WEBVTT

- 1.00:00:00.000 --> 00:00:02.460 < v. Palinkas, and so briefly, </v>
- $2\ 00:00:02.460 \longrightarrow 00:00:04.830$ I'll just share that this seminar
- $3\ 00:00:04.830 --> 00:00:08.199$ is sponsored by the Center for Methods
- 4 00:00:08.199 --> 00:00:10.170 and Implementation and Prevention Science,
- $5~00:00:10.170 \longrightarrow 00:00:12.510$ our qualitative methods innovation program
- 6 00:00:12.510 --> 00:00:14.220 at the Yale School of Public Health,
- 7 00:00:14.220 --> 00:00:16.950 our Department of Social and Behavioral Sciences,
- $8\ 00:00:16.950 --> 00:00:18.801$ and the Yale Child Study Center
- 9 00:00:18.801 --> 00:00:22.299 and our NIH T32 training grant
- $10\ 00:00:22.299 \dashrightarrow 00:00:25.233$ for implementation science research methods.
- $11\ 00:00:26.088 \longrightarrow 00:00:29.070$ And so our qualitative methods innovation program,
- 12 00:00:29.070 --> 00:00:31.860 this is the second seminar that we've had,
- $13\ 00:00:31.860 \longrightarrow 00:00:34.500$ we're deeply grateful and lucky
- $14\ 00:00:34.500 \longrightarrow 00:00:36.720$ to have Prof. Palinkas here.
- $15\ 00:00:36.720 \longrightarrow 00:00:39.617$ So he's a distinguished professor of social policy
- $16\ 00:00:39.617 --> 00:00:44.300$ and this Suzanne Dworak-Peck School of Social Work
- $17\ 00:00:44.300 \longrightarrow 00:00:46.500$ at the University of Southern California.
- $18\ 00:00:46.500 \dashrightarrow 00:00:49.530$ He holds secondary appointments in anthropology
- $19\ 00:00:49.530 \longrightarrow 00:00:53.400$ and public health sciences at USC.
- 20 00:00:53.400 --> 00:00:56.613 And as a medical anthropologist myself,
- $21~00{:}00{:}57.990 \dashrightarrow 00{:}01{:}01.050$ Dr. Palinkas' contributions to the field
- $22\ 00:01:01.050 \longrightarrow 00:01:03.130$ of implementation science have allowed
- $23\ 00:01:03.990 \longrightarrow 00:01:07.620$ for younger scholars like myself and others
- 24 00:01:07.620 --> 00:01:10.680 to robustly integrate ethnographic
- $25\ 00{:}01{:}10.680$ --> $00{:}01{:}13.290$ and other innovative methods to help illuminate,
- 26 00:01:13.290 --> 00:01:16.500 improve and inform healthcare delivery.

- $27\ 00{:}01{:}16.500 \dashrightarrow 00{:}01{:}19.260$ Among many innovations, he's developed and packaged
- $28\ 00:01:19.260 \longrightarrow 00:01:22.410$ the rapid assessment procedure for clinical ethnography,
- $29\ 00:01:22.410 \longrightarrow 00:01:25.900$ and he worked to develop and make accessible
- $30~00{:}01{:}26.803 \dashrightarrow 00{:}01{:}29.508$ important approaches to improve the implementation
- 31 00:01:29.508 --> 00:01:30.870 of brief interventions for trauma survivors,
- $32\ 00:01:30.870 \longrightarrow 00:01:34.024$ for adolescents accessing mental health services
- $33\ 00:01:34.024 \longrightarrow 00:01:35.790$ and for mental health services
- $34\ 00:01:35.790 \longrightarrow 00:01:37.200$ that more recently are deployed
- 35 00:01:37.200 --> 00:01:39.960 in acute care settings during COVID.
- 3600:01:39.960 --> 00:01:42.390 And so his current research encompasses
- $37\ 00:01:42.390 \longrightarrow 00:01:43.560$ the implementation of child
- 38 00:01:43.560 --> 00:01:45.810 and adolescent mental health services,
- $39\ 00{:}01{:}45.810 \to 00{:}01{:}48.600$ the sustainment of prevention programs and initiatives
- $40\ 00{:}01{:}48.600$ --> $00{:}01{:}52.680$ and effects of climate change on vulnerable populations.
- 41~00:01:52.680 --> 00:01:56.850 And I'm sure he'll share with us some of the new ideas
- $42\ 00:01:56.850 \longrightarrow 00:01:59.280$ and projects that he has on his mind.
- $43\ 00:01:59.280 \longrightarrow 00:02:01.775$ And we look forward to discussions about that
- $44\ 00:02:01.775 \longrightarrow 00:02:04.050$ during and after the talk.
- 45~00:02:04.050 --> 00:02:07.080 And so we're deeply appreciative of him taking the time
- $46\ 00{:}02{:}07.080 \dashrightarrow 00{:}02{:}09.900$ to come all the way here and spend the day with us.
- 47 00:02:09.900 --> 00:02:12.240 And so, I'll hand it over to him.
- $48\ 00:02:12.240 \longrightarrow 00:02:14.460$ The title of his seminar is Innovations
- $49\ 00:02:14.460 --> 00:02:17.343$ and the Use of Mixed Methods and Implementation Research.
- $50\ 00:02:19.913 --> 00:02:21.990 < v -> Well, thank you, Ashley. </v>$
- $51\ 00:02:21.990 \longrightarrow 00:02:25.190$ And it is indeed a pleasure to be here.

- $52\ 00:02:25.190 --> 00:02:30.190$ In fact, last time I was here was almost 50 years ago,
- $53\ 00:02:31.710 \longrightarrow 00:02:32.940$ and that was even before
- $54\ 00:02:32.940 --> 00:02:35.220$ there was a Yale School of Public Health.
- $55\ 00:02:35.220 \longrightarrow 00:02:36.370 < v \longrightarrow Oh, wow.</v>$
- $56\ 00:02:36.370 --> 00:02:40.892 < v -> So it is exciting to be able to be here <math></v>$
- $57\ 00:02:40.892 \longrightarrow 00:02:45.273$ and to spend this time with you all.
- 58 00:02:48.517 --> 00:02:50.220 I was asked to talk about some of the things
- $59\ 00:02:50.220 \longrightarrow 00:02:52.060$ that we've been working on
- $60\ 00:02:53.825 --> 00:02:57.595$ with respect to the use of mixed methods
- $61\ 00:02:57.595 --> 00:03:00.780$ in implementation research.
- $62\ 00:03:00.780 \longrightarrow 00:03:05.073$ And so what I will focus on is,
- 63 00:03:06.291 --> 00:03:08.470 and just to give you a brief overview about
- $64\ 00:03:09.875 \longrightarrow 00:03:12.810$ how mixed methods have been used in implementation research,
- $65\ 00:03:12.810 \longrightarrow 00:03:16.590$ and then highlight three particular projects
- $66\ 00:03:16.590 --> 00:03:19.927$ that I've been working on that illustrate
- $67\ 00:03:19.927 --> 00:03:24.927$ the use of these methods in addressing important issues
- $68\ 00{:}03{:}24.960 {\: -->\:} 00{:}03{:}29.850$ related to implementation of evidence-based interventions,
- $69\ 00:03:29.850 \longrightarrow 00:03:32.730$ policies, and programs.
- 70 00:03:32.730 --> 00:03:36.577 So let me first start by talking about
- $71\ 00:03:36.577 \longrightarrow 00:03:38.643$ what mixed methods are.
- $72\ 00:03:39.510$ --> 00:03:44.510 And typically we call them at a particular methodology,
- $73\ 00:03:45.180 \longrightarrow 00:03:48.900$ even though we have methods implies plural.
- $74~00{:}03{:}48.900 \dashrightarrow 00{:}03{:}52.380$ But it is a methodology for collecting, analyzing,
- $75~00{:}03{:}52.380 \dashrightarrow 00{:}03{:}55.860$ and mixing both quantitative and qualitative data
- $76\ 00:03:55.860 --> 00:03:58.950$ in a single study or series of studies.
- $77\ 00:03:58.950 --> 00:04:01.860$ The idea being that when you combine

- $78\ 00:04:01.860 \longrightarrow 00:04:03.540$ the two sets of methods,
- 79 00:04:03.540 --> 00:04:06.120 you're able to get a much better understanding
- $80\ 00:04:06.120$ --> 00:04:10.983 of a research problem than either research approach alone.
- 81 00:04:12.450 --> 00:04:15.570 In combining the methods,
- 82 00:04:15.570 --> 00:04:18.870 which is the key element to a mixed method,
- $83~00{:}04{:}18.870 \dashrightarrow 00{:}04{:}21.510$ as opposed to a multi-method study.
- $84\ 00{:}04{:}21.510 \dashrightarrow 00{:}04{:}25.770$ It's not merely parallel play where you have some body
- $85\ 00:04:25.770 --> 00:04:27.420$ who's doing the quantitative study
- 86 00:04:27.420 --> 00:04:29.370 and somebody doing the qualitative study
- $87\ 00:04:29.370 \longrightarrow 00:04:31.380$ with no interaction.
- $88\ 00:04:31.380 \longrightarrow 00:04:34.110$ It's really based on the interaction.
- $89\ 00:04:34.110 --> 00:04:36.930$ So in a sense, you can think of it as a model of,
- $90\ 00:04:36.930 \longrightarrow 00:04:40.680$ as well as a model for interdisciplinary
- $91\ 00:04:40.680 --> 00:04:43.233$ and even transdisciplinary research.
- $92\ 00{:}04{:}44{.}220 \dashrightarrow 00{:}04{:}49{.}140$ It also allows you to simultaneously answer confirmatory
- 93 00:04:49.140 --> 00:04:51.060 and exploratory questions,
- 94 00:04:51.060 --> 00:04:54.960 thereby you can both generate a theory
- $95\ 00:04:54.960 \longrightarrow 00:04:57.363$ and verify it in the same studies.
- 96~00:04:58.650 --> 00:05:03.650 The elements of mixed methods depend on both the structure,
- $97\ 00:05:04.830 \longrightarrow 00:05:06.600$ the function, and the operation.
- $98\ 00:05:06.600 \longrightarrow 00:05:08.790$ So in terms of the structure,
- 99 00:05:08.790 --> 00:05:11.763 how you connect the data in a mixed method study
- $100\ 00{:}05{:}11.763 \dashrightarrow 00{:}05{:}15.960$ may depend on timing and the weight and authority
- $101\ 00:05:15.960 \longrightarrow 00:05:18.573$ that you assign to each type of method.
- $102\ 00:05:19.410 \longrightarrow 00:05:22.020$ You can collect the data simultaneously
- $103\ 00:05:22.020 \longrightarrow 00:05:24.660$ as so that you're collecting both quantitative

- $104\ 00:05:24.660 --> 00:05:28.080$ and qualitative data at the same time.
- $105\ 00:05:28.080 \longrightarrow 00:05:30.720$ Or sequentially, where you use one method
- $106\ 00:05:30.720 \longrightarrow 00:05:32.043$ followed by the other.
- 107 00:05:32.910 --> 00:05:34.860 You can also vary the priority
- $108\ 00:05:34.860 \longrightarrow 00:05:36.720$ that you assign to each method,
- $109\ 00:05:36.720 \longrightarrow 00:05:40.200$ so that if you're giving priority the qualitative method,
- $110\ 00:05:40.200 \longrightarrow 00:05:43.889$ it's indicated by QUAL being in capital letters.
- 111 00:05:43.889 --> 00:05:45.750 And that similarly,
- 112 00:05:45.750 --> 00:05:48.360 if you're giving priority to the quantitative methods,
- $113\ 00{:}05{:}48.360 \to 00{:}05{:}52.110$ the QUAN is and capital methods, capital letters.
- $114\ 00:05:52.110 \longrightarrow 00:05:55.410$ or you can give equal priority to both methods,
- $115\ 00:05:55.410 --> 00:05:57.180$ even though there are some people who think
- $116\ 00:05:57.180 \longrightarrow 00:05:59.283$ that that's not really possible.
- $117\ 00{:}06{:}00.870$ --> $00{:}06{:}05.870$ The other aspect of mixed methods is the iterative process
- 118 00:06:06.390 --> 00:06:09.000 of data collection and analysis,
- $119\ 00:06:09.000 \dashrightarrow 00:06:13.440$ so that you may begin with quantitative methods
- $120\ 00:06:13.440 --> 00:06:15.600$ to collect the data and analyze it
- $121\ 00:06:15.600 \longrightarrow 00:06:19.980$ leading to the collection or analysis of qualitative data,
- $122\ 00:06:19.980 \longrightarrow 00:06:22.980$ which leads to further quantitative
- $123\ 00:06:22.980 \longrightarrow 00:06:26.562$ data collection and analysis.
- $124\ 00{:}06{:}26.562 \dashrightarrow 00{:}06{:}31.562$ This chart shows you the five major uses of mixed methods
- $125\ 00:06:34.135 \longrightarrow 00:06:35.670$ in implementation research.
- $126\ 00{:}06{:}35.670 \dashrightarrow 00{:}06{:}40.670$ Similar to the typology of mixed method designs
- 127 00:06:41.008 --> 00:06:43.410 that Creswell and Plano Clark,
- $128\ 00:06:43.410$ --> 00:06:48.410 who written the stamp, the bible of mixed method research.

- $129\ 00{:}06{:}50.340 \dashrightarrow 00{:}06{:}53.550$ There are five major types of mixed method uses
- $130\ 00:06:53.550 \longrightarrow 00:06:56.070$ in implementation science.
- 131 00:06:56.070 --> 00:07:00.090 Convergence, where you are corroborating data
- $132\ 00:07:00.090 --> 00:07:05.090$ from different sources to come to either similar conclusions
- $133\ 00:07:06.402 \longrightarrow 00:07:11.402$ or the quantization of qualitative data.
- $134\ 00:07:12.953$ --> 00:07:17.953 Complementarity intends to understand a phenomenon
- $135\ 00{:}07{:}19.117 {\:{\circ}{\circ}{\circ}}>00{:}07{:}24.117$ more completely by focusing on the breadth of understanding
- 136 00:07:24.630 --> 00:07:26.280 through quantitative analysis
- $137\ 00:07:26.280 --> 00:07:30.390$ but a depth of understanding through qualitative analysis.
- $138\ 00:07:30.390 --> 00:07:34.620$ Expansion is often used to help explain
- $139\ 00:07:34.620 \longrightarrow 00:07:37.323$ the findings from one study.
- $140\ 00{:}07{:}37.323 \dashrightarrow 00{:}07{:}41.940$ So you may get a finding from a quantitative analysis
- $141\ 00:07:41.940 \longrightarrow 00:07:45.690$ of a survey that produces unexpected results
- $142\ 00:07:45.690 \longrightarrow 00:07:48.960$ follow that up with a qualitative study
- $143\ 00{:}07{:}48.960 \dashrightarrow 00{:}07{:}53.490$ to come to some explanation to answer the question why
- $144\ 00:07:53.490 --> 00:07:57.843$ that a quantitative study alone is not designed to answer.
- $145\ 00:07:58.830 \longrightarrow 00:08:02.070$ We also use mixed methods for exploration
- $146\ 00:08:02.070 \longrightarrow 00:08:03.003$ and development.
- $147\ 00:08:04.083 \longrightarrow 00:08:06.570$ Oftentimes, we will use qualitative methods
- $148\ 00:08:06.570 --> 00:08:10.447$ to identify the way to ask questions in a survey
- $149\ 00:08:10.447 \longrightarrow 00:08:14.402$ or to develop hypotheses to be tested
- $150\ 00:08:14.402 \longrightarrow 00:08:18.930$ or a framework that guides that hypothesis testing,
- 151 00:08:18.930 --> 00:08:22.140 and then the quantitative methods

- $152\ 00{:}08{:}22.140 \dashrightarrow 00{:}08{:}26.073$ to test the hypothesis or validate the framework.
- 153 00:08:27.090 --> 00:08:29.730 And then finally, we may use it for sampling,
- $154\ 00:08:29.730 \longrightarrow 00:08:34.680$ so that oftentimes on the basis of quantitative data,
- $155\ 00:08:34.680 \longrightarrow 00:08:38.850$ we may select participants for qualitative study,
- $156\ 00{:}08{:}38.850 \dashrightarrow 00{:}08{:}42.750$ either focus groups or semi-structured interviews.
- $157\ 00{:}08{:}42.750 \dashrightarrow 00{:}08{:}46.800$ We can also reverse the process and use qualitative data
- $158\ 00:08:46.800 \longrightarrow 00:08:48.310$ to create categories
- 159 00:08:49.195 --> 00:08:50.880 that can then be compared quantitatively,
- $160\ 00:08:50.880 \longrightarrow 00:08:52.443$ which I will show you later.
- 161 00:08:53.310 --> 00:08:57.647 Each of those functions carries with it
- 162 00:08:57.647 --> 00:09:01.890 a variation of timing of data collection,
- $163\ 00:09:01.890 \longrightarrow 00:09:05.791$ so it may be sequential or concurrent.
- 164 00:09:05.791 --> 00:09:09.780 And the analysis can occur both,
- $165\ 00:09:09.780$ --> 00:09:14.780 or the mixing of the data can occur both in data collection
- $166\ 00{:}09{:}15.028 {\: \hbox{--}}{>}\ 00{:}09{:}20.028$ through convergence or analysis and interpretation
- $167\ 00:09:20.430 \longrightarrow 00:09:22.260$ through the other methods
- 168 00:09:22.260 --> 00:09:24.750 or throughout through the sampling.
- $169\ 00{:}09{:}24.750 {\: -->\:} 00{:}09{:}29.750$ And they may involve the combination of equal weights of
- $170\ 00:09:29.790 \longrightarrow 00:09:31.830$ quantitative and qualitative data
- $171\ 00:09:31.830 --> 00:09:35.013$ or priority being given to one or the other.
- 172 00:09:38.613 --> 00:09:43.200 Now, how to decide which function to use.
- $173\ 00:09:43.200 \dashrightarrow 00:09:46.200$ I usually recommend that when you're seeking answers
- $174\ 00:09:46.200 \longrightarrow 00:09:47.460$ to the same question,
- $175\ 00:09:47.460$ --> 00:09:52.460 use convergence as a strategy for mixing the methods.

 $176\ 00:09:52.950 \longrightarrow 00:09:56.190$ When you're seeking answers to related questions,

 $177\ 00:09:56.190 \longrightarrow 00:10:01.050$ you may use it for the purpose of complementarity

 $178\ 00:10:01.050 \longrightarrow 00:10:03.720$ to gain a comprehensive understanding.

 $179\ 00:10:03.720 \dashrightarrow 00:10:07.620$ When the findings based on one method raises questions

 $180\ 00:10:07.620 --> 00:10:10.798$ that can answer be answered by the other method.

 $181\ 00:10:10.798 \longrightarrow 00:10:14.070$ The function is expansion.

 $182\ 00{:}10{:}14.070 \dashrightarrow 00{:}10{:}17.970$ When the findings based on one method are prerequisite

 $183\ 00:10:17.970 \longrightarrow 00:10:21.810$ for the use of another method, such as developing a survey,

 $184\ 00:10:21.810 \longrightarrow 00:10:23.550$ then that's development.

185 00:10:23.550 --> 00:10:26.190 And when one method can use to define

186 00:10:26.190 --> 00:10:28.126 or identify participant samples

 $187\ 00:10:28.126 --> 00:10:31.020$ for collecting and analyzing data,

 $188\ 00:10:31.020$ --> 00:10:34.113 representing the other method, that is sampling.

 $189\ 00:10:35.220 --> 00:10:37.680$ There are three ways of mixing quantitative

 $190\ 00:10:37.680 --> 00:10:39.656$ and qualitative data.

191 00:10:39.656 --> 00:10:42.270 You can merge the data in which you bring

192 00:10:42.270 --> 00:10:46.980 the two types of data to develop your results.

 $193\ 00{:}10{:}46.980 \dashrightarrow 00{:}10{:}51.630$ You can connect the data where you take one data

 $194\ 00:10:51.630 --> 00:10:56.400$ from one method to generate and assist

 $195~00:10:56.400 \longrightarrow 00:10:59.100$ and generation of data from another method

 $196\ 00:10:59.100 \longrightarrow 00:11:01.020$ to obtain your results.

 $197~00{:}11{:}01.020 \dashrightarrow 00{:}11{:}04.890$ Or you can embed the data, as is typically the case

 $198\ 00:11:04.890 --> 00:11:07.080$ in randomized controlled trials

 $199\ 00:11:07.080 --> 00:11:09.390$ where qualitative data may be used

 $200\ 00:11:09.390 \longrightarrow 00:11:12.376$ to help explain the process

- $201\ 00{:}11{:}12.376 \dashrightarrow 00{:}11{:}16.560$ by which an intervention works or implementation occurs.
- $202\ 00:11:16.560 \longrightarrow 00:11:19.140$ And the quantitative data can be used
- $203\ 00:11:19.140 \longrightarrow 00:11:20.850$ to describe the outcomes.
- 204 00:11:20.850 --> 00:11:22.920 <v -> How is that different than merging?</v>
- 205 00:11:22.920 --> 00:11:23.753 <v -> Pardon? </v>
- 206 00:11:23.753 --> 00:11:25.160 <v -> How is that different than merging?</v>
- 207 00:11:26.556 --> 00:11:29.111 <v ->Okay, a good example of merging the data</v>
- 208 00:11:29.111 --> 00:11:34.111 would be triangulation of quantitative and qualitative data,
- 209 00:11:34.170 --> 00:11:39.170 whereas embedding the data is each dataset
- $210\ 00:11:39.450 \longrightarrow 00:11:41.231$ has a different function.
- 211 00:11:41.231 --> 00:11:42.630 They're asking different sets of questions,
- $212\ 00:11:42.630 \longrightarrow 00:11:45.300$ whereas merging the data is asking the same question.
- $213\ 00:11:45.300 \longrightarrow 00:11:46.350 < v \longrightarrow I$ understand. Okay.</v>
- 214 00:11:47.911 --> 00:11:49.680 <v -> And in fact, as the next slide shows </v>
- 215 00:11:49.680 --> 00:11:51.000 and answers your question,
- $216\ 00:11:51.000 --> 00:11:53.340$ merging the data when you're seeking answers
- $217\ 00:11:53.340 \longrightarrow 00:11:57.300$ to the same question, connecting it when answering questions
- $218\ 00{:}11{:}57.300 \dashrightarrow 00{:}12{:}01.140$ to relate, you're answering related questions sequentially
- $219\ 00{:}12{:}01.140 \dashrightarrow 00{:}12{:}03.870$ or embedding it when you're answering questions
- $220\ 00:12:03.870 \longrightarrow 00:12:06.630$ that are related simultaneously.
- 221 00:12:06.630 --> 00:12:10.420 So, you can use mixed methods for a variety of reasons
- 222 00:12:11.491 --> 00:12:13.950 in implementation research.
- 223 00:12:13.950 --> 00:12:16.500 We often use them, for example,

