

Measures of Quality at the Intersection of Research, Practice, and Policy

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Background

- Clear that states are placing an emphasis on improving quality of early and school age care and education
- As an example, many states exceed the 4 percent set aside of the Child Care and Development Fund in allocating funds to improve child care quality

Background

Different Quality Initiatives include

- on-site consultation approaches
- strengthening of professional development systems
- support for health and safety
- strategies to increase retention and wages

Background

- Measurement of quality is a central issue in Quality Initiatives
- But the widespread use of quality measures in these initiatives raises new issues

Background

For example:

- Which measures best capture the system-wide vision of quality?
- Are the measures driving the vision?
- What infrastructure is needed to support measurement of quality on a large scale?
- How can these measures be used to distinguish levels of quality?

Background

This meeting provides an opportune moment to take stock and look at the measurement of quality in state and local initiatives

- What are we learning from efforts underway?
- What do we need to learn in the future through systematic documentation and research?
- How can the experience of those implementing Quality Initiatives inform future efforts to measure quality on a large scale? What are the implications for research, policy and practice?

Background

As a starting point for our discussions, we will select the example of Quality Rating Systems (QRS) as one instance of Quality Initiatives in which the measurement of quality is central.

We have selected this example because of widespread implementation of this approach to improving quality:

- 14 States have implemented statewide systems
- At least 24 are exploring or designing QRS

Background

Focusing heavily on measurement issues, we will
briefly discuss the

- Potential
- Challenges
- Key variations; and
- Evaluation priorities

that are beginning to emerge in the implementation
of Quality Rating Systems

Background

- A discussion of the measurement issues pertaining to Quality Rating Systems cannot capture all of the issues of measurement across different types of Quality Initiatives.
- Our goal is to start our discussion of measurement issues across various Quality Initiatives through focus on one example
- In the conclusion to our presentation, we will attempt to identify a set of issues that pertain across Quality Initiatives of different kinds
- That is, we focus on Quality Rating Systems as a starting point for broader discussion

Potential

Overarching questions:

- What do Quality Rating Systems aim to accomplish?
- What is the early evidence of their potential?
- What is the role of measurement in realizing the potential of Quality Rating Systems?

Potential

Quality Rating Systems involve articulation of a common vision of quality and agreement on how this should be measured

- Development often involves drawing together a range of stakeholders
- QRS provide a perspective on quality that applies to different age groups and across different types of care;
- QRS require not just vision but also details. Decisions need to be made on components of quality, distinctions among levels of quality, and how information on quality will be collected.

Potential

Quality Rating Systems address consumers' need for information in units that are readily interpretable

- Economists have long viewed the child care market as affected by gaps in information available to consumers
- Information on some facets of quality is difficult for consumers to obtain: consumer may lack background to obtain the information (e.g., observational measures of quality) or documentation may not be readily available (e.g., turnover)
- Assumption that providing more extensive information—but in format that is readily interpretable--will affect demand for quality and eventually the quality of care

Potential

The measurement of quality in Quality Rating Systems can increase provider awareness of specific indicators and benchmarks

- Information on facets of quality is often provided through orientation for QRS participants
- The information collected in the rating process can help providers diagnose where improvements are needed
- There are early indications from pilot test results that participation can change provider understanding of quality

Potential

Quality Rating Systems can provide a framework for coordination and alignment with other systems and measurement approaches

- Examples include early learning standards, tiered reimbursement, pre-kindergarten and Head Start program standards
- QRS almost always involve the development of an automated system for data. Create new context for linking data
- With linking, potential for new questions to be addressed: E.g., geographical distribution of programs of different types and quality levels

Potential

Use of measurement of quality for monitoring and accountability is a core component of Quality Rating Systems

- There is a strong emphasis on accountability in both the private and public sectors
- Availability of data from the monitoring component of Quality Rating Systems can increase interest/willingness to invest in quality
- Monitoring is also a source of feedback to individual providers and those administering early and school age care and education systems as to where improvements are needed

Potential

The measurement of quality within Quality Rating Systems helps to create a complete ladder

- Tiered reimbursement efforts often had only two levels: licensed and accredited
- There was recognition that more levels were needed
- Multiple levels in Quality Rating Systems make it possible to engage providers at all levels to work towards improvement

Potential

The measurement of quality in Quality Rating Systems provides a framework for supporting quality improvement

- QRS involve not only rating and monitoring but also the provision of resources for supporting improvements.
 - financial supports for quality improvement
 - orientation to components of quality initiatives and observational measures,
 - feedback from observations,
 - ongoing technical assistance
- Measurement of quality is key to assessing whether supports are yielding results

Potential

The measurement of quality is central to the assessment of a logic model for quality improvement

- Development of QRS provide opportunities to articulate assumptions about how changes in quality are produced
- Two key pathways hypothesized: through changes in demand and through providers' making use of resources for improvement
- Monitoring of these pathways as well as of overall quality are central to assessment of logic model
- Such assessment rests on availability of good measures of each component of logic model
- QRS also provide opportunities to test assumptions about the differences in quality needed to produce meaningful improvements in children's school readiness or later school achievement and adjustment

Challenges

Overarching questions:

- As Quality Rating Systems are moving forward, what challenges are being identified?
- What strategies are emerging for addressing these challenges?
- What challenges pertain to measurement?

Challenges

Need to move forward before all needed research on measures of quality is available

- Do our measures of quality cover (and give appropriate weight to) the facets of quality that are important to child outcomes?
- We have data on the associations of observational measures of quality and children's development. Data from experimental evaluations of effects of quality improvements just emerging
- Research is now in progress focusing on the reliability of quality ratings and validating different levels. Are our measures functioning as we expect?

Challenges

Expense and precision required for appropriate monitoring and accountability components of Quality Rating System initiatives

- Some states are facing challenges concerning the frequency with which they can afford to carry out direct observations of quality
- Resources are needed to maintain appropriate levels of reliability for observations.
- There is a need to build in protections against pressure on observers, and at the same time, for providers to be able to appeal ratings

Challenges

Need to understand how parents utilize ratings

- Do the distinctions made in Quality Rating Systems have “face validity” for parents?
- Are Quality Rating Systems defining quality in the same way that parents do?
- Do parents prefer summary ratings or details?
- Do parents actually use the information in rating systems when they make choices about early and school age care settings for their children?
- Are there constraints on some parents that prevent or limit use of the information?

Challenge

The possibility that the system-wide measurement of quality may alienate some provider from the regulated system

- How can QRS create upward movement across the full continuum of early and school age care and education settings?
- How is the market affected when only regulated providers are included?

Challenges

Some challenges do not pertain directly to measurement but are nevertheless important to note briefly:

- Whether rates of participation in voluntary Quality Rating Systems will be strong enough to provide families with information on a range of choices
- Whether all income groups will have access to high quality care if market effects increase demand for quality
- Whether assumed market effects will occur as anticipated if the cost of high quality care exceeds what moderate and middle income families can pay
- Whether the resources allocated to improve quality are proportionate to need

Challenges

A key emerging question is how to share the information on measurement as Quality Rating Systems move forward

- A body of information is being developed about such key issues as:
 - Frequency of on-site observations
 - Frequency of reliability checks for observers
 - Need for validation of information provided by self-report
- What process could help assure that states and localities learn from each others' experiences and research?

Key Variations

Overarching Issues

Exploring and identifying key variations in state and local measurement systems:

- Helps us understand the range of approaches being implemented
- Provides opportunity for comparing outcomes across types of approaches
- Offers framework for comparing cost-effectiveness of different approaches
- Can help to guides decisions about new systems and modifications to existing systems

Key Variations

Approach

- For each aspect considered:
 - What is the range of options implemented in current systems?
 - What are the implications of the variations?
 - What can be learned by looking at outcomes according to these variations?
- Will provide examples for a select set of features

Key Variations

System Design

- Building block – all criteria met at one level; simple to see path to next level (9 states)
- Point system – points are awarded for each indicator and level assigned based on total points (5 states)
- Implications of designs for:
 - Movement across levels
 - Parents' perceptions of system validity
 - Simplicity of system

