Data-Driven Decision Making

Documenting Program Progress and Success

Effective Services Series

Successes Achieved by the Demonstration Programs

Report 3 of 3

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

This document was developed by the **Department of Health and Human Services**,
Administration for Children and Families (www.acf.hhs.gov),
Office of Family Assistance under two contracts with **ICF International Inc.**,
Contract No. HHSP233200700008T, and HHSP23320095636WC.

Series Overview

The Office of Family Assistance (OFA) sponsored a site exchange series during late spring and summer 2009. During these two- to three-day exchanges, a "host" grantee—working with OFA's technical assistance team —designed a site visit and learning session for a small group of visiting grantees. Site exchanges focused on different types of community-based partnerships that Healthy Marriage grantees have formed to better engage various high-priority populations such as couples, youth and young adults, and low-income families. (See Report 1 of the Effective Services Series for a more detailed description of the site exchange series.)

This report (the final of 3 in the series) summarizes how grantees have integrated data into daily operations and how program evaluation has been used to document program implementation and outcomes. The report focuses primarily on a theme that has emerged across site exchanges as well as other interactions with grantees; the importance of using data for organizational decisionmaking and documenting a program's progress and success. One of the site exchanges focused specifically on how grantees can use data for organizational decision making. This site exchange is documented in the case study presented below.

Case Study Methodology[1]

The Technical Assistance (TA) facilitators and lead writer for this report were responsible for reviewing relevant program documents (e.g., grant or continuation applications, semi-annual reports, evaluation reports), taking notes during the visit, conducting follow-up conversations 30 to 60 days after the site exchange, and writing a final report that summarized key observations and themes discussed during the exchange. These data were analyzed and used to write the case study presented in this report.

Case Study: Effective Use of Data for Organizational Decision Making

For many Healthy Marriage and Responsible Fatherhood grantees, collecting and analyzing data in a systematic way is a continuing challenge. Yet there are grantees who have built continuous evaluation and data-driven decision making into their operations. One example is the University of Central Florida (UCF), which hosted a two-day peer exchange under the theme of program evaluation and the role of data in organizational management.[2]

- Host Site: University of Central Florida (Orlando, Florida)
- Guest Sites: Family Health and Education Institute (Seabrook, Maryland) and Metro United Methodist Urban Ministry (San Diego, California)
- Date of Site Exchange: September 10-11, 2009

[1] Yin, R. (1994). Case study research: Design and methods (2nd ed.). Beverly Hills, CA: Sage.

[2] See Appendices A and B found in Report 1 of the *Effective Services Series* for detailed descriptions of all the participating host and guest grantees respectively.

UCF and the National Supporting Healthy Marriage Research Study

As part of its role in the Supporting Healthy Marriage Together Project, a research study funded by the Administration for Children and Families, the University of Central Florida has some responsibilities unlike other federal Healthy Marriage grantees.

The most significant difference is that UCF recruits 200 couples for a treatment group—who will receive Healthy Marriage services—and for a control group of another 200 couples that will receive assistance one year later. Those in the treatment group receive 12 months of services, including 30 hours of marriage education, continuous family support and extended marriage and family-related activities. Extensive data are collected on these couples.

After a year, research firm MDRC will examine differences between the treatment and control groups to answer the question, "Do marriage education and supports help low to moderate income married couples with children have longer, stronger marriages and raise happy, healthier children?"

Federally funded Healthy Marriage programs in New York, Pennsylvania, Kansas, Oklahoma, Texas and Washington also are part of this research initiative.

As an OFA Healthy Marriage grantee, UCF's Marriage and Family Research Institute has invested considerable time and expertise in strategies that use data to inform major components of its program, including recruitment and staff oversight. The institute received a five-year Healthy Marriage grant in September 2006 for the Together Project, whose chief goal is to bring marriage education services to low-income married couples with children in central Florida. While providing Healthy Marriage curricula, UCF also has a strong emphasis on research, in part because it is one of eight sites nationwide for the ambitious Supporting Healthy Marriage research study.

