

Organizational and Community Level Research

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Research: Cross-Systems Research to Improve
Health Outcomes

Discussion Topics

- History
 - Preliminary Research Projects
 - Current Project
- Focus
 - Outcomes versus Access
 - What do people in services tell us about successful interventions?
 - Ecological
 - Multilevel modeling (HLM)
 - Race, Culture and Ethnicity

Discussion Topics

- Field Work
 - Developing Long term relationships with community-based agencies
 - Human subjects
 - HIPAA
 - Recruiting Participants
 - Logistics of large scale field projects

History

How did your grant idea develop?
How long did it take to get
funded?



Kuhn, T.S. (1996). The Structure of Scientific Revolutions. Chicago, IL: University of Chicago Press

“Observation and experience can and must drastically restrict the range of admissible scientific belief, else there would be no science. But they cannot alone determine a particular body of such belief. An apparently arbitrary element, compounded of personal and historical accident, is always a formative ingredient of the beliefs espoused by a given scientific community at a given time.” (p. 4)

Project History

- 2001 Surgeon General Report on Disparities in Mental Health
 - Three year (1998 – 2001) evaluation of one CMHA in the rural South that demonstrated a lack of disparities between African American and White clients while having an all White professional staff.
 - Larrison, C.R., Schoppelrey, S.L., Brantley, J.F., Leonard, M., Crooke, D., Barrett, D., McCollum, A. & Nowak, M.G. (2004). Evaluating treatment outcomes for African American and White clients receiving treatment at a community mental health agency in the rural South. *Research on Social Work Practice, 14*, 137-146. [graph one.ppt](#)
- 2003 UIUC School of Social Work provides \$2,500 to conduct follow-up study at rural South site
 - Theoretical model induced from research that attempts to explain how organizations, staff, and clients interact to create outcomes at CMHAs.
 - Larrison, C.R., Schoppelrey, S.L., Hadley-Ives, E., & Ackerson, B.J. (2008). Organizational climate and treatment outcomes for African American clients receiving services at community mental health agencies. *Administration in Social Work*.

Project History

- 2004 Research Board grant provides \$20,000 to replicate the initial case study with two CMHAs in the Midwest
 - Racial and ethnic minority and White clients began with similar levels of symptomatology and functioning,
 - White clients' symptoms declined modestly over time while ethnic and racial minority clients experienced moderate increases. [graph two.ppt](#)
 - The moderating effect of therapist accounted for 28.7% of the relationship between client ethnicity and race and slope.
 - Larrison & Schoppelrey (under review) Exploring the Relative Effect of Therapists on Outcome Disparities between Racial and Ethnic Minority and White Clients Using a Multilevel Longitudinal Model
- 2005 start application process with Nation Institute for Mental Health (NIMH)
 - Building on the research funded by the School and the University the application is given favorable critiques through three reviews

Climate, Diversity and Outcomes in Rural Mental Health (1 R34 MH074640-01A2)

- Three year project - start date February 1, 2007
- 13 sites at 7 CMHAs
 - Includes 279 staff and 871 clients
 - 28.6% participation by racial and ethnic minorities in a rural setting
 - In Upper Mississippi River Basin
- Sequential mixed methods
 - Phase One – Quantitative
 - Multi-level HLM analysis that includes multiple-outcome measures (level 1) nested in clients (level 2) who are nested in case managers (level 3) who are nested in sites (level 4)
 - Phase Two – Qualitative
 - Focus groups and expert panel to develop the localized meaning of the findings from the quantitative data.
- Goal is to submit an R01 application in 2010 that funds the testing of the intervention developed during the R34 project.

