

# Elevating Quality Rating and Improvement System Communications:

## How to Improve Outreach to and Engagement with Providers, Parents, Policymakers, and the Public

Frank Walter, Alicia Torres, and August Aldebot-Green

### Introduction

Thirty-nine states have implemented quality rating and improvement systems (QRIS) in support of early care and learning for children birth through age five. Twenty states have received funding in support of their QRIS from the Race to the Top Early Learning Challenge (RTT-ELC) grants jointly awarded by the U.S. Departments of Education and Health and Human Services. Since 2011, more than \$1 billion has been awarded to support state QRIS through RTT-ELC funding.<sup>1</sup>

In addition, the Child Care Development Fund Block Grant,<sup>2</sup> signed into law in November 2014, provides funding to support state QRIS. The grant stipulates that one of its purposes is “to encourage states to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings.”<sup>3</sup>

The success of state QRIS requires effective outreach and engagement with a range of stakeholders. These include family child care and center-based early care and education providers (including child care, Early Head Start, Head Start, and pre-kindergarten programs) that enroll in the QRIS and must invest time and resources to meet new quality standards. As states are successful in getting providers enrolled and quality rated, they have an interest in sharing this information with parents and families of young children so they can search for high-quality early learning providers discernable by the QRIS rating. Even in QRIS settings such as Head Start and public school pre-K programs, where parents and families may not have choices about where to enroll their children, QRIS communications affords states the opportunity to distribute resources to parents about supporting their children’s development.

### About this report

The purpose of this report is to provide a QRIS communications framework and examples that can be used to support and improve communications with providers, parents, partners, policymakers, and the public. This report is intended for state QRIS program administrators, communications staff, and consultants, funders, partner organizations, and policymakers.

The Child Trends strategic communications team conducted interviews with more than 20 individuals involved in QRIS communication programs in nine states. We also examined communications research, QRIS communications materials, and documentation of state-specific audience research, to inform our findings and recommendations. The states we selected for interviews were California, Colorado, Delaware, Georgia, Minnesota, New Hampshire, South Carolina, Washington, and Wisconsin.

We selected these states because they offer a geographic and demographic mix, and are in varying stages of their QRIS implementation. All but New Hampshire and South Carolina received RTT-ELC funding. Combined, the seven states in this study that did receive RTT-ELC grants were awarded more than \$360 million in funding.



Among the states we interviewed with RTT-ELC grants were some that have been able to allocate some of these funds to build websites, pay for communication staff and consultants, and/or fund public awareness campaigns. In some states, public-private partnerships have been formed to provide financial and other resources to support early childhood education and QRIS communications.

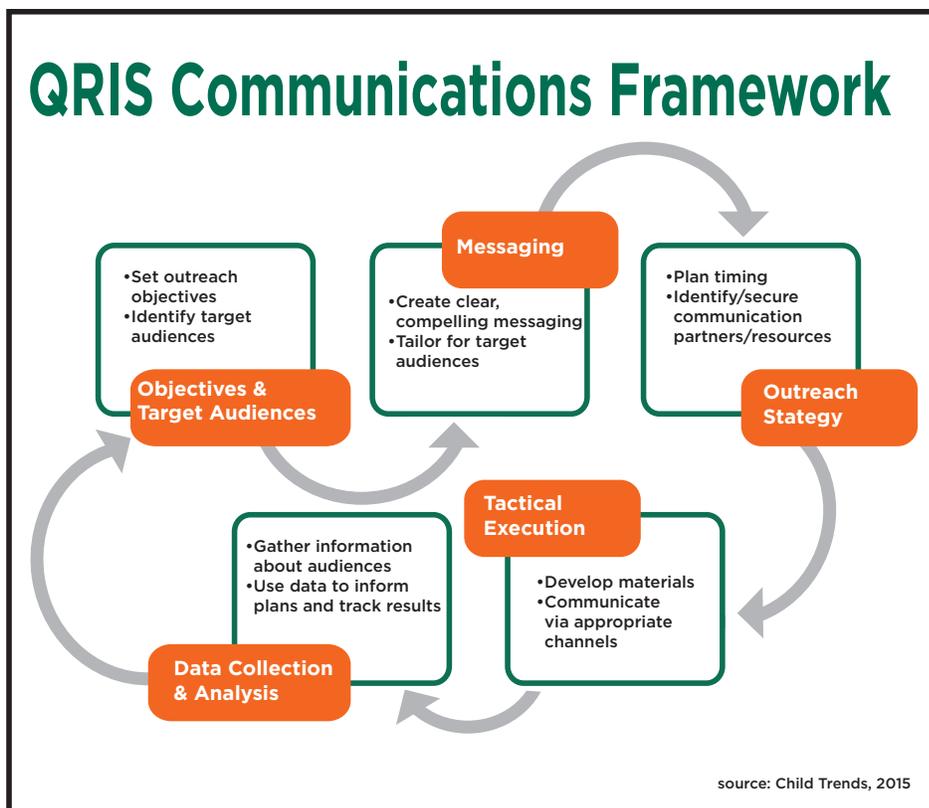
More than 6 million children birth through age five live in the states selected for this study—or about 25 percent of all children age five and under in the United States.<sup>4</sup> California is unique in that its QRIS is led through a regional consortium consisting of 30 counties, representing 93 percent of the state’s children ages zero through five.<sup>5</sup> For this report, we looked specifically at Fresno County, one of the 16 counties administering QRIS in the state.

## The QRIS communications framework

Most of these states covered in this report have developed written communications plans to direct outreach strategies and tactics in support of their QRIS. We examined how the states we interviewed incorporated fundamental components of a communications framework widely used by communication professionals to guide planning (see Figure 1). These components include setting objectives, identifying target audiences, crafting messages, developing outreach strategies, conducting tactical execution, and collecting and analyzing data to inform all phases of the process.

Similar frameworks can be found throughout many disciplines, for example, in the continuous improvement cycle that has been referred to as the plan, do, study, act cycle.<sup>6</sup> Other strategic communications models refer to components of this same process as the planning phase, translating and packaging phase, strategic distribution phase, and follow-through and evaluation phase.<sup>7</sup> This framework is the basis for numerous strategic communications “how to” publications, including those published by the National Institutes of Health<sup>8</sup> and the U.S. Department of Health and Human Services’ Office of Planning, Research, and Evaluation,<sup>9</sup> and the BUILD Initiative’s *A Practical Outreach Guide for a Quality Rating and Improvement System*.<sup>10</sup>

Figure 1. QRIS communications framework



# Communication recommendations by audience

QRIS communication programs play a critical role in engaging providers and informing parents, partners, policymakers, and the public about the need for and value of quality early care and education. Based on our communications research, interviews with state QRIS administrators and communication professionals, and review of QRIS communication strategies and materials, we provide a series of recommendations for communications with these audiences.

## 1 Providers

For QRIS, communications with providers is vital. First, it informs them about the quality rating process, how it will work, and what the benefits to them are—all steps in the recruitment process. Second, once providers enroll in a QRIS, ongoing communications keeps them informed about the process and can provide information and materials that can be used by the provider to promote their quality rating to their community and to the families they serve and seek to serve. Based on our interviews and review of communication materials for providers, we found a number of communication practices worth highlighting:

1. Use focus group interviews and/or surveys with providers (segmented by type of provider) to get feedback on target messages and outreach tactics.
2. Equip technical assistance providers, license inspectors, and others who routinely interact with child care and education providers to assist in recruiting and communicating about the state's QRIS.
3. Create a communications toolkit for rated providers with tips on how to promote this achievement, and materials such as sample letter to parents, news release, website, and window decals.
4. Allow providers to add content to their profile on the QRIS website.
5. Inform providers about marketing efforts to promote the QRIS website, and share campaign results with them, such as visits to the website, online searches conducted, and video views.

## 2 Parents and families

The parents and families of young children are the intended audiences for information about providers that have been quality rated. Websites and public awareness efforts targeting parents and families of young children can help them search for quality-rated providers for their young children and promote the benefits of quality early care and education. Among the states we interviewed, all have websites (or a section on a state agency site) promoting their QRIS, with most featuring searchable databases of rated providers.

As states with QRIS look to launch or expand their public awareness outreach to parents and families, we offer the following guidelines:

1. Use research to identify specific targets for these efforts, such as by age, geographic regions, race/ethnicity, income level, and media consumption.
2. Establish clear and measurable objectives, such as percent growth in website visits over a set period.
3. Create messages with easy-to-understand plain language, including defining what is meant by “quality” child care and education.
4. Consider testing campaign materials in focus group interviews with parents, and testing media strategies in one or more markets, before launching statewide.
5. Avoid statewide promotion of the QRIS website if provider participation is low statewide or in many communities, instead, promoting the importance of quality early care and education.

