

Racial/Ethnic Disparities and The Implementation of Evidence-Based Practices in Public-Youth Serving Systems

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Access to Services for Youth in The CWS

- Between 40% -80% of children involved in the CWS have a diagnosable mental, emotional, or behavioral problem (Burns et al., 2004; Landsverk & Garland, 1999; Hurlburt et al., 2004).
- Only 28% receive specialty mental health services (Hurlburt et al., 2004).
- The gap between need for and access to services for children of color is even wider (Garcia & Courtney, 2011; Garland, Landsverk, & Lau, 2003; Lau et al., 2003).

How Are Disparities Defined?

- ▶ Disparity: “Unequal treatment when comparing a racial or ethnic minority to a non-minority” (Hill, 2006, p. 3).
- ▶ There are disparities in the use of MH services for children of color in the CWS, but no clear understanding of factors that contribute to them.
- ▶ Limited research to date has considered operationalizing disparities in the context of racial/ethnic make-up in the community.
- ▶ Is the disparities gap partially explained by differences in implementation outcomes between high and low MCAs?

Disparities and Uptake of EBPs

- ▶ Numerous EBPs exist to address the mental health needs of youth involved in public sectors of care.
- ▶ Very few EBPs have been imported and implemented to scale and with fidelity (Little, 2010; Axford & Morpeth, 2013).
- ▶ What are the barriers to and facilitators of implementation of “gold-standard” evidence-based practices?
- ▶ Do racially and ethnically diverse communities experience similar barriers/facilitators as those that are not as diverse?

What Do We Know About “Decisions” to Implement an EBP?

- ▶ Percentage of minority population is NOT predictive of days-to-consent (Wang et al., 2010).
- ▶ Socio-contextual factors influence quicker decision to consent:
 1. Counties with higher number of entries in foster care
 2. Large counties (vs. smaller counties)
- ▶ Do socio-environmental factors influence **completion** of implementation activities among high and low MCAs?

Socio-environmental Predictors

Children & families of color involved in the CWS are more likely to experience:

- Poverty, unemployment, and neighborhood disadvantage (McLoyd et al., 2007)
- Numerous co-occurring conditions (e.g., crime, violence) that often lead to disproportionate foster care placement rates (Hines et al., 2004)
- Reside in rural areas that lack adequate resources and services to address client needs (Garcia et al., 2012)

Organizational Predictors

- ❑ Organizational culture, climate, and readiness for change influence implementation of EBPs (Aarons & Sawitzky, 2006; Aarons et al., 2011).
- ❑ In light of socio-environmental barriers, providers in high MCAs may be ill prepared to meet the needs and demands of the community (i.e., demands exceed resources).
- ❑ Poor organizational climate and resistance to change due to exceeding demands in high MCAs may decrease completion of implementation activities as compared to low MCAs.

Use of Research Evidence

▶ Factors that facilitate providers acquisition, interpretation, and utilization of research evidence to scale up an EBP:

- Organizational and social context (Barwick et al., 2008; Greenhalgh et al., 2004; Fixsen et al., 2005)
- Local priorities and openness to innovation within the organization (Davies et al., 2008)
- External environment of services delivery (Nutley et al., 2007)

Knowledge Gaps

- ▶ Limited understanding of barriers of and facilitators to implementation of EBPs to scale.
- ▶ Little or no attention to the relationship between socio-environmental factors and implementation outcomes in racially diverse communities.
- ▶ Unknown to what degree providers in high vs. low MCAs use research evidence, and whether potential differences influence implementation outcomes.
- ▶ We need to identify structural disparities that hinder uptake of EBPs to inform how to tailor supports and resources that ultimately increase access to “gold-standard” EBP interventions, regardless of race/ethnicity.

