

4 of 5

**CONSIDERING CULTURE**  
building the best evidence-based  
practices for children of color



a race  
for results<sup>®</sup>  
CASE STUDY

THE ANNIE E. CASEY FOUNDATION

## THE ANNIE E. CASEY FOUNDATION

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow. For more information, visit the Foundation's website at [www.aecf.org](http://www.aecf.org).

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## CONTENTS

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- 2 Introduction
- 2 What Does “Evidence Based” Mean?
- 4 Building Evidence-Based Programs
- 5 Exploring Alternative Forms of Evidence
- 6 Case Study: Strong African American Families (SAAF) – A Traditional Evidence-Based Program Designed Specifically for a Community of Color
- 7 Case Study: Con Mi Madre – Building Evidence in Community-Informed Ways
- 9 Learning More From Communities
- 10 Lessons Learned

## CONSIDERING CULTURE

### Building the Best Evidence-Based Practices for Children of Color

#### Introduction

Since colonial times, American society has been shaped in ways that significantly favor whites. From slavery, through legalized segregation and in discriminatory housing, education and employment policies, institutions and systems have prevented communities of color from enjoying periods of prosperity. If we are to ensure a promising and productive future for our nation, we must address the inequities that hold so many of our children back from success, especially as children of color quickly compose the majority of children in the United States within the next decade.

In the 2014 KIDS COUNT policy report *Race for Results: Building a Path of Opportunity for All Children*, the Annie E. Casey Foundation outlined four recommendations to help policymakers at all levels of government, as well as nonprofit organizations, businesses and community leaders improve outcomes for children of color.

Those recommendations included:

1. gather and analyze racial and ethnic data to inform all phases of programs, policies and decision making;
2. use data and impact assessment tools to target investments to yield the greatest impact for children of color;
3. develop and implement promising and evidence-based programs and practices focused on improving outcomes for children and youth of color; and
4. integrate economic inclusion strategies within economic and workforce development efforts.

This case study examines the third recommendation: Develop and implement promising and evidence-based programs and practices focused on improving outcomes for children and youth of color. In particular, this case study explores the ways in which culture plays a specific role in the effectiveness of evidence-based programs in communities of color, how the methods of creating evidence-based programs might be improved to better serve these communities and how options beyond traditional evidence-based programs are proving to be valuable and effective.

In rural Georgia, Strong African American Families (SAAF) uses the discrimination faced and perceived by African Americans to strengthen familial connections and demonstrate better health outcomes for youth. In Austin, Texas, Con Mi Madre leverages the unique bonds between Latina mothers and daughters to raise expectations for college education. This case study will take a deeper look at how both of these programs, and a few others, use evidence to prove and strengthen effectiveness.

#### What Does “Evidence Based” Mean?

“Evidence based” is a scientific term that has been adopted with nuanced meanings in a variety of fields, from health care to education to social work. Programs designed to improve the lives of children and families must meet rigorous standards to earn the “evidence-based program” designation. The Casey Foundation uses the standards



set by Blueprints for Healthy Youth Development to determine which programs meet the highest standards of evidence. According to Blueprints, evidence-based programs display:

- **Intervention impact:** Significant positive change in intended outcomes can be attributed to the program, and research shows no evidence of harmful effects.
- **Evaluation quality:** Carefully designed research studies — at least two high-quality comparison studies or one high-quality randomized control trial — produce reliable findings of the program’s effectiveness.
- **Intervention specificity:** Program descriptions clearly identify the intended outcomes, targeted risk and protective factors, the population the program intends to reach and how the program’s elements contribute to those outcomes.
- **Dissemination readiness:** The program includes written guidelines and the necessary training, technical assistance and other support to use the program with a large number of children in a school, public system or community.

Program profiles provide realistic information on the program’s costs and potential to generate savings.

