# A qualitative study of cultural congruency of Legacy for Children™ for Spanish-speaking mothers

**Lana O. Beasley**[a,b,*,1], **Jane F. Silovsky**[b,2], **Hannah C. Espeleta**[a,3], **Lara R. Robinson**[c,4], **Sophie A. Hartwig**[c,4], **Amanda Morris**[a,5], and **Irma Esparza**[b,2]

[a]Oklahoma State University, United States

[b]University of Oklahoma Health Science Center, United States

[c]Centers for Disease Control and Prevention, United States

## Abstract

In recognition of the need to reach more families, the Legacy for Children™ (*Legacy*) program was translated and culturally adapted for Spanish-speaking Hispanic mothers and their infants. This study examined the cultural adaptations and logistical supports needed for successful implementation with Spanish-speaking mothers. The research team used purposive techniques to sample Hispanic bi-lingual providers (N = 14) and supervisors (N = 5) of local home-based parenting programs (Healthy Families, Parents as Teachers, and SafeCare®). The goal of the study was to determine from providers and supervisors the social validity (satisfaction, relevancy, importance, and acceptability of the intervention) and cultural congruency of the adapted *Legacy* curriculum. Researchers conducted a qualitative analysis of the transcriptions using a template approach within NVivo 10 software to identify broad themes within focus group data. Overall, results indicated many positive aspects of the *Legacy* program including content, approach, pace, topics, structure, social engagement, and straightforward curriculum language. Emergent themes from the focus groups included best practices in identifying, recruiting, and approaching Hispanic mothers, as well as key engagement strategies. Recommended revisions of the adapted *Legacy* curriculum focused on enhancing visual and auditory supplements, making minor improvements to lower the reading level, and reducing barriers to attendance. Implications for cultural adaptation of parenting programs are discussed.

[*]Corresponding author. Lana.Beasley@okstate.edu (L.O. Beasley).
[1]233 Human Sciences, Stillwater, OK 74078
[2]940 NE 1fifth Street, OUCPB 3B3406, Oklahoma City, OK 73104
[3]116 North Murray, Stillwater, OK 74078
[4]4770 Buford Hwy MS-E88, Atlanta, GA 30341-3717
[5]700 N. Greenwood Ave., Main Hall 1110, Tulsa, OK 74106

## 1. Introduction

Poverty in childhood is associated with significant disparities in physical, mental, and academic health (AAP, 2016; Duncan, Ziol-Guest, & Kalil, 2010; Evans & Kim, 2012; Hall, Elias, & Crossley, 2006). These disparities disproportionately affect Hispanic/Latino families (Flores et al., 2002; Wright, Chau, & Aratani, 2011). For example, between 2004 and 2006, almost twice as many Hispanic children (28.7%) lived in low-income households compared to non-Hispanic children (15.7%) and the inequality gap within Hispanic families was higher than that reported among non-Hispanic families (Gennetian, Rodrigues, Hill, & Morris, 2015). Although Hispanic families are the largest and the fastest growing racial/ ethnic minority group, Hispanic children are less likely to receive a well-child visit, have health insurance, or enter school with the necessary academic skills (Murphey, Guzman, & Torres, 2014).

Parenting programs designed for families experiencing poverty have established evidence supporting improved health and developmental outcomes (Morris et al., 2016). However, parenting programs are rarely evaluated with a diversity of racial/ethnic groups and are often only available in English. With an increased recognition of racial disparities in the access and availability of social services, recent literature has focused on reducing barriers by both increasing access to evidence-based programs for minorities and ensuring that services are culturally congruent (Atkinson, Bui, & Mori, 2001; Bernal & Scharron-Del-Rio, 2001; Whaley & Davis, 2007). A 2016 report by the National Academies of Sciences, Engineering, and Medicine highlighted these gaps in services by recommending culturally relevant parenting programs to increase engagement and effectiveness of these programs for racial and ethnic minorities (NASEM, 2016).

### 1.1. Cultural adaptation

Culturally congruent services refer to those that are adapted to meet the unique cultural needs of families and communities (Whaley & Davis, 2007). Culturally congruent approaches may be particularly important for acceptability, initial engagement, and retention in services. Services that have utilized culturally adapted engagement strategies have found improved recruitment and retention rates (Botvin, Griffin, Diaz, Miller, & Ifill-Williams, 1999; Harachi, Catalano, & Hawkins, 1997; McCabe, Yeh, Garland, Lau, & Chavez, 2005; McKay, Stoewe, McCadam, & Gonzales, 1998). Further, there is an accumulation of meta-analyses indicating the importance of culturally adapted treatments (Benish, Quintana, & Wampold, 2011; Griner & Smith, 2006). For example, Griner and Smith (2006) found that culturally adapted psychotherapy effectively addressed mental health and substance abuse with ethnic and racial minorities. Additionally, Benish et al. (2011) found that after conducting a "multilevel-model, direct-comparison meta-analysis" of both published and unpublished research studies, culturally adapted treatments had greater treatment outcome

effect for the primary target of treatment (e.g., depression, anxiety, social skills, etc.) as compared to treatments that did not imply cultural adaptation.