Gold Standard EBP:MTFC

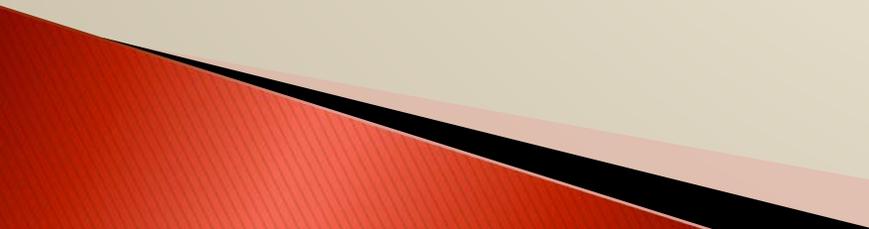
Focus of analyses: MTFC

Goals: 1) reduce delinquent behavior, 2) promote positive mental health 3) provide foster parents skills and resources to address behaviors, and 4) reduce number of placements while in foster care.

Effectiveness: Reduces youth out-of-home placements in group and residential care, juvenile arrests, substance abuse, violence, and behavioral and emotional problems (Chamberlain, Leve, & DeGarmo, 2007; Chamberlain et al., 2011).

Research Questions

In the context of MTFC,

- (1) Are there differences in implementation activities completed between high and low MCAs?
 - (2) Which socio-environmental and organizational factors predict implementation outcomes among high versus low MCAs?
 - (3) Does the use of research mediate the relationship between socio-environmental and organizational predictors and completion of implementation activities among high and low MCAs?
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METHODS

Secondary Data Analysis of First
Waves of Data



Implementation Trial: Study Design



- ❖ Randomized trial of Multidimensional Treatment Foster Care (MTFC)
- ❖ 40 counties in California (plus LA)
- ❖ Randomized to 2 implementation conditions
- ❖ Randomized to cohorts for start time