- $224\ 00:12:16.500 \longrightarrow 00:12:21.300$ to measure intervention or implementation outcomes
- 225 00:12:21.300 --> 00:12:24.720 in the qualitative methods, as I said earlier,
- $226\ 00:12:24.720 \longrightarrow 00:12:26.490$ to measure process.
- $227\ 00:12:26.490 \longrightarrow 00:12:28.710$ Or we can use the qualitative methods
- $228\ 00:12:28.710 --> 00:12:31.080$ to explore the steps of the intervention
- $229\ 00:12:31.080 \longrightarrow 00:12:33.420$ and generate a conceptual model
- $230\ 00:12:33.420 \longrightarrow 00:12:35.550$ along with testable hypotheses,
- $231\ 00:12:35.550 \longrightarrow 00:12:37.440$ and then test those hypotheses
- $232\ 00:12:37.440 \longrightarrow 00:12:39.750$ with the quantitative methods.
- $233\ 00:12:39.750 --> 00:12:42.360$ Many times we use the quantitative measures
- $234\ 00:12:42.360 \longrightarrow 00:12:45.450$ to examine the content of an intervention
- $235\ 00{:}12{:}45.450$ --> $00{:}12{:}48.630$ or its implementation and the qualitative methods
- $236\ 00{:}12{:}48.630 \dashrightarrow 00{:}12{:}52.133$ to examine the context in which it occurs.
- $237\ 00:12:52.133 \longrightarrow 00:12:54.540$ We can use the quantitative methods
- $238\ 00{:}12{:}54.540 {\: -->\:} 00{:}12{:}58.470$ to incorporate the perspectives of the researcher
- 239 00:12:58.470 --> 00:13:02.640 and the qualitative methods to incorporate the perspectives
- $240\ 00:13:02.640 \longrightarrow 00:13:07.640$ of our collaborators, usually the consumers
- $241\ 00:13:07.680 \longrightarrow 00:13:10.800$ of the interventions that we're implementing.
- $242\ 00{:}13{:}10.800$ --> $00{:}13{:}14.580$ And then finally, we often use one set of methods
- $243\ 00:13:14.580 \longrightarrow 00:13:17.280$ to address the limitations of the other.
- $244\ 00:13:17.280 \longrightarrow 00:13:20.610$ So in implementation research, for example,
- $245\ 00{:}13{:}20.610 \dashrightarrow 00{:}13{:}24.600$ when the unit of analysis is a clinic or organization
- $246\ 00:13:24.600 \longrightarrow 00:13:28.380$ and issues of power may be compromised
- $247\ 00:13:28.380 \longrightarrow 00:13:33.180$ by these limited number of available clinics for analysis,
- 248 00:13:33.180 --> 00:13:38.040 then validating or confirming the results

- $249\ 00{:}13{:}38.040 \dashrightarrow 00{:}13{:}41.700$ from a quantitative analysis using qualitative data
- $250\ 00:13:41.700 --> 00:13:46.323$ is another rule that mixed methods can play.
- $251\ 00:13:49.500 \longrightarrow 00:13:52.410$ So I'm gonna tell you how these methods
- $252\ 00:13:52.410 --> 00:13:54.933$ were mixed in three particular studies.
- $253\ 00{:}13{:}55.770 \dashrightarrow 00{:}14{:}00.360$ The first being a study that we did on the development
- 254 00:14:00.360 --> 00:14:03.210 of a measure of sustainment
- $255\ 00{:}14{:}03.210 \longrightarrow 00{:}14{:}06.090$ of prevention programs and initiatives,
- $256\ 00{:}14{:}06.090 \dashrightarrow 00{:}14{:}07.710$ a study that was funded
- 257 00:14:07.710 --> 00:14:09.720 through the National Institute Drug Abuse,
- $258\ 00:14:09.720 --> 00:14:13.500$ where we merged and connected data
- $259\ 00{:}14{:}13.500 \dashrightarrow 00{:}14{:}18.053$ using a structure beginning with qualitative data collection
- 260 00:14:19.230 --> 00:14:22.950 and an analysis to develop a quantitative scale,
- 261 00:14:22.950 --> 00:14:25.860 testing that quantitative scale,
- $262\ 00:14:25.860 \longrightarrow 00:14:29.904$ and then evaluating predictors of sustainment
- 263 00:14:29.904 --> 00:14:33.393 using qualitative comparative analysis.
- 264 00:14:34.260 --> 00:14:38.400 The functions being development of a scale or instrument,
- $265\ 00{:}14{:}38.400$ --> $00{:}14{:}43.400$ convergence of qualitative data from different data sets.
- 266 00:14:43.410 --> 00:14:46.620 And expansion, using the qualitative data
- 267 00:14:46.620 --> 00:14:49.770 to explain quantitative findings.
- $268\ 00:14:49.770 --> 00:14:52.717$ The second study is an implementation
- $269\ 00:14:52.717 \longrightarrow 00:14:57.717$ effectiveness hybrid trial that targeted the use
- $270\ 00:14:58.350 \longrightarrow 00:15:02.490$ of evidence-based interventions for screening
- $271~00{:}15{:}02.490 \dashrightarrow 00{:}15{:}06.270$ and brief treatment of post-traumatic stress disorder
- $272\ 00:15:06.270 \longrightarrow 00:15:10.050$ and substance use disorders in patients
- $273\ 00:15:10.050 \longrightarrow 00:15:12.510$ presenting in trauma centers.
- $274\ 00:15:12.510 --> 00:15:16.503$ There we embedded and merged the data in a randomized.

- 275 00:15:17.967 --> 00:15:20.430 what was it, pragmatic clinical trial
- $276\ 00{:}15{:}20.430 \dashrightarrow 00{:}15{:}23.067$ with a focus on quantitative data collection
- $277\ 00:15:23.067 \longrightarrow 00:15:26.880$ and simultaneously qualitative data collection
- 278 00:15:26.880 --> 00:15:30.180 for complementarity and sampling.
- 279 00:15:30.180 --> 00:15:32.580 The third, I forgot to put the title in,
- $280\ 00:15:32.580 \dashrightarrow 00:15:37.560$ is a study looking at the impact of the COVID pandemic
- 281 00:15:37.560 --> 00:15:39.965 on policy and practice implementation
- $282\ 00{:}15{:}39.965 {\:{\mbox{--}}}{>} 00{:}15{:}44.010$ of mental health services for children and adolescents
- $283\ 00{:}15{:}44.010$ --> $00{:}15{:}48.057$ where we merged the data collecting both quantitative
- $284\ 00{:}15{:}50.220 \dashrightarrow 00{:}15{:}54.783$ and qualitative data for the purpose of convergence.
- $285\ 00:15:55.830 --> 00:16:00.830$ From the first study, we were able to, you know,
- $286\ 00:16:02.010 \longrightarrow 00:16:07.010$ we focused on the fact that government agencies like SAMHSA,
- 287 00:16:07.710 --> 00:16:10.657 Substance Abuse Mental Health Services Agency
- 288 00:16:10.657 --> 00:16:15.300 fund hundreds of projects that are designed
- $289\ 00{:}16{:}15{:}300 \dashrightarrow 00{:}16{:}20{.}190$ to deliver drug and HIV prevention programs
- $290\ 00{:}16{:}20.190 \dashrightarrow 00{:}16{:}25.187$ as well as mental health services like suicide prevention
- 291 00:16:25.187 --> 00:16:28.951 and treatment of conduct disorders.
- $292\ 00:16:28.951 --> 00:16:33.951$ But being able to sustain these programs,
- 293 00:16:34.080 --> 00:16:37.920 even though they're explicitly told to include a plan
- $294\ 00:16:37.920 \longrightarrow 00:16:42.030$ for sustainment in the project application
- $295\ 00:16:42.030 \longrightarrow 00:16:45.842$ is always an open question because generally we have no way
- 296 00:16:45.842 --> 00:16:49.080 of determining the likelihood of sustainment
- 297 00:16:49.080 --> 00:16:52.980 or providing feedback and to agencies
- $298\ 00:16:52.980 \longrightarrow 00:16:56.250$ that are trying to sustain their programs.

- $299~00{:}16{:}56.250 \dashrightarrow 00{:}17{:}00.720$ So the aim of this project was to look at core components
- $300\ 00{:}17{:}00.720 \dashrightarrow 00{:}17{:}04.065$ of sustainment and how they relate to one another
- $301~00{:}17{:}04.065 \dashrightarrow 00{:}17{:}08.283$ across times, so that we can increase the likelihood
- $302\ 00:17:08.283 --> 00:17:13.283$ of providing useful information that will result in
- $303\ 00:17:14.760 \longrightarrow 00:17:17.840$ successful sustainment of these programs.
- 304 00:17:17.840 --> 00:17:19.530 In this particular project,
- $305\ 00{:}17{:}19.530 {\: -->\:} 00{:}17{:}22.710$ we designed a measurement system for monitoring
- $306\ 00{:}17{:}22.710$ --> $00{:}17{:}27.600$ and giving feedback within SAMHSA and then pilot testing
- 30700:17:27.600 --> 00:17:29.970 the predictability of that system
- $308\ 00:17:29.970 \longrightarrow 00:17:32.820$ and its feasibility and acceptability.
- 309 00:17:32.820 --> 00:17:35.880 So in this study, we essentially began
- $310\ 00:17:35.880 --> 00:17:39.570$ with a series of qualitative interviews
- $311\ 00{:}17{:}39.570 \dashrightarrow 00{:}17{:}44.570$ with 45 participants of 10 different SAMHSA funded programs.
- $312\ 00:17:45.750 \longrightarrow 00:17:47.340$ And we collected information
- $313\ 00:17:47.340 \dashrightarrow 00:17:50.665$ using traditional semi-structured interviews,
- $314\ 00{:}17{:}50.665 \dashrightarrow 00{:}17{:}55.665$ a free list exercise, which is often used in anthropology
- $315\ 00:17:56.850 \longrightarrow 00:18:01.410$ to identify semantic domains that are relevant to the people
- 316 00:18:01.410 --> 00:18:05.220 that we're working with or studying.
- $317\ 00:18:05.220 \dashrightarrow 00:18:10.220$ And then a checklist of the consolidated framework
- $318\ 00:18:10.740 \longrightarrow 00:18:12.513$ of implementation research.
- $319\ 00{:}18{:}13.680 \dashrightarrow 00{:}18{:}17.790$ The results from each of those forms of data collection
- $320\ 00:18:17.790 \longrightarrow 00:18:21.630$ were then merged to identify relevant domains
- 321 00:18:21.630 --> 00:18:26.085 of sustainment for SAMHSA funded grantees.