The terms “evidence-based practice” and “evidence-based program” often are used interchangeably, which can be confusing. In general, practice typically refers to skills or approaches used by individual practitioners that have been proven to be effective.<sup>1</sup> An example of evidence-based practice can include one-on-one literacy tutoring. Evidence-based practices can be standalone approaches used in working with a population of focus, or may be incorporated into an organization’s larger program design.

An “evidence-based program” combines specific intervention activities within a defined delivery structure to serve a specific population. Evidence-based programs are driven by specific goals and values, and are accountable to both the consumers and funders of the program.<sup>2</sup> They must be able to replicate results in randomized controlled trials (RCTs), in which participants are randomly assigned to receive an intervention or not, and outcomes are compared between the two. Examples of well-known evidence-based programs

are Nurse-Family Partnership (which provides nurse home visits to low-income first-time mothers and is proven to improve maternal and child health and delay second pregnancies) or Success for All (a schoolwide reform program for high-poverty elementary schools).<sup>3</sup>

### Building Evidence-Based Programs

For many experts in the field of evidence, rigorous evaluation designs such as RCTs and quasi-experimental designs (QED) are the gold standards for measuring true effectiveness for all programs, including those being implemented within communities of color.

#### THE CHALLENGE FOR COMMUNITIES OF COLOR

There is no denying that communities of color have been overlooked in evidence-based program/practice development. When looking closely at the challenges of having these programs/practices in communities of color, there are three major themes:

1. absence of adequate funding resources to support building evidence for programs for communities of color throughout the RCT/QED stages;

2. lack of culturally specific and sensitive data collection approaches being implemented during the evaluation process; and
3. lack of evaluation professionals with the adequate knowledge and training in cultural issues facing these communities.

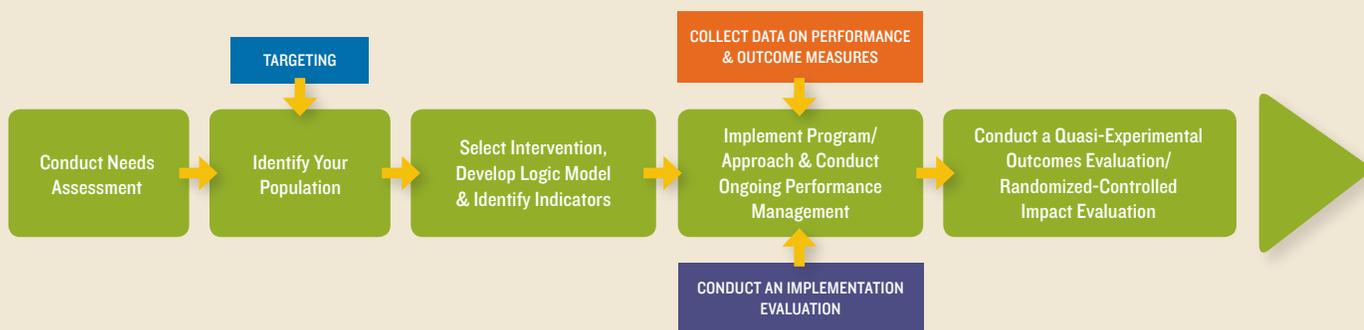
It is through infusion of resources in these three areas that gaps in evidence-based programs/practices for communities of color can be minimized.

Some funders have dedicated resources to increase evidence-based programs in communities of color. Part of the Casey Foundation’s grant-making strategy, through its Expanding Evidence portfolio, focuses on increasing the number of evidence-based programs for communities of color by providing technical assistance to help developers of color move their programs along the spectrum to becoming evidence based.

Many of the grantees in this portfolio are in the rigorous performance management stage (this is identified in the graphic as the box labeled “Implement Program/ Approach & Conduct Ongoing Performance Management”), and with

#### BECOMING AN EVIDENCE-BASED PROGRAM

The figure below illustrates a common process for becoming an evidence-based program.



