State-Level Collaborations and Children and Families

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Most collaborations are NOT:

- A single easily defined intervention
- An intervention with a single goal or single population to serve
- A program in a vacuum

- Easily evaluated with traditional study designs
- Thus, attribution of causality is the biggest evaluation challenge

The Major Design Questions When Going to the Child Level

- Deciding what to study
 - Most prevalent, costly, or unique services Exemplary or typical programs
- Deciding whom to study: all vs. some
- Design: longitudinal, cross-sectional
- Qualitative vs. quantitative
- Long-term vs. short-term
- Descriptive vs. some type of comparison group
- Can existing data be used

NC's Smart Start Initiative

- NC's early childhood initiative for children birth to 5 and their families
- Goal = to help all children enter school healthy and ready to learn
- A public-private partnership
- Providing high-quality child care, health care, and family services
- Local determination (with guiding principles)
- Variety of efforts varying by county, by year

Evaluation was driven by the theories of change underlying Smart Start

Smart Start Services Short Term Change

Quality child care efforts

Family programs

Health programs

Planning and collaboration support

Better child care

Better functioning families

More children taking advantage of greater number of health services Children more healthy at school entry

Long Term Change

More "ready" children

More "ready" children

at age 5

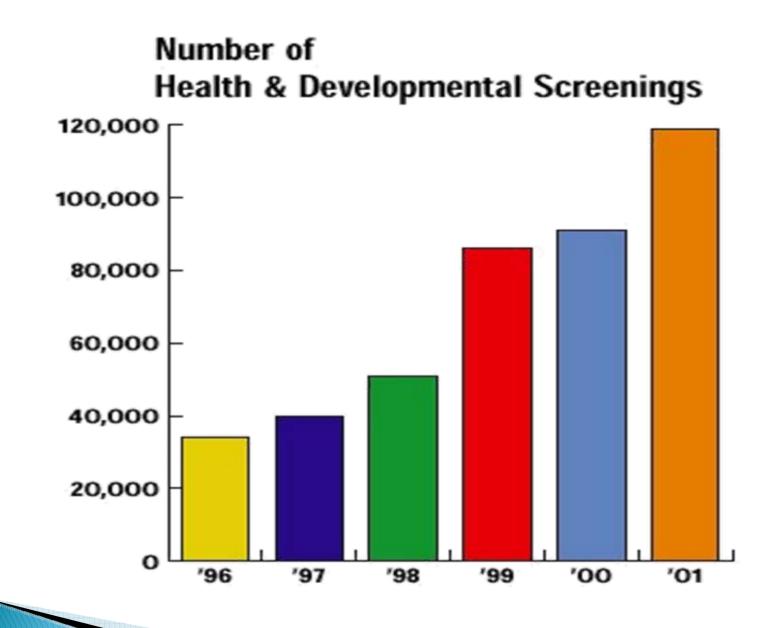
at age 5

More and different people involved in making decisions Coord. service systems that strengthen families and children