Design

Included / Excluded

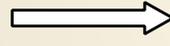
Included

1. No MTFC
2. Placed 6 or more



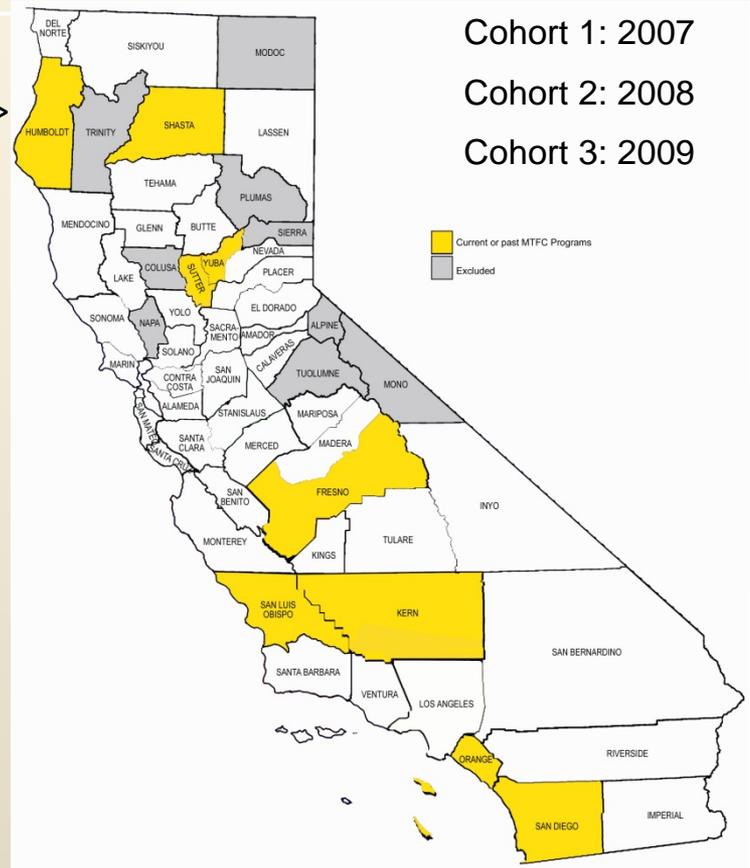
Matched

1. Population Size (urban / rural)
2. Percentage minority
3. Number placed
4. Poverty
5. Use of Medicaid dollars



R. A. to Time & Condition

Cohort 1: 2007
 Cohort 2: 2008
 Cohort 3: 2009





Implementation Trial: Study Design



- ❖ To increase sample size and maximize study resources
- ❖ Repeated same procedures for Ohio
- ❖ Goal: Recruit 12 counties within closed time-frame
- ❖ Result: Recruited Additional 11 counties
- ❖ Final Total: 51 counties randomized, plus LA

Group Assignment

Data on the percentage of families of color within each county were gathered from public records in California in 2005 and Ohio in 2006.

- Counties with ≤ 50 percent minority concentration = “low” MCA.
- Counties >50 percent = “high” MCA.

Sample

Of the 159 participants,

- 69% were female,
- 15% identified as “non-Caucasian”,
- 66% had attained either a master’s or doctoral degree
- Mean age = 49 (SD=9.41)

Place of Employment:

- 34% in child welfare
- 22% in mental health agencies
- 17% in juvenile justice agencies
- 64% in California (vs. 36% in Ohio)
- 53% employed in high MCAs
- 64% employed in in urban counties

Socio-Environment Data

Socio-environmental factors were gathered from public records in California (40 counties) and Ohio (11 counties) and included:

- Percent in poverty in 2003
- Number of children placed in foster care in 2006
- Population of the county in 2006: counties were dichotomized into
 - a. Rural (population \leq 200,000)
 - b. Urban (population $>$ 200,000)

Organizational Data

- ▶ **Organizational Social Context (OSC)** - assesses system leaders' perceptions of organizational climate.
 - a) Five-point Likert scale (5 = to a very great extent).
 - b) Alphas for subscales range from .72 to .91
- ▶ **Organizational Readiness for Change (ORC)** measures system's leaders' assessment of the extent to which members are psychologically and behaviorally prepared to implement organizational change.
 - a) Five-point Likert Scale (5=strongly agree).
 - b) Alphas for subscales range from 0.44 to 0.96

Structured Interview of Research Evidence

- ▶ Data on system leaders' use of research evidence collected via a web-based survey between 2008 and 2012.
- ▶ 38 item scale that assesses extent to which providers' obtain research evidence from a variety of sources
- ▶ 5 point scale, ranging from 1 (not apply at all) to 5 (applies all the time)
- ▶ Alpha=.81

SIEU Subscales

- ▶ Three “subscales” include
 1. Access to research evidence (e.g., internet, journals, consultants)
 2. Evidence evaluation (assess reliability and validity)
 3. Circumstances when evidence is used or not used (not rigid, feasible, meets target population, matches staff skill level)
- Total score summed across all 3 subscales (up to 190)

Outcomes

- ▶ Data on implementation activities collected as part of the initial development of the Stages of Implementation Completion Observational Measure (Chamberlain et al., 2011).
- ▶ Data were not scored using the SIC protocol. Rather, a total based on binary scoring was used in current analyses.
- ▶ Pre-Implementation and Implementation activities scored individually:

Pre-implementation:

1. Engagement
2. Consideration of feasibility
3. Readiness planning

Implementation:

4. Staff hired and trained
5. Fidelity monitoring in place
6. Services & consultation to services begin
7. Model fidelity & staff competence and adherence tracked