Graphic derived from Moore, K. A., Walker, K., & Murphey, D. (2011). *Performance management: The neglected step in becoming an evidence-based program*. In M. Morino (Ed.), *Leap of reason: Managing to outcomes in an era of scarcity*. Washington, DC: Venture Philanthropy Partners.

additional resources, will be able to increase their capacity to move closer to becoming evidence based. The focus of the work of building these programs is not to move the goalpost on rigor, but to get more players on the field.

Also what is critically important is increasing and engaging more researchers of color so that the field can learn more about what works best in communities of color from those that are more intimately familiar with their intricacies.

“There is a small but rapidly growing number of researchers of color,” said Ken Martínez, Psy.D., principal researcher at the American Institutes for Research and a member of the National Network to Eliminate Disparities in Behavioral Health Steward Group. “We’re seeing the largest growth of doctorate-level psychologists and researchers among Latinos in the last five years. They are very valuable resources because of the worldview they bring.”

## Exploring Alternative Forms of Evidence

It is believed by many in the field that RCTs are considered the gold standard for classifying a program as evidence based. However, RCTs are largely based on only one way of viewing the world and they exclude other possibilities of defining the evidence and the criteria used to establish the highest levels of evidence-based programs. Often, the problem lies in the application of inflexible evaluation, research methodologies and approaches to communities of color. Many evaluators and researchers are not well versed in community engagement and participatory research techniques that build trust and partnership within communities that are already wary of being “research subjects.”

“Because we are complex individuals, we have to take a complex view of any program’s design and implementation and the measures of success we use,” Martínez said. “Pulling an EBP off the shelf just because a developer says it’s been used on minorities doesn’t necessarily make it culturally relevant and effective. That’s too oversimplified an approach. We need to be more deliberate and inclusive in the criteria we use to match people to EBPs based on their worldview. Identifying best practices that resonate with that worldview makes for greater effectiveness.”

“Practice-based evidence” is an alternative form of evidence in which proof of a program’s effectiveness is gathered as the delivery occurs, in the real, “messy” world (as opposed to an evidence-based program, where every aspect of program delivery is tightly controlled). Practice-based evidence can be situated in rigorous performance management, which is a vital part of the process of moving along the continuum to becoming evidence based. However, it is not equivalent to being evidence based, nor should it be the ultimate measuring stick for becoming evidence based.

Martínez and his colleagues are exploring the concept of “community-defined evidence,” which they describe as “a set of practices that communities have used and determined to yield positive results by community consensus over time, and which may or may not have been measured empirically, but have reached a level of acceptance within the community.”<sup>4</sup> In particular, community-defined evidence extends beyond clinical treatments or interventions and can include activities that increase access, address service delivery or otherwise enhance behavioral health outcomes in nonclinical ways.

“So many prevention programs, especially for persons of color, are not based on longitudinal info. We felt strongly that [longitudinal] information gathered from the target community, along with focus group relationships with community members, should serve as the basis for prevention programs we developed.”

The use of practice-based evidence and community-defined evidence is growing. For example, in California, \$60 million from the Mental Health Services Act will attempt to reduce disparities by using community-defined evidence to inform new service delivery approaches through the California Reducing Disparities Project.<sup>5</sup>

### Case Study: Strong African American Families (SAAF) – A Traditional Evidence-Based Program Designed Specifically for a Community of Color

SAAF is an evidence-based program that helps rural African-American families strengthen family relationships, improve parenting skills and develop youth competencies. It was developed by child psychologist Gene Brody to specifically address the lack of systematic research on family well-being for rural African-American families. Brody’s research found, for example, that exposure to racial discrimination was a strong predictor of preadolescent and adolescent depressive symptoms and substance abuse, so the program includes specific ways for parents to help young people cope with discrimination. Evaluations of the program have shown it to be successful.

The research underlying SAAF followed the standards of the National Institutes of Mental Health prevention research cycle, which requires that before a prevention program is developed for any group of people, its developers must conduct longitudinal, epidemiological research on the target population. Components of the program must be based on protective factors identified in that target population.

