ethn Dis*. 1999;9(1):10-21.

Ensuring fit to cultural context to improve health equity

Phoutdavone “Noy” Phimphasone-Brady, PhD
Department of Psychiatry
University of Colorado, School of Medicine

noy.phimphasone-brady@cuanschutz.edu



COPRH Con

Colorado Pragmatic
Research in Health
Conference



ACCORDS

UNIVERSITY OF COLORADO
CHILDREN'S HOSPITAL COLORADO



Colorado Clinical and Translational
Sciences Institute (CCTSI)

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS