THE EQUITY TRACER

USING A NEW TOOL TO IDENTIFY SOURCES OF SYSTEMIC RACISM AND INEQUITABLE TREATMENT IN THE CHILD WELFARE SYSTEM

April Wall-Parker, MS
Pressley Ridge

PRESSLEY RIDGE

PRESENTATION OUTLINE

- What is systemic (institutional) racism?
- What does data have to do with it?
- Digging Deeper: What does inequitable treatment look like in child welfare and behavioral healthcare institutions?
- Introducing a tool to help us understand the lived experience of those we serve.
- Sharing results from an ongoing study using real-world examples
- Recommendations for creating healing systems and advocating for youth.

WHAT IS SYSTEMIC RACISM?

CULTURAL AND SOCIETAL IMPLICATIONS

SYSTEMIC RACISM VS. INDIVIDUALIZED RACISM

Systemic racism

- Historical and contemporary policies, practices, and norms that create and maintain oppression or inequitable treatment (The Urban Institute, 2020).

Individual Racism

- "Any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin" (Committee on the Elimination of Racial Discrimination, 2020).

A SYSTEMS PROBLEM (JAMES, 2020)

- "Disproportionality and disparities exist for the same populations in most if not all helping systems and institutions."
- Systems design programs that address individual pathology; this approach maintains and perpetuates disproportionality and disparities for poor and minoritized communities.

Disproportionality
Group A experiences something more/less often than Group B.

Inequality
Group A is treated more favorably than Group B for the same behavior.

Bias
Extrapolating beliefs to all persons belonging to Group B.

Systemic Racism

WHAT DOES MY DATA HAVE TO DO WITH IT?

MEASURING RACIAL DISPARITY OUTCOMES

"75% of youth discharged to their biological families…"
"…65% reduction in symptoms"
"71% of youth graduated..."
"80% of youth improved their CAFAS scores from entry to discharge…"
"…91% satisfaction rate"

Satisfaction Surveys

73

% Satisfied with Services

BENCHMARK - 95%

% Well-Being Increased

BENCHMARK - 90%

% Family Involved

BENCHMARK - 90%

Discharges

33

Avg Days in Program

792.2

In School at Discharge

BENCHMARK - 80%

76%

Living w/Family at Discharge

BENCHMARK - 80%

76%

WHY USE SUMMARY DATASETS?

Help us to monitor program outcomes "at a glance."

Tell us how *most people* are faring in our programs.

Allow us to communicate the impact we are having on our communities.

Assist in building predictions of likely success / failure cases.

Talking Points: How is your data aggregated?

LOOKING BEYOND AGGREGATED DATA

Overreliance on aggregated datasets and techniques that promote "statistical soundness" doesn't always tell the whole story.

In fact, doing so may simply reinforce a predominate experience and unconsciously promote biased ideologies (Curley, 2019).

Behind every data point, there is a human being. Social and human service providers must pay attention to individual experiences, particularly unique ones (Wexler, Shaffer, & Cotgreave, 2017).

DATA HAZARDS

- Often not timely
- "Insignificant" results with small populations
- Datasets can suffer from bias

EXERCISE: CLASSROOM AVERAGE

We have: A classroom of 5 students, a classroom of 10 students, and a classroom of 15 students. What's the average number of students?

Teacher Perspective:

(5 + 10 + 15) = 30 / 3 = <u>10</u>

Student Perspective:

(5+5+5+5+5+10+10+10+10+10+10 +10+10+10+10+15+15+15+15+15+15 +15+15+15+15+15+15+15+15+15) = 350 / 30 = <u>11.67</u>

(Krause, We All Count, 2019)

POLL

- Where is your organization in its journey to addressing racial equity?

HOW TO GET STARTED MEASURING DISPARITIES IN DATA

- Disaggregate data! Compare percentages/rates across groups
- Review in regularly occurring meetings

EX: DISAGGREGATION

	Number Discharged	Incarceration Rate	Length of Stay < 8 mo.	Least Restrictive Placement
White	66	7%	76%	68%
Black/African American	37	27%	51%	54%
Bi & Multi-Racial	26	19%	54%	50%
Latinx	24	21%	64%	58%
Total	153	16%	65%	60%

EX: DISAGGREGATION WITH HEAT MAP

	Number Discharged	Incarceration Rate	Length of Stay < 8 mo.	Least Restrictive Placement
White	66	7%	76%	68%
Black/African American	37	27%	51%	54%
Bi & Multi-Racial	26	19%	54%	50%
Latinx	24	23%	65%	57%
Total	153	16%	65%	60%

Percent Living with Family by Gender

Percent in School by Gender

Percent Living with Family by Race

Percent in School by Race

HOW MUCH DISPROPORTIONALITY EXISTS? CALCULATING RISK RATIOS

- The likelihood of experiencing a negative outcome compared to a certain group or groups of people

- Risk ratios around 1.5 are considered *concerning*, and risk ratios above 2 indicate *significant disproportionality* (Gibbs & Skiba, 2008).

Risk Ratio	Interpretation
1	Precise proportionality
Greater than 1	Over-representation
Less than 1	Under-representation

DISPROPORTIONALITY CALCULATIONS

Risk Index = Number in Interest Group / Population of that Group

41 BIPOC youth didn't go home/115 BIPOC youth discharged = .36

43 White youth didn't go home/200 White youth discharged = .22

Risk Ratio = Risk Index of Interest Group / Risk Index of Comparison Group

Risk Index BIPOC/Risk Index White =.36/.22 = 1.6

BIPOC youth are 1.6 times more likely to *not go home* after they leave our programs compared to white youth

https://research.steinhardt.nyu.edu/site/metroblog/2017/04/04/are-my-students-at-risk-measuring-disciplinary-disproportionality/

WHAT DOES INEQUITABLE TREATMENT LOOK LIKE IN CHILD WELFARE AND BEHAVIORAL HEALTHCARE INSTITUTIONS?

