BEST STARTS FOR KIDS CHILD CARE HEALTH CONSULTATION EVALUATION

YEAR 1

AVANTHI JAYASURIYA, MPH
ELIZABETH MENSTELL, MPH
WENDY NAKATSUKASA-ONO, MPH

King County
Best Starts for KIDS

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ACKNOWLEDGMENTS

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This work is made possible by the Best Starts for Kids levy. Best Starts for Kids builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Best Starts for Kids is the most comprehensive investment in child development in the nation. King County's investments span from prenatal development all the way through young adulthood, building strength and resilience in our communities along the way.

BSK STAFF

Anne McNair, MPH
Eva Wong, PhD
Jessica Tollenaar Cafferty, MPA
Lucy Dong, MPH
Sara Rigel, MPH

CEC MEMBERS

Anna Freeman — Kindering CCHC Systems Development
Anne McNair, MPH — Public Health — Seattle & King County
Caitlin Young, BSN, RN — Encompass Northwest
Cameron Clark, MPA — City of Seattle Department of Education and Early Learning
Hueiling Chan, MSW — Chinese Information Service Center
Jessica Tollenaar Cafferty, MPA — Public Health — Seattle & King County
Steven Shapiro, PhD — Public Health — Seattle & King County

CARDEA
Training, Organizational Development and Research

CARDEA STAFF

Avanthi Jayasuriya, MPH
Elizabeth Menstell, MPH
Malvika Nair
Wendy Nakatsukasa-Ono, MPH

CCHC GRANTEES

Chinese Information Service Center
Encompass Northwest
Kindering
Living Well Kent
Northwest Center for Kids
Sisters in Common
Somali Health Board

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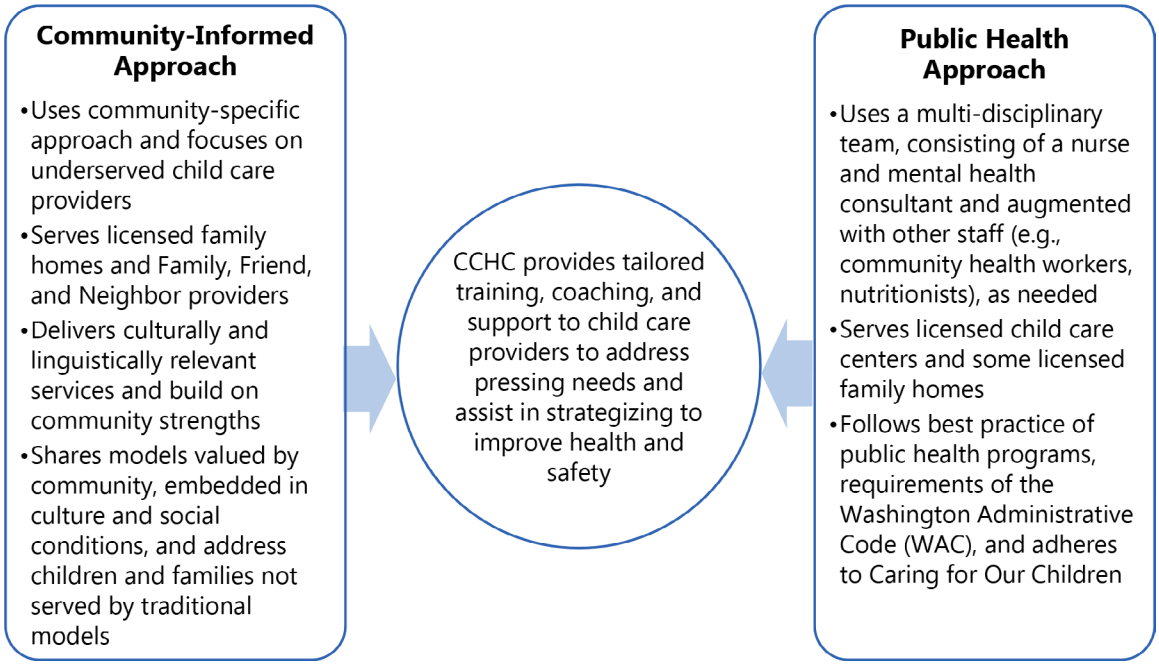
KEY ACRONYMS

BSK — Best Starts for Kids
CCHC — Child Care Health Consultation
CEC — Child Care Health Consultation Evaluation Committee
CI — Community Informed Pilot
FFN — Family, Friend, and Neighbor
PH — Public Health Model
TA — Technical Assistance
WAC — Washington Administrative Code

