Lessons Learned: Factors Shaping Provider Participation and Methodological Considerations

Gina Adams and Monica Rohacek
The Urban Institute
Prepared for
Review of The Child and Adult Care Food Program: Future Research Needs
February 7, 2012
Overview of Presentation

- Part 1: What factors can shape provider participation in the CACFP? Gina
- Part 2: What are some methodological considerations related to collecting data on these factors? Monica
Background

Lessons learned from multiple Urban Institute studies on child care providers (citations on last slide)

- Two studies on child care providers and CCDF vouchers
  - ANF case studies in 17 sites/12 states in 1999 – focus groups with providers, parents and subsidy workers; interviews with administrators and experts)
  - Mixed method study of providers in 5 counties/4 states in 2003-2004 – survey of providers; interviews with administrators and experts; and focus groups with providers and subsidy staff

- Quality in Context: Study of factors shaping provision of quality in 4 counties – interviews with directors and classroom observations
Part 1. Kinds of Factors Shaping Provider Participation

Five clusters of interacting factors:

- Provider’s individual characteristics
- Provider program characteristics
- Community characteristics
- Policy/services context
- *CACFP policies and implementation practices*

These interact in unique ways for each provider, and create an informal “benefit cost analysis” as to the value of participation – all factors can play a role.
Factors Affecting Provider Participation in the CACFP
Draft Framework (do not cite without permission)
Gina Adams and Monica Rohacek, Urban Institute Feb 2012

Provider Program Characteristics
- Type (i.e. center, family cc)
- Funding (i.e. Head Start, prekindergarten, vouchers)
- Clientele (i.e. % eligible for free/reduced price)
- Auspice (i.e. profit status, public/private)
- Decision-making structure (i.e. Board, Chain)
- Size/Staffing (i.e. administrative staffing, economies of scale)

Individual Provider Characteristics
- Motivation (i.e. mission, profit orientation, service vs business)
- Personality (flexibility, privacy, comfort asking parents financial info)
- Skills/Capacity (i.e. education, literacy, language, admin/business)
- Beliefs/Values (i.e. nutrition beliefs, role of government, privacy)
- Beliefs about CACFP (i.e. based on experience or "word of mouth")

Provider Informal Cost Benefit Analysis
- Is it "worth" it?

CACFP Policies & Implementation Practices
- Outreach (i.e. do providers know about it?)
- Reimbursement (i.e. possible level and actual reimbursement)
- Paperwork (i.e. child enrollment and reimbursement forms)
- Ease of working with funding entity (i.e. responsiveness, ability to resolve disputes)
- Nutrition requirements (i.e. complexity, congruence with client/provider views)
- Monitoring/Support (i.e. visits, treatment, attitude, support vs enforcement)
- Role/Nature of Sponsor (i.e. relationship, support, quality)

"Policy" Context
- Federal/State/Local ECE programs/requirements (i.e. CCDF vouchers, Head Start, prek)
- Licensing (i.e. exemptions, standards, monitoring, relationship)
- CCR&R functions (i.e. level of support, role)
- Quality supports (i.e. Training and TA, QRIS intersect)
- Tax policy (i.e. interactions with deductions)

Community Characteristics
- Client demand (i.e. level of resources, sense of options, what they want re nutrition/quality)
- Supply of care (i.e. nature, quality, price, competitiveness of market)
- Resources (i.e. parents, public sector, private sector, philanthropy)
Individual Provider Characteristics

- **Motivation** – i.e. mission, profit orientation, “service” vs. business approach

- **Personality** – i.e. flexibility, sense of privacy, comfort asking parents financial information, self-improving

- **Skills/Capacity** – i.e. education, literacy, language/ELL, administrative/business capacity

- **Beliefs/Values** – i.e. nutrition beliefs, role of government, “intrusion”

- **Experiences/Perceptions of CACFP** – based on current or previous experience, or what have heard
Provider Program Characteristics