Key Variations

Use of Environmental Rating Scales

- Out of 14 states implemented statewide
 - 9 tie ERS scores to final level in QRS
 - 2 require ERS assessments but not specific scores
 - 3 do not use ERS in the ratings process
- Implications of differences in:
 - the ERS scores needed at different levels – e.g., where does a “5” fall?
 - the increments that are specified ($\frac{1}{2}$ point, 1 point)
 - Number of classrooms observed (centers)
 - Frequency of observations

Exploring Variations

Components of Quality

- Similar domains are included across states, but the number and content of quality indicators varies greatly
- Implications of differences in:
 - More vs. fewer indicators
 - Whether particular issues are highlighted (health and safety, tv, literacy)
 - How domains are quantified (ex. Family communication, benefits)
 - Rigor of indicators

Evaluation Priorities

Overarching Issues:

- There are different evaluation priorities when QRS are viewed from perspective of:
 - Implementation
 - Parents
 - Providers
 - Market
 - Quality
 - Policy
- Measurement of quality is important in each

Evaluation Priorities

Perspective of Implementation

- What is the cost of data collection to establish ratings? Of providing supports for quality improvement?
- Are there issues with the feasibility of collecting the data or providing supports for quality improvement?
- How often does the reliability of observers in completing ratings need to be verified?
- Does self-report data need to be verified?
- To what extent are protections from pressure or bias in data collection for the QRS needed?
- Do designated levels of quality show meaningful differences, e.g., on observed quality?

Evaluation Priorities

Perspective of Parents

- How do parents interpret the quality information?
 - How do they understand the summary ratings?
 - How do they understand the component indicators?
- Is the measurement of quality in QRS in accord with how parents understand quality?
- To what extent and how do parents use the quality information in choosing care?
 - Are there variations by characteristics of parents (education, language, income, geography)?
 - Are there constraints on utilization for some parents?
- Are there differences in parental choices when information on quality is and is not available?

Evaluation Priorities

Perspective of Providers

- Do providers view the ratings as valid markers of the quality of care they provide?
- What are provider perceptions of what is involved in participating in a QRS? Burdensome? Informative?
- Does provider perception of quality change over time?
- What are the characteristics of providers most likely to participate in voluntary systems; in quality improvement efforts in both voluntary and mandatory systems?

Evaluation Priorities

Perspective of Children

- What evidence is there of a link between improvements in quality with participation in QRS and improvements in children's developmental outcomes?
- Is there evidence of such linkages across subgroups of children? In particular, does provider participation in a QRS appear to support the development of children from lower income families?
- What is the degree of quality improvement needed to change developmental trajectories (e.g., does a "3" to a "5" on an ERS score suffice)?
- What is the dosage of exposure to an improved level of quality that is needed to make a difference to children's development?

Evaluation Priorities

Perspective of Market

- Is there change initially and over time in the demand for high quality with the widespread use of quality measurement? Does this vary by community?
- Are there key program variations that relate to changes in demand?
- Does the price of early and school age care and education change with the implementation of QRS? Does this have implications for what families in different income groups are able to afford?
- Are there changes in the availability of high quality programs and providers in different types neighborhoods? Is access to high quality care in low income neighborhoods affected, and if so, how?

Evaluation Priorities

Perspective of Quality

- What do initial ratings indicate about the areas of quality in greatest need of improvement?
- What emerges over time in terms of the areas of quality that are more and less difficult to change?
- Are there variations in the extent of quality improvement by:
 - Setting type
 - Age of child served
 - Initial quality level
 - Subsidy receipt of participating families

Evaluation Priorities

Perspective of Policy

- What is the cost of implementing various components of QRS?
- Do QRS help to narrow the gap in school readiness or later school achievement according to income?
- Is it the case that there are long-term savings of QRS from diminished cost of services to children at later ages?
- What is the support for the QRS approach among key constituencies?

Measurement Issues Across Quality Initiatives

Moving out from the specific example of QRS, what issues pertain more broadly across different types of Quality Initiatives?

- Are our existing measures ready for widespread use?
- Are measures adequate to the task of a common vision across age groups and types of care?
- What is needed to protect the integrity of measurement when brought to scale?
- What is the cost of measuring quality on a regular basis throughout a system?
- Does the widespread use of quality measures discourage some providers from participating in the regulated part of the market?
- Does the widespread use of measures of quality help to shape the types of professional development opportunities that are available?