For more than a decade, Brody and his colleagues at the University of

Georgia Center for Family Research worked to identify the protective factors that allowed some children of rural African-American families in Georgia to thrive despite living in challenging circumstances, compared with others who did not.

The SAAF team began by conducting focus groups around the state in which African-American parents, adolescents, teachers and social workers provided input. Brody, a white man, enlisted the assistance of African-American students and community members to help build trust and confidence in the research effort.

“So many prevention programs, especially for persons of color, are not based on longitudinal info,” said Brody. “We felt strongly that [longitudinal] information gathered from the target community, along with focus group relationships with community members, should serve as the basis for prevention programs we developed. This is the first program to have done this with rural African-American families — a population that is practically invisible in the scientific and prevention world.”

Once Brody’s team had a decade of information about what was working in African-American families, they spent a year creating a curriculum for SAAF, which they tested in focus groups, honed and retested. SAAF is delivered over seven weeks. Each session includes modules for youth, parents and then both together. The curriculum includes key points that emerged from the culture of rural African-American communities and the impact of racism.

“We have parents think back to times of discrimination, then explore three options for dealing with racism [by being aggressive, assertive or passive]

and what they are teaching their kids in each situation,” said Tracy Anderson, who coordinates the program at the Center for Family Research. “With the kids, we talk about dealing with difficult situations in those same three ways, [but call them ‘monster,’ ‘me’ or ‘mouse’]. Then we have family discussions.”

In 2001, SAAF was piloted with families near Athens, Georgia, and final changes were applied before the program was spread to other communities. Since 2001, the team has continued to apply and test SAAF with 667 participants in randomized trials. In 2008, they began to train SAAF implementers at 16 other sites, though they do not collect data from those sites.

Evaluations of the program provide several areas of statistically valid success. When compared with a control group, youth participants in the SAAF program experience fewer problematic behaviors, such as theft, truancy or suspension. Those who don’t drink alcohol are less likely to begin drinking, and those who do drink alcohol increase their use at a significantly slower rate. The program also shows positive changes in parenting, with increases in positive communication, and youth protective factors such as negative attitudes about alcohol and sex. SAAF also delivered some unanticipated health benefits. Youth participants showed lower levels of stress hormones, inflammation and cellular aging than the control group.

Besides the original SAAF program, which is targeted to families with preadolescent children, the Center for Family Research also has created SAAF Teen for adolescents and Adults In the Making to help high school juniors and seniors develop protective behaviors before they move into the larger world.

Brody and Anderson acknowledge that there are many effective programs being developed in individual communities of color. They also firmly believe that evidence-based programs are necessary for ensuring and scaling success.

“I believe that any group of people can create a great program that works for them, but being evidence based means more success when scaling a program up or out,” said Anderson. “SAAF included trials in nine different places with some similarities and some differences. We have consistent implementation and consistent data, so we have more confidence in saying that this is working.”

“If something isn’t put to an empirical test, how do we know before we use it that it has value?” asked Brody. “It’s no different than the FDA [U.S. Food and Drug Administration] testing potential drugs for outcomes and unintended consequences. Particularly for families of color, involvement in programs that are designed to buffer challenging circumstances should have proven worth before we take the time from children and caregivers.”

### Case Study: Con Mi Madre – Building Evidence in Community-Informed Ways

Con Mi MADRE (Mothers And Daughters Raising Expectations) works with young Latinas and their mothers to instill a shared vision of higher education and make that vision become reality. Con Mi MADRE emerged as a nonprofit after 16 years of growing as the Hispanic Mother-Daughter Program of the Junior League of Austin (Texas). The Junior League started the program in 1992 in response to a report that showed that a Latina baby girl in Texas has a less than 1 percent chance of a

college education. From inception, the focus has been on increasing the number of Latinas pursuing higher education. However, Con Mi MADRE is unique in providing tailored services to both students and their mothers, depending on their needs and circumstances. Con Mi MADRE's curriculum and programming is delivered to young Latinas and their mothers from the daughter's sixth grade year until she graduates from college. Services focus on, but are not limited to, increasing college knowledge and access, self-esteem, financial literacy and coping skills, and creating a support network that has a collective goal of raising expectations through educational attainment.