Specific to the cultural adaptation of parenting interventions for Latino immigrants, Ruben Parra Cardona et al. (2012) explored the impact of two culturally adapted evidence-based interventions and found high levels of satisfaction with both interventions, further confirming the importance of culturally adapting programs for Hispanic families. Additionally, within the context of home-based parenting programs, it was found that researchers found strong acceptability and cultural congruency of a prevention program (SafeCare) adapted for the Hispanic community (Beasley et al., 2014). The extant literature indicates the importance of cultural adaptation of treatments; therefore, the current study was designed to understand the social validity and cultural congruency of an adapted prevention program for Hispanic families that takes place within a community setting.

## 1.2. Legacy for Children™

The Legacy for Children™ (*Legacy*) program is a group-based prevention program designed to promote child development by supporting sensitive, responsive mother-child relationships, building maternal selfefficacy, and fostering peer networks of support among mothers living in poverty (Perou et al., 2012). *Legacy* is designed to prevent child developmental delays associated with poverty and is built on the philosophy that parents have a direct impact on their children's development. The *Legacy* program focuses on five goals: (1) promote maternal responsibility, investment, and devotion of time and energy; (2) promote responsive, sensitive mother-child relationships; (3) support mothers as guides to their children's behavioral and emotional regulation; (4) promote each mother's facilitation of their children's verbal and cognitive development; (5) and promote mothers' sense of community.

## 1.3. Previous *Legacy* for Children™ implementation trials

The original *Legacy* prevention program was evaluated with a pair of randomized controlled trials (ClinicalTrials.gov registry #: NCT00164697) at two intervention sites (Los Angeles and Miami). The two sites developed and implemented their own curricula based on both their distinct community and population characteristics as well as the *Legacy* model, resulting in the University of California at Los Angeles (UCLA) and University of Miami (UM) versions (Perou et al., 2012). While the UCLA and UM curricula differ on some implementation-specific factors, such as target child age range (prenatally through three years or birth through five years, respectively), total sessions offered, and session composition, they both adhere to the five *Legacy* goals and include the same core model components. Using a non-didactic approach, the *Legacy* model posits there are many positive ways to parent a child and a sensitive, responsive parent-child relationship is more important than any single parenting behavior. The developmentally timed curricula are implemented in a group-based format with the group leader facilitating the curriculum discussion rather than teaching it. Groups meet weekly (or weekly with breaks in between curriculum blocks) over the years. The curricula are designed for three different types of session components: mother-only time to discuss curriculum material and build connections

between mothers, mother-child time to practice session material with one targeted "*Legacy* child," and one-on-one time with the group leader to reinforce curriculum content.

The *Legacy* program was originally implemented and evaluated with mothers from a range of ethnic backgrounds, including English-speaking Hispanic mothers. At baseline in the LA sample, 44.9% of mothers identified as Non-Hispanic Black and 41.1% identified as Hispanic. The baseline sample at the Miami site identified primarily as Non-Hispanic Black (69.2%), Haitian (17.0%), and Hispanic (9.0%). Although participation in *Legacy* required that participants speak and read English, many of the mothers enrolled in the program were bilingual or multilingual; 42.3% reported speaking a language other than English in the home (Perou et al., 2012). Results from randomized clinical trials (RCTs) found that compared to mothers in the "usual care" comparison group, children of mothers randomized to the intervention group had fewer socio-emotional and behavior problems in the Miami sample, and fewer hyperactive behavior symptoms in the LA sample (Kaminski et al., 2013). Forthcoming analyses are examining program impacts on child cognitive outcomes, the mother-child relationship, and child maltreatment risk.

As part of the original RCTs, twenty-one focus groups were conducted with *Legacy* participants (N = 166) focused on the English curriculum and intervention engagement (Fraser, 2009). Analysis of focus group data suggests cultural acceptability and parent satisfaction with the original English language program for the diverse participants. For example, one mother reported, "Our group leader, she understood that everybody comes from a different background." Another "I had a place to – to share and get support or get a hug or cry if I needed to… it was like something I looked forward to every Sunday and I was sorry that it was over."

Given the promising data from the RCTs, inclusive of positive impacts for English-speaking Hispanic families, the Centers for Disease Control and Prevention (CDC) pursued adapting and translating the *Legacy* curriculum into Spanish to reach more Hispanic families. CDC assembled a team of *Legacy* curriculum experts and two groups of translators (CDC translators and an independent group from outside CDC). Prior to translation, the *Legacy* curriculum experts reviewed the full curriculum to identify any content requiring adaptation, substituting culturally relevant or traditional songs, books, and examples for the original English versions as needed. The independent translators then initially translated and the CDC staff reviewed a pilot curriculum session to ensure that word choices and tone reflected the original intent of the curriculum. After consensus was reached on the pilot session, the independent translators translated the rest of the curriculum. CDC's internal translators reviewed all translated curriculum at least twice for quality control purposes. The UCLA curriculum developers also reviewed sessions and made revisions to the translation to ensure the original session intent was preserved with the translation.

## 1.4. Current study

The present study used a qualitative approach to examine the social validity (satisfaction, relevancy, importance, and acceptability of the intervention) and cultural congruency of the culturally adapted *Legacy* curriculum, UCLA version. Further, strategies to enhance recruitment, engagement, and retention of Spanish-speaking Hispanic mothers were

addressed. Qualitative methodology can be a valuable tool in the evaluation of evidence-based programs, providing insight into the implementation process and engaging program participants and other key stakeholders (Tayabas, León, & ESPINO, 2014). A qualitative approach can be especially beneficial when translating or otherwise adapting existing interventions, and ensuring programs are culturally relevant in new contexts (Cardona et al., 2012; Dumas, Arriaga, & Begle, 2011). In this study, supervisors and providers of home-based parenting programs were chosen to provide this feedback as they all had experienced working with first-generation Hispanic immigrants teaching parenting to families with young children in Oklahoma. These participants were well-suited to provide broad-based insights on adaptations that would improve the cultural congruency of *Legacy* implementation. The Hispanic supervisors and providers participated in focus groups to review and provide feedback on the program. Focus groups were conducted with these providers to examine both the cultural congruency of the adapted program as well as address supports needed for successful implementation of the program for Oklahoma Hispanic communities.