COMMON SOURCES OF DISPROPORTIONALITY, BIAS & INEQUITABLE TREATMENT

SYSTEMS FRAMING

There is a gap between the mental/behavioral health service systems' approaches towards serving diverse youth and negative expectations often found in other institutions (Alegria et al., 2010).

Many systems do not exhibit ecosystemic views, instead focusing on individual maladies or blameful characterizations of youth. These systems often rely on punishment as a means of addressing behavior as opposed to preventative care.

ENGAGING FAMILIES

- When parents are treated differently, there is an increased likelihood that they will not actively participate or remain in services for their full duration (Hackworth et al., 2018).

- Parental anxiety about being judged and feeling unwelcome due to class, race or cultural background is associated with decreased help-seeking and lower service uptake and continued attendance (Cortis et al. 2009).

LANGUAGE

Stigmatizing or stereotypical language is often found in individual records. This language may reflect implicit bias and negative attitudes on behalf of the service provider (Goddu et al., 2018).

ACCESS AND SERVICE UTILIZATION

Service access can also be limited for due to lack of transportation, childcare, or ability to take time off work; communication and language barriers; cultural differences between individuals and providers; and historical and current discrimination in systems (Institute of Medicine, 2002).

TREATMENT TYPE

Minoritized individuals are less likely to receive a diverse range of procedures, ranging from high-technology interventions to basic diagnostic and treatment procedures, and they experience poorer quality medical care than majority groups.

(Institute of Medicine, 2003; 2015).

TERMINATION OF SERVICES AND SUPPORT

Termination of Services & Support

Evidence suggests that minoritized groups discharge to more intensive levels of care than whites, are less likely to discharge to their homes, and more likely to have services ended prematurely (Perzichilli, 2020).

LESS FAVORABLE WORKING ALLIANCES

Research shows that white individuals have more favorable working alliances with their providers than individuals who are not white (Eliacin et al., 2016).

Another study demonstrated that, over time, individuals who are white reported a steady increase in working alliance quality, whereas those belonging to a racial minority group did not (Walling et al., 2012). Other research has shown that that health care professionals have implicit preferences that favor heterosexual patients (Sabine et al., 2015).

Talking Points: What has been your experience?

A TOOL TO HELP US UNDERSTAND THE LIVED EXPERIENCE OF THOSE WE SERVE

THE EQUITY "TRACER"

OVERVIEW

- Our organization has created goals to promote equity and inclusion.
- However, we needed a resource to help us develop awareness of our current practices.
- We developed a "tracer" tool to see what was happening to those we serve, and how they were being treated.

EQUITY TRACER

Indicators of Bias or Inequitable Treatment				
	No Evidence	Some Evidence	Significant Evidence	Unable to rate
	0	1	2	--
1. Systems Framing: Why was the youth referred or adjudicated to treatment? Did the youth's behavior or needs reflect the assigned level of care? How did previous stakeholders view the youth and explain the case history? *Notes:*				
2. Family Involvement: Did the program make significant effort to include family members into the treatment process? Did staff exclude family members for any reason? Did any family members express feelings of mistrust or complain about unequal treatment? *Notes:*				

TRACER “SCORING”

EQUITY TRACER: STEPS

Record Review

Review individual records, case notes, intake documents, etc. for evidence of bias or inequity.

Discuss

Review with program staff to validate information and ascertain the context of the individual case.

Improve

Use findings to improve processes, procedures, or decision making.

SHARING RESULTS FROM AN ON-GOING STUDY USING REAL-WORLD EXAMPLES

PILOT STUDY RESULTS

CASES REVIEWED

22 tracers completed between February and April 2021

All tracers on non-white individuals indicate some *potential* evidence of structural racism

100%

EXAMPLES

- Youth ordered to residential care facility, citing poor grades and inappropriate behavior at school *(Systems Framing)*
- School refusing to change meeting times to accommodate mother's work schedule *(Family Involvement)*
- "Thug" and "gang-like" used to describe a youth with no history of criminal behavior *(Language)*
- Teen making substantial progress, moved to juvenile detention despite provider support *(Termination of Services)*

On average, two sources were identified for white individuals, and three sources were identified for non-white individuals.

Sources of Bias or Inequity

% of individuals with potential evidence by tracer category

RECOMMENDATIONS FOR CREATING HEALING SYSTEMS AND ADVOCATING FOR YOUTH

A DISCUSSION

WHAT HAVE WE DONE SO FAR?

WHAT HAVE WE DONE SO FAR?

Youth and Staff Education

- Movie Night Educational Series
- Anti-defamation League Lesson Plans
- Include systemic racism and inequity when processing underlying causes of behavior with youth
- Staff meetings focusing on sources of inequity for staff and youth

WHAT HAVE WE DONE SO FAR?

Youth and Family Voice Work

- Focus Groups with youth and foster parents regarding discrimination
- Re-focusing organizational outcomes on what is most important to our youth and families

WHAT HAVE WE DONE SO FAR?

Advocacy Work

- Initiate conversations with outside systems regarding inequity that we've witnessed
  - Courts/Judges
  - Juvenile Probation Officers
  - State MCOs

WHAT HAVE WE DONE SO FAR?

Updated Tracer Tool

- Expand the types of inequity that we look for the in the tracers
  - LGBTQIA+

- Begin doing more tracers and expanding their program reach

WHAT CAN YOU DO?

QUESTIONS OR FURTHER DISCUSSION?

April Wall-Parker

awallparker@pressleyridge.org

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