Con Mi MADRE is designed to take advantage of the close family ties in Latino culture to build confidence in two generations simultaneously, explained its executive director, Teresa Granillo.

"There is a myth that the Latino community doesn't care about education for its children," she said. "That's absolutely not true. The women we work with often don't know how or are afraid to access it in the United States. We find that when we give mothers support, skills and reinforcement, it's transformational. We see them change into women who are confident, willing to take risks and ready to do anything to support their daughters. Once the moms have these skills, it benefits every child in the home, and grandchildren."

Con Mi MADRE serves approximately 750 mother-daughter teams each year. Currently, 100 percent of program participants graduate from high school and 77 percent go on to college. Of those who attend college, 54 percent persist and/or graduate, compared with a 15 percent Latina college graduation rate throughout central Texas.

"That means Latinas in our program have a 260 percent better chance at a college education," said Granillo.

A mental health clinician by training, Granillo recognizes the importance of rigor and evidence, and has incorporated both into Con Mi MADRE's operations. First, as an external evaluator, she helped program leaders identify the data that would be most relevant in determining effectiveness and designed a set of measures and systems to collect it. After becoming executive director in 2013, she created a structured curriculum for the organization, informed both by the experiences and knowledge of staff and by the use of some evidence-based programs from the clinical world.

She also implemented two standard data collection methods: a pre- and post-program evaluation every year tied to specific program goals; and a longitudinal, standardized data collection at sixth, ninth and 12th grades, with an exit survey for college students in the works.

When it comes to using evidence-based programs, Granillo is quick to point out the differences that culture can make. For example, while cognitive behavioral therapy (CBT) is probably one of the best-known clinical evidence-based programs and the one in which she was trained, Granillo found it to be less effective with her Latina population.

"CBT worked great for some kids, but I observed that for many patients of color it was challenging, and didn't sink in as deep," Granillo said. "But when I worked with interpersonal psychotherapy, which was designed for Latinas, it changed things. They were able to talk to me and open up, because the conversation wasn't focused on them personally, but on relationships. They had a sense that 'I belong to a

network, and everything that happens to that unit happens to me.’ That sense of connectedness is core to Latino culture.”

It is expected that Con Mi MADRE will strengthen its foundation, leading to a more rigorous evaluation in the future with the support of Casey’s Expanding Evidence portfolio. While the expense, as well as the cultural resistance to sharing personal data with “outsiders,” could present some challenges with the evaluation design, a well-designed culturally appropriate evaluation plan will help minimize the challenges. Granillo believes that programs can certainly demonstrate efficacy via other means.

“Every program should have a solid data collection plan and implementation whereby they are marking fidelity and effectiveness, but it’s not possible for all programs to become evidence based,” she said. “It’s more about looking at impact and the community being served. If you’re making a positive difference and that impact is being shown over time, that’s ideal. Pushing toward being evidence based is a good thing, but evidence based is not the only definition of being effective and not being evidence based is not the same as being unworthy. Many fantastic programs, because of the nature of their work or the population they address, will never be evidence based, but they are absolutely effective.”

## Learning More From Communities

Martínez, Brody, Anderson and Granillo agree that evidence-based programs have a place in the suite of tools that show impact, but are one of many options. Conversely, the Casey Foundation and others in the field believe that evidence-based programs are the tools for demonstrating

impact. Regardless of the belief about what constitutes evidence, the two fields of thought converge on the understanding that to develop a greater wealth of evidence about effectiveness for programs that serve communities of color, we must listen to the communities themselves. We can learn from organizations that are applying evidence-based practices in a culturally relevant way and use their experiences to enhance scientific knowledge about what works for children and families of color. We also can learn from many successful locally based programs that are not deemed evidence based, but are building proof of effectiveness by engaging in action research, placing joint emphasis on qualitative and quantitative outcomes and building community-centered approaches. In this way, we can draw on the value and the knowledge held within communities, while applying academic knowledge to deliver culturally relevant programs.