- $322\ 00:18:26.085 \longrightarrow 00:18:29.715$ We use those domains to create a scale
- $323\ 00:18:29.715 --> 00:18:34.620$ known as the sustainment measurement system scale.
- $324\ 00:18:34.620 \longrightarrow 00:18:39.620$ had 42 items, one subscale describing sustainment outcomes,
- $325\ 00{:}18{:}41.670$ --> $00{:}18{:}46.670$ and then six scales describing determinants of sustainment.
- 326 00:18:48.120 --> 00:18:50.400 In the next phase of the study,
- 327~00:18:50.400 --> 00:18:55.400 we then evaluated the validity and reliability of the scale
- $328\ 00:18:58.710 --> 00:19:03.710$ by collecting data from 200 SAMHSA grantees
- $329\ 00:19:04.380$ --> 00:19:08.700 representing 145 different organizations that were funded
- $330\ 00:19:08.700 \dashrightarrow 00:19:12.090$ across seven different SAMSA funded programs.
- $331\ 00:19:12.090 \longrightarrow 00:19:17.090$ What we found was a measure that had pretty high
- $332\ 00:19:17.940 \longrightarrow 00:19:20.428$ inter-item reliability of 0.93,
- $333\ 00:19:20.428$ --> 00:19:25.428 but varying degrees of reliability generally satisfactory
- $334\ 00:19:25.925 \longrightarrow 00:19:30.417$ to excellent for each of the subscales.
- $335\ 00:19:31.410 \longrightarrow 00:19:35.940$ We were also able to distinguish the difference
- 336 00:19:35.940 --> 00:19:39.840 between each of the predictors
- $337\ 00:19:39.840 --> 00:19:42.753$ as well as outcomes of sustainability,
- 338 00:19:43.648 --> 00:19:47.310 particularly the outcomes and whether the program
- 339 00:19:47.310 --> 00:19:52.080 continued to exist, but were adapted
- $340\ 00:19:52.080 \longrightarrow 00:19:55.083$ and continuing to exist in the same form.
- $341\ 00:19:55.920 --> 00:19:58.650$ And then in the third phase of the study,
- $342\ 00{:}19{:}58.650 \dashrightarrow 00{:}20{:}03.650$ we used the methodology of qualitative comparative analysis
- 343 00:20:04.440 --> 00:20:09.318 to identify pathways of predictors
- $344\ 00:20:09.318 \longrightarrow 00:20:13.680$ associated with sustainment.

- $345\ 00{:}20{:}13.680 \dashrightarrow 00{:}20{:}18.510$ And we found that as a unit, there were two combinations
- $346\ 00:20:18.510 \longrightarrow 00:20:20.640$ that were significant predictors.
- 347 00:20:20.640 --> 00:20:23.490 So essentially what you're doing
- $348\ 00:20:23.490 \longrightarrow 00:20:27.330$ is taking the quantitative data
- $349\ 00{:}20{:}27.330 \dashrightarrow 00{:}20{:}30.600$ that we had collected from the 200 participants
- $350\ 00:20:30.600 \longrightarrow 00:20:32.643$ in the 145 programs,
- $351\ 00{:}20{:}33.690 \dashrightarrow 00{:}20{:}38.690$ and then use the qualitative structured qualitative process
- $352\ 00{:}20{:}38.698 \dashrightarrow 00{:}20{:}43.698$ known as QCA to identify community responsiveness
- $353\ 00:20:45.570 \longrightarrow 00:20:47.650$ and organizational capacity
- $354\ 00:20:48.690 --> 00:20:52.980$ when combined with the CFIR process domain
- $355\ 00{:}20{:}52.980 {\: -->\:} 00{:}20{:}56.820$ or community responsiveness and organizational capacity
- $356\ 00{:}20{:}56.820 \dashrightarrow 00{:}21{:}01.230$ when combined with coalitions, networks, partnerships.
- $357\ 00:21:01.230 \longrightarrow 00:21:05.430$ So the reason why this was of interest to us
- $358\ 00:21:05.430 --> 00:21:08.970$ is because while frameworks like the CFIR
- 359 00:21:08.970 --> 00:21:12.540 can identify domains of factors
- 360 00:21:12.540 --> 00:21:16.110 that are predictive of successful sustainment,
- $361\ 00:21:16.110 --> 00:21:18.840$ they don't prioritize those domains.
- 362 00:21:18.840 --> 00:21:20.700 And the priority assigned to them
- $363\ 00:21:20.700 \longrightarrow 00:21:23.460$ may vary from one context to the next.
- $364\ 00:21:25.472 --> 00:21:26.672 < v Participant>Larry, can I just ask, </v>$
- $365~00:21:26.672 --> 00:21:28.200~\mathrm{I}$ mean, wouldn't you prioritize them
- 366 00:21:28.200 --> 00:21:30.180 based on the strength of their association?
- 367 00:21:30.180 --> 00:21:33.351 Or maybe I'm not fully understanding.
- 368 00:21:33.351 --> 00:21:36.270 <v -> Like, so the strength of association alone, you know, </v>
- $369\ 00{:}21{:}36.270 {\: -->\:} 00{:}21{:}39.123$ that may tell you independent of everything else,

- $370\ 00:21:39.123 --> 00:21:43.260$ this predicts for your outcome.
- $371\ 00:21:43.260 \longrightarrow 00:21:47.730$ But the reality is that they don't exist independently,
- $372\ 00:21:47.730 \longrightarrow 00:21:49.620$ they exist in combinations.
- $373\ 00:21:49.620 --> 00:21:53.130$ And the QCA is able to mirror that
- $374\ 00:21:53.130 \longrightarrow 00:21:55.110$ or to take that into account.
- $375\ 00:21:55.110 --> 00:21:55.943 < v Participant> Thanks. </v>$
- 376 00:21:55.943 --> 00:21:58.583 <v -> Can you talk a little bit more about the process of QCA? </v>
- 377 00:22:00.273 --> 00:22:02.043 <v ->I could.</v>
- $378\ 00:22:03.153 \longrightarrow 00:22:08.153$ Essentially, it takes a series of configurations.
- $379\ 00:22:11.700 \longrightarrow 00:22:14.880$ So the advantage to QCA
- 380 00:22:14.880 --> 00:22:18.930 is that you can work with limited samples,
- $381\ 00:22:18.930 \longrightarrow 00:22:22.473$ you know, as few as eight to 10, for example.
- $382\ 00{:}22{:}23.550 \dashrightarrow 00{:}22{:}28.550$ And it can take either quantitative or qualitative data.
- $383\ 00:22:29.760 --> 00:22:32.820$ The outcome can be either categorical
- 384 00:22:32.820 --> 00:22:37.097 in which it can be one form of QCA,
- $385\ 00:22:39.923 \longrightarrow 00:22:43.453$ I'm blanking on the type now.
- 386 00:22:43.453 --> 00:22:46.800 Or it can be inter an interval level measure,
- 387 00:22:46.800 --> 00:22:51.800 which it's a fuzzy-set analysis.
- 388 00:22:51.810 --> 00:22:55.650 But it essentially identifies necessary
- $389\ 00:22:55.650 \longrightarrow 00:23:00.650$ and sufficient characteristics or conditions
- $390\ 00:23:01.770 \longrightarrow 00:23:05.459$ by which combinations of variables
- $391\ 00:23:05.459 --> 00:23:07.773$ predict the outcome variable.
- $392\ 00:23:10.530 \longrightarrow 00:23:13.380$ I could give an entire lecture on QCA,
- 393 00:23:13.380 --> 00:23:16.380 but since we're getting short on time here,
- $394\ 00:23:16.380 \longrightarrow 00:23:17.610$ I thought I'd move on
- 395 00:23:17.610 --> 00:23:21.429 to what I really wanted to spend time on,
- $396\ 00:23:21.429 \longrightarrow 00:23:25.380$ which is a technique now,
- $397\ 00{:}23{:}25.380 \dashrightarrow 00{:}23{:}30.380$ which is a mixed method approach to collecting information

- $398~00{:}23{:}31.980 \dashrightarrow 00{:}23{:}35.370$ and analyzing it in a much shorter period of time
- $399\ 00:23:35.370 \longrightarrow 00:23:40.370$ than typically occurs in most implementation research.
- $400\ 00:23:40.440$ --> 00:23:44.400 So in the context of the next study I'm going to describe,
- $401\ 00{:}23{:}44.400 \dashrightarrow 00{:}23{:}49.170$ we developed a process known as a Rapid Assessment
- $402\ 00{:}23{:}49.170$ --> $00{:}23{:}54.170$ Procedure-Informed Clinical Ethnography or RAPICE for short.
- $403\ 00:23:56.220 \longrightarrow 00:23:59.943$ And RAPICE essentially takes two traditions,
- $404\ 00:24:00.780 \longrightarrow 00:24:03.450$ often used in anthropology.
- 405 00:24:03.450 --> 00:24:05.310 The RAPICE assessment procedures,
- $406~00{:}24{:}05.310 \dashrightarrow 00{:}24{:}09.270$ which is a way of collecting and analyzing information
- $407\ 00{:}24{:}09.270 \dashrightarrow 00{:}24{:}12.510$ in a short period of time with clinical ethnography,
- $408\ 00{:}24{:}12.510 \dashrightarrow 00{:}24{:}16.350$ a traditional approach to understanding clinical issues
- $409\ 00{:}24{:}16.350 \dashrightarrow 00{:}24{:}21.350$ or issues of clinical significance by having clinicians
- 410 00:24:22.680 --> 00:24:26.790 act as ethnographers or participant observers.
- 411 00:24:26.790 --> 00:24:30.030 This was intended to meet the requirements
- 412 00:24:30.030 --> 00:24:33.180 for time-efficient data collection
- 413 00:24:33.180 --> 00:24:36.659 in pragmatic trials, clinical trials
- 414 00:24:36.659 --> 00:24:41.290 where you want to have minimal participant burden
- $415\ 00:24:42.329 \longrightarrow 00:24:47.329$ and collect qualitative data fairly quickly.
- 416 00:24:48.870 --> 00:24:52.440 The key to this is that rather than being done
- $417\ 00:24:52.440 \longrightarrow 00:24:56.160$ by a single individual, it's done as a team.
- $418\ 00:24:56.160 \longrightarrow 00:24:59.820$ So the interaction between ethnographically
- 419 00:24:59.820 --> 00:25:02.500 trained clinicians or community members
- $420\ 00:25:03.960 \longrightarrow 00:25:06.660$ act in the role of participant observers.