## 2. Methods

### 2.1. Procedures

Seven focus groups ranging in length from approximately one and a half to 2 h each were conducted. The research team used purposive sampling (Hennink, Hutter, & Bailey, 2011) to recruit participants, which included Hispanic bi-lingual parenting program providers (N = 14) and supervisors (N = 5) of local home-based visitation programs (i.e., Healthy Families, Parents as Teachers, and SafeCare®). All supervisors and home visitation providers were invited to participate through presentations at supervisory group meetings. Child care was offered if needed. All providers and supervisors had worked extensively with Hispanic families with young children, including expectant mothers. The families served by this agency were primarily from Mexico (both rural and urban) and from Central and South America. A sample of families (N = 333) served by the agency reported their country of origin as being from Mexico (80%), Guatemala (10%), United States (6%), El Salvador (1%), Honduras (1%), Ecuador (0.5%), Nicaragua (0.5%), Peru (0.5%), and Venezuela (0.5%) (unpublished manuscript, citation withheld). A total of nineteen providers and supervisors (collectively referred to as participants unless otherwise indicated) participated in the seven focus groups, with two to three participants per group. Participants described their positions working with children and families as director of prevention programs (N = 1), supervisor (N = 4), family assessment worker (N = 1), family support worker (N = 5), home visitation worker (N = 3), parent educator (N = 3), group leader (N = 1), and class teacher (N = 1). Focus group participants received a $30 gift card to compensate them for their time and participation. All focus groups were conducted either during midday or early evening with small meals provided. Qualitative team members transcribed and cross-checked all interviews to ensure accuracy. During transcription, the research team removed all identifying information. The Oklahoma University Health Sciences Institutional Review Board (IRB) approved the current study, including evaluation methods.

### 2.2. Focus group guide development

The lead qualitative researcher (first author) developed an interview guide for focus groups, which the qualitative research team and collaborative partners successively reviewed and revised. The semi-structured guide sought to assess provider opinions on the cultural congruency of the *Legacy* curriculum, potential barriers of the program, and recommendations for successful enrollment and engagement of Hispanic mothers. The guide asked focus group participants their initial thoughts on the curriculum and perspectives on the translation and cultural congruency of the approach, style, and process of the program. The guide also asked participants about the curriculum materials, including topics, activities, reading level, and handouts. The interview guide concluded with questions about strategies for identifying and recruiting mothers and expectant mothers, as well as potential barriers to engagement and retention of families, with recommendations to overcome these limitations.

A pilot focus group was conducted with two bilingual Hispanic community outreach providers to better understand the guide's strengths and limitations. Following the pilot focus group, the research team made minor modifications to the interview guide and how the information was presented. Based on experiences in the pilot focus group, the research team decided to divide the *Legacy* curriculum sessions into sections and review with separate focus groups to reduce reviewer burden.

### 2.3. Data collection

All focus groups followed the same structure of collecting qualitative information (see Fig. 1). The supervisors were interviewed together in a single focus group separate from the home-based providers. English-speaking qualitative researchers moderated the focus groups, which included Spanish-speaking note takers to address conversation and questions in Spanish as needed. After reviewing and completing consent for participation, the moderator provided an initial overview and instructions for the focus group in English, with an option to answer any questions in Spanish. A brief presentation of the *Legacy* program was provided in Spanish, and all handouts were available in both Spanish and English.

After the overview and brief presentation, participants reviewed a portion of the *Legacy* material in Spanish. The *Legacy* UCLA Binder Two (first year of the *Legacy* Group Leader Manual) and Binder Four (corresponding parent handouts) were divided so that each portion of the program was reviewed by at least three participants. After review of the material, the moderator used the interview guide to facilitate discussion with the participants.

### 2.4. Analyses

Qualitative data analysis of the transcriptions was conducted using NVivo 10 software. The research team used a template approach (Patton, 2002) to identify broad themes within all participant focus group data. The template approach refers to a researcher producing a list of codes ("template") that represents themes identified within the text of their data and represents the relationships between themes that are defined by the researcher (King, 2004). After the creation of the template, all data was coded within this framework. The team used this template analytic approach to examine Hispanic provider and supervisor perspectives on the (1) current *Legacy* curriculum, (2) cultural appropriateness of the program for the

Hispanic community, (3) logistical supports needed for recruitment, and (4) initial and sustained engagement of Spanish-speaking mothers. A trained qualitative researcher developed the codebook; content analysis was used to identify core constructs and themes emerging from the data. More specific themes were also identified, and were coded as sub-codes within the broader categories. All data was coded by a trained qualitative researcher under close supervision of the lead qualitative researcher. Upon completion of coding, data analysis was reviewed by the lead qualitative researcher to ensure accuracy of the coding system and any discrepancies were discussed with the larger team until consensus was reached. The themes are described below with representative quotes to illustrate. It is also important to note that there were no distinct differences in themes that emerged regarding providers versus supervisors with all data being represented as participant data.

