



# Inequities in access to quality early care and education: Associations with funding and community context<sup>☆</sup>

Bridget E. Hatfield<sup>a,\*</sup>, Joanna K. Lower<sup>b</sup>, Deborah J. Cassidy<sup>c</sup>, Richard A. Faldowski<sup>d</sup>

<sup>a</sup> Oregon State University, College of Public Health and Human Sciences, School of Social and Behavioral Health Sciences, 401 Waldo Hall, Corvallis, OR 97331, United States

<sup>b</sup> Lower & Company, 507 North Mendenhall Street, Greensboro, NC 27401, United States

<sup>c</sup> The University of North Carolina at Greensboro, Department of Human Development and Family Studies, P.O. Box 26170, Greensboro, NC 27402-6170, United States

<sup>d</sup> The University of North Carolina at Chapel Hill, Department of Allied Health Sciences, Office of Research, 3004 Bondurant Hall, CB# 7122, Chapel Hill, NC 27599-7122, United States

## ARTICLE INFO

### Article history:

Available online 4 February 2014

### Keywords:

Child care quality  
Community context  
Quality Rating and Improvement System  
State and federal funding  
Socioeconomics

## ABSTRACT

The purpose of the current study was to examine program- and community-level characteristics related to total points earned by early care and education programs in North Carolina's Tiered Quality Rating and Improvement System (TQRIS). Multiple statewide data sources, program- and community-level characteristics were combined to better understand associations with total points awarded in the TQRIS. The concentration of state and federal funding at the program level, and the socioeconomics of the communities that programs resided were related to program quality. The current study demonstrated that there are inequities within the system where the highest quality early care and education programs are differentially available based on program funding characteristics, community socioeconomics, and interactions among the program and community variables. Future research and policy implications are discussed.

© 2014 Elsevier Inc. All rights reserved.

## 1. Introduction

Availability of high-quality early care and education programs for children and families living in and near poverty is a social priority in closing the achievement gap and preventing intergenerational poverty. Helburn and Bergmann (2002) contend, "There is a public interest in good quality child care" (p. 161). In addition to navigating the social and economic disparities associated with poverty, families must also navigate a multi-tiered early care and education system that intersects with market constraints and politics. Consequently, a system with tiered standards via quality

ratings results in differential experiences for children and families. This begs the question, who is privileged by a system that allows children to be cared for and educated in programs at varying levels of quality?

Exposing potential differences in access within the early care and education system is critical as states develop and refine Tiered Quality Rating and Improvement Systems (TQRIS; or Quality Rating and Improvement Systems, QRIS). In North Carolina, the TQRIS informs families and the early care and education market of program quality. It is also connected to incentives such as tiered reimbursement rates for subsidy payments and quality enhancement initiatives to assist programs in meeting or maintaining higher-quality standards. It is important to understand the current contexts of these efforts, their strengths, and where they may fall short in meeting the needs of constituents. Consequently, the current study examines earned TQRIS points in relation to community contexts and sources of funding to support evidence-based decisions that promote equitable access to high-quality early care and education.

Distinct from many TQRISs in the nation, all licensed early care and education programs in North Carolina are required to participate in the 5-star rating system, at least at the 1-star level. The term early care and education is used in the current study to describe licensed centers and family child care homes and is interchangeable with the term child care. Programs may earn 2–5 stars

<sup>☆</sup> This research was supported in part by Grant Number 90YE0109 from the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services to the second author. It was also supported by a Postdoctoral Fellowship provided by the Institute of Education Sciences through the Center for Advanced Study of Teaching and Learning, University of Virginia to the first author. The contents of this research are solely the responsibility of the authors and do not represent the official views of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human nor the Institute of Education Services or the University of Virginia.

\* Corresponding author. Tel.: +1 541 737 6438.

E-mail addresses: [bridget.hatfield@oregonstate.edu](mailto:bridget.hatfield@oregonstate.edu) (B.E. Hatfield), [jklower@gmail.com](mailto:jklower@gmail.com) (J.K. Lower), [djcassid@uncg.edu](mailto:djcassid@uncg.edu) (D.J. Cassidy), [rafaldow@med.unc.edu](mailto:rafaldow@med.unc.edu) (R.A. Faldowski).

by voluntarily meeting higher standards. In the 14-year history of North Carolina's TQRIS, programs have demonstrated positive movement in star ratings (see [Gable, 2013](#) for complete history). Since 2001 nearly 2500 centers and 1800 family child care homes have achieved a higher star rating. Given North Carolina's successful effort to increase the quality of early care and education through their TQRIS, investigating characteristics that support or inhibit higher-ratings is important as North Carolina and other states refine their TQRISs.

A required hallmark of state and federal funding is "parental choice"; therefore, evidence of sufficient supply of quality choices warrants empirical testing. Even with the increase in the number of quality programs in North Carolina, accessibility to the highest-quality programs may be limited. Although TQRISs inform the early care and education market, there is no evidence that funding is leveraged in communities in such a way that equitable access to high quality programs is promoted. For instance, programs operating in low-income communities may have fewer monetary resources limiting the feasibility of voluntarily achieving a higher star level; higher funding streams may boost program quality in these communities. In the following sections, we outline relationships among state and federal funding, community characteristics, and early care and education program quality.