Successful culturally relevant community programs abound. For example:

- **In St. Paul, Minnesota**, the Cultural Wellness Center (CWC) focuses on building kinship networks and support networks at home and in the community for parents and children in this predominantly African-American neighborhood of 40,000. The CWC uses culture to create a sense of cohesion, employing residents, embracing traditional ceremony to mark individual and community events and revering elders as tutors, parents and coaches. Much of the CWC’s work flows through four local elementary schools, and shows results such as a 350 percent increase in parent engagement over three years, a 9.9 percent increase in third-grade reading scores and a 44 percent decline in school suspensions.

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- **Latinos in Action (LIA)**, a national school-based program headquartered in Salt Lake City, Utah, provides a culture-based program to help Latino students develop academic, service and leadership abilities, with the goal of completing a college education. The program is active in 110 middle and high schools in six states and colleges across the country. LIA incorporates some evidence-based programs in its program model, such as youth peer mentoring and tutoring, and has undergone two external evaluations. LIA’s intensive tracking efforts show that 98 percent of engaged students graduate from high school and 85 percent enroll in college.
- **The Network for the Development of Children of African Descent (NdCAD) in Minneapolis, Minnesota**, uses the power of culture to improve literacy. NdCAD’s Sankofa Reading Program provides a culturally based, research-driven, afterschool reading intervention for children in grades K-8. The Family Education Center that houses most Sankofa students is designed to feel like an African village. All reading materials are Afrocentric. All tutors are paid professionals of African descent who are trained in evidence-based literacy approaches and Afrocentric pedagogy. A 2015 evaluation showed that at the conclusion of the nine-week Sankofa program, 100 percent of kindergarten through third-grade students increased guided reading levels by two to five levels, and 57 percent met or exceeded grade-level reading.<sup>6</sup>

## Lessons Learned

Discovering what works in communities of color and proving the efficacy of

culturally relevant approaches is still very much a work in progress. Questions of balance between scientific knowledge and community experiences are ongoing. However, those involved in the programs described share the following observations:

- **Culture is key.** Programs that deliver great results for one group may not do so for another. Understanding the unique ethnic culture and incorporating it into the creation of an evidence-based program will help ensure success in populations of color. Understanding community culture will help create local support and buy-in during the research and pilot phases of an evidence-based program.
- **Focusing on building one neglected culture is not exclusionary, but serves all people in the community well.** People from different cultures may look similar and live in the same community, but operate very differently. Looking closely at the particular aspects of each culture and supporting their development results in a healthier community environment overall.
- **“Successful outcomes” should be defined by the community.** One culture’s assumptions about success may not be relevant to another’s. Those looking to deploy or create evidence-based programs for communities of color must take considerable time to fully engage and partner with the community and understand the needs and desires of that community to define what success looks like for them.
- **Evidence is necessary for broader adoption and scaling.** Whether or not a program is recognized as evidence based, the presence of compelling evidence provides for greater assurance that an

investment in a program will indeed deliver the desired outcomes. However, creating that assurance requires significant investments of time and money from program developers.

- **Evidence comes in multiple forms.** When examining cultural relevance, qualitative measures are just as important as quantitative measures in terms of determining a program's efficacy and effectiveness. For example, people may participate in a program in promising numbers, but the stories they tell about their experiences in the program may be a better indicator of their long-term engagement and the program's perceived value.
- **Evidence-based research can turn a community off.** For some communities, the kind of data collection needed to achieve evidence-based status can feel too

invasive or uncomfortable—especially in cultures where family matters are considered private, or where a deep distrust of outside institutions exists. In these situations, community-defined evidence may be collected more comprehensively and with more fidelity. It should also be noted that for some communities, evidence-based research has been successful.