EXECUTIVE SUMMARY

INTRODUCTION

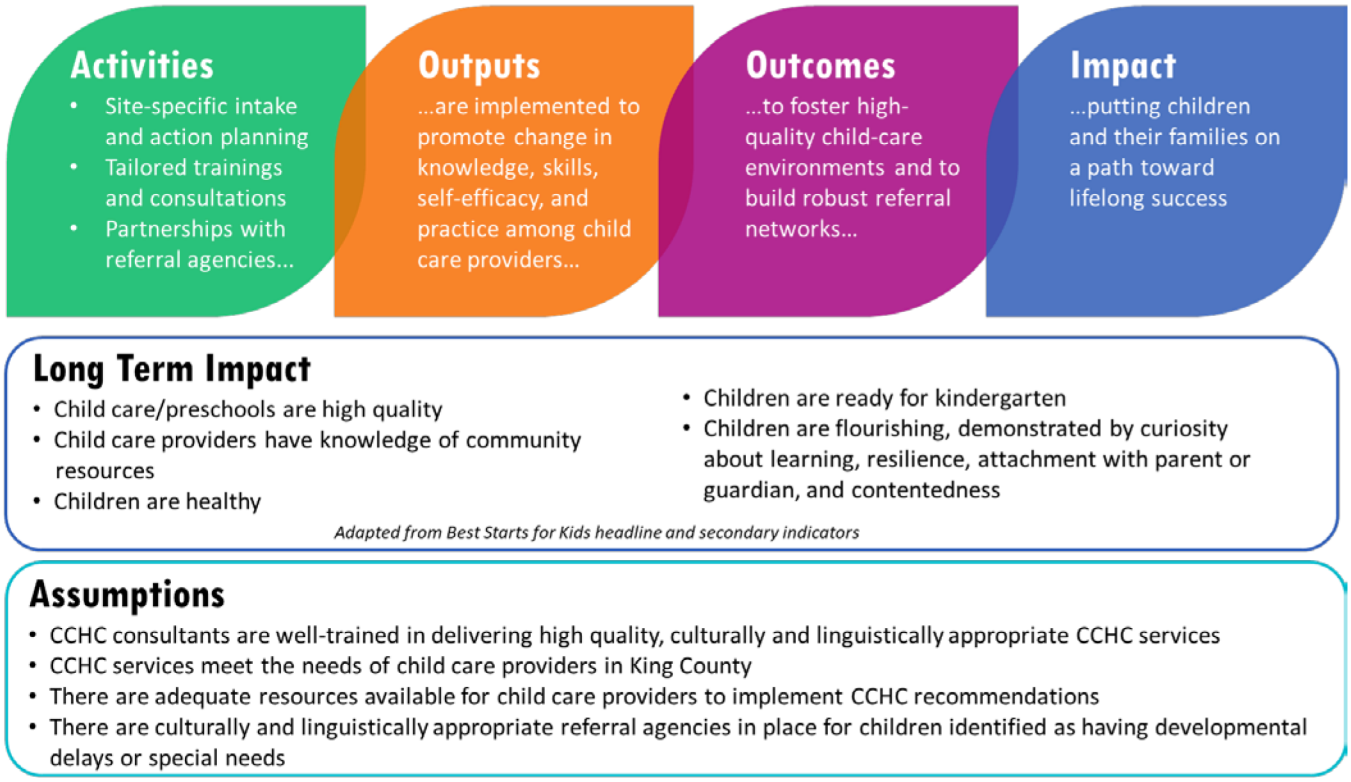
Best Starts for Kids (BSK) builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Child care health consultation (CCHC) is a strategy that promotes the health and development of children, families, and child care providers by ensuring healthy and safe child care environments. In 2018, BSK invested in two CCHC approaches—public health model and community-informed pilots—to leverage communities' strengths and meet the wide range of needs in King County.



GOALS & OBJECTIVES

The purpose of the CCHC evaluation is to: 1) describe the core programmatic elements and values of CCHC and the unique programmatic elements of the public health and community-informed approaches, 2) identify facilitators and barriers to implementation of the public health and community-informed approaches, and 3) explore how CCHC contributes to child care provider outcomes, including improving parent conversations, increasing provider knowledge of supports and resources, and increasing provider ability to improve the child care environment. In addition, this evaluation describes the ways in which CCHC services support child care provider needs in King County across diverse geographic, cultural, and provider communities.

King County Child Care Health Consultation Theory of Change



METHODS

Cardea used a participatory approach for this evaluation, including significant input and feedback from the seven CCHC grantees and CCHC evaluation committee (CEC). Cardea used this intensive, iterative approach throughout the development of the evaluation plan, data collection tools, implementation process, analysis interpretation, and report development. Cardea used a mixed methods prospective design and developed five, primary, quantitative tools to collect service delivery and outcomes data, as well as key informant interview and focus group guides to collect qualitative data. Evaluation planning began in October 2018, and data collection for year one concluded at the end of December 2019. Cardea began data analysis, interpretation, and report development in January and February 2020.