RESULTS

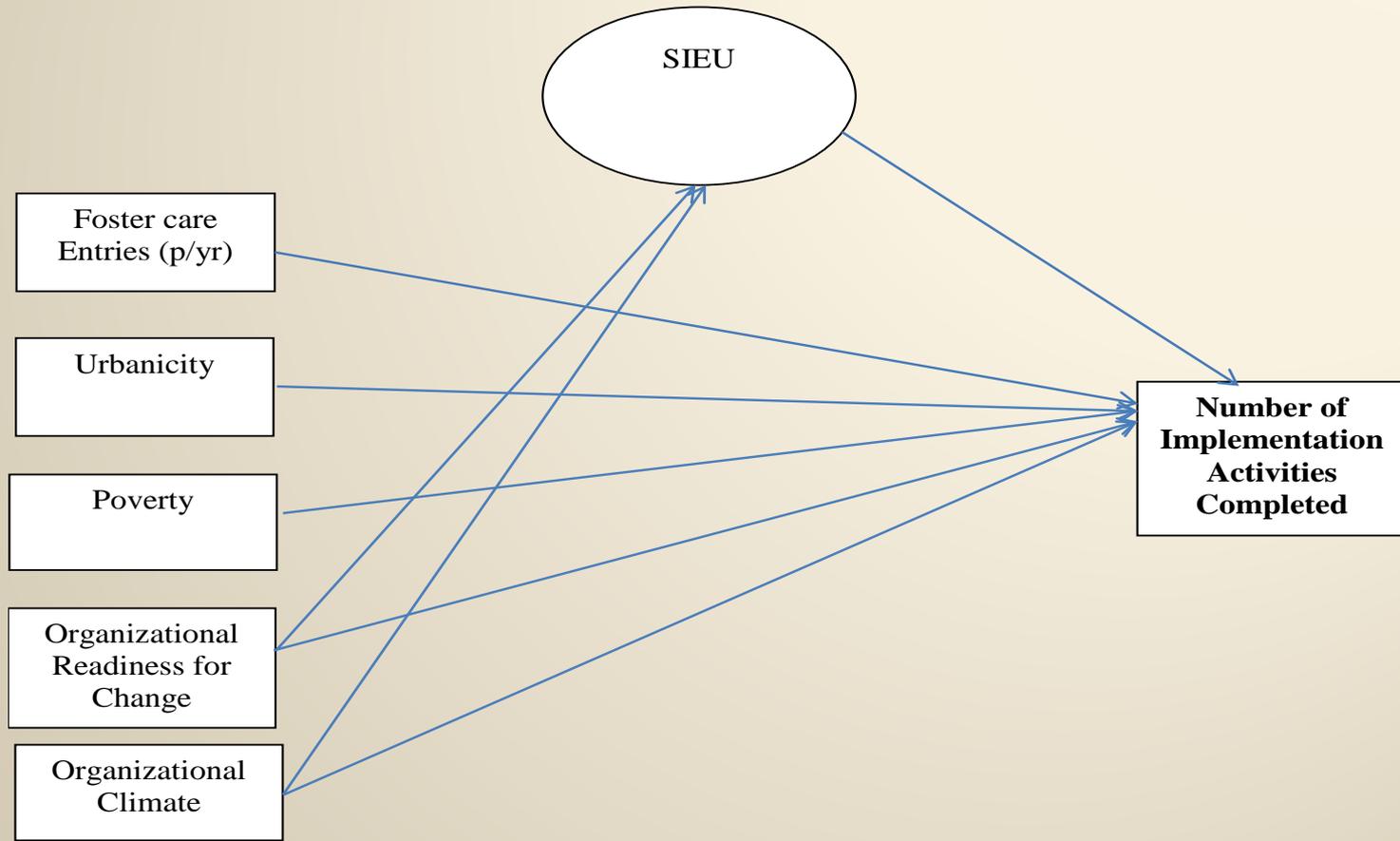
Results are preliminary

- ▶ Results are based on preliminary and incomplete SIC and organizational data.
- ▶ Chamberlain and her investigative team are finalizing the organizational data.
- ▶ Key relationships between organizational factors and implementation outcomes are forthcoming.