UCF's Data-Driven Model

Evaluation and data-driven decision making is part of the Healthy Marriage program from the earliest stages of recruitment to evaluation of its success. Data also provide a management tool to determine the success of activities and staff. The institute uses data to assess recruitment strategies, boost enrollment, and examine the performance of those who receive Healthy Marriage services.

Another mantra is to "manualize the program." An extension of this data-centric program model, this policy means that the agency documents all of the successful workshops, strategies and practices in a systemic way that helps promote standardization and quality.

Use in Recruitment

One of the strongest examples of data usage is in recruitment, where the program creates a friendly competition among staff as they try to recruit participants. The back-end computer system provides real-time data on the number of individuals recruited for the program and the number who eventually enroll. Recruiters reach couples through contacts with community service agencies, faith-based agencies, clergy and government agencies. They also use a "snowball" approach, asking program couples to nominate others for the program.

The operational "hub" of the recruitment process is a large central office where staff members call prospective recruits and

keep tallies on their efforts. In many ways, the environment resembles a sales office, with a large board showing the week's outreach efforts by individual staff. These staff "scoreboards" are displayed with weekly goals and benchmarks.

Use in Monitoring Program Participation

Supervisors can use the information to praise or encourage staff as appropriate. For example, by analyzing data on the number of referrals per recruiter, UCF found one who was consistently out-recruiting the others. But rather than using data as a punitive tool against others, the supervisor had the successful recruiter share effective techniques with colleagues.

The program's data collection system also logs regular contact between staff and couples who enroll in the program. Staff must contact enrolled couples regularly by phone and hold in-person meetings at least every other month, although monthly face-to-face contact is strongly encouraged. At weekly meetings, supervisors and staff members review individual and collective goals and benchmarks.

Because of their role in the national experimental study, UCF leaders originally estimated that, for every successful couple to enroll in the program, they need four referrals. Given that enrolled couples must be randomly assigned to a treatment or control group, the program has a computer program that performs an algorithm to determine a couple's placement, factoring in demographics and other issues. For those new to the program, orientation is scheduled within two weeks of contact to maintain momentum.

UCF also provides a family support coordinator for each couple in the treatment group, and this individual serves as a combination of counselor and case manager. The goal is for couples to have at least two office visits with the coordinator over a four-month period. The typical coordinator has a caseload of 30 couples. Again, staff enters data regularly to monitor these benchmarks.

UCF's presentation included a data and evaluation focus with a discussion of both process and outcome data. Process data relates to information that can help inform and improve the program, such as recruitment and staff oversight. As a result of analyzing process data, staff has learned not to spend time on inappropriate referrals of couples who likely would not be able to participate anyway.

Use in Assessing Participant Gains

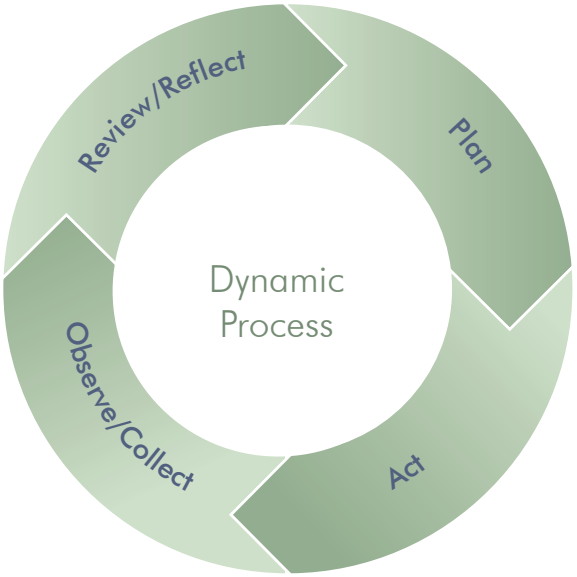
UCF uses the Efforts to Outcomes software system to assess both service delivery and participant gains using a standard process. Outcome data relates to the survey and assessment data collected from couples in the program. For this analysis, UCF assesses couples at one, three, and five years after program participation. They evaluate both the treatment group and the control group. The goal of the evaluation is to determine whether relationship education increases marital stability. The collected data is used to demonstrate to policymakers what aspects of their program are effective.

