ENGAGING THE FULL ARC OF EVIDENCE BUILDING

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INTRODUCTION

In an ideal world, passion for a cause, dedication to equity, and certitude about the rightness of one's approach would be fully predictive of a given intervention's impact. In the real world, my experience as a research and evaluation professional shows otherwise. Our strongest weapon *to ensure that do-gooders are **actually** doing good* and that efforts are not just well-intentioned but effective is ***evidence.*** Evidence improves the likelihood that those who do social impact work, fund the work, and support policies that expand the work will do so in ways that advance social and racial equity and improve the lives of under-resourced children and families.

Those of us who seek to do good must ensure that precious resources, which include practitioner and funder investments but, more importantly, the time, hope, and trust of the individuals served by social impact efforts, are, indeed, well utilized. Government, the philanthropic sector, researchers and academics, and practitioners and educators all have roles to play in improving and increasing the use of evidence. Understandably, others have figured more prominently than practitioners, particularly researchers and academics, who are well entrenched in the evidence space.

The historical discrepancies in leadership and representation relate to many factors, including:

- Practitioner prioritization of investments in direct service provision rather than research and evaluation.
- Gaps in resources and expertise that have exacerbated inequities over the years.
- Historical power imbalances that have privileged the research questions and concerns of others over those of community-based organizations (Northridge and others 2005).

Nevertheless, over time, practitioners and educators have stepped into the data sphere in greater numbers. They have increased their data capacities, presence in gatherings where they were previously underrepresented (such as conferences, webinars, and other opportunities to discuss data collection and use), and advocacy efforts relating to data. I have seen an increase in the existence and uptake of data-focused technical assistance offerings—such as Project Evident's Talent Accelerator and office hours, and the mini-course on evaluation I recently co-taught to Promise Neighborhoods grantees with the Urban Institute—speaking to the hunger of service providers to increase their knowledge and to improve understanding of their own data.

The greater embrace of evidence is fantastic, and the field's willingness to do more than just tell practitioners and educators to "go forth and collect evidence" is key to even deeper engagement. As practitioners endeavor to build and flex data muscles, more funding, practical support, strategies, and capacity building focused on how best to engage in the right evidence building with data would greatly improve effectiveness. Fortunately, we can build on the foundational work government, philanthropy, researchers and evaluators, and nonprofit leaders already are doing to foster engagement of direct service providers in the evidence space.

ENGAGEMENT IN EVIDENCE: NONPRACTITIONERS

In *Show Me the Evidence: Obama's Fight for Rigor and Results in Social Policy*, R. Haskins and G. Margolis (2014) discuss the public sector's push for evidence, describing how several government agencies pushed grantees to utilize evidence-based practices and to collect data that would expand the evidence base. Federal agencies and policymakers have sought to operationalize these directives by developing guidelines that assist organizations in

categorizing the strength of evidence, helping providers: (1) assess claims of scientific backing for interventions they are considering replicating; and (2) weigh the costs of gathering and analyzing evidence against the potential benefits.[1]

The philanthropic sector also has increased their focus on evidence, and many funders have reframed their guidelines to incentivize grant applicants and recipients to include considerations of prior evidence in their programmatic choices and—even if not as thoroughly supported—to encourage evidence building. Some foundations have stepped forward to help organizations build their evaluation infrastructure and engage in research,[2] and this has been helpful in preparing practitioners to play a bigger role in data conversations.

ENGAGEMENT IN EVIDENCE: PRACTITIONERS

Practitioners are essential to the evidence space, and their engagement can make a world of difference. My experiences as a consultant and as the lead evaluator at the Harlem Children's Zone have taught and retaught this lesson: any attempts to use data to improve social impact cannot work without the buy-in and partnership of direct service leaders and frontline staff. As practitioners and educators become more active in the evidence space and are strategic in making the best use of tools along the arc of evidence that has historically been the province of data scientists, everyone has a greater potential to win.

