



Pilot Evaluation Report Executive Summary Healthy Child Care Washington

Prepared by Organizational Research Services, October 2003

This report describes the outcome-based evaluation system developed for the Infant and Toddler Initiative of Healthy Child Care Washington (HCCW) and the results of the pilot evaluation conducted in seven Washington counties in May and June, 2003. Initially conceived by the Washington State Department of Health as part of a small federal grant received in 1995, HCCW was intended to integrate health and safety issues into child care, early childhood and after-school settings. HCCW has blossomed over the years into a statewide system of partners that envisions a united effort of child care providers, parents, educators, policymakers, advocates, researchers, pediatricians, social service agencies and health professionals to maximize the resources focused on creating healthy and nurturing environments for children. Within this ambitious vision is a vibrant initiative for improving the quality of child care for infants and toddlers. This is the focus of this evaluation report.

Program Description

The Infant and Toddler Initiative weaves together multiple layers of strategies to enhance the quality of child care provided to infants and toddlers. These include:

- Development of systems at the local and state levels that link health, safety and child care/early childhood programs;
- Training and technical assistance provided to child care health consultants in local health jurisdictions on skills and standards related to child care quality;
- Consultation and training provided to child care providers and parents to enhance their use of practices that promote health and safety; and
- Information and referral to parents to assist them with their placement of infants and toddlers in child care settings.

Key partners who carry out these strategies are local health jurisdictions, the Washington State Department of Health, Washington State Child Care Resource & Referral Network agencies, the Promoting First Relationships Program at the University of Washington Department of Family and Child Nursing, and Consultant Jan Gross of Pacific Rim Real Time Systems. Funding support is provided primarily from the U.S. Department of Health and Human Services, Maternal Child Health and Child Care Bureau; the Washington Department of Social and Health Services, Division of Child Care and Early Learning; and the Washington Department of Health, Office of Maternal Child Health.

The evaluation results will provide partners in the efforts to improve child care health and safety with data needed to make continuous quality improvements.

Evaluation Design

Working closely with HCCW state staff, system partners and other contractors, ORS has applied its empowerment and community development methods to help HCCW create an evaluation approach and a set of data collection tools that will ultimately provide it with a sustainable, results-oriented evaluation system. Data collected in the pilot phase confirm that the approach will document changes in child care practice and in the capacity of local health jurisdictions to provide child care health consultations. Changes will affect:

- State and local partners;
- Child care health consultants working in the state's 35 local health jurisdictions;
- Child care providers working in centers or homes across the state;
- Parents with infants and toddlers in child care settings; and
- Infants and toddlers.

The HCCW Team (facilitated by ORS) developed a "theory of change" model to identify the roles of many stakeholders in the process of improving the health and safety of infants and toddlers. The Team also developed a logic model that identified the resources, activities, outputs, outcomes and goals of HCCW's Infant and Toddler Initiative. The outcomes to be measured are:

- Increase the resources that are available to train child care providers and offer them technical assistance, information and referrals;
- Expand the use of skills and standards for child care health consultants;
- Enhance child care providers' use of practices that promote the social, emotional and physical health and the cognitive development; and
- Improve communication between child care providers and parents about child care quality and their children's development and behavior.

The data collection tools have been developed and tested, and the full report provides initial pilot data analysis. The data collection tools include:

- An encounter form to track daily interactions by child care health consultants with child care

providers (for consultation or training) and meetings with community partners;

- An action plan form to track planned and actual changes in the child care settings or the practices of the child care providers that are intended to enhance the health and safety of children;
- An action plan form to track changes in the training and practices of the child care health consultants; and
- A survey to track child care providers' perceptions of their work.

The tool for tracking encounters and practice changes in child care settings was piloted in 7 counties over 4 weeks. Even for this short period of time, we can see the types of results that Healthy Child Care Washington is producing. The evaluation plan calls for phasing in implementation beginning October 1, 2003.

Pilot Study Results

How Many Are Reached

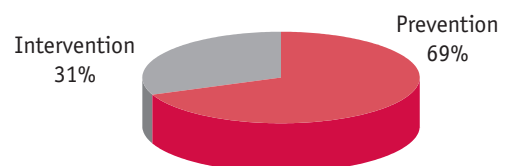
156 consultations had potential impacts on **1,221** child care staff* and **6,719** children*

*For visits by child care health consultants in seven counties over four weeks

Issues Addressed in Child Care Settings

- **All counties reported that they addressed issues of prevention (68.9%) more often than those of intervention (31.1%).**

Focus of Child Care Health Consultations



Pilot Study Results (continued)

Issues Addressed in Child Care Settings (continued)

- **The majority of encounters by child care health consultants with child care providers occurred in person (61.5%),** with almost a quarter more (23.9%) occurring over the telephone.
- **More than half of all encounters (56.9%) lasted over an hour.** The average amount of time spent on encounters was 130 minutes.
- **Communicable disease, diapering and hand washing were priority issues in 29.9% of consultations.** Other frequently discussed topics included social-emotional issues or bonding/attachment (17.0%), and physical or cognitive development (14.7%).
- **Issues addressed by child care providers with the consultants typically varied by community.** For example, the most prevalent topics were: communicable disease in Skagit County and King County; immunizations in Clark County; nutrition in Grant County; and speech, hearing and vision in Spokane County.

