Center *for the* Study *of* Social Policy
Ideas into Action

June 2026

Affirming Diverse Ways of Knowing

Recognizing the Validity and Rigor Behind Community-Defined Evidence Practices

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Policymakers and system administrators have a responsibility to ensure children, youth, and families have access to the supports and services they need to promote their health and wellbeing. As those with the most institutional power, they have the greatest influence regarding what services in the community are supported with public resources. In these roles, they define which types of programs are of higher priority, or more worthy of funding, because specific evidence exists about the program's effectiveness at meeting specific needs.

Increasingly, at the state and federal[1] level, decisions about a program's effectiveness are based on if empirical evidence demonstrates a program is "evidence-based" to the exclusion of other important types of evidence, such as community-defined evidence.[2] Empirical evidence typically takes the form of quantitative data derived from randomized control trials (RCT) or quasi-experimental design. While these research methods are considered the "gold standard" for identifying the causal effect of an intervention, evidence from these methods cannot be universally applied. Marginalized groups are well-known to be underrepresented in these studies, experimental methods can be culturally inappropriate for certain groups, and these methods also yield evidence that does not always correspond to real-world conditions.[3] This restrictive approach can lead to a service array that is non-responsive to diverse communities' needs while hampering the development and availability of services that communities trust and find valuable according to community-defined indicators of effectiveness that matter to them.

Decision-makers often incorrectly consider empirical evidence to be the "best" way of knowing if a service "works." While this type of evidence is useful in some circumstances, it is ***only one kind of evidence***. Community-defined evidence, another important way of knowing what works for children, youth, and families, acknowledges community members as the primary experts of what works for them and reflects their accumulated knowledge about the practices that have yielded positive results.[4] As a complement to empirical evidence, community-defined evidence represents a key approach to building a comprehensive service array in communities.

Incorporating community-defined evidence practices into policy and funding structures is necessary to properly support the health and wellbeing of children, youth, and families. However, policymakers and systems administrators are often not familiar with community-defined evidence or able to understand how to assess its rigor and validity in practice. Rather, there can be a misconception that community-defined evidence lacks rigor or strategies for ensuring effective impact. With empirical research, decision-makers already have access to established guidelines and examples for how to assess the strength and rigor of the evidence it generates, which helps them understand how to incorporate these research methodologies.[5] Decision-makers need similar guidance to evaluate the rigor behind community-defined evidence. The following guiding principles can be used by decision-makers to assess validity, and support inclusion, of community-defined evidence practices in policy and system investments.

Guiding Principles for Community Defined Evidence

1. **The practice centers the voices of the intended community.** Community-defined evidence practices should recognize the people for whom the practice is intended as primary experts when identifying

practice goals, design, and indicators of success. For example, with services for LGBTQIA+ young people, providers and program developers should be able to clearly document how LGBTQIA+ young people and those working closely with them are engaged to identify what is important to their health and wellbeing.

2. **The practice is strength-based and healing-centered.** Providers of community-defined evidence practices should be able to demonstrate how they recognize and build on strengths that youth and families already possess and how they leverage the existing assets in the community. For example, a program serving older Indigenous youth that acknowledges and attends to their community's values, past experiences, and history can support healthy identity development as a key aspect of the program. Too often, these cultural values and history are either ignored entirely or only included in deficit-based narratives. Centering practices on communal sources of strength such as culture, tradition, and history is not only healing, but also signals the validity of the practice within the community.

3. **The practice has clearly articulated core components.** The core components of an intervention, including its goals, theory and design, intended participants, and other essential elements, are important pieces of information to evaluate the validity and effectiveness of a practice as well as the rigor behind the community-defined evidence. Communities and decision-makers must understand what works, for whom (and why), and in what contexts a practice can be the most impactful. For services rooted in traditional or Indigenous practices, key details include the longevity of the practice, and the values and teachings on which it is based.

4. **The practice has clearly identified ways of demonstrating what works, and for whom.** Policymakers and systems administrators seeking to incorporate community-defined evidence practices into the service array need to be able to know why the practice is likely to be effective or how to identify evidence of effectiveness. Providers should be able to identify, whether through qualitative methods, survey data, service utilization records, or other means, that participants are indeed using their practices and experiencing improved outcomes.

5. **The practice is transparent and accountable to the community.** To aid decision-makers in supporting community-defined evidence practices that have not been studied empirically, service providers should be transparent about how they design their services or identify outcomes of effectiveness, as well as how they are accountable to the community. For example, Native American Youth and Family Center (NAYA), a community-based organization serving Native American youth and their families in Oregon, engaged youth, parents, elders, program participants, and other community members in focus groups to define what the indicators of success should be for services supporting healthy urban Native American youth in the community. NAYA then documented how they connected these community-defined indicators for youth wellbeing, such as community mindedness and positive cultural identity, to indicators that have already been supported in published empirical research.[6]

Developing a robust service array that meets families' needs must include community-defined evidence practices that are aligned with these five principles. Achieving this goal requires recognizing strong community-defined evidence as equal to strong empirical evidence. This requires that "evidence-based practices" include community-defined evidence practices and that community-defined evidence should not be treated as an option to understanding impact only when empirical evidence is not available. Not only does leveraging community-defined evidence lead to more informed decision-making, but because it is developed with and for the people it is intended to serve, it can avoid perpetuating harms of restrictive evidence-based programs that exclude these voices and it is more responsive to youth and families' needs and therefore leads to better outcomes.

Suggested Citation

Hutchful, Esi. "Affirming Diverse Ways of Knowing: Recognizing the Validity and Rigor Behind Community-Defined Evidence Practices." Center for the Study of Social Policy, June 2026. Available at: https://cssp.org/resource/affirming-diverse-ways-of-knowing

Read more about community-defined evidence practices in our brief, "Advancing Culturally Responsive Services: Incorporating Community-Defined Evidence When Evaluating What Works."

Endnotes

1 Zanti, S., & Thomas, M. L. (2021). Evidence-Based Policymaking: What Human Service Agencies Can Learn from Implementation Science and Integrated Data Systems. *Global implementation research and applications*, 1(4), 304–314. https://doi.org/10.1007/s43477-021-00028-x and Goodman, L. A., Epstein, D., & Sullivan, C. M. (2018). Beyond the RCT: Integrating rigor and relevance to evaluate the outcomes of domestic violence programs. *American Journal of Evaluation*, 39(1), 58-70. Available at: https://scholarship.law.georgetown.edu/cgi/viewcontent.cgi?article=3065&context=facpub

2 For a deeper discussion on the importance of incorporating community-defined evidence and practices supported by community-defined evidence, see Hutchful, E. "Advancing Culturally Responsive Services: Incorporating Community-Defined Evidence When Evaluating What Works." Center for the Study of Social Policy, October 2024. Available at: https://cssp.org/resource/advancing-culturally-responsive-services/

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6 Cross, T. L., Friesen, B. J., Jivanjee, P., Gowen, L. K., Bandurraga, A., Matthew, C., & Maher, N. (2011). Defining youth success using culturally appropriate community-based participatory research methods. *Best practices in mental health*, 7(1), 94-114 and Friesen, B. J., Gowen, L. K., Lo, P., Bandurraga, A., Cross, T. L., & Matthew, C. (2010). Literature support for outcomes in evaluating culturally- and community- based programs. Indicators of success for urban American Indian/Alaska Native Youth: An agency example. Practice-Based Evidence Project, Research & Training Center on Family Support & Children's Mental Health, Portland State University: Portland, OR. Available at: https://www.pathwaysrtc.pdx.edu/pdf/pbPBELiteratureOutcomes.pdf