Methodological Considerations for Studies Conducting Research with Participants Receiving Integrated or Linked Services: Evaluation of Project LAUNCH

Annual Meeting of the Child Care Policy Research Consortium
November 2011

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Project LAUNCH

- Created by the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the health and wellness of young children ages birth to 8 years of age
- Implemented through grants to states/tribes, who pass the majority of the funding to an identified community (high-risk)
- Grants support systems coordination and development and enhancement of services to support child wellness
- Seeks to reduce risk factors and increase protective factors for healthy child development
Project LAUNCH

- Service activities intended to support child development through multiple portals
  - Family development
    - Home visiting and family support programs, especially focused on supporting child and parent mental and behavioral health
  - Workforce development
    - Consultation services for early childhood care providers, primary care providers, other service providers: promote understanding of socio-emotional development, of how to identify child mental and behavioral health problems, appropriate referrals, how to create home and care environments that promote mental and behavioral health
    - Training on developmental screening/assessments for socio-emotional development
  - Systems development
    - Coordinated assessments/referrals across services
New paradigm in early childhood interventions: place-based initiatives

- Moving away from supporting a single intervention
- Policy need for initiatives with greater **reach** into community
  - Examples: LAUNCH, California Endowment, First 5 LA
- Assumption that change for large population of at-risk children in a community requires multiple strategies working together at the community
Evaluating effects of community initiatives on children

- What is the effect of Project LAUNCH on the overall development and wellness of young children in the community, including:
  - Increased numbers of children reaching physical, social, emotional, behavioral, and cognitive developmental milestones
  - Increased numbers of children entering school ready to learn (including physical, social, emotional, behavioral, and cognitive readiness)
  - Decreased numbers of children experiencing adverse outcomes (abuse/neglect/removal from home/behavioral health problems)

- Questions are about changes in *community-level indicators* of child health and well-being rather than changes for specific children or families receiving specific interventions or programs
Evaluating effects of community initiatives on workforce

- Other evaluation questions address about intermediate outcomes for providers:

  *Have providers increased their knowledge about children’s socio-emotional development?*

  *Have providers changed their practice in terms of use of developmental screening/assessment, referrals of children with mental or behavioral health concerns?*
Evaluation designs

- Research questions addressed by studies such as interrupted time series:
  - Is there a change or “interruption” in baseline trend at the point in the time series when the initiative is implemented?

- Importance of comparison to understand historic changes in trend line not affected by initiative, e.g., events occurring concurrently with initiative
Methodological challenges

- Identifying population-level outcomes that are
  - Valid for the services being implemented under the initiative
  - Available for multiple years prior to initiative
  - Measuring in other communities that are appropriate comparisons
  - If based on extant data, data can be disaggregated to match definition of target community

- High premium on existing state or community databases for these outcomes
Methodological challenges: identifying indicators

- Population indicators for child outcomes need to be measured universally, e.g., community-wide

- Appropriate outcomes depend on services being implemented and their hypothesized effects. For example,
  - Birth outcomes
  - Child abuse/neglect
  - School readiness (e.g., kindergarten readiness tests)
  - Academic achievement (e.g., 3rd grade state tests)
  - Expulsion from preschool
Methodological challenges: identifying comparisons

- Randomization of communities to initiatives highly unlikely
- Need to identify appropriate comparisons, for example:
  - Similar communities matched on demographics, baseline level of targeted child outcomes, proximity to LAUNCH community
  - Schools where children from LAUNCH community and children from non-LAUNCH communities
Methodological challenges: low power

- Site-based initiatives typically are implemented in a small number of communities, if not a single community

- Power of impact studies severely reduced
  - Selecting multiple comparisons rather than a single comparison increases power
  - Multiple baseline years rather than a single pre-test measurement increases power
Methodological challenges: interpreting evidence on population indicators

- Most indicators that can be calculated from existing data are not well-aligned with hypothesized outcomes
  - No existing databases in most communities that measure universal child development outcomes, with exception of birth outcomes and 3rd grade state achievement tests
  - Need for outcomes at age 3, since this is often pivotal age targeted by early childhood initiatives
- Difficult to conclude that initiative is/is not effective if outcomes are not well-aligned
- Hard to move population-level indicators
Questions

- If site-based initiatives are a likely strategy for now, how can we develop an evaluation methodology that is aligned with this programmatic design and provides valid answers?

- Will funders be content with evidence of intermediate outcomes such as changes in workforce, provider practices, if evidence of changes in child outcomes cannot be obtained?