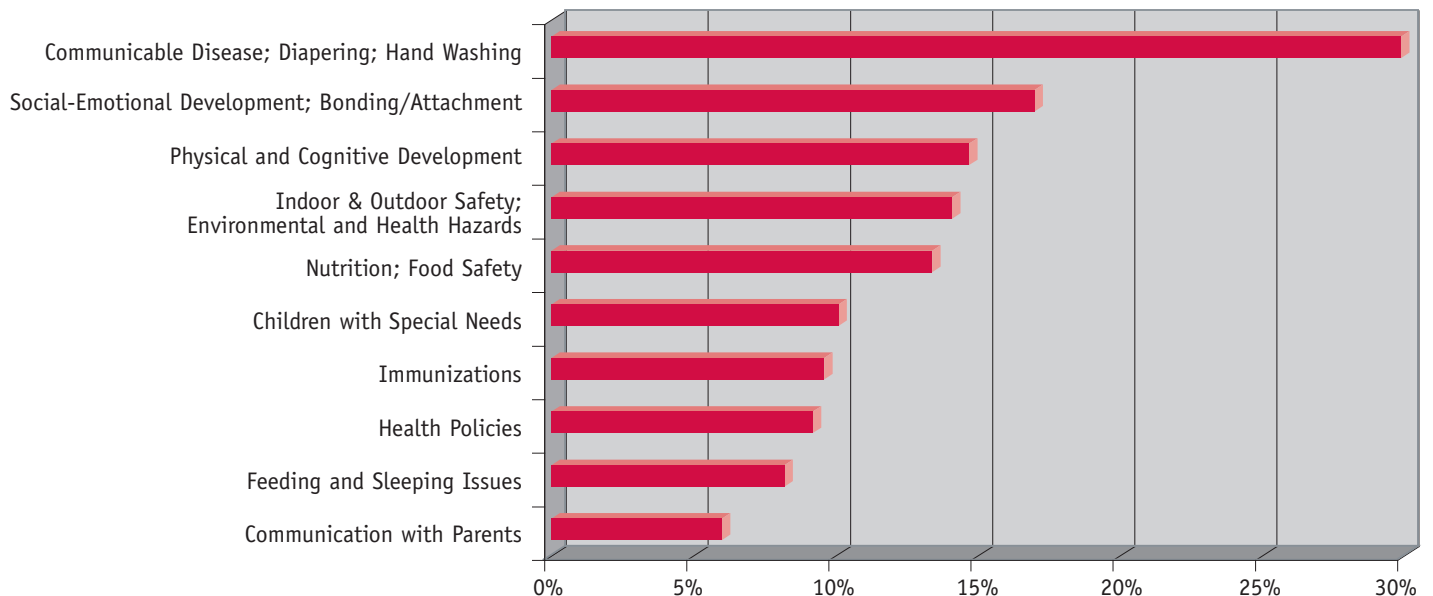
Changes in Child Care Practice: Knowledge, Awareness, Behavior, Communication and Health

The data suggest that child care settings benefit from the consultations received.

- Progress is made in many ways (e.g., knowledge, communication, behavior). **The greatest amounts of progress following consultations happened in communication between providers and parents (29.3%) and in the ways that providers work with children (26.3%).**
- In the majority of consultations (74.3%), at least some progress toward addressing priority issues at child care centers and homes was achieved. **“Great progress” occurred as a result of the consultations in almost one-third of the centers and homes.**
- In 93.9 percent of consultations where improved communication between parents and providers was proposed, **providers reported evidence of improved communication.**
- In consultations in which knowledge or awareness changes in child care providers were proposed, **evidence of increased knowledge or awareness occurred 83.3 percent of the time.**
- **In almost all consultations (93.2%) where behavioral (i.e., practice) changes among providers were proposed, they happened.**
- **Of 400 providers surveyed by the Washington Child Care Resource and Referral Network, two-thirds reported using the expertise of their local child care health consultant.**

Priority Issues in Child Care Settings

(Frequency with which issues were addressed by child care health consultants)



Pilot Study Results (continued)

Increased Collaboration Among Child Care System Partners and Improved Capacity

- HCCW worked with 121 organizations at the federal, state and local levels during the pilot period. Most of the collaborations were quite substantial. Of the total, 37 percent were interactions that created or conducted new activities. Another 44 percent helped HCCW coordinate or extend existing activities.

Level of Collaboration among Early Childhood System Partners

(A measure of how often the collaborations led to expanded or new activity)



- Consultants engaged in many system building efforts at the local level. Case studies of six local health jurisdictions revealed the following common successes:
 - **Positive Changes for Child Care Providers.** Examples: greater access to health and human services and to public health nurses; increased educational and training opportunities; and improved health policies.
 - **Positive Changes for Families.** Examples: better access to resources for children with developmental disabilities; streamlined care and intervention for families; and keeping families together.
 - **Positive Changes in the Community.** Examples: a new licensed facility in isolated rural area and increased knowledge of child care quality issues.
- Local child care health consultants improved their core competencies in training skills, environmental health, growth and development, social/emotional health, communicable disease and other areas. Most made great progress in using their new skills and knowledge.

The current system shifts the focus from counting outputs to tracking actual changes in consultative practices, in systems, in child care providers' awareness and behaviors, in parent and child care providers' communication, and in child care policies and environments. These changes will, in turn, improve the health and safety of children in child care.

Even though this pilot phase measured activities and changes in only a small number of child care settings and the work of only a few child care health consultants and system partners, the results show that the Infant and Toddler Initiative of Healthy Child Care Washington is having a significant impact on the health and safety of children in child care. With full implementation of the evaluation efforts, we expect to be able to assess where and in what ways the program is having its greatest impacts and gain additional insights for program improvement. This sustainable and replicable approach to evaluation will remain an integral part of the HCCW Program and is beginning to influence thinking about evaluation in other program partners.

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