Addressing Mental Health Equity: 
15 years of Community Partnered Participatory Research

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Mental health is **not just the absence of mental disorder, but a state of well-being** in which every individual realizes his or own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

World Health Organization
Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

World Health Organization
Interventions Reduced 5-Year Outcome Disparities for Depression (Partners and Care Study, P.I. Wells)

<table>
<thead>
<tr>
<th></th>
<th>QI programs</th>
<th>Usual care</th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Latino</td>
<td>60%</td>
<td>45%</td>
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<tr>
<td>White</td>
<td>65%</td>
<td>55%</td>
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</tbody>
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% recovered at 5 years
Community Partnered Participatory Research (CPPR)

CPPR Principles:

• Transparency
• Respect
• Power sharing
• Co-leadership
• Two-way knowledge exchange
Witness for Wellness

Guiding Principles
- Trust
- Respect
- Participation
- Knowledge
- Experience

SHARE
- Information
- Resources

LOOK/LISTEN
- Community Voices
- Evidence Based

RECORD
- Impact
- Process

SUPPORT
- Promote Policy
- Advocate for vulnerable populations

BUILD
- Community Outreach
- Quality Services

TALK
- De-mystify Depression
- Building Community Strength
Witness for Wellness:
“Depression”
Working together in an equal partnership to learn how to improve depression care and build community strength.
Community Engagement

Stone Soup
Summary of 6-month Outcomes

Both CEP and RS improved client mental health quality of life

CEP was more effective than RS in:

- Improving mental health quality of life and physical activity
- Reducing homelessness risk
- Reducing behavioral health hospitalizations
Yes to all health limits
• Moderate activity
• Stairs
• Physical activity

Risk Factors:
• Food insecurity
• Eviction
• Severe financial crisis

CEP Improved Physical Health and Homelessness
(N=1,018)

* p < .05
CEP Reduced Hospitalizations
(N=1,018)

- Any hospitalizations for alcohol, drugs, mental health: RS 11, CEP 6
- ≥4 hospital nights: RS 6, CEP 2

*p<.05
CPIC Video Summary of 6-month Outcomes
12-month Client Outcomes

• Modest continuing improvements at 12 months relative to baseline in mental health related quality of life for CEP vs. RS
• Continued reduction in behavioral health hospitalizations for CEP at 12 months
• Findings somewhat sensitive to analysis methods
• Over the year, more improvement in mental health and less hospitalization in CEP
2014 ACTS Team Science Award
2015 Campus-Community Partnerships for Health Annual Award
2015 UCLA Community Program of the Year

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PCORI-funded
Resiliency Education to Reduce Depression Disparities

RESILIENCY EDUCATION
Resilience Against Depression Disparities (RADD)
in LGBTQ Communities

Can providing a 7-session resiliency class that teaches adults skills for improving mood plus training of agencies to deliver evidence-based depression care improve depression outcomes more than agency training alone?

DESCRIPTION OF RESEARCH STUDY
Resilience Against Depression Disparities (RADD) is a community-patient partnered intervention tailored to meet the mental health needs of LGBTQ persons.

We will work with a diverse group of LGBTQ-focused or trusted agencies (clinics, churches, social services and support, advocacy groups, etc.) to engage and address the needs of LGBTQ clients.

Resources for Services (RS)
- Community-Based Organization / Social Services Agency
- Counseling / Mental Health or Substance Use Recovery Center
- Primary Care Clinic
- Church

Resiliency Class (RC)
- Community health workers teach adults skills for improving mood

NOTE:
A subset of RS participants will also be involved in the RC component of this study.
Our History

- **2003**: Witness for Wellness (NIMH, RWJF)
- **2005**: Restoration Center (California Endowment)
- **2006**: Community Partners In Care (NIMH, RWJF, California Community Foundation, UCLA CTSI)
- **2007**: REACH NOLA (Joint Center for Political and Economic Studies; RWJF)
- **2008**: Health and Resilience Project (RWJF)
- **2010**: Louisiana Community Health Worker Training Institute (Department of Labor)
- **2011**: Mental Health Infrastructure and Training Project (American Red Cross)
- **2012**: Drew-UCLA Connect (NLM)
- **2013**: Community Partners in Care: 3-year client follow-up (PCORI)
- **2014**: Health Neighborhood Initiative (LAC Policy Strategy for DMH, DHS, DPH)
- **2015**: Safe Spaces (NICHD)
- **2016**: Building Resiliency and Increasing Community Hope (California Community Foundation, UCLA CTSI)
- **2017**: PCORI Demonstration Resiliency Education to Address Depression Disparities

CPIC Replication?
KEY TO THE FUTURE