## 3. Results

### 3.1. Cultural congruence of the *Legacy* for Children™ Spanish translation

Participant discussions overall indicated that they considered *Legacy* appropriate for Spanish-speaking Hispanic families. In particular, the focus group participants offered positive feedback on pace, topics, structure, engagement of mothers in social interactions, straightforward curriculum language, and incremental approach. When evaluating the structure of the program, focus group participants reported that the pace of the curriculum was appropriate, such that it does not overwhelm mothers with too much information in one session and appears easy to follow for both *Legacy* group leaders and mothers. Further, they stated that the straightforward curriculum language and incremental activities support mothers to become familiar with concepts in a skills-based approach, noting this could facilitate active participation among mothers not familiar with particular topics or activities. Focus group participants felt the session topics apply to everyday life and thus would easily help mothers relate and engage with one another. For example, participants expressed satisfaction with topics such as discipline and facing negative comments (from the mothers' families and from outsiders regarding parenting approach). Some representative quotes were: "I think it's a lot of good information. I like how it asks. It opens it up for the parents to give their opinion and kind of go from there" and, "The topics that are being focused on I think that are the most important…"

Participants also discussed the benefit of mothers sharing time with other mothers, as many are socially isolated. Participants explained that although many Hispanic mothers may be quiet at first, over time they could develop strong and supportive relationships. The *Legacy* goal for social connections among the mothers was noted as a particular strength for Spanish-speaking immigrant mothers. One provider explained:

> "I think that is incredibly important and really beautiful that the goal is to establish connection for the mom so they don't feel as isolated. Especially if they're Spanish-speaking moms because a lot of the moms I work with don't speak English only Spanish and they spend a lot of time at home with their kids and necessarily don't go and do anything for themselves."

In addition, specific feedback was provided regarding features of the curriculum language, visual representations, and songs. Participants indicated that the information appeared clear and easy to follow in Spanish.

## 3.2. Curriculum suggestions

Participants suggested simplifying sentences and activities in the curriculum to lower the reading level and using words more common to the families they serve. In addition, participants provided feedback around the visual aspects of the curriculum. Participants suggested using pictures and cartoons to provide visual supports to understanding concepts, describe content, and make activities easier to follow. Participants recommended including (or increasing the number of) candid pictures and pictures of multiracial families— particularly Hispanic families and infants—with one participant stating, "For me maybe like having like seen Hispanic families see pictures, so they can relate to the handouts." Participants expressed concern that the current visuals depict middle-class culture, which is often not representative of families served by the program.

Although three focus group participants felt the songs represented in the material were appropriate for Hispanic women, the overall consensus was a need for more traditional songs. Focus group participants recommended gathering songs from participating mothers, communicating the benefits of songs, modeling the words of songs by singing with the group, and creating a CD or sharing videos of the songs used. They also indicated that not every *Legacy* group leader will know and be able to sing all the songs. Recordings could be useful for the *Legacy* group leader to lead the activities and for the mothers to use at home.

## 3.3. Identifying, recruiting, and approaching Hispanic mothers

Focus group participants were asked to describe the best ways to identify and recruit Hispanic mothers for the *Legacy* program.

**3.3.1. Places to recruit mothers—**Suggestions for the best places to recruit Hispanic mothers included home visitation programs such as Nurse Family Partnership, health clinics, doctor offices, and hospitals (see Table A.1). Participants also listed churches, prenatal classes, Women Infants and Children (WIC) clinics, probation offices, schools, and child care centers as good recruitment locations. Recruiting directly in the Hispanic community was noted as important: participants mentioned recruiting at local Hispanic restaurants or supermarkets, fairs or flea markets, and any other local agencies contributing to a strong sense of community for the local Hispanic population.

**3.3.2. Approach strategies—**Strategies for approaching pregnant Hispanic women were also discussed (see Table A.2). The characteristics of the person recruiting potential participants and the approach of that person were strong discussion themes. Participants suggested using Spanish-speaking and ideally, Hispanic recruiters. Additionally, it was recommended that the recruiter be very familiar with the program so they can enthusiastically describe program details and how it helps the mother and her baby. Participants also mentioned having strong rapport building skills and making the mother feel

important are critical recruiter characteristics. Providing a small gift for the family to help make a strong initial connection was also suggested.

**3.3.3. Recruitment material**—Focus group participants recommended raising the overall awareness of the *Legacy* program in the community; recruitment of families could be facilitated through the use of fliers, newspapers, radio, television programs, and workshops within a school setting. Participants described the need to catch potential families' attention. For example, it was suggested an advertisement near a telenovela (Spanish-speaking television drama) would be ideal. Participants also indicated the importance of advertising in publications that Hispanic mothers would read and within locations they would frequent. Participants suggested using brochures in the locations described above (e.g., health clinics and doctor's offices, flea markets, Hispanic restaurants and supermarkets).

Similar to the curriculum discussions, participants stressed readability (e.g., simple sentences, lower reading level, bolded headings) and inclusion of pictures of Hispanic infants/children and families in recruitment materials. It was recommended that the recruiter (a) explain the benefits of the program, (b) describe the commitment involved in the program, (c) emphasize it is a voluntary and free program for participants, (d) give a brief overview, (e) discuss the connection to other mothers in group, and (f) focus on the benefit to children. They could do this by "speaking fast and impress them with information about the program," as one focus group participant described. Additionally, one focus group participant described the need to over-recruit due to possible attrition.