6. Identify strategies to promote the QRIS website through word-of-mouth, since it the most common way parents get information to make child care and education decisions.
7. Evaluate return on investment for paid media, especially digital media options such as search and online ads, as this can shape future campaigns.
8. Use Google AdWords and Analytics to understand what parents search for, how many search terms they use, and other behaviors to guide website refinements.
9. Develop materials and outreach strategies to reflect the cultural and language diversity of the target audiences.
10. Take advantage of low-cost, high-traffic social media platforms such as Facebook, YouTube, and Twitter.

### 3 Policymakers

A state's policy audience will typically include the governor and cabinet members, state legislators, city and county officials, and advocacy and non-profit organizations. Each of these audiences should have an interest in ensuring the state's youngest children are well cared for and educated during those important developmental years before kindergarten starts. We found in our interviews that there are varying factors that influence the strategy and extent of communications to policymakers in support of QRIS.

For those QRIS communication programs that are targeting policymakers, we found a number of practices worth sharing:

1. Report regularly to policymakers about QRIS provider participation, and public awareness and engagement activities with parents and families.
2. Arrange for state officials and legislators to visit high-quality providers.
3. Develop fact sheets or other handouts to provide to state officials and legislators, about the state's QRIS and what is meant by quality care and education.
4. Engage the governor and other administration officials in promoting the state's branded QRIS to parents and families.
5. Share provider participation and quality-rating achievements with local legislators.
6. Work closely with early childhood care and education organizations, business groups, and others to promote quality early care and education.

### 4 Partners

Partner organizations play critical roles in aspects of state QRIS that government employees may either be unable or not best equipped to undertake. States rely on these strategic collaborative relationships for multiple purposes. In addition to partners' playing an important role in such areas as technical assistance, fundraising, and research and evaluations, partners also support strategic communications aimed at promoting the program among stakeholders.

Here are some tips for what to consider when looking for communications partners:

1. Seek partners who can secure funding or in-kind support for communications activities and campaigns.
2. Build partnerships with community and state opinion leaders.
3. Consider the benefits of creating an umbrella partner organization to lead QRIS communications.
4. Work with local and/or targeted partners within a state; for example, you may choose to work with health care providers serving parents and families.

## 5 Public

The public is the broadest audience for QRIS communications. This includes other people who have an interest and stake in quality early child care and education in their communities and states. While the k-12 education community, business leaders, community organizations, faith-based groups, nonprofits serving children, youth, and low-income families are some of the more important segments within this broad definition of the public, it also encompasses all adults in that they may share what they learn with other interested adults. The public is reached through mass media, and increasingly, through social media.

Here are some considerations for communicating with the public about QRIS:

1. Determine which messages are most important to convey to the public about the state's QRIS and its role in supporting high-quality care and education for young children.
2. Identify target audiences within the broader public that are most important to reach, such as business leaders, educators, and staff of community organizations.
3. Develop an earned-media strategy to establish ongoing communication with reporters covering education, parenting, and children's issues in the state.
4. Track public opinion survey data on early childhood education policy issues, to gauge public sentiment.

As many states are in the early stages of their QRIS communications, this report can inform future efforts and encourage information sharing and further discussion among all states working on improving the quality of early care and education for their young children.

Beyond this, the QRIS compendium website (<http://qriscompendium.org/>) and the ongoing information sharing facilitated by the QRIS Learning Network and the BUILD Initiative are valuable ways to stay informed.

thank  
you!

Child Trends is grateful to the Alliance for Early Success and the Irving Harris Foundation for their generous support of this report.

---

<sup>1</sup> U.S. Department of Education, 2015

<sup>2</sup> Administration for Children and Families, Office of Child Care

<sup>3</sup> Child Care and Development Block Grant Act

<sup>4</sup> U. S. Census Bureau, 2014

<sup>5</sup> California Department of Education, 2015

<sup>6</sup> Deming, 1986

<sup>7</sup> Macoubrie & Harrison, 2013

<sup>8</sup> U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2004

<sup>9</sup> Macoubrie & Harrison, 2013

<sup>10</sup> Swanson, 2013

For full citation of the sources used in this report, refer to the full report at [www.childtrends.org](http://www.childtrends.org).

Copyright 2015 by Child Trends, Inc.