- $421\ 00{:}25{:}06.660 --> 00{:}25{:}10.287$ And then you have a clinically trained social scientist
- $422\ 00{:}25{:}10.287 \dashrightarrow 00{:}25{:}15.243$ who acts as a mixed method consultant or analyst.
- $423\ 00:25:16.320 \longrightarrow 00:25:21.237$ It's that combination that occurs in a series of steps
- 424 00:25:21.237 --> 00:25:24.540 that is intended to provide some consistency
- $425\ 00{:}25{:}24.540 \dashrightarrow 00{:}25{:}28.740$ or rigor to the process of data collection and analysis.
- $426\ 00:25:28.740 \longrightarrow 00:25:30.933$ So, why do we use RAPICE?
- 427 00:25:32.032 --> 00:25:35.550 If we were to do it the way that ethnographers
- $428\ 00{:}25{:}35.550 {\:\dashrightarrow\:} > 00{:}25{:}38.730$ were traditionally done, it could take up to a year
- 429 00:25:38.730 --> 00:25:41.700 just to become familiar with the setting,
- $430\ 00:25:41.700 --> 00:25:44.517$ learning the language usually done alone
- 431 00:25:44.517 --> 00:25:47.070 and collecting a lot of data, not all
- $432\ 00{:}25{:}47.070 \dashrightarrow 00{:}25{:}52.020$ of which is particularly relevant to the kind of questions
- $433\ 00:25:52.020 \longrightarrow 00:25:55.020$ that we ask in implementation science.
- $434\ 00:25:55.020 --> 00:25:58.680$ It also provides a balance between the role
- $435\ 00:25:58.680 \longrightarrow 00:26:02.382$ of the participant and the role of the observer.
- $436\ 00:26:02.382 \longrightarrow 00:26:05.190$ So oftentimes we find in ethnography,
- $437\ 00{:}26{:}05.190 \dashrightarrow 00{:}26{:}09.610$ someone playing more of a role of one versus the other
- $438\ 00:26:10.590 \longrightarrow 00:26:12.930$ and having an imbalance.
- 439 00:26:12.930 --> 00:26:15.480 And the benefit of ethnographic research,
- $440\ 00:26:15.480 \longrightarrow 00:26:17.520$ which is to combine perspectives
- 441 00:26:17.520 --> 00:26:20.973 that of the insider or emic perspective
- $442\ 00:26:20.973 \longrightarrow 00:26:21.806$ and that of the outsider, or etic perspective.
- 443 00:26:24.824 --> 00:26:26.940 In doing so, the advantage to RAPICE
- 444 00:26:26.940 --> 00:26:30.202 is that it empowers study participants
- $445\ 00{:}26{:}30.202 \dashrightarrow 00{:}26{:}35.202$ this particularly valued for underrepresented groups.

- $446\ 00:26:35.678 --> 00:26:40.050$ It is now assisting in moving the field
- $447\ 00{:}26{:}40.050 {\:\hbox{--}}{>}\ 00{:}26{:}44.460$ of implementation science to addressing health equity
- $448\ 00:26:44.460 \longrightarrow 00:26:47.490$ in a way that it wasn't able to before
- $449\ 00{:}26{:}47.490 \dashrightarrow 00{:}26{:}52.490$ because those who are the survivors of disparities are,
- $450\ 00:26:54.900 \longrightarrow 00:26:58.050$ have equal weight, carry equal representation
- $451\ 00:26:58.050 \longrightarrow 00:27:01.500$ in the process of data collection and analysis.
- $452\ 00:27:01.500 --> 00:27:03.870$ We now have two versions of RAPICE.
- $453\ 00{:}27{:}03.870 \dashrightarrow 00{:}27{:}07.833$ One for clinical settings and one for community settings.
- $454\ 00{:}27{:}08.760 \dashrightarrow 00{:}27{:}13.380$ The process of doing it begins with a participant observer
- $455\ 00:27:13.380 \longrightarrow 00:27:17.430$ or observers who conducted formal interviews,
- 456 00:27:17.430 --> 00:27:20.770 do site visits and clinics or communities,
- 457 00:27:20.770 --> 00:27:25.350 and they may interact with study participants,
- $458\ 00:27:25.350 \longrightarrow 00:27:29.250$ attend meetings, observe clinical procedures,
- $459\ 00:27:29.250 \longrightarrow 00:27:32.400$ and collect data through informal
- $460\ 00:27:32.400 \longrightarrow 00:27:35.583$ and semi-structured interview with participants.
- 461 00:27:36.941 --> 00:27:39.900 They record that data through field notes,
- $462\ 00:27:39.900 \longrightarrow 00:27:44.900$ through logs of data collection activities, field jottings,
- $463\ 00:27:45.612$ --> 00:27:50.550 and they can digitally record semi-structured interviews
- $464\ 00:27:50.550 \longrightarrow 00:27:52.113$ for later transcription.
- $465\ 00:27:53.370 \longrightarrow 00:27:55.710$ This information is then presented
- $466\ 00{:}27{:}55.710 --> 00{:}27{:}59.070$ to the mixed method consultant who reviews it
- 467 00:27:59.070 --> 00:28:01.710 and queries the participant observers
- 468 00:28:01.710 --> 00:28:04.560 to gain a better insight into the data
- $469\ 00:28:04.560 \longrightarrow 00:28:06.540$ and its context.
- $470\ 00:28:06.540 \longrightarrow 00:28:08.970$ It may also enable the consultant

- $471\ 00:28:08.970 \longrightarrow 00:28:11.850$ to ask additional questions that the observer
- $472\ 00:28:11.850 --> 00:28:14.970$ hadn't thought to ask, for example,
- 473 00:28:14.970 --> 00:28:17.790 and in an iterative fashion,
- $474\ 00:28:17.790 \longrightarrow 00:28:19.893$ enable further data collection.
- $475\ 00:28:21.224 --> 00:28:23.800$ In the next phase, depending upon the context,
- $476\ 00:28:23.800 \longrightarrow 00:28:28.750$ what resources you have available to mixing the methods.
- 477 00:28:30.510 --> 00:28:32.940 The qualitative data can be subjected
- $478\ 00:28:32.940 \longrightarrow 00:28:36.639$ to two phases of analysis.
- 479 00:28:36.639 --> 00:28:39.120 The first being immersion crystallization,
- $480\ 00:28:39.120 \longrightarrow 00:28:44.120$ where you get a holistic representation of the setting,
- 481 00:28:44.250 --> 00:28:47.430 the activities, the phenomenon of interest,
- $482\ 00{:}28{:}47.430 {\: -->\:} 00{:}28{:}51.330$ followed by a more focused the matic content analysis
- $483\ 00{:}28{:}51.330 \dashrightarrow 00{:}28{:}55.800$ and perhaps a template analysis if you're doing comparisons
- $484\ 00:28:55.800 \longrightarrow 00:28:59.730$ across settings or across groups of individuals.
- 485 00:28:59.730 --> 00:29:02.700 The participant observer develops
- $486\ 00:29:02.700 -> 00:29:05.790$ a preliminary interpretation of the meaning
- $487\ 00:29:05.790 --> 00:29:07.753$ and significance of that data
- $488\ 00:29:07.753 \longrightarrow 00:29:12.753$ organized in terms of a set of apriority themes
- 489 00:29:13.020 \rightarrow 00:29:16.230 based on the interview guide or emergent themes
- $490\ 00:29:16.230 \longrightarrow 00:29:18.570$ that come from the data collected
- $491\ 00:29:18.570 \longrightarrow 00:29:22.110$ and a description of their inner relationships.
- $492\ 00{:}29{:}22.110 \dashrightarrow 00{:}29{:}26.040$ The mixed method consultant does something very similar.
- 493 00:29:26.040 --> 00:29:27.690 And then the two,
- $494\ 00:29:27.690 \longrightarrow 00:29:30.180$ the participant observers and the consultant
- $495\ 00{:}29{:}30.180 {\:{\mbox{--}}\!>\:} 00{:}29{:}34.830$ identified points of convergence and divergence,

- $496~00{:}29{:}34.830 \dashrightarrow 00{:}29{:}39.630$ and then go through a process of reaching consensus
- 497 00:29:39.630 --> 00:29:42.300 in much the same way that a team approach
- $498\ 00:29:42.300 \longrightarrow 00:29:45.570$ to qualitative data analysis occurs.
- 499 00:29:45.570 --> 00:29:49.920 If it's not achieved, follow up interviews
- $500~00:29:49.920 \dashrightarrow 00:29:53.160$ or returns to the field site may be necessitated
- $501\ 00:29:53.160 \longrightarrow 00:29:55.260$ to collect additional data.
- 502~00:29:55.260 --> 00:29:59.856 If it is achieved, the consultant may recommend
- 503~00:29:59.856 --> 00:30:03.810 identification of disconfirming cases
- $504\ 00:30:03.810 \longrightarrow 00:30:07.773$ in which additional data collection occurs.
- $505~00{:}30{:}08.670 \dashrightarrow 00{:}30{:}12.720$ In the end, the interpretation of the study findings
- $506\ 00{:}30{:}12.720 \dashrightarrow 00{:}30{:}16.590$ is presented to the participants to confirm validity
- $507~00{:}30{:}16.590 \dashrightarrow 00{:}30{:}20.220$ and comprehensiveness equivalent to member checking
- $508\ 00:30:20.220 \longrightarrow 00:30:22.143$ in qualitative data analysis.
- 509 00:30:23.580 --> 00:30:27.000 Analyzing the qualitative data using RAPICE
- 510 00:30:27.000 --> 00:30:30.817 is then integrated with quantitative data
- 511 00:30:30.817 --> 00:30:33.300 to provide a comprehensive understanding
- $512~00{:}30{:}33.300 \dashrightarrow 00{:}30{:}35.973$ of implementation process and outcomes.
- $513\ 00:30:36.960 \longrightarrow 00:30:40.350$ That way we can use that information
- 514 00:30:40.350 --> 00:30:41.910 as I will explain later,
- $515\ 00:30:41.910 \longrightarrow 00:30:46.470$ to improve the likelihood of successful outcomes.
- $516\ 00{:}30{:}46.470 {\: -->\:} 00{:}30{:}51.470$ So in two studies where we applied the RAPICE approach,
- 517 00:30:52.260 --> 00:30:55.770 we used both the clinical ethnography
- $518\ 00:30:55.770 \longrightarrow 00:30:58.773$ and the community ethnography version.
- 519 00:30:59.657 --> 00:31:02.070 The first study used the clinical ethnography
- $520\ 00:31:02.070 \longrightarrow 00:31:05.848$ to look at interventions