ACHMI's Action Research Model

While UCF's site exchange focused primarily on data, it was not the only multi-day exchange to examine the topic. It also played a prominent role in the site exchange hosted by Auburn University,[3] where the Alabama Community Healthy Marriage Initiative (ACHMI) utilizes data in an innovative way to inform policy and practice.

ACHMI is a multi-level, multi-partner project, funded with a Federal Healthy Marriage grant, that focuses on relational health and family stability. ACHMI partners include community-based autonomous organizations, with the university serving as facilitator rather than director. ACHMI provides programming for youth, non-married parents, pre-marital couples, stepfamilies and married couples.

ACHMI's Action Research Model



ACHMI is an example of a program that effectively uses participatory action research as part of its Federal Healthy Marriage grant. A well-recognized form of evaluation research, it is a deliberate method of 'solution-oriented' investigation that is collaboratively owned and conducted to improve performance. Observation and reflection are key ingredients of its use.

In effect, the words "action" and "research" aptly describe the process: To try out ideas in practice as a way to increase knowledge about or improve curriculum, teaching, programming and learning.[4] It is based on these assumptions:

- Practitioners and researchers work to identify problems.
- Practitioners and researchers are more effective when encouraged to examine, assess, and consider solutions to work.
- Practitioners and researchers benefit when they work collaboratively.

ACHMI utilizes the four basic tenets of action research: to **Plan, Act, Observe/Collect** and **Review/Reflect.** Cultivating relationships is another important part of the strategy. Rather than adopting a practice designed by researchers and then building partnerships, ACHMI spent significant time developing vital partnerships that enhanced the fidelity of the implementation design, the active participation in interpretation of findings, and invaluable modification suggestions.

[3] Please see the *Power of Partnerships* report in the *Effective Services Series* for a more detailed description of this site exchange.

[4] Kemmis, S., and McTaggart, R. (1988). The action research planner (3rd ed.). Victoria, Australia: Deakin University Press.

ACHMI spent three years building key relationships and piloting methods for different target populations prior to seeking support for a large-scale program implementation and evaluation. In addition, leaders used action research as part of a continuous improvement process. Partners recognize the demands of following through on project goals; as a result, recommendations for change increase annually.

At each Healthy Marriage site, ACHMI requires each site coordinator to conduct continual observation. In addition to this place-based observation, project partners assess implementation and the outcomes, with extensive discussion. Regular face-to-face cluster sessions across a network of sites promote the sharing of information and the potential for replication. Another centerpiece of the action research model is a willingness to make adjustments during program implementation, not waiting until after program completion.

ACHMI has used the reflective process in a very tangible way. In one instance, teen participants in focus groups consistently said the information and skills they were learning would also benefit their parents. Many relayed their own experiences of "teaching the information" to their parents. Based on this insight, the program developed a curriculum for parents to parallel the teen program. The parent program incorporates the same core content the teens are learning, plus information to enhance communication between parents and teens. This feedback from participants has led to another focus of research: to determine if teens become more involved in the program if their parents participate in the parallel effort.

Continuous improvement in services is facilitated by the use of data.

Another example is found in data-driven adjustments to programs. After completing a program in a very low-resourced community, a parent suggested that he and his partner would like to receive training as facilitators and expressed a passion for assisting others in his community. Paraprofessional or "peer" led programs were not part of the original project design; however, after looking at research indicating a potential benefit to peer mentors, the partnership will test the use of peer-led programs in the next program year.

Conclusion

Integrating data into daily practice can provide convincing evidence of a need for services, document the quality of services, and demonstrate their effectiveness. UCF's and ACHMI's use of data in their daily operations illustrate the value of systematically examining program information to improve processes and participant gains. Understanding what effectively engages families in services and the effectiveness of those services is critical for strengthening families. Our deepest insights require both experiential and empirical sources of knowledge.

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