Consistency and quality of data collection varied slightly across CCHC grantees, given differences in capacity/infrastructure, program model, and services provided. One data-driven limitation is incomplete data for CCHC services, due to staff turnover and challenges in differentiating individual consultation from follow-up services. Cardea provided technical assistance throughout the year to support grantees in resolving limitations in data collection. By using a participatory evaluation approach, Cardea prioritized developing strong relationships with members of the CEC and CCHC grantees to build trust and continually work toward a set of common goals.

KEY FINDINGS

COMMON ELEMENTS

Common elements among the services provided by the seven CCHC grantees include:

- Similar subtopics under the four topic areas: 1) growth and development, 2) health and safety, 3) nutrition, and 4) other
- Modality of service delivery
- Time spent on individual consultation and follow up

FACILITATORS AND BARRIERS

Child care providers reported that regular engagement with their consultant facilitated learning. Child care health consultants shared resources (e.g., websites, handouts) to support providers in implementing the skills they learned. Consultants using the community-informed approach (CI consultants) also brought items to help providers plan activities for the children in their care, including toys, books, paper, and writing utensils. Consultants discussed building trust with providers as a key component to supporting positive outcomes. Consultants working with providers who recently immigrated to the U.S. were able to engage providers in their primary language and tailor lessons to be culturally relevant.

Some child care providers faced barriers in implementing what they learned from their consultant. Some providers said that their consultants did not have the necessary cultural and linguistic skills to adequately share concepts or teach skills that were culturally relevant. Other providers said that they would have preferred increased engagement with their consultant. Some providers had difficulty implementing the new skills they learned, due to lack of administrative support and time in their schedule.

UNIQUE STRENGTHS

While there are common elements among the services provided by the seven CCHC grantees, there are also unique strengths of the community-informed and public health approaches. These unique strengths improved consultants' ability to engage child care providers in CCHC services and tailor services to build on providers' current knowledge and skills.

Community-Informed Pilots

A larger number of child care sites received CCHC services through the community-informed vs. public health approach (350 vs. 98 sites), and most sites had one provider and one child, which allowed for meaningful relationship-building. Among consultations using the community-informed approach (CI consultations), primary topics were brain development and milestones, developmental screening, emergency policies and procedures, oral health, and toxics. While family engagement and interaction was not a primary focus of individual consultations, a large proportion of group trainings (41%) covered the topic. Also, Family, Friend, and Neighbor (FFN) and licensed family home providers reported that it was extremely helpful to hear about other providers' challenges and learn from each other in group trainings. Child care providers also noted that CI consultants were culturally and linguistically responsive.

Public Health Model

While fewer child care sites received CCHC services through the public health approach, there were more child care providers at each site and often more than one room at each site, with a higher number of children in care than for the CI approach. Among consultations using the public health approach (PH consultations), primary topics were mental/behavioral health, sensory and self-regulation, children with special needs, infection/communicable disease prevention, physical activity and outdoor time, classroom curriculum, and family engagement and interaction. Group trainings focused heavily on mental/behavioral health to increase training related to supporting and keeping children in care, when challenging behaviors arise.

IMPACT OF CCHC

Initial findings from this evaluation, particularly from the child care provider follow-up survey and key informant interviews, indicate that CCHC services have a positive impact on child care providers across consultation and related to most topics. BSK's investment in bringing seven CCHC grantees with different models and approaches under a common definition of CCHC services is aligned with the Best Starts Equity and Social Justice framework and appears to have advantages in strong service delivery to a wide range of child care providers. In particular, two areas of impact emerged across all child care providers:

Increased ability to manage both current and emerging challenging behaviors, resulting in providers having the confidence and ability to keep children and families in care

> ***We said that we were going to serve all students, but we didn't know how. We didn't have the capacity in our staffing or budget to have the staff support that we really needed…[The consultant] immediately came in, and it was challenging for them, too, but we devised strategies to be inclusive for this child.***
>
> —Partial day provider, public health approach

Increased knowledge and use of developmental screening tools and resources

> ***I learned about referrals from [the consultant]. Before, I didn't have time for all that. Now, I have a board in my place where I stick all the resources that I find out. Sometimes, I have to call to do a referral. If there is a family with the developmental delay, I call the resource and made an appointment for them.***
>
> —Licensed family home provider, community-informed approach

Overall, each of the consultation topics covered by consultants appeared to have positive impact on providers' knowledge and ability.

FUTURE DIRECTION

Initial findings from this evaluation have created a strong foundation for ongoing evaluation of the common elements and unique strengths of the CI and PH approaches. By exploring assumptions related to common elements and unique strengths with CCHC grantees, CEC, and BSK staff, Cardea anticipates that the ongoing evaluation will lead to a better understanding of the core elements of CCHC that can be applied at a broader systems level.

In 2020, Cardea will work with BSK to disseminate findings from the CCHC evaluation, refining the evaluation questions to build on what was learned through this initial evaluation, continuing to provide TA to BSK CCHC grantees, and working with Kindering to support the ongoing systems development work.