### 1.1. State and federal funding

Early care and education programs in North Carolina that receive state or federal funding must be licensed by the NC Division of Child Development and Early Education (DCDEE). Thus, in order to receive state or federal funding, a program must earn a minimum of a 1-star rating to obtain a license. Restricting funding access to only licensed early care and education programs (child care centers and family child care homes) supports a commitment to keep public funds within the regulated system to support a sustainable infrastructure of quality choices within communities. In North Carolina, only licensed center-based programs are eligible to receive Head Start, More at Four, and/or DCDEE subsidy funding; family child care homes are only eligible for DCDEE subsidy funds.

#### 1.1.1. Subsidy funds

Subsidy vouchers in the early care and education market are a source of state and federal funding to support low-income families in need of child care. The Child Care and Development Fund (previously the Child Care Development Block Grant) administered by the Office of Child Care allocates support to states to assist, "low-income families in obtaining child care so they can work or attend training/education" ([U.S. Department of Health & Human Services Administration for Children & Families, 2010a](#)). This strategy is based on the idea that child care vouchers increase the purchasing power of low-income families, resulting in higher-quality early care and education in low-income communities ([Fuller, Kagan, Casparly, & Gauthier, 2002](#)). In North Carolina at the time of this study, programs that received state or federal subsidy funding were required—at a minimum—to meet basic licensing standards at the 1-star level. Programs meeting the standards of higher star ratings (2–5 stars) were reimbursed at higher subsidy rates. However, the degree to which subsidy receipt ensures children are in high-quality programs is debatable and likely depends on the availability and accessibility of early care and education programs, as well as other state and federal policies.

A recent report from the Brookings Institute ([Herbst, 2013](#)) suggests that subsidies consistently fail to buffer the effects of poverty for low-income children. Specifically, evidence suggests that children receiving subsidized care are more likely to experience negative health, reading, math, and social and emotional outcomes compared to children without subsidized care. One

possible explanation for this negative finding is that other factors, such as community disadvantage, may operate in tandem with subsidy receipt. For instance, in disadvantaged communities, the amount of subsidy dollars allotted to a program may promote or limit program quality. In light of the proposal for increased funding for subsidies as well as stricter regulations ([U.S. Department of Health & Human Services Administration for Children & Families, 2013](#)), the examination of the relationships between subsidy, community context, and TQRIS ratings are timely.

#### 1.1.2. North Carolina pre-K

Eligibility for North Carolina's state-funded pre-K program (entitled More at Four during the time of the current study) is based on family income and additional risk factors. More at Four funding has resulted in improved children's academic and behavioral outcomes and a narrowed achievement gap compared to non-economically-disadvantaged peers by 40% ([Peisner-Feinberg & Schaaf, 2010](#)). The impact of state-funded pre-K has been recognized by the Obama administration through the proposed federal pre-K initiative that aims to fund high quality pre-K education for all 4-year-olds living in families 200% below the poverty level ([The White House, Office of the Press Secretary, 2013](#)). Understanding ways funding supports access to high-quality early care and education within all communities may inform future funding policies to support access to high-quality programs. Further, understanding how pre-K funds operate within various community contexts will afford insight to improve quality, possibly enhancing the established gains in child outcomes reported from More at Four ([Peisner-Feinberg & Schaaf, 2010](#)).

#### 1.1.3. Head Start (and Early Head Start)

Head Start and Early Head Start are federally-funded, family-focused programs designed to promote social and cognitive development. In a randomized control trial, children attending Early Head Start programs exhibited improved cognitive and socio-emotional outcomes compared to children in the control group ([Love et al., 2005](#)). The Head Start Impact Study reported higher-quality experiences for children in Head Start programs compared to control groups ([U.S. Department of Health & Human Services Administration for Children & Families, 2010b](#)). Further, on average, Head Start programs are rated as 'good quality' by the Environmental Rating Scales ([U.S. Department of Health & Human Services Administration for Children & Families, 2000](#)). In sum, evidence suggests Head Start funding generally supports higher-quality ratings for programs when compared to other early care and education settings. However, it is not clear if Head Start funding is dispersed so that all communities, particularly in low-income communities, are able to offer high quality programs.

### 1.2. Community characteristics and associations with quality

Public schools have been criticized for inequitable availability of high-quality education based on race and class ([Ladson-Billings, 2006](#)), and there is evidence that the early care and education sector is following a similar path ([Cassidy, Lower, Kintner, & Hestenes, 2009](#); [Howes et al., 1995](#); [Kontos, Howes, Shinn, & Galinsky 1997](#); [Wrigley, 1991](#)). As states develop and refine their TQRISs, it is important to understand relations between community contexts and the quality of early care and education available within communities. [Sampson, Morenoff, and Earls \(1999\)](#) argue that the "social-structural differentiation in the United States are very much a spatial affair" (p. 636). That is, to understand and measure community characteristics of early care and education programs, widely-accepted sociologically-based constructs of community characteristics must be employed ([Sampson et al., 1999](#)). The constructs—concentrated disadvantage, concentrated

Download English Version:

<https://daneshyari.com/en/article/353751>

Download Persian Version:

<https://daneshyari.com/article/353751>

[Daneshyari.com](https://daneshyari.com)