

**Quality, Access, and Choice of Care as They Relate to Parental Outcomes: What Kind of Research Do We Need?**

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**SUMMARY OF PRESENTATION**

How can research help gather parent data?

- Not tracking parent outcomes. Data rests in TANF section. It would be interesting to link quality data and parent outcome data with TANF data.
- In Ohio, usage and utilization data is gathered at best. We do collect parent data about satisfaction or behavior toward accessing care. Getting ready to do focus groups. Now that we have defined quality as a state, we wanted to go to counties with highest levels of subsidies to see what we can do to incentive programs to care for infants.

Is there any plan to track some of new initiatives in terms of parents changing providers and whether providers are higher quality?

- We have the capacity to do it. It has been a big shift to give materials to parents to help them understand the choices that they have. We could then track the choices that they make as a result of the information.

Having QRS systems in place provide opportunities for research. It opens up avenues that we should be thinking about in research.

For states that are doing QRS and pay through incentives, is there a difference in quality they are seeing? We are still defining quality, so to say that parents are choosing higher quality, what does that mean?

Are we intervening to influence providers attitudes? What are we doing to help shape beliefs?

- Debate over ERS. If you have assumptions that the ERS give you some information about quality, Tenn. has information that quality does matter. Do know that incentives work towards getting people to work towards quality. These programs have higher quality and these programs are funneling money back into programs.
- Beliefs about caregiving – information that we are getting is info. about whether caregivers are authoritarian, permissive, etc. These probably link to training and well as how providers were raised.
- When looking at measure of developmentally appropriate care, the theory of ECE had changed, so measure was no longer appropriate. The ECERS may not reflect all of the changes in the way people are thinking about pedagogy in

ECE.

The ERS are useful instruments. Deal with important aspects of safety. Do not think that it is possible to “leap over” ideas about structural quality. In Ohio, surprised with lack of differentiation between Step 2 and Step 3. No single benchmark in system could work on its own. As Zigler says, it’s all in the mix. If we can find the aspect that matters the most, that would be great. But, we believe that we still need to look at all of the different pieces.

In Conn. allow publicly funded centers to tap into subsidy program. Kids who are in those programs who are income eligible are captured in this system. Could combine highest quality programs in center-based care in subsidy side with outcome data on programs so there is a way to gather info. across systems.

Child-care administrators have close relationships with TANF counterparts. For the most part, systems talk to each other. The data may be primitive, but there is a lot of data across the states to look at kids coming out of different types of settings. We have a lot of data on highest quality centers because we built our system that way.

What would you like to be able to measure or track in your state?

- Continuity of care because it is the interplay between how things effect each other. Trying to figure out what you could measure to get at causality or connections. I think that is something worth pursuing with internationality and care.
- Helping us to develop policy. We are just assuming that a kid moving from center to center is not a good thing, so we give our subsidy parents three moves a year, but then after that, they have to justify move to us.
- The experimental study in Illinois is looking at stability of care for children who receives subsidy v. those who do not.
- Has these been an analysis to compare outcomes among different states?
  - o This is a difficult thing to do because then people start making comparisons of outcomes.
  - o If we decide to do something like that, there better be input from state administrators about how study is designed.
  - o There are analytic methods where we could look at uses of different types of settings and code them and put them into a multiple regression to see impact of state policies without labeling states.
  - o National Center for Child and Poverty does a lot of 50 states work. There is a state profile for every state.

Have we looked at administrative data on providers?

Would like to see us how to move from studies to administrative data so that we could track outcomes so that it would become routine.

- There would have to be agreements put in place depending on who holds authority for different systems.

- Linkages become easier with web based systems
- Need a working group to see what the barriers are

National Academy of Science panel looking at to what extent it would be to link administrative data.

- Easier to do this within the state than across states.
- There are issues when different people “own” various data
- South Carolina has a model where they bring all files into one warehouse – they are the only state who is doing this.
- Someone in power has to demand that this should happen

There is a forthcoming guidebook that will show states researchers how to answer a series of questions about who is taking up subsidy, who is receiving it, who is employed, and how long they are employed.

- Started with the goal of trying to do this on the individual level with private census data, but found this too difficult

Has any other state done any projections about future utilization of child care?

- Almost all states do this in some way
- Tennessee does this through a contract with the University of Tennessee.
- How close are projections to actual utilization?
- Projections of caseloads are difficult when duration of subsidies is so short because you can only accurately predict 12 months out.

Inter-rater reliability for ERS – Are there studies about how assessment results may be impacted by different interpretations of inter-rater reliability?

- No studies that compare different approaches, but the modest relations between quality and child outcomes exist in studies where mean ECERS is low and high.
- What is range of training on ERS across states?
- In Tenn. as they get more reliable, the scores go down
- The first year that you use a measure, you should call it a pilot because you don't want to be compared to initial scores.
- It would be useful to have documentation across states on how much money and time was spent on training.

SUMMARY OF DISCUSSION

KEY POINTS