## 3.4. Engagement of mothers in legacy: initial and sustained participation

Overall, participants reported the group dynamic as key to engagement. Participants noted that the program needs to be fun, create connections among the mothers, and create a respectful environment where mothers feel comfortable to express their experiences. Further, child excitement about the program could facilitate sustained participation: when the children are excited to go to the child activities, mothers may be more likely to attend regularly.

The social connection among the mothers was noted as fundamental to facilitating prolonged engagement of the families. Specific to creating a respectful, positive social environment, focus group participants discussed the importance of balancing the group dynamic to create an environment where every member has the opportunity to participate. Participants reported that Hispanic mothers will need to feel comfortable sharing information within the group setting, stating that for many mothers, sharing may be difficult at first, but with the right atmosphere and encouragement they could open up over time. Participants also emphasized the importance of encouraging a connection between all mothers. Hispanic mothers, new to this type of setting, might struggle with feeling comfortable speaking in a group setting so this is an important consideration while moderating the group. Participants noted that utilizing group parent-child activities to promote interaction among Hispanic mothers could help create positive relationships among the others. Example quotes include the following statement from one participant: "I think at first, in the beginning it'll be more of trying to get

them to participate but I think once they get a feel of what or how the group is they'll open up more." Another participant stated:

> "So I think that pointing out like the smallest action, like if someone does actually speak first even though they were nervous like 'oh I can tell you were kind of nervous to share but you did a great job articulating what you were saying,' or like maybe 'that was such a great thing you brought up I haven't thought about that before,' or just different like ways to encourage and bring out more of the positive things that they do."

As illustrated in the quote above, participants mentioned experiencing success and progress as a reason for sustained engagement of mothers. Participants noted that group leaders need to help mothers see the changes they make and the information they gain, and praise them for their hard work.

While the *Legacy* program is designed for the mother and infant only, focus group participants recommended including fathers as often as possible in the program because of the importance of family in Hispanic culture and the importance of encouraging mothers to include fathers in childrearing. Several participants asked the group "What about fathers?" Another participant discussed concern regarding mothers not always including fathers stating, "Yeah some parents for example can make the exception like the mother take care of the baby and she doesn't want to…give it to the daddy. " Participants also suggested involving *Legacy* mothers' extended families, and socializing with other groups when possible to enhance the support system.

**3.4.1. Engagement during breaks—**The *Legacy* program, UCLA version, is structured in blocks of ten weekly sessions with breaks in between. To sustain engagement of mothers over time, participants discussed what would facilitate Hispanic mothers returning after breaks in the program. Participants recommended several strategies to reduce the challenges accompanying breaks in services. These included taking shorter breaks and engaging in sustained communication with mothers. See Table A.3 for a summary of the recommendations on initial and sustained engagement.

Participants provided a number of recommendations for activities *Legacy* group leaders could utilize to facilitate reengagement after the breaks: (a) provide certificates or acknowledgment of mothers' accomplishments during each set of sessions prior to breaks and celebrate the end of a module with a potluck or party, (b) create a newsletter to keep in touch with families (e.g., with information on child development and activities that mothers could do with their children in the home, area free events for children and families), (c) make referrals to other services as needed, (d) send session reminders via postcards and phone calls (e) conduct home visits, (f) send or drop off small gifts, and (g) maintain relationships as best as possible. This last item might include sending cards to celebrate family events during the break or just checking in by phone. One gift idea was to give families an agenda or planner with program information so that families know of important dates at the onset of program enrollment. Another suggestion was to leverage the group connections to sustain engagement. This included encouraging mothers to be in contact

between sessions and breaks, nominating discussion leaders that could take a leadership role within the group, and encouraging all members to speak in a gentle and caring way.

**3.4.2. Center setting**—Participants also discussed the characteristics of the center in which the Legacy program is held as important to consider for initial and sustained engagement of families. The location of the center would need to be familiar and easy to access for the families. Participants also noted the importance of having a bilingual greeter and family-friendly space. A representative quote was:

> "I would look for a place where the families feel comfortable. I'm not sure if a clinic would be the best place. And I don't have a clue where but I don't know if the families will feel comfortable going to a clinic kind of. I think it should be a place where they are familiar with maybe I don't know if it's a Head Start somewhere and the kids going there or maybe at school but for me kind of going to a clinic is kind of too formal setting for them. It has to be kind of close to where they live because, for example, if we offer something by (location disclosed) maybe some of our families aren't going cause it's too far away. So reaching out for things that are close to the families. And having the daycare on-site, and trying to pick the time that would fit the families."

**3.4.3. Group leaders**—Group leaders' personality, approach, and characteristics were considered crucial to engaging mothers. Participants described many group leader characteristics and actions essential to the engagement of Hispanic families. It was reported that group leaders need to be direct, caring, comfortable, culturally competent, ideally Hispanic, engaging, experienced, honest, humble, nice, not too serious, patient, Spanish-speaking, spontaneous, and nonjudgmental. A participant explained, "… like they [the mothers] have to know that they can trust the person and that they aren't going to be judged. The biggest factor is being judged."

Important group leader actions included asking specific questions, discussing the value of participation, establishing good boundaries, gaining trust, and utilizing referrals (see Table A.4). See below for representative quotes describing essential group leader characteristics.

> "I think whenever you recruit the leader or whoever is going to be kind of working on the curriculum you have it set really well on what needs to be said. But I think in finding someone it's very important to find someone who is engaging or who is very humble, who can connect with people, who come from lower income backgrounds, who understands the language, who can get on level with families and make them feel comfortable that's going to be very important. Cause a lot of times just finding someone who is bilingual is not necessarily someone who is familiar with the culture."