- $521~00{:}31{:}05.848 --> 00{:}31{:}08.530$ targeting post-traumatic stress disorder comorbidity
- $522\ 00:31:09.390 --> 00:31:11.867$ in trauma care settings.
- 523 00:31:11.867 --> 00:31:16.770 And this gives you sort of a justification
- 524 00:31:16.770 --> 00:31:19.110 or the rationale for why we did this study
- $525\ 00{:}31{:}19.110 \dashrightarrow 00{:}31{:}23.010$ because each year between the main and a half
- 526 00:31:23.010 --> 00:31:25.410 and two and a half million people
- $527\ 00{:}31{:}25.410 \dashrightarrow 00{:}31{:}30.410$ require in patient hospitalizations due to injuries,
- $528\ 00:31:30.510 \longrightarrow 00:31:32.160$ but they also carry with them
- $529~00{:}31{:}32.160 \dashrightarrow 00{:}31{:}36.840$ frequently multiple comorbidities including PTSD,
- 530 00:31:36.840 --> 00:31:40.050 alcohol and drug abuse problems, depression,
- $531\ 00:31:40.050 \longrightarrow 00:31:41.730$ chronic medical conditions
- $532\ 00:31:41.730 \longrightarrow 00:31:45.750$ that are endemic to this population.
- $533\ 00:31:45.750 \longrightarrow 00:31:48.720$ So the aim of this study was to enhance
- $534~00{:}31{:}48.720 \dashrightarrow 00{:}31{:}51.750$ the implementation of evidence-based screening
- $535\ 00:31:51.750 --> 00:31:55.620$ and interventions for PTSD and comorbidity
- $536\ 00:31:55.620 --> 00:31:59.466$ in 25 level 1 trauma centers nationwide.
- $537\ 00:31:59.466 \longrightarrow 00:32:04.380$ We also wanted to impact clinical effectiveness
- 538 00:32:04.380 --> 00:32:08.146 of patient outcomes while also targeting
- $539\ 00:32:08.146$ --> 00:32:12.144 national trauma center implementation policies
- $540\ 00{:}32{:}12.144 \dashrightarrow 00{:}32{:}15.333$ recommended by the American College of Surgeons.
- $541\ 00:32:16.230 --> 00:32:20.220$ The focus of this study was on implementation outcomes
- $542\ 00:32:20.220 \longrightarrow 00:32:23.100$ using the RE-AIM framework.
- 543 00:32:23.100 --> 00:32:26.450 Reach, effectiveness, adoption,
- $544~00:32:26.450 \dashrightarrow 00:32:28.380$ implementation and maintenance.
- $545~00{:}32{:}28.380 \dashrightarrow 00{:}32{:}32.730$ And so what we did was collect both qualitative data

- $546~00{:}32{:}32.730 \dashrightarrow 00{:}32{:}36.644$ using the RAPICE methodology of having clinicians
- $547~00{:}32{:}36.644 \dashrightarrow 00{:}32{:}41.644$ act as participant observers and work with myself
- $548\ 00:32:43.140 \longrightarrow 00:32:47.700$ to interpret or analyze the data that they collected,
- $549\ 00:32:47.700 \longrightarrow 00:32:49.890$ as well as quantitative data
- $550~00{:}32{:}49.890 \dashrightarrow 00{:}32{:}54.660$ through the National Trauma Center Behavioral health surveys
- 551 00:32:54.660 --> 00:32:58.346 to identify or create a matrix
- 552 00:32:58.346 --> 00:33:02.205 of American College of Surgeons policy
- 553 00:33:02.205 --> 00:33:04.233 and its implementation,
- $554\ 00:33:05.370 \longrightarrow 00:33:08.640$ so that the different reach categories
- $555\ 00{:}33{:}08.640 \dashrightarrow 00{:}33{:}12.993$ were assessed using both quantitative and qualitative data.
- $556~00{:}33{:}13.948 \dashrightarrow 00{:}33{:}18.570$ At the same time, we were also using the qualitative data
- $557\ 00:33:18.570 --> 00:33:21.464$ that we collected through RAPICE
- $558\ 00:33:21.464 \longrightarrow 00:33:26.464$ to create categories of implementation quality.
- $559\ 00:33:26.623 \longrightarrow 00:33:31.020$ So the qualitative data became quantified
- $560\ 00:33:31.020 \longrightarrow 00:33:34.350$ in the assigned scores based on dimensions
- $561\ 00:33:34.350 \dashrightarrow 00:33:39.176$ of the intervention itself, the leadership engagement,
- $562\ 00:33:39.176 --> 00:33:43.830$ the adherence to regulatory standards.
- $563\ 00:33:43.830 \longrightarrow 00:33:47.550$ So, we had four categories of implementation quality.
- 564 00:33:47.550 --> 00:33:50.970 Excellent, good, fair and poor.
- $565\ 00:33:50.970 --> 00:33:54.564$ When we combined the good
- 566 00:33:54.564 --> 00:33:59.564 and excellent forms of implementation,
- $567\ 00:34:00.997 --> 00:34:05.997$ what we found is essentially no difference
- $568\ 00:34:06.684 \longrightarrow 00:34:11.684$ in the scores that were assigned
- $569\ 00:34:12.360 \longrightarrow 00:34:14.860$ to individuals post-treatment
- $570~00{:}34{:}16.500 \dashrightarrow 00{:}34{:}21.500$ indicating very poor clinical outcomes in conditions

- $571\ 00:34:21.570 \longrightarrow 00:34:25.503$ where the implementation of the guidelines was.
- $572\ 00:34:27.975 --> 00:34:32.880$ actually, it's the exact opposite, we got great outcomes
- 573 00:34:32.880 --> 00:34:35.550 under good and excellent implementation,
- $574\ 00:34:35.550 \longrightarrow 00:34:38.521$ very poor outcomes as indicated by the disparity
- $575\ 00:34:38.521 \longrightarrow 00:34:41.124$ between the two sets of measures
- $576\ 00:34:41.124$ --> 00:34:44.823 under conditions of fair and poor implementation
- $577\ 00:34:46.579 \longrightarrow 00:34:51.120$ The finding was that the clinical outcomes
- $578\ 00:34:51.120 \longrightarrow 00:34:54.600$ associated with implementing these guidelines
- 579~00:34:54.600 --> 00:34:59.600 for screening and treating PTSD and comorbid conditions
- $580~00{:}34{:}59.970 \dashrightarrow 00{:}35{:}01.740$ produced much better outcomes
- $581\ 00:35:01.740 --> 00:35:05.730$ when their implementation quality was good or excellent
- $582\ 00:35:05.730 --> 00:35:08.223$ than when it was fair or poor.
- $583\ 00:35:09.900 --> 00:35:14.900$ So finally the third study is that had to do a, as I said,
- $584~00:35:15.390 \longrightarrow 00:35:18.490$ with the impact of the COVID pandemic on child
- $585~00{:}35{:}19.411$ --> $00{:}35{:}22.770$ and a dolescent mental health and practice implementation.
- 586 00:35:22.770 --> 00:35:26.075 As you know, mental health issues
- $587\ 00:35:26.075 --> 00:35:29.578$ have become of increasing concern
- 588 00:35:29.578 --> 00:35:32.490 in child and adolescent populations
- $589\ 00:35:32.490 \longrightarrow 00:35:34.590$ even before the pandemic.
- 590~00:35:34.590 --> 00:35:39.590 When the pandemic occurred, those concerns skyrocketed.
- 591~00:35:39.683 --> 00:35:44.683 The increase was very dramatic, so that there were reports
- 592 00:35:46.020 --> 00:35:50.100 that up to half of the population of children,
- $593\ 00:35:50.100 \longrightarrow 00:35:52.390$ adolescents living in the United States

- $594\ 00:35:53.250 \longrightarrow 00:35:58.250$ were experiencing symptoms of severe depression and anxiety.
- 595 00:35:59.880 --> 00:36:01.740 Visits to emergency room
- $596~00:36:01.740 \longrightarrow 00:36:05.220$ for mental health crises skyrocketed.
- 597~00:36:05.220 --> 00:36:10.220 Yet the understanding of how to respond to these issues
- 598~00:36:12.499 --> 00:36:15.892 by mental health service systems was very limited.
- $599\ 00:36:15.892 \longrightarrow 00:36:17.547$ So the intention of this study
- $600~00{:}36{:}17.547 \dashrightarrow 00{:}36{:}21.090$ was to look at the impact of the pandemic
- $601\ 00:36:21.090 --> 00:36:25.680$ on implementation of policy and practices at the state level
- $602\ 00{:}36{:}25.680 {\: \hbox{--}}{>}\ 00{:}36{:}28.950$ for preventing and treating mental health problems
- 603 00:36:28.950 --> 00:36:30.630 in this population,
- $604\,00{:}36{:}30.630\,{--}{>}\,00{:}36{:}34.380$ and then look at the current need and demand for services
- $605\ 00:36:34.380 \longrightarrow 00:36:37.440$ as well as the capacity to deliver them.
- $606\ 00:36:37.440 --> 00:36:40.380$ And how state mental health authorities
- $607\ 00:36:40.380 --> 00:36:44.250$ were addressing these needs and demand
- $608\ 00:36:44.250 --> 00:36:47.006$ with a particular focus on telehealth
- $609\ 00:36:47.006 \longrightarrow 00:36:49.863$ and its use to deliver services.
- 610~00:36:51.030 --> 00:36:55.440 So while the last study relied on the RE-AIM framework
- $611\ 00:36:55.440 \longrightarrow 00:36:58.500$ to evaluate implementation outcomes,
- $612\ 00:36:58.500 \longrightarrow 00:37:02.430$ this study utilized the consolidated framework
- 613 00:37:02.430 --> 00:37:07.290 for implementation research to look at the process
- $614\ 00{:}37{:}07.290 \dashrightarrow 00{:}37{:}11.403$ of implementing evidence-based policies and practice,
- $615~00{:}37{:}12.660 \dashrightarrow 00{:}37{:}16.860$ We began with conducting semi-structured interviews
- $616\ 00:37:16.860 \longrightarrow 00:37:20.010$ with 29 state mental health authorities

- $617\ 00:37:20.010 --> 00:37:24.840$ and representatives from 21 randomly selected states,
- $618~00{:}37{:}24.840 \dashrightarrow 00{:}37{:}29.820$ and then using a subgroup of those as participant observers
- $619\ 00:37:29.820 \longrightarrow 00:37:32.194$ in their respective states.
- 620 00:37:32.194 --> 00:37:34.110 So they were not only involved
- 621 00:37:34.110 --> 00:37:36.390 in collecting data in their states,
- $622\ 00{:}37{:}36.390$ --> $00{:}37{:}41.390$ but also assisting us in the analysis of that state data.
- $623\ 00{:}37{:}42.630 \dashrightarrow 00{:}37{:}47.220$ So, this is a community ethnography approach.
- $624\ 00:37:47.220 \longrightarrow 00:37:52.220$ We also stratified the data according to two criteria,
- $625\ 00:37:54.360 \longrightarrow 00:37:56.790$ level of unmet need for services
- $626\ 00:37:56.790 \longrightarrow 00:38:01.790$ as described by a study that was done
- $627\ 00:38:02.369 \longrightarrow 00:38:06.210$ two years prior to this study
- 628 00:38:06.210 --> 00:38:08.850 and the positivity rate for the coronavirus
- 629 00:38:08.850 --> 00:38:11.010 at the time that we conducted this study,
- $630\ 00:38:11.010 \longrightarrow 00:38:14.553$ which was in the fall of 2020.
- $631\ 00:38:16.050 \longrightarrow 00:38:21.050$ What we found, and part of this data involved,
- $632~00{:}38{:}22.800 \dashrightarrow 00{:}38{:}27.800$ you know, looking at features of the qualitative data
- $633\ 00{:}38{:}29.010 \dashrightarrow 00{:}38{:}34.010$ and comparing them across the categories of states
- $634\ 00:38:34.500 --> 00:38:38.340$ based on unmet need for mental health services
- $635\ 00:38:38.340 \longrightarrow 00:38:40.983$ as well as coronavirus positivity.
- $636~00{:}38{:}41.820 \dashrightarrow 00{:}38{:}46.820$ And some of it was used to provide in-depth understanding
- $637\ 00:38:47.070 \longrightarrow 00:38:49.533$ of the process of implementation.
- $638\ 00:38:50.795 \longrightarrow 00:38:55.607$ So what you see here is, even though we had $21\ \mathrm{states},$
- $639\ 00:38:56.760 --> 00:38:59.880$ the increase in demand for services
- $640\ 00:38:59.880 \longrightarrow 00:39:02.760$ was high in all of the states