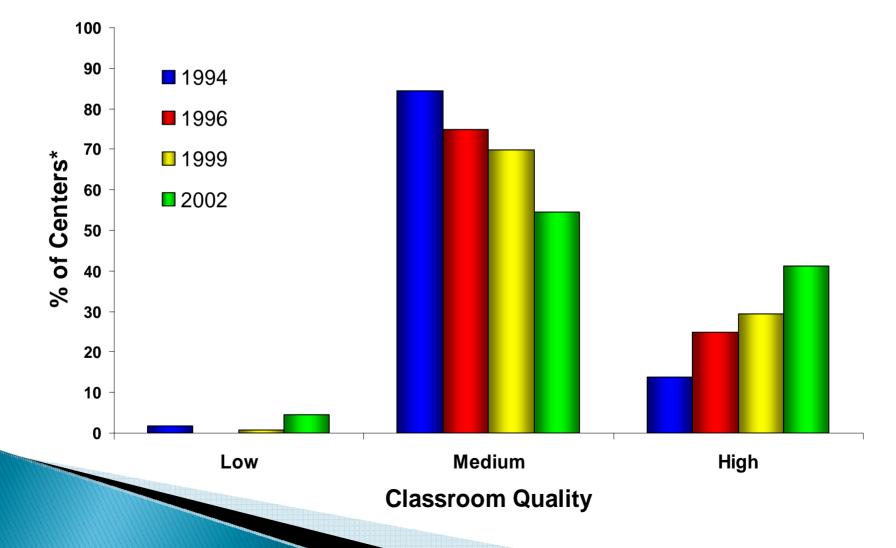
Stages of Evaluating a Collaborative

Describe the served people

- Interview vs. survey vs. professional ratings Normative national samples can be a good comparison
- Describe what they are getting
- Track cohort changes over time
- Study specific components in depth
- Gradually build the case for plausible causal connections



Quality of NC Preschool Child Care (Round 1 Counties)



SS Participation & Quality

- No relationship between participation in SS– funded TA and classroom quality in a county's first year of Smart Start
- Significant positive relationship at each later assessment (2, 5, 8 years)
- Stronger relationship over time.
- Current but not previous participation related to quality

Significant Predictors of Children's Outcomes (N=512)

	Predictor			
Child Outcome	Classroom Quality	Boy	Ethnicity/ Race	Poverty
Receptive language	↑ ** *		↓***	↓ ***
Letters				↓ **
Book awareness	↑ ** *	↓ **	↓*	↓ **
Book knowledge	↑ * *	↓ **	↓**	
Story comprehension				↓ ***
Applied math problems	↑ ** *	↓ *	↓***	↓ ***
Counting one-to-one	↑ ** *	↓ **		
Social skills		↑ ** *	^ **	↓ ***
Problem behaviors		↓ *		^ **

*p < .05, **p < .01, ***p < .001

Plausible Causal Connections in Smart Start

- Center-based child care quality is improving.
- Many different quality improvement (QI) activities are being implemented.
- QI is related to participation the activities.
- Children's school readiness is related to their centers' quality which is related to Smart Start participation.
- QI activities ~ quality improves over time and in relation to level of QI participation ~ quality ~ children's school readiness

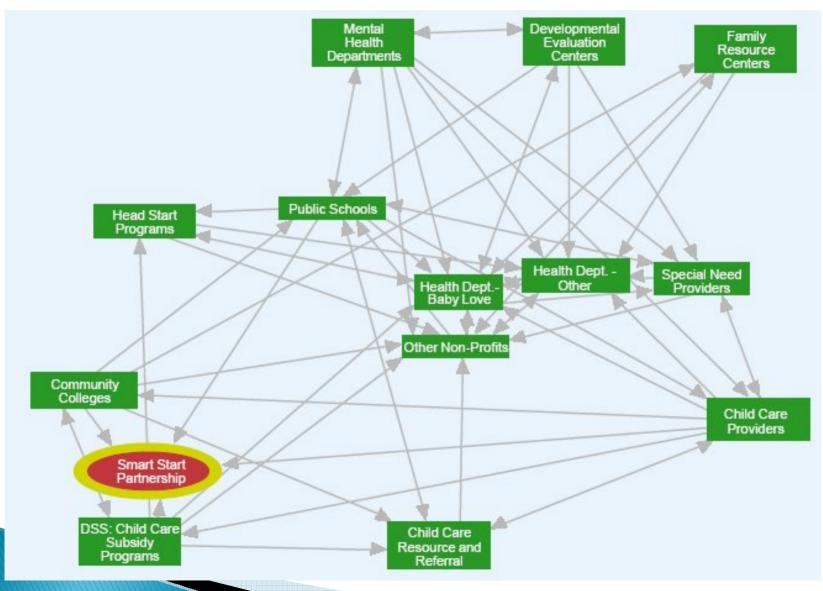
What Outcomes Can One Expect?

- Keep expectations reasonable
- One study will not answer all questions
- At early stages, program descriptions that speak to fidelity and can report outputs
- > At all stages, descriptions of people
- After some years (??), more targeted outcomes
- Be aware of possible negative outcomes

Future Work

- Better data systems are needed
- Better data on "treatment as usual"
- More data on costs
- An accountability measurement system that uses data to improve services

Collaborative Network 1997-8



Collaborative Network 1999-2000