Thus, the focus group participants indicated that the selection, training, and support of group leaders who successfully engage Hispanic mothers will be critical to the success of the *Legacy* program for Spanish-speaking mothers.

The participants anticipated that the *Legacy* group leaders would face a variety of challenges to engagement that included mothers' busy schedules, the nature of working with high-risk families, the long-term commitment of the program, care of other children during the program, school vacations, child illness, time of day of program, and weather issues. Participants noted that implementers need to consider these challenges when planning the program and scheduling breaks between sessions.

**3.4.4. Transportation**—Transportation was described as a key barrier to engagement for their community. To address transportation barriers, participants recommended evaluating transportation needs of families during recruitment and considering the use of carpooling, a transportation service, and/or bus passes. Because many mothers do not drive and do not have access to a car, providing transportation was often recommended. If transportation reimbursement was used, it was recommended to stay under $20–30 so that reimbursement did not become a monetary incentive. Some focus group participants reported that cash is better than a gift card, as it may increase mothers' motivation to attend. However, it was noted that when using cash, it is important to be aware that reimbursement might not be used for gas, as mothers may have more immediate needs to meet. In response to utilizing gas station gift cards, participants reported that it would not help mothers without a car. Specifically, one provider reported:

> "I don't know if that is covered in the *Legacy* some of the families that don't have transportation they are isolated because of that. I don't know if you are going to provide transportation or not because in our case way back when we were doing the groups here, we had a lot success because we were going to go pick them up and bring them here and then we stopped doing that and then they weren't coming so I think especially the family is isolated usually because they don't have a car."

**3.4.5. Child care**—Child care for the other children in the home was described as core area to address to prevent it becoming a barrier to engaging mothers. Directly providing child care on-site for all of the children in a family was highly recommended, with additional suggestions to include breaks during the meeting so that mothers can check on children and separating child care by age. Focus group participants urged programs to have on-site child care due to its convenience as well as its stability and consistency for the families. Further, this type of child care allows new mothers to visit their infants during the session, thus easing maternal concerns about child wellbeing, trust of child care, and ability to breastfeed. A representative quote was:

> "I think that if it is a baby they would feel more comfortable having the baby nearby. Especially if they are breast feeding. Things like that because maybe the baby is crying and they are breastfeeding they could go for a little bit and then go to the daycare."

Participants reported numerous concerns about the option of providing monetary support for child care, in lieu of on-site child care. Many families were reported to not have alternative child care available, needing the money up front to cover child care, and strongly preferring to have their children nearby (on-site). Similar to the transportation stipend, participants cautioned that money may not be used for child care due to other family needs. If monetary

support for child-care was to be provided, it was recommended to consider the family size when determining amounts.

Focus group participants indicated many factors that impact initial and sustained engagement with Hispanic families, in addition to the transportation and child care issues described above. Focus group participants recommended providing reminder calls, building flexibility into the scheduling, and celebrating participation milestones.

### 3.5. Strengths of curriculum

Focus group participants' discussions revealed themes around strengths of the *Legacy* curriculum and whether they would recommend the program to Hispanic families. Many strengths of *Legacy* were noted and included (a) child developmental focus, (b) establishment of a routine within the group, (c) discussion-based group setting, (d) effective handouts, (e) appropriate and straightforward wording (unless otherwise noted), (f) development of a support system for families, (g) preparation for mothers to meet the changing needs of their child(ren) in advance, (h) sessions with mothers only (that allow for connections between group members) and sessions with children (that allow for mother and child bonding and activity modeling), (i) consistent space for sessions, (j) an incremental program that creates ease in learning and doing, and (k) important, relevant topics. Participants also indicated benefits of the structure of *Legacy* for the group leader, specifically that the program is well organized, well planned out, and appears easy to follow and implement with fidelity. One participant noted, "It's very direct and concise, it's not overly wordy in both the material, I think. I really like, I think the material and the descriptions and the activities go very well with the point of the program itself." Another stated, "I actually like the instructor part of it, it really gives you more guidance on it and what to do."

Participants all agreed they would recommend the *Legacy* program to Hispanic families due to the program adding a benefit to families, being easy to understand, having good information, being a longer commitment, being mother-focused, providing enjoyment, providing education, providing socialization of families, and providing support.

## 4. Discussion

Overall, focus group data provide preliminary support for the social validity, cultural congruence, and acceptability of the *Legacy* for Children™ program for Hispanic families. Participants provided positive feedback on the *Legacy* program and cultural adaptation, focusing on specific areas as mentioned in the Strengths of Curriculum section. Participants considered the program appropriate for Spanish-speaking Hispanic mothers and all agreed they would recommend the *Legacy* program to Hispanic families, noting concrete suggestions to strengthen the cultural congruency of the program. Focused areas of revisions for the audience targeted include: (a) lowering reading level in specific portions throughout material, (b) adding images and pictures representative of Hispanics and Hispanic culture, (c) adding traditional songs, and (d) providing audio recordings of songs. With regard to ensuring appropriate reading level, it is important to note that the current recommendations for *Legacy* are consistent with the literature indicating the importance of ensuring that the

cultural adaptation is not only focused on linguistic translation, but also reading level (Beasley et al., 2014; Owora, Silovsky, Beasley, DeMoraes-Huffine, & Cruz, 2012; Self-Brown et al., 2011). Additionally, past research has discussed the importance of adding pictures/illustrations to represent Hispanic families as well as the addition of stories (dichos) and songs to aid in teaching parenting material (Owora et al., 2012). Within the results, participants also noted the goal for social connection among moms as a particular strength for Spanish-speaking immigrant mothers.