- $641\ 00:39:02.760 \longrightarrow 00:39:07.760$ that fell in the high positivity, high level of unmet need,
- $642\ 00:39:08.460 --> 00:39:13.230$ whereas the lowest rate of increase in demand
- 643 00:39:13.230 --> 00:39:17.070 occurred in states with low levels of positivity
- $644\ 00:39:17.070 \longrightarrow 00:39:20.370$ and low levels of unmet need,
- 645 00:39:20.370 --> 00:39:23.760 which is pretty much what you would expect.
- $646\ 00:39:23.760 \longrightarrow 00:39:27.630$ In terms of capacity, we found that in states
- 647 00:39:27.630 --> 00:39:32.481 with high unmet need, the decrease in capacity
- $648\ 00:39:32.481 \longrightarrow 00:39:36.290$ occurred much higher in those states
- $649\ 00:39:36.290 \longrightarrow 00:39:40.350$ than in states with low unmet need.
- $650\ 00{:}39{:}40.350 \dashrightarrow 00{:}39{:}45.000$ So we found a disparity in the supply and demand
- 651 00:39:45.000 --> 00:39:48.810 for mental health services through this study
- $652\ 00:39:48.810$ --> 00:39:53.340 in that states with high positivity and high unmet need
- $653\ 00:39:53.340 \longrightarrow 00:39:55.590$ had the highest increase in demand
- 654 00:39:55.590 --> 00:39:57.810 for mental health services,
- $655\ 00:39:57.810$ --> 00:40:02.193 but the lowest capacity for delivering those services.
- $656\ 00:40:03.330 \longrightarrow 00:40:07.320$ When we look at the barriers and facilitators
- 657 00:40:07.320 --> 00:40:10.680 to implementation using the CFIR domains,
- $658\ 00:40:10.680 \longrightarrow 00:40:13.890$ we found issues related to telehealth
- $659\ 00:40:13.890 \longrightarrow 00:40:16.110$ that presented challenges
- $660\ 00:40:16.110 \longrightarrow 00:40:18.390$ to the state mental health authorities,
- $661\ 00:40:18.390 --> 00:40:21.818$ such as limited access to broadband or internet
- $662\ 00:40:21.818 --> 00:40:24.870$ or the technology needed for telehealth,
- $663\ 00{:}40{:}24.870 \dashrightarrow 00{:}40{:}28.958$ like laptop computers, reluctance to participate,
- $664\ 00{:}40{:}28.958 {\: -->\:} 00{:}40{:}32.730$ especially among families because they were unfamiliar
- $665~00:40:32.730 \dots > 00:40:36.602$ with the practice or not comfortable using the technology
- $666\ 00:40:36.602 \longrightarrow 00:40:40.110$ or preferred face-to-face interactions.

- $667\ 00{:}40{:}40{:}110 \dashrightarrow 00{:}40{:}44{:}250$ At the same time, facilitators included Medicaid waivers
- 668 00:40:44.250 --> 00:40:46.233 to allow billing for services,
- 669 00:40:47.160 --> 00:40:49.260 provider training for its use,
- $670\ 00:40:49.260 \longrightarrow 00:40:52.320$ information for families on how to use it
- 671 00:40:52.320 --> 00:40:56.400 and grant funding to provide client access,
- $672\ 00{:}40{:}56.400 \dashrightarrow 00{:}41{:}00.163$ either through expanding access to the internet
- $673\ 00:41:01.381 \longrightarrow 00:41:04.293$ or access to the technology.
- $674\ 00:41:05.340 \longrightarrow 00:41:09.330$ We also found that many providers
- $675\ 00:41:09.330 \longrightarrow 00:41:13.230$ intended to continue using these telehealth
- 676 00:41:13.230 --> 00:41:17.235 or virtual mental health services
- $677\ 00{:}41{:}17.235 \dashrightarrow 00{:}41{:}21.480$ because it resulted in fewer appointment cancellations
- $678\ 00:41:21.480 \longrightarrow 00:41:24.480$ or no-shows, greater family engagement
- 679 00:41:24.480 --> 00:41:28.560 and reduce time traveling to provide services.
- 680 00:41:28.560 --> 00:41:31.980 So I'm just gonna end with a description
- 681 00:41:31.980 --> 00:41:35.463 of some of the new things that we're doing.
- 682 00:41:37.350 --> 00:41:42.150 One of the potential for using RAPICE
- $683\ 00:41:42.150 \longrightarrow 00:41:45.060$ and other kinds of mixed methods
- $684~00{:}41{:}45.060 \dashrightarrow 00{:}41{:}50.060$ is not just documenting implementation process and outcomes,
- $685\ 00:41:50.700 \longrightarrow 00:41:55.700$ but actually facilitating implementation as a strategy,
- $686\ 00:41:55.950 \longrightarrow 00:41:58.170$ much like any of the other strategies
- $687\ 00{:}41{:}58.170 {\: -->\:} 00{:}42{:}03.170$ that we employ to ensure successful implementation.
- $688\ 00:42:03.960 --> 00:42:06.210$ So a formative evaluation, you know,
- $689\ 00:42:06.210 \longrightarrow 00:42:08.250$ judges the worth of a program
- 690 00:42:08.250 --> 00:42:11.070 while the program is in progress,
- 691 00:42:11.070 --> 00:42:13.761 it can be conducted at any phase of a study
- $692\ 00:42:13.761 \longrightarrow 00:42:18.210$ and it focuses on the process itself,
- 693 00:42:18.210 --> 00:42:22.382 but it can influence the outcomes

- 694 00:42:22.382 --> 00:42:26.310 if there's feedback from the process
- $695\ 00:42:26.310 \longrightarrow 00:42:29.250$ of conducting the formative evaluation.
- $696\ 00:42:29.250 --> 00:42:33.960$ So its main purpose is to detect deficiencies
- 697 00:42:33.960 --> 00:42:36.450 in implementation as soon as possible,
- $698\ 00{:}42{:}36.450 \dashrightarrow 00{:}42{:}41.450$ so that adjustments can be made to ensure better outcomes.
- 699 00:42:41.550 --> 00:42:43.386 And it's, you know,
- $700~00:42:43.386 \dashrightarrow 00:42:45.480$ the kind of preliminary research that you do
- 701 00:42:45.480 --> 00:42:47.100 is also considered formative,
- 702 00:42:47.100 --> 00:42:50.880 but this is something completely different.
- $703\ 00:42:50.880 \longrightarrow 00:42:53.460$ This is formative evaluation.
- $704\ 00:42:53.460 \longrightarrow 00:42:56.340$ So this kind of evaluation can be done
- $705\ 00:42:56.340 \longrightarrow 00:42:58.800$ either by members of the research team
- $706\ 00:42:58.800 \longrightarrow 00:43:01.080$ who have knowledge about the intervention
- $707\ 00:43:01.080 \longrightarrow 00:43:03.030$ and performance expectation
- 708 00:43:03.030 --> 00:43:06.420 or can be done by independent observer
- $709\ 00:43:06.420 \longrightarrow 00:43:10.650$ who provides so-called objective assessments.
- $710\ 00:43:10.650 --> 00:43:13.440$ But perhaps the best approach like RAPICE
- $711\ 00:43:13.440 \longrightarrow 00:43:18.440$ is to include both in the process of evaluation.
- 712 00:43:18.810 --> 00:43:22.380 This diagram gives you an idea of how that would work.
- 713 00:43:22.380 --> 00:43:25.170 So in a randomized controlled trial
- 714 00:43:25.170 --> 00:43:28.470 where you're evaluating a intervention
- $715\ 00:43:28.470 \longrightarrow 00:43:30.240$ and it's implementation.
- 716 00:43:30.240 --> 00:43:33.120 With each formative evaluation,
- 717 00:43:33.120 --> 00:43:37.980 you can influence and potentially improve the outcomes
- 718 00:43:37.980 --> 00:43:40.410 at the next data collection point,
- 719 00:43:40.410 --> 00:43:44.160 so that the outcomes are optimal,
- $720\ 00:43:44.160 \longrightarrow 00:43:47.433$ optimally constructed by the time the trial ends.
- $721\ 00:43:49.984 \longrightarrow 00:43:51.090$ So there are a number of methods

 $722\ 00:43:51.090 \longrightarrow 00:43:53.580$ that are out there for doing this.

 $723\ 00:43:53.580 \longrightarrow 00:43:57.000$ It's semi-structured interviews with participants,

724 00:43:57.000 --> 00:43:59.430 investigators, service providers,

 $725\ 00:43:59.430 --> 00:44:02.557$ or ethnographic field observation.

726~00:44:02.557 --> 00:44:07.557 But we're now working on using the RAPICE technique.

727 00:44:08.550 --> 00:44:12.940 We're planning to do that in three major projects

 $728\ 00:44:13.819 \longrightarrow 00:44:15.030$ that we've got underway now.

 $729\ 00:44:15.030 \longrightarrow 00:44:19.830$ The first being implementation projects on prevention,

 $730\ 00:44:19.830 --> 00:44:21.480$ treatment, harm reduction

731 00:44:21.480 --> 00:44:24.183 and recovery of opioid use disorders.

732 00:44:25.321 --> 00:44:30.150 A research center that's focused on developing

733 00:44:30.150 --> 00:44:32.790 and implementing a multi-level intervention

 $734\ 00{:}44{:}32.790\ -->\ 00{:}44{:}37.790$ to increase vaccination rates in underresourced communities

735 00:44:40.161 --> 00:44:41.640 for HPV.

 $736\ 00:44:41.640 \longrightarrow 00:44:43.080$ And then the third,

 $737\ 00{:}44{:}43.080 \dashrightarrow 00{:}44{:}48.080$ a stepped care approach to delivering mental health services

 $738\ 00:44:48.420$ --> 00:44:53.280 in the aftermath of climate related natural disasters.

 $739\ 00:44:53.280 \longrightarrow 00:44:55.393$ extreme weather events,

740 00:44:55.393 --> 00:44:59.880 focusing on wildfires in California and Australia

 $741\ 00:44:59.880 \longrightarrow 00:45:03.870$ and typhoons in small island developing states

 $742\ 00:45:03.870 \longrightarrow 00:45:05.730$ in the Pacific.

 $743\ 00:45:05.730 \longrightarrow 00:45:09.060$ So, that's pretty much where we are.