- **Partnerships are key in developing evidence-based programs.** Research institutions, universities and government research agencies such as the Agency for Healthcare Research and Quality all have experience with creating evidence-based protocols and in securing funding for promising programs that wish to prove their efficacy. Partnering with those institutions can give small organizations a leg up in achieving evidence-based status.

## RESOURCES TO HELP EMPLOY EVIDENCE-BASED PROGRAMS AND PRACTICES

- "Implementation Research: A Synthesis of the Literature," by Dean L. Fixen, Sandra F. Naom, Karen A. Blase, Robert M. Friedman, and Frances Wallace (University of South Florida, 2005) <http://ctndisseminationlibrary.org/PDF/nirmonograph.pdf>
- "Evidence-Based Programs and Practices: What Does It All Mean?" by Lisa Williams-Taylor (Research Review, Children's Services Council of Palm Beach County, 2007) <http://studylib.net/doc/7967926/evidence-based-programs-and-practices--what-does-it-all-m>
- "Community-Defined Evidence: A Bottom-Up Behavioral Health Approach to Measure What Works in Communities of Color," by Ken Martinez, Linda Callejas, and Mario Hernandez (Civic Research Institute, Report on Emotional &

Behavioral Disorders in Youth, Winter 2010) [http://www.civicresearchinstitute.com/online/article\\_abstract.php?pid=5&iid=110&aid=702](http://www.civicresearchinstitute.com/online/article_abstract.php?pid=5&iid=110&aid=702)

- California Reducing Disparities Project website. [www.cdph.ca.gov/programs/Pages/OHE-CaliforniaReducingDisparitiesProjectPhase1.aspx](http://www.cdph.ca.gov/programs/Pages/OHE-CaliforniaReducingDisparitiesProjectPhase1.aspx)

**NATIONAL EVIDENCE-BASED PRACTICE DATABASES**  
While these databases may not hold a significant number of evidence-based programs focused on communities of color, they may be helpful in providing other useful information about evidence-based programs in general, such as definitions of different types of evidence-based practices.

- **BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT** [www.blueprintsprograms.com/](http://www.blueprintsprograms.com/)

- **CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE** [www.socialworkpolicy.org/research/evidence-based-practice-2.html#EVP](http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#EVP)

- **CENTER FOR THE STUDY AND PREVENTION OF VIOLENCE:** [www.colorado.edu/cspv/blueprints](http://www.colorado.edu/cspv/blueprints)

- **NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION)** [www.samhsa.gov/nrepp](http://www.samhsa.gov/nrepp)

- **SOCIAL PROGRAMS THAT WORK** [www.evidencebasedprograms.org/](http://www.evidencebasedprograms.org/)

- The resources above and other databases and registries are listed on the Social Work Policy Institute website. [www.socialworkpolicy.org/research/evidence-based-practice-2.html#EVP](http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#EVP)

## ENDNOTES

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- <sup>1</sup> Fixen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida. Retrieved from <http://ctndisseminationlibrary.org/PDF/nirnmonograph.pdf>
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- <sup>3</sup> Blueprints for Healthy Youth Development. (n.d.). *Blueprints programs*. Retrieved from [www.blueprintsprograms.com/programs](http://www.blueprintsprograms.com/programs)
- <sup>4</sup> National Latino Behavioral Health Association & National Network to Eliminate Disparities. (2009, October). *Community Defined Evidence Project (CDEP): Preliminary quantitative and qualitative findings*. Tampa, FL: University of South Florida. Retrieved from [http://nned.net/docs-general/CDEP\\_Final\\_Report\\_10-7-09.pdf](http://nned.net/docs-general/CDEP_Final_Report_10-7-09.pdf)
- <sup>5</sup> For more information about the California Reducing Disparities Project, visit [www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseI.aspx](http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseI.aspx)
- <sup>6</sup> Center for Applied Research and Educational Improvement. (2015). *Preliminary evaluation of Sankofa Reading Program*. Minneapolis, MN: University of Minnesota.



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