- **Type** – i.e. center or family child care
- **Funding/resource supports** – i.e. parent, public (Head Start, prek, CCDF vouchers), philanthropic, religious affiliation
- **Clientele** – i.e. proportion eligible for free or reduced price
- **Auspice** – i.e. profit status, public/private, school-based
- **Decision-making structure** – who decides? i.e. Board? Chain?
- **Size/staffing** – i.e. administrative capacity, economies of scale
Community Characteristics

- **Client demand** – i.e. level of resources, sense of other options, nutritional preferences
- **Supply of care** – i.e. competitiveness of local market, nature/quality of competitors
- **Resources** – i.e. parents, public sector, private sector, philanthropy
“Policy” Context

- Federal, state, local early care and education policies, programs, and requirements – including CCDF, prekindergarten, Head Start, prekindergarten, QRIS requirements

- Licensing – i.e. exemptions, standards (including around nutrition), monitoring function, relationship with providers

- CCR&R functions – i.e. level and kinds of support provided, intersect with CACFP

- Quality supports – i.e. training and technical assistance, intersection with QRIS

- Tax policy – i.e. interaction with benefits of deducting food
Critical to look beyond policies to also examine implementation practices and how experienced. Key policy areas likely to be:

- **Outreach** – do providers know about the program?
- **Reimbursement** – critical to look at what *actually* received, or real value
- **Paperwork** – totality (i.e. both enrollment and reimbursement forms)
- **Ease of working with funding entity** – ability to reach someone, ease of resolving payment disputes, getting questions answered
...CACFP Policies and Implementation Practices

- **Nutrition requirements** – how easy or difficult is it to comply, how similar/different requirements are to what providers believe or their clients want

- **Monitoring and support** – level and quality of visits, how providers are treated, “reasonability” of monitoring, balance between the “carrot and the stick”

- **Role/nature of sponsor** – quality of sponsoring entity, relationship/trust, value

*NOTE: all of these issues also at play for willingness of sponsors to participate.*
Implications

- Broad range of factors affect who participates
- How they play out is highly individual – many factors can be weighed as a “benefit” for one provider and as a “cost” for another
  - Therefore likely to vary across providers, communities, agencies
- How they play out is not static
- Requires highly informed and strategic design
Part 2. Methodological Considerations

- Defining the outcome of interest
- Mixed-method design
- Accounting for heterogeneity
- Relevant respondents
- Other
Defining the Outcome of Interest

*Which aspects of “participation” are important?*

- Any involvement versus no involvement?
- Extent of involvement?
  - Share of children for whom income eligibility is determined?
  - Share of meals covered by CACFP?
- Quality of participation? For example:
  - Quality of nutritional offerings?
  - Child nutrition outcomes?
Mixed-Methods Design

- Overview
  - Qualitative – to inform survey design
  - Quantitative survey
  - Qualitative – to inform survey interpretation

- Benefits
  - Provides information both about rates—and about nature—of observed phenomena
  - Focuses and strengthens survey questionnaire design (*choice of topics and language used*)
  - Qualitative approach essential for gathering useful data on implementation practices/procedures
Relevant Respondents

- Providers
  - Current CACFP participants
  - Past participants
  - Never participants

- Others who can inform understanding of provider CACFP participation
  - Staff at State CACFP agencies and sponsoring organizations
  - Parents
  - Other key informants
Accounting for Heterogeneity

- In designing instruments, consider:
  - Using site-specific terms in surveys/interview protocols
  - Different instruments for centers and homes (and homes by tier)
  - Collect data on local implementation practices:
    - From providers
    - From CACFP sponsors and state CACFP agencies
Other Considerations/Suggestions

- “Satisfaction” surveys—and those assessing factors behind provider decision making—pose special design challenges.

- Build on work in related fields such as accreditation support, subsidy participation, and training/QRIS registries for child care providers.

- Consider (in design and describing to respondents) how research to facilitate participation differs from compliance monitoring.
Selected Reports on CACFP and Provider Participation


Meredith, Kelly. n.d. *A Statewide Analysis of the Child and Adult Care Food Program and Family Child Care Providers in Oregon*. Wilsonville, OR: Oregon Child Development Coalition.