Emergent themes included identifying, recruiting, and approaching Hispanic mothers, as well as engagement strategies. The recommendations provided are not unique to *Legacy*, but rather relevant service programs engaging families of young children, particularly Hispanic mothers. Collaborating with community members and professionals can yield useful recommendations for recruitment and service locations when establishing a new program in a community. Data on recruitment from the current study reiterates past research with Hispanic families. Specifically, previous research has indicated that word of mouth and use of existing resources within the community is the most powerful recruitment strategy for Hispanic families (Domenech Rodriguez, Rodriguez, & Davis, 2006). Similarly, the current project indicates focusing on recruitment within the Hispanic community, broader community, and locations that Hispanic participants might frequent (Hispanic health clinics, grocery stores, restaurants, etc.) can be the most efficacious recruitment strategies.

Further, engagement consists of more than the initial connection with participants. To maximize program impact, sustaining the program is critical. The focus groups of the current study captured factors for maintaining active involvement of Hispanic families in a clinic based, long-term parenting program. These recommendations emphasize the importance of applying strategies to preserve and grow quality relationships among group leaders and mothers and avoid logistical barriers to participation. The participants' focus on need for the provision of transportation and child care reflected concern regarding social isolation of the family (such as not having access to rides and child care). This provides further support for the social network development focus of *Legacy*, and the need to directly provide child care and transportation when possible. These barriers are consistent with previous literature indicating increased instrumental barriers among ethnic minorities and those living in poverty (Leaf, Bruce, Tischler, & Holzer, 1987; Marin, Marin, Padilla, & de la Rocha, 1983; Takeuchi, Leaf, & Kuo, 1988). Further, research has indicated that removing these barriers improves service utilization (Norquist & Wells, 1991a, 1991b). Thus, the results echo key culturally enhanced strategies of building and maintaining quality relationships, respecting the family culture, and addressing actual external barriers to participation for families in poverty (McCabe et al., 2005). Strategies to address these engagement barriers are built into the implementation of the *Legacy* model (Perou et al., 2012).

Many of the barriers and engagement strategies noted are not unique to this adapted version of *Legacy*, but rather are considered critical targets of the *Legacy* English curriculum and are addressed in the implementation. The participants reported the significance of barriers and engagement strategies which are also valuable for other programs designed to reach similar

populations. However, it is important to note implementation of these recommendations do not reflect changes or adaptation across the English and Spanish *Legacy* curricula.

As described previously, focus groups were conducted with the original *Legacy* RCT participants about the English curriculum (Fraser, 2009). These focus group participants (N = 166) provided positive feedback on *Legacy*. The current study found many of the same themes reiterated. For example, English curriculum focus group participants described an effective group leader as an individual who is non-judgmental, praises them, is trustworthy, welcomes them, and makes them feel less alone. Focus group participants from the English curriculum also described engagement factors: frequent contact, a positive and safe group dynamic, transportation, food, child care supports, and engaging activities. The current focus group participants suggested recruitment approaches, summarized in Table A.2, which parallel approaches used in the original RCT. Taken together, this suggests alignment between the original English *Legacy* curriculum, designed for diverse communities, and key participation engagement factors and approach characteristics valued by Spanish-speaking Hispanic focus group participants.

The approach utilized in this study is a valuable model for the adaptation and implementation of community programs. As recommended in the literature, developers and implementers can use qualitative findings to reflect on program strengths and weaknesses, and enhance implementation with stakeholder recommendations (Tayabas et al., 2014). Systematically focusing on parenting program provider expertise is a promising approach to successful implementation. This approach builds on the knowledge-base of providers who actively work in the community and share the culture of the audience for the program. Future research and practice are likely to benefit from utilizing a similar approach as more programming is adapted for different cultures, and implemented in more diverse communities.

### 4.1. Limitations

Despite many strengths, there are some limitations to this study. Spanish-speaking Hispanics are a heterogeneous group; additional adaptations and evaluation may be necessary for determining the appropriateness and cultural congruency of these materials for other Spanish-speaking Hispanic or Latino communities. The findings reported here are not intended to generalize to a larger population of providers; nor can providers' recommendations replace mothers' own perspectives. To that end, in-depth interviews with mothers participating in the Spanish implementation of *Legacy* will be conducted as a part of the larger evaluation. It is also important to note that Spanish-speaking group leaders and supervisors of *Legacy* may have different opinions of the *Legacy* curriculum.

### 4.2. Recommendations for implementers and developers of culturally adapted programs

Primary recommendations from the current study include:

1.  Providing all written material at an appropriate reading level can ensure that all families are able to engage in parenting material. Additionally, using illustrations and songs that are culturally specific can help ensure that families relate to the parenting material.

2. Focusing recruitment strategies on areas where resources for Hispanic communities are prevalent, where Hispanic families frequent, and where they feel safe and comfortable can facilitate enrollment.

3. Incorporating efforts to reduce barriers to attendance such as the provision of child care and transportation has been associated with increased parent engagement. If these are not able to be addressed through tangible arrangements, periodic focused conversations with participants can help ensure that outside supports are in place to assist families.