 $744\ 00:45:09.060 --> 00:45:12.921$ I hope it gives you some ideas of the potentials

 $745\ 00:45:12.921$ --> 00:45:17.921 for not only using quantitative and qualitative methods,

 $746\ 00:45:18.480 \longrightarrow 00:45:22.890$ but being a little creative in their use

- $747\ 00:45:22.890 \longrightarrow 00:45:24.780$ to address important problems
- 748 00:45:24.780 \rightarrow 00:45:26.760 related to implementation for use.
- $749\ 00:45:26.760 \longrightarrow 00:45:28.527 < v \longrightarrow Ah$, thank you so much. </v>
- $750\ 00:45:32.393 \longrightarrow 00:45:36.377$ For people, will we open it up for questions on the laptop?
- $751\ 00:45:44.220 \longrightarrow 00:45:45.570$ So, we'll open it up for questions
- $752\ 00:45:45.570 \longrightarrow 00:45:50.570$ and Mona hopefully we can hear it or whoever has questions.
- 753 00:45:52.590 --> 00:45:53.790 <v ->There's nobody online.</v>
- 754 00:45:56.750 --> 00:45:58.861 <v Participant>I have a question.</v>
- $755\ 00{:}45{:}58.861 \dashrightarrow 00{:}46{:}00.541$ So hopefully every body online can hear the question.
- $756\ 00:46:00.541 \longrightarrow 00:46:01.941$ So, thank you so much.
- $757~00{:}46{:}01.941 \dashrightarrow 00{:}46{:}03.762$ I really enjoyed hearing about the RAPICE technique.
- 758 00:46:03.762 --> 00:46:05.301 It's really eyeopening.
- $759\ 00:46:05.301 --> 00:46:07.773$ It reminds me a little bit of this idea
- $760~00:46:07.773 \longrightarrow 00:46:09.703$ of community based participatory research
- 761 00:46:09.703 --> 00:46:12.240 and I wonder to what degree that idea comes in,
- 762 00:46:12.240 --> 00:46:14.370 in other words, the participant observers,
- $763\ 00:46:14.370 --> 00:46:17.160$ to what degree do they set the purpose
- 764 00:46:17.160 --> 00:46:20.610 for the research question versus just working
- 765 00:46:20.610 --> 00:46:23.370 under the forgetting now the name,
- $766~00{:}46{:}23.370 \dashrightarrow 00{:}46{:}26.400$ the mixed methods consultant to kind of carry out
- $767\ 00:46:26.400 --> 00:46:29.820$ the designing of the interview guides
- $768\ 00:46:29.820 \longrightarrow 00:46:31.053$ or analysis, et cetera.
- 769 00:46:32.372 --> 00:46:36.300 <v -> So the community based version of RAPICE </v>
- 770 00:46:36.300 --> 00:46:39.690 is much more explicit in that it does occur
- 771 00:46:39.690 --> 00:46:43.920 in the clinical ethnography as well.

 $772\ 00{:}46{:}43.920 \dashrightarrow 00{:}46{:}48.920$ But in both instances we've engaged community members

 $773\ 00:46:49.680 \longrightarrow 00:46:53.850$ or clinicians in identifying the questions to be asked,

 $774\ 00:46:53.850 \longrightarrow 00:46:55.914$ the issues to be addressed

 $775\ 00:46:55.914 \longrightarrow 00:46:59.640$ and participating in the analysis.

 $776\ 00:46:59.640 \longrightarrow 00:47:03.540$ So they, the term co-creation

 $777\ 00:47:03.540 \longrightarrow 00:47:06.243$ has become very popular these days.

778 00:47:07.530 --> 00:47:11.370 We have in a community setting adopted what's called

779 00:47:11.370 --> 00:47:15.151 the community partner participatory research approach,

780 00:47:15.151 --> 00:47:18.900 so that it's not just based in the community,

 $781\ 00:47:18.900 \longrightarrow 00:47:23.900$ but that the community members are equal partners.

 $782\ 00:47:24.150 \longrightarrow 00:47:28.460$ And we've used this not just in implementation studies,

 $783~00{:}47{:}28.460 \dashrightarrow 00{:}47{:}33.460$ recently we used it in New Orleans and South Louisiana

 $784\ 00:47:34.830 --> 00:47:38.160$ to look at how community-based organizations

 $785~00{:}47{:}38.160 \dashrightarrow 00{:}47{:}42.720$ in low income neighborhoods like the Lower Ninth Ward

786 00:47:42.720 --> 00:47:46.017 were and preparing for hurricane season

787 00:47:46.017 --> 00:47:47.317 during the COVID pandemic,

788 00:47:48.560 --> 00:47:52.730 how COVID had impacted their ability to prepare for

 $789\ 00:47:54.330 --> 00:47:58.615$ and respond to an increased frequency

 $790\ 00:47:58.615 --> 00:48:00.270$ of more severe hurricanes.

791 00:48:00.270 --> 00:48:04.830 That involved having a community advisory board

 $792\ 00:48:04.830 \longrightarrow 00:48:09.030$ from the community, help us design the interviews,

793 00:48:09.030 --> 00:48:13.230 identify people to interview,

 $794~00{:}48{:}13.230 \dashrightarrow 00{:}48{:}16.650$ and then participate in the analysis of the transcripts

- $795\ 00:48:16.650 \longrightarrow 00:48:17.750$ from those interviews.
- $796\ 00:48:19.772 --> 00:48:24.270$ You know, as I said, one of the things
- $797\ 00:48:24.270 --> 00:48:27.570$ that we see as a real value to RAPICE
- $798\ 00:48:27.570 \longrightarrow 00:48:30.153$ is that it empowers communities.
- 799 00:48:31.050 --> 00:48:34.500 Rather than simply being passive participants,
- $800\ 00:48:34.500 \longrightarrow 00:48:36.873$ they're actively engaged in the process.
- 801 00:48:38.430 --> 00:48:41.250 <v -> I'm curious to learn a little more in RAPICE,</v>
- $802\ 00{:}48{:}41.250 \dashrightarrow 00{:}48{:}46.250$ how are you following the quality of field observations
- $803\ 00:48:48.450 \longrightarrow 00:48:53.450$ and field notes and or, you know, from both ends,
- $804\ 00:48:53.970 \longrightarrow 00:48:56.130$ from the mixed method consultant
- $805\ 00:48:56.130 \longrightarrow 00:48:57.960$ and also the participant observers
- 806 00:48:57.960 --> 00:49:00.960 that might be newly trained in ethnography
- $807\ 00:49:00.960 \dashrightarrow 00:49:03.360$ or like conducting interviews and writing field notes
- $808\ 00:49:03.360 \longrightarrow 00:49:04.665$ and things like that.
- $809\ 00:49:04.665 \longrightarrow 00:49:06.617$ What is of the process?
- 810 00:49:06.617 --> 00:49:10.827 <v -> So the iterative nature of that is that we, </v>
- $811\ 00:49:13.530 \longrightarrow 00:49:17.820$ on a regular schedule review field notes
- $812\ 00:49:17.820 \longrightarrow 00:49:21.270$ and any data that's collected.
- $813\ 00:49:21.270 \longrightarrow 00:49:24.150$ I then meet with the participant observers
- $814\ 00{:}49{:}24.150 \dashrightarrow 00{:}49{:}27.970$ or the consultant meets with the participant observers
- $815\ 00:49:31.131 --> 00:49:34.560$ and queries them and makes recommendations at that point
- $816\ 00:49:34.560 \longrightarrow 00:49:36.540$ about the kinds of information.
- 817 00:49:36.540 --> 00:49:39.630 I mean, we begin, actually, I should say
- $818\ 00:49:39.630 \longrightarrow 00:49:41.760$ begin actually by training them
- 819 00:49:41.760 --> 00:49:45.030 on how to do participant observation.

 $820\ 00:49:45.030 \longrightarrow 00:49:49.363$ So the who, what, when, where, why observation,

 $821\ 00:49:50.490 \longrightarrow 00:49:55.490$ how to collect information, how to record it in field notes,

822 00:49:55.560 --> 00:49:59.441 what we expect to see in field notes,

 $823\ 00{:}49{:}59.441 \dashrightarrow 00{:}50{:}03.063$ the different types of observation and reflection.

824 00:50:03.900 --> 00:50:07.740 And then we use the information,

 $825\ 00{:}50{:}07.740 \dashrightarrow 00{:}50{:}11.410$ the analyst uses the information that is provided to them

 $826\ 00:50:12.360 \longrightarrow 00:50:15.790$ to ask additional questions to get a better understanding

 $827\ 00:50:16.998 \longrightarrow 00:50:20.246$ of what was observed or what was heard or seen.

 $828\ 00:50:20.246 \longrightarrow 00:50:22.743$ From the analyst standpoint,

829 00:50:24.150 --> 00:50:27.515 the check is, the member checking.

 $830\ 00:50:27.515 --> 00:50:30.420$ So when we come up with a preliminary analysis,

831 00:50:30.420 --> 00:50:34.140 we present it to a group of clinicians

832 00:50:34.140 --> 00:50:36.300 who participated in this study,

833 $00:50:36.300 \longrightarrow 00:50:38.223$ who were observed for example,

 $834\ 00:50:39.064 \longrightarrow 00:50:41.940$ or we presented to community members

 $835\ 00:50:41.940 \longrightarrow 00:50:46.663$ to get their reflections, to get their feedback.

 $836\ 00:50:46.663 --> 00:50:51.663$ So in a member check, what the analyst does

 $837\ 00:50:51.877 \longrightarrow 00:50:56.877$ is review through a member checking process essentially.

838 00:51:01.770 --> 00:51:04.832 Any questions from the ethernet?

839 00:51:04.832 --> 00:51:07.749 (Ashley chuckling)

840 00:51:09.031 --> 00:51:11.093 < v ->It's like class, just a lot of black boxes.</v>

841 00:51:13.404 --> 00:51:16.470 Okay, well, it's one o'clock so I'm mindful

 $842\ 00:51:16.470 \longrightarrow 00:51:21.470$ that folks likely need to head off to their next thing.

 $843\ 00:51:22.943 --> 00:51:26.920$ But please do let us know if you're not on

 $844~00{:}51{:}26.920 \dashrightarrow 00{:}51{:}31.920$ any of our email lists or interested in learning more about

 $845~00{:}51{:}32.550 \dashrightarrow 00{:}51{:}35.730$ our qualitative methods innovation program

 $846~00{:}51{:}35.730 \dashrightarrow 00{:}51{:}39.750$ or just more about CMIPS, contact William Tootle.

 $847\ 00:51:39.750 --> 00:51:41.700$ And yeah, you can join me one more time

848 00:51:43.696 --> 00:51:46.110 in thanking Prof. Palinkas for his wonderful talk.

 $849\ 00:51:46.110 \longrightarrow 00:51:47.583$ Yeah, so thank you, everyone.

 $850\ 00:52:01.572 --> 00:52:06.150$ Thank you so much. I have so many questions. (chuckles)

851 00:52:06.150 --> 00:52:08.350 <v ->I guess that worked out okay</v>

 $852\ 00:52:08.350 \dashrightarrow 00:52:09.870$ in spite of the technical challenges.

853 00:52:09.870 --> 00:52:11.130 <
v Participant>No, I think it was great. Yeah.
</v>

854 00:52:11.130 --> 00:52:13.383 <v ->I have to say that shared.</v>