

2011 STAM – CCPRC Annual Meeting
Workshop A3
November 16, 2011, 10:00-11:15 am

Quality Improvement Strategies and Innovations: What Do We Know from Research, and Where Are the Gaps?

Description

This session explored the full array of policy options designed to improve early care and education program quality. Using an ecological framework, it described the research base for quality improvement strategies at multiple levels: workforce, setting, family, and system. The session began with a brief presentation of the findings from a review of the literature and then engaged participants in a series of interactive roundtable discussions regarding the current state of the research and the most pressing gaps that confront policymakers.

The primary objectives of the session included the following:

- Present a framework for quality improvement policy options.
- Explore where research supports a particular quality improvement strategy and what still needs to be learned.
- Solicit policymakers' perspectives on what they need to know from researchers on quality improvement at each level.
- Guide investments in research.
- Encourage innovation in intervention design.

Facilitator

Kimberly Boller, Mathematica Policy Research, Inc.

Presenters

Diana Schaack, San Francisco University and Consultant
Kate Tarrant, Research and Policy Consultant
Rosemary Allen, Colorado Department of Human Services
Gail Kelso, Louisiana Department of Children and Family Services
Barbara McCaffery, Delaware Health and Social Services

Scribe

Tabitha Isner, Child Trends

1. Documents in Session Folder

- “Quality Improvement Strategies and Innovations: What Do We Know from Research and Where are the Gaps?” Kim Boller, Diana Schaak, Kate Tarrant, Rosemarie Allen, Gail Kelso, and Barbara McCaffery

2. Summary of Presentations

- **Summary of Presentation #1:** Diana Schaack
 - We are working on a brief to frame quality improvement policy options. If you had the money you needed, what QI strategies would you want to implement? Although

we might go about things differently, there is a shared agenda between researchers, policymakers, and practitioners: wanting to make investments in effective quality improvement interventions.

- There are lots of tensions at play. For example, States are expected to function as laboratories for trying out strategies, but are also held accountable for having research-based practices. There is pressure to take a broad approach (to reach all providers or all children) but also pressure to take a deep approach (providing intensive supports/dosage). Not all of these desires can realistically be met simultaneously.
- **Summary of Presentation #2: Kimberly Boller**
 - The QI context is complex and decisions are made simultaneously. Our goal is to provide a broad framework for thinking about QI strategies.
 - An ecological framework: aims to intervene at multiple levels, focusing on changing the behavior of specific actors, with some interventions at the workforce level, some interventions at the setting level, some interventions at the family level, and some interventions at the system level.
- **Summary of Presentation #3: Kate Tarrant**
 - What does the research show, and where are the gaps? They have conducted literature reviews and meta-analyses to identify the most rigorous research on each intervention and have tried to measure:
 - Which interventions have the largest research base?
 - Which have the most rigorous research base?
 - What have been the findings about each intervention?
 - What outcomes do these interventions aim to produce?
 - What key features are needed to make the intervention effective?
 - What additional research still needs to be done?
 - Given the scope, this is an overview rather than a full literature review on each intervention. They have put interventions into categories or buckets and are reviewing them as *types* of interventions.
 - The research on an intervention category is considered to have “rigor” if there have been at least two random assignment experiments on the topic. Multiple forms of workforce-level interventions have rigorous research to support them. There is less rigorous research about setting-level interventions and even less about family-level interventions and system-level interventions.
 - Once we find promising interventions, we then need to think about what conditions are necessary to make the intervention successful.

3. Summary of Discussion with Presenters and Participants

- Small Groups discussed the following questions:
 - What are the different types of quality improvement interventions that your State has funded/experienced? At what levels are you intervening? In targeted or comprehensive?
 - What role does research play in your State’s decisions about where to invest?
 - What other factors weigh into your State’s decisions?

- What other innovations are currently under consideration?
- What barriers are faced in implementing the chosen interventions?
- The presenters provided a list of QI interventions at each level. Additional interventions that were identified by small groups:
 - Workforce level interventions:
 - Support for GED programs, other basic education pieces
 - A variety of modes for providing these interventions (online, distance learning)
 - A variety of content areas for these interventions
 - Family-level interventions:
 - Engaging/educating parents about the meaning of “quality”
 - System Level interventions:
 - Alignment among competing definitions/standards of quality used through state systems and key institutions.
 - Having better training for the TA providers.
 - Making sure all the key players are involved in discussions and on the same page.
- Challenges:
 - Tensions between strengthening standards and not wanting to scare off providers who are at a lower level, i.e., when high school education was added as a requirement for licensing, the number of licensed providers was cut nearly in half. Did we just create an underground market for care?
 - Policymakers are sometimes influenced by anecdotes rather than rigorous research. How do we push for a more rigorous decision making process?
 - There is some concern that family level interventions are not sufficiently developed.
 - Often the interventions that have been rigorously proven cannot be implemented with the same level of dosage/intensity...then we're disappointed with the results.
 - How do we make sure that a program that has increased its rating level is actually providing higher quality care that will impact children?
 - What should be our top priority? Sometimes there is political pressure to implement things that *don't* have a strong research base (such as promoting BA degrees).
- Other Implications: Please make this brief detailed (i.e., be explicit about the definition of rigor) but also make it accessible/user-friendly.
- Questions:
 - How strong does the evidence have to be? What's the tipping point?
 - What *combination* of supports provides the biggest “bang for your buck?”