Bivariate Results

- ▶ No significant differences in implementation outcomes between high and low MCAs.
- ▶ No differences in organizational functioning.
- ▶ Larger socio-structural disparities exist. High MCAs more likely than low MCAs to:
 - (1) experience foster care entries ($p < .001$),
 - (2) include people who reside in urban areas ($p < .001$),
 - (3) live in poverty ($p < .001$),
 - (4) providers in high MCAs marginally more likely to report using research evidence ($p = .065$).

Hypothesized Model

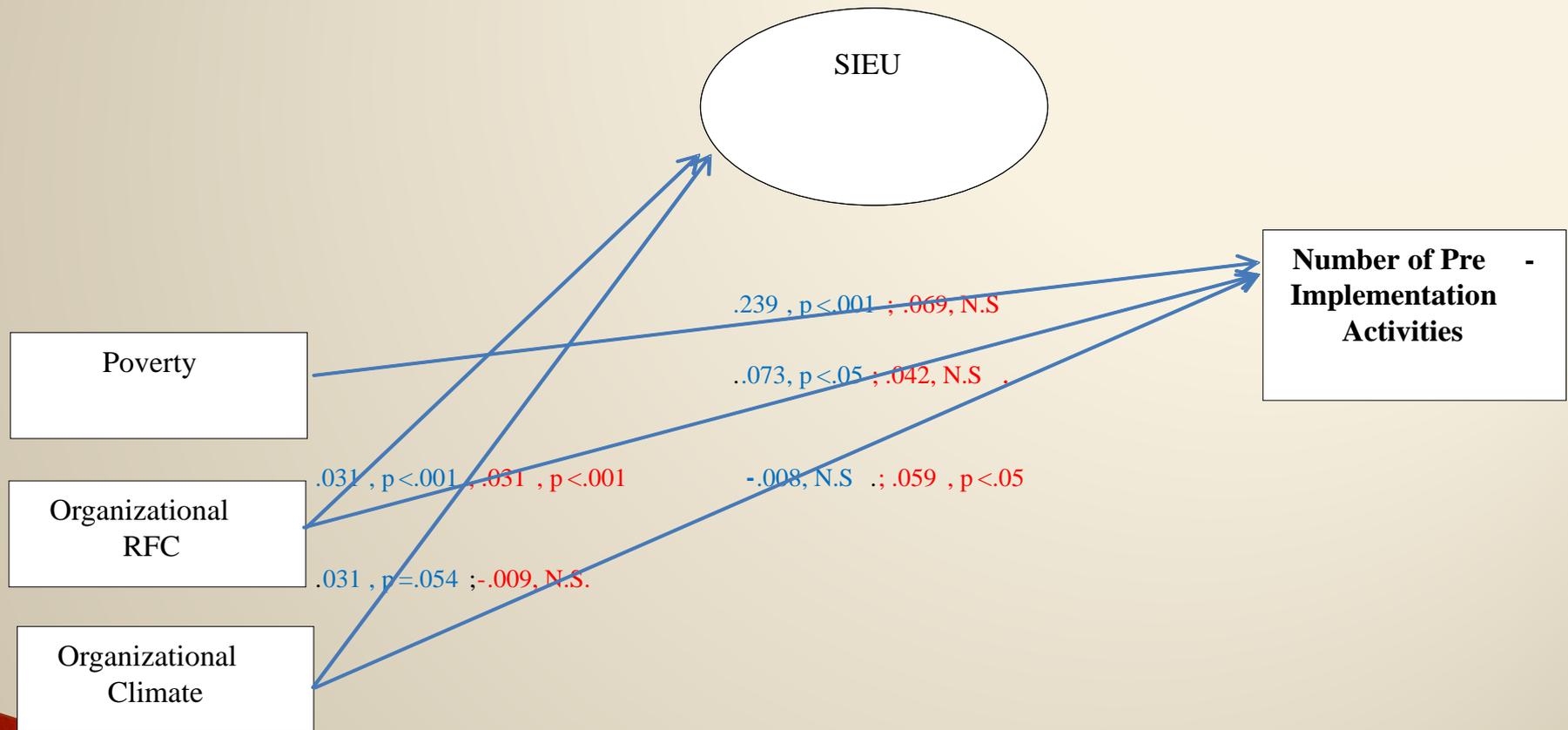


Multiple Group Fit Indices

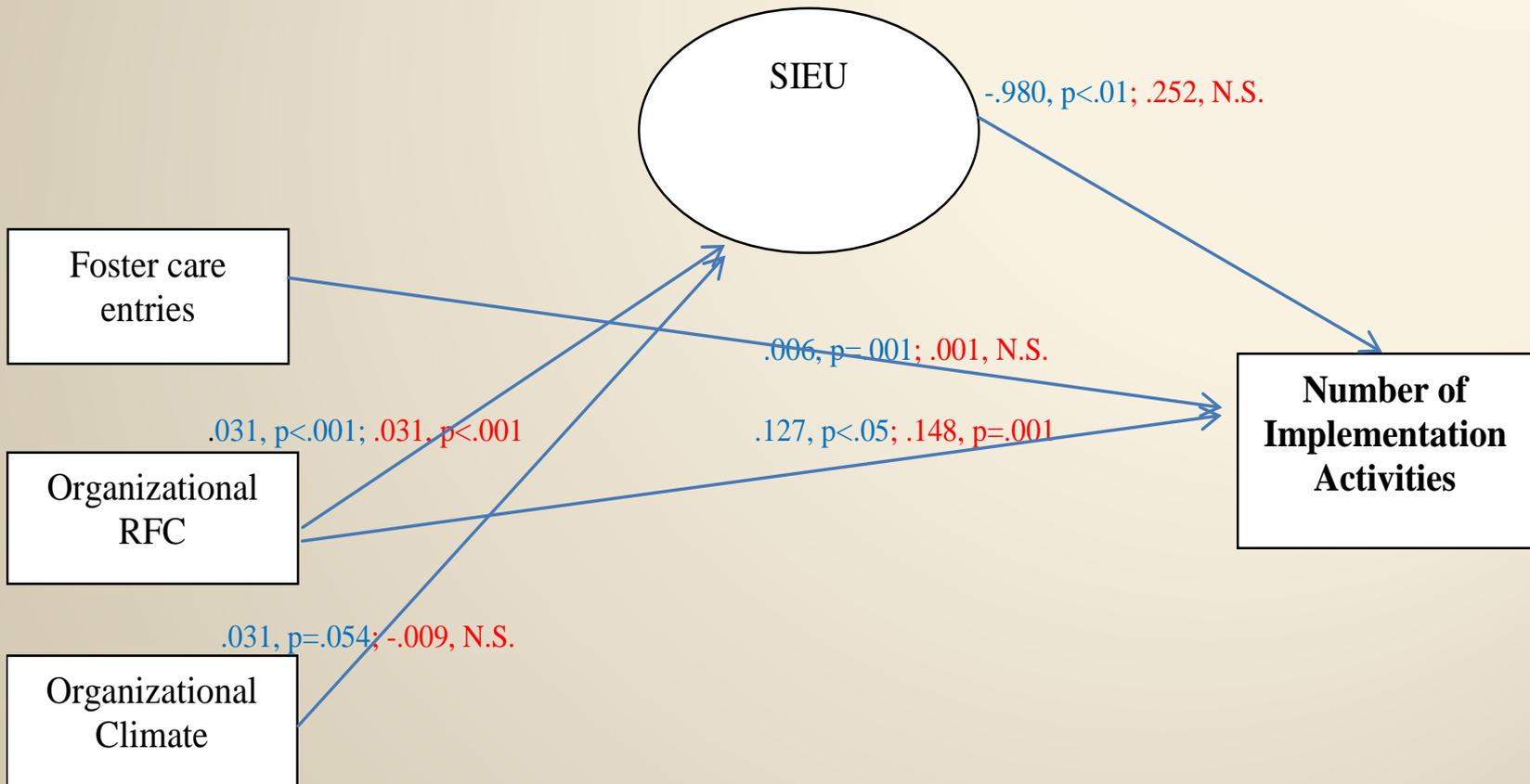
Table 2: Multiple Group Path Fit statistics and χ^2 Comparisons