Focus

Outcomes vs Access

http://www.nami.org/content/navigationmenu/grading_the_states/NAMIs_Grading_the_States_2006_Report.htm

- Evident is clear that there are significant limitations on access to mental health services
 - Access to services for individuals who are from racial and ethnic minority groups has been a problem since the inception of mental health services
- Disparities in access do not necessarily mean disparities in outcomes
 - There are serious gaps in the mental health services scholarly literature about outcomes and disparities
- Outcomes research can help us understand the quality and impact of services currently provided
 - Clients from racial and ethnic minority groups who are in services can tell us:
 - How access to services was gained
 - Why services succeed or fail
 - What the most salient factors in success or failure

Ecological

- Outcomes and disparities in outcomes at community-based agencies are most likely created by a complex interaction between staff, clients, and organizational norms.
- My approach tries to observe a large number of factors across staff, clients and organizations together rather than attempting to understand each factor separately. [conceptual model.ppt](#)
- Introduction of Hierarchical Linear Modeling allowed for the nesting data and this type of multi-dimensional evaluation of outcomes.

Community Mental Health Agencies (CMHAs)

- What remains of the federally funded community mental health centers created under the 1963 Community Mental Health Centers Act
- Nonprofit agencies charged with serving a wide range of individuals with various mental health problems, diverse racial, cultural, and ethnic backgrounds, and a range of socioeconomic levels
- Supported by a patchwork of state, federal and local funds as well as revenue generated from service provision (e.g., Medicaid payments).
- CMHAs are independent agencies that are likely to have variations in organizational climate that impact outcomes [CMHAs Organizational Climate.ppt](#)

Race and Ethnicity

- Two Frames of thought used to help define Race and Ethnicity
 - “Population thinking”, the “shifting focus from prototypical individual organisms toward parameters that characterize populations as a whole” (Snowden, 2005, p. 508, citing MacCoun, 2004)
 - No research supports the existence of a genetic or biological basis for the disparities in outcomes at community based mental health services (Snowden, 2003; ARC & NFCO, 2005).
- Definitions
 - Race is defined as the “environmental conditions that give rise to inequitable distribution of resources and access to opportunities and thus to population based differences in health status” (Lee, 2005, p. 2137).
 - Ethnicity, in contrast, denotes a general shared history that may (or may not) include racism (ARC & NFCO, 2005; Lee, 2005).
- Operational Definitions
 - Self-report from clients and staff using the two-question format outlined by OMB Statistical Policy Directive No. 15, (Hohmann & Parron, 1996; AAA, 1997; Winker, 2005).
 - In addition, participants’ country of origin is identified.

Field Work

(University IRB people are your friends and if you don’t think it can happen, you may be surprised.)

Developing Long-term Relationships with Community Based Agencies

- Who should I contact first?
- Relating your research agenda to the service realities of agencies.
- Expect someone to get cold feet
- How do you explain negative findings?

Human Subjects

- Field work at community-based agencies involving adults experiencing SMI is different from research with university freshman and biomedical research
 - Example from on current project
 - Current limitations on incentives for undocumented immigrants
- Be prepared to make many minor amendments to your initial IRB
- Agencies may or may not have a human subjects committee/administrator

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- HIPAA defines the process for accessing client files
- Make sure you are well read on all of the latest rulings
 - Health and Human Services has excellent materials concerning the Privacy Rule.
<http://www.hhs.gov/ocr/hipaa>.
- Count on significant variations in agency level interpretations of HIPAA
 - CMHAs almost always have a HIPAA officer

Client Enrollment

- Who should you include in community based mental health research?
 - Long-term chronic clients
 - New clients
 - Dual Diagnosed clients (MH/AOD or MH/DD)
- Incentives
- Recruiting and Retaining Racial and Ethnic Minority Participants in Rural Settings
 - Angry white clients?
 - American Indian Heritage
 - Undocumented immigrants

Staff Enrollment

- Who should you include?
 - Professional Staff (e.g. LCSWs, Nurses, Psychiatrists, Psychologists)
 - Administrators
 - Direct service (e.g. case managers)
 - Support Staff (e.g. secretaries)
- Methods to collect data
 - Group face to face
 - Individual face to face
 - Telephone
 - Web
- Incentives

Logistics of Large Scale Field Research

- Cost
- For agencies Time is Money
- Project Personnel
 - Project Manager
 - Local Data Collectors
 - Data Entry and Data Cleaning
- Responding to problems in the field