### 4.3. Conclusions

The results of this study support the translation and adaptation of the *Legacy* program for Spanish-speaking mothers. The developer is currently using the focus group feedback to make revisions to the curriculum and further refine the culturally adapted curriculum. Recommendations are being evaluated within the broader framework of maintaining fidelity to the *Legacy* model. This is important to not only the current *Legacy* adaptation, but also in other adaptations of evidence-based models for diverse populations. Specifically, several recommendations from participants need to be approached while being mindful of the *Legacy* model (e.g., addition of fathers). A reflective process allows for incorporation of feedback while maintaining fidelity. Direct evaluation of feasibility and acceptability of the program as well as outcomes for mothers and children is currently underway to further examine the cultural congruence and impact of this program for Spanish-speaking Hispanic mothers and their infants.

There is a strong body of evidence that indicates targeting early parent-child relationships through intervention and prevention programing is a promising approach to impact children's development and mitigate the negative effects of poverty (Morris et al., 2016). As such, parents are the first line of prevention, promoting healthy physical and socio-emotional development in their young children and addressing the long-term deleterious effects associated with poverty by building strong relationships among mothers and children (Sandler, Ingram, Wolchik, Tein, & Winslow, 2015). With a growing increase in the Hispanic population, linguistically accessible and culturally congruent parenting programs are greatly needed. Utilizing programs that have strong empirical support and evidence-based principles capitalizes on existing knowledge and programming, and can reduce cost and increase potential success. Thus, investing in culturally congruent adaptations of programs like *Legacy* can expand the reach of programs that benefit the long term health and wellbeing of children and families experiencing poverty.

### Acknowledgments

# Appendix A. Appendices

### Table A.1

Suggestions of locations for recruitment of Hispanic mothers.

| Organizational resources | Physical health | Community | Hispanic community |
|---|---|---|---|
| Home-based Parenting Programs | Health clinics | Churches | Fairs |
| WIC | Doctor's office | Schools | Flea markets |
| Family service programs | Hospitals | Probation officers | Restaurants |
| – | Prenatal classes | Daycare centers | Supermarkets |

# Appendix

### Table A.2

Recruitment approaches with expectant mothers.

| Recruiter characteristics | Recruiter actions | Recruitment content | Recruiter materials |
|---|---|---|---|
| Spanish-speaking | Catch families' attention | Convey benefits | Handou |
| Hispanic | Make families feel important | Describe program commitment | Brochure |
| Knowledgeable about program | Over-recruit | Emphasize that it is voluntary | Small gift |
| Excited about program | Prenatal class presentations | Emphasize that it is free for participants | - |
| Make families feel important | – | Focus on children | – |
| – | – | Give brief overview | – |
| – | – | Talk about connections with other mothers | – |

# Appendix

### Table A.3

Strategies to improve initial and sustained engagement.

| Initial engagement | Sustained engagement |
|---|---|
| Children excited to participate in the activities | Certificates/acknowledgements when completing blocks |
| Connections made with other families, mothers | End-of-session potluck/party |
| Fun atmosphere | Newsletter |
| Provide transportation | Referrals to other resources during breaks[a] |

| Initial engagement | Sustained engagement |
|---|---|
| Provide referrals, resources[a] | Relationships with other families |
| Reminders | Reminders (phone calls, postcards) |
| Respectful environment | Seeing results, learning from the program |
| Small incentives | Small incentives or gifts (e.g., an agenda, planner) |
| Balanced group dynamics | Communication during breaks |
| Flexibility with schedule | Home visits during breaks |
| Including fathers[b] | Group leader characteristics (see Table A.4) |
| Socializing with other groups | – |
| Utilizing activities to interact with women | – |
| Encourage mothers to be in contact between sessions | – |
| Encourage mothers to speak in group | – |
| Provide food | – |

Note: "Initial engagement" refers to initially involving a family in the first block, while "prolonged engagement" refers to keeping mothers involved throughout the three years, and consistently returning after breaks.

[a]In order to maintain fidelity to the *Legacy* model, dissemination of resources need to be aligned with the *Legacy* approach that builds maternal self-efficacy.

[b]In order to maintain fidelity to the *Legacy* model, fathers could be added to ancillary activities rather than the weekly group sessions.

# Appendix

## Table A.4

Characteristics of group leaders to improve engagement.

| Leader characteristics | Leader actions |
|---|---|
| Straightforward | Ask specific questions |
| Caring | Discuss the value of participation |
| Comfortable | Establish boundaries |
| Culturally competent/Hispanic | Gain trust |
| Engaging | Provide referrals and resources[a] |
| Experienced | Express enthusiasm about the program and the mother's progress |
| Honest | – |
| Humble | – |
| Knowledgeable | – |
| Nice | – |
| Not too serious | – |
| Patient | – |
| Spanish-speaking | – |
| Spontaneous | – |
| Nonjudgmental | – |

[a]Referrals and resources provided as allowable and in alignment within the *Legacy* fidelity approach.

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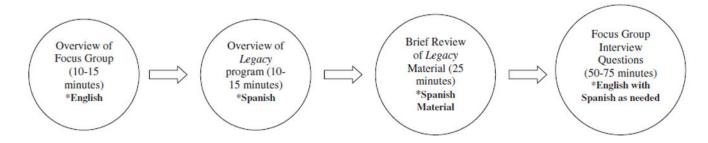
**Fig. 1.**
Organization of Focus Group Data Collection.