	X2	d.f.	n	CFI	TLI	RMSEA A	χ^2 Change
Pre-implementation							
Partially Constrained	11.63	10	159	.99	.96	.045	
Fully Constrained	41.59	19	159	.82	.71	.122	29.96(9), p<.01
Implementation							
Partially Constrained	13.40	10	159	.97	.90	.065	
Fully constrained	73.30	19	159	.48	.18	.190	59.9(9), p<.01

Pre-Implementation Path Model



Implementation Path Model



Key Findings

Significant Relationships	Low MCA	High MCA
<i>Use of Research</i>		
Poverty		
Foster Care		
Organizational readiness for change	+	+
Organizational Climate	+	
<i>Completion of pre-imp activities</i>		
Poverty	+	
Foster Care		
Organizational readiness for change	+	
Organizational Climate		+
Use of Research		
<i>Completion of imp activities</i>		
Poverty		
Foster Care	+	
Organizational readiness for change	+	+
Organizational Climate		
Use of Research	-	

DISCUSSION

Summary of Findings

- There are no differences in completion of implementation activities between high and low MCAs.
- Foster care entries and poverty salient for low MCAs. Other contextual factors may predict outcomes for high MCAs.
- Organizational climate salient for high MCAs. Possible that overcoming barriers with limited resources promotes climate.
- Organizational readiness salient for completing activities and using research evidence among high and low MCAs.
- No mediational relationships detected.

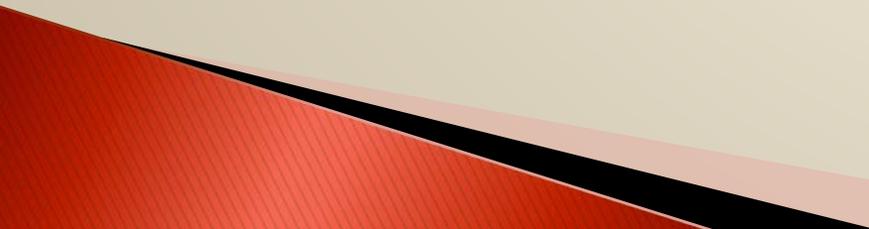
Limitations

- ▶ No examination of the impact of funding and socio-political factors on implementation outcomes and use of research evidence.
- ▶ No examination of predictors of sustainability.
- ▶ Relatively low sample size did not allow to disaggregate analyses by racial/ethnic concentration.

Future Directions

- ▶ Investigate how and under what circumstances research is accessed, analyzed, and used.
- ▶ Determine how evidence is disseminated and implemented between providers and key stakeholders.
- ▶ Identify what factors contribute to structural disparities and the underlying causes and consequences they have on implementation outcomes among racially/ethnically diverse communities.
- ▶ Tailor implementation efforts based upon the racial/ethnic structural disparities that exist in the community.

Implications

- ▶ To disrupt disparities, more attention should be devoted to improving the organizational social context in preparing for and actively implementing EBPs to scale.
 - ▶ Given the salience, a particular focus on increasing readiness for change is warranted.
 - ▶ Future research must identify what additional resources are necessary to increase readiness during specific phases of implementation.
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Concluding Remarks

- ▶ Findings enrich understanding of contextual disparities and inform future efforts to disrupt disparities in implementation processes within a child welfare services context.
- ▶ More studies are warranted to examine implementation processes and outcomes among other “gold-standard” EBPs.
- ▶ Attention to identifying the specific needs of racially/ethnically diverse communities to increase uptake is warranted.

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