I have engaged organizations in employing the full arc of evidence, making use of **performance measurement**, **formative and summative evaluation**, **quasi-experimental studies**, **random-assignment research**, and **cost-benefit analysis** to guide and describe the work (McCarthy and Jean-Louis 2016). Each point along the arc has its benefits but its limitations, too, relating to costs, rigor, efficiency, and timing.[3] It is important to be tactical in determining what works best for each project or organization at its particular moment of development. That may well be in flux. Investments in exploration of a particular program may legitimately involve performance measurement, followed by evaluation, followed by random assignment, and then performance measurement approaches again as targeted changes are made. Evidence creators and users must make decisions about the types and rigor of the proof desired. An organization or

community-based initiative with multiple components may have several programs that *are at different places on the developmental pipeline and evidence continuum* at a given time. As organizations continue to serve participants and to innovate, continuous evidence building is required, even for interventions with the benefit of having been proven by rigorous testing.

As the founding evaluation director at the Harlem Children's Zone® (HCZ) and during my eighteen years as their lead researcher and evaluator, my role was to build a data ecosystem that would allow HCZ to: (1) track individual-level engagement and outcomes for children and adults at scale; (2) make informed decisions about resource utilization; and (3) develop the legitimacy to play critical roles in philanthropic, youth development, education, and policy debates centering on poor children and families. To do all that successfully, the organization needed evidence, and lots of it. HCZ was able to influence so many arenas impacting the lives of poor children and families (for example, community and place-based, health, child welfare, and education) because the organization endeavored to adhere to these principles: Do good work; have good data; and stay ready.

That approach was made possible by knowledgeable evaluation staff, a commitment to data work from the non-evaluators in the organization, and flexible funding for the research and evaluation structure from several supporters. Continuing data collection, analysis, and discussion leads to continuous improvement in programs and the readiness to answer the call when fellow practitioners and educators, funders, policymakers, and others are actively seeking out solutions. HCZ's Healthy Harlem initiative, an anti-obesity program with prevention and targeted intervention components, provides an example of the investment made in evidence building.

Healthy Harlem data work included:

- Mutual selection of key performance indicators by program and evaluation staff and engagement in performance measurement activities led by administrators.
- Evaluation activities that included dissemination and review of student surveys; collection and review of BMI data; and focus groups and interviews with youth and staff.
- Engaging consultants who helped identify proven practices and strategies that other initiatives had used and consider how best to integrate their lessons learned.

- A random assignment study—led by Mathematica Policy Research—that resulted in Tier 1-level proof of the effectiveness of the program's Get Fit component in reducing mean body mass index and decreasing the percentages of middle and high school youth classified as overweight and obese (Mabli and others 2020).

While HCZ has had many successes in the evidence space, the organization also learned some hard lessons along the way. Early on, HCZ entered a good faith partnership with local schools to have HCZ's school-based employees work together with school and district staff to complete district-mandated hearing, vision, and body mass index screening. HCZ helped engage medical professionals for the screenings, devoted a great deal of person hours to coordinating student travel to school-based testing spaces, documented screening results on paper, and happily shared all screening notes with district staff for planned data entry.

HCZ staff members anticipated receiving organized lists of students who might need subsequent medical intervention, ready to aid students and families in obtaining any needed supports (for example, eyeglasses, additional testing), only to be floored by the discovery that the very information they had collected *could not be shared* because of confidentiality constraints. This stymied plans to have staff members lean in after the screenings to ensure that follow-up could occur (for example, that HCZ staff could check in with the families of children who needed glasses and remind students to wear their glasses). This incident made the need to specify the rules of engagement for data-related collaboration—in writing—very apparent, a lesson that was extremely helpful as evidence-building work continued with other collaborators over the years.

CONCLUSION

Back in 2002, when I started working at the Harlem Children's Zone and building their evidence infrastructure, few community-based organizations had chosen to provide that same level of support to evaluation and research. Today, more direct service providers have established internal evaluation capacities and are working with external researchers and evaluators in more engaged and informed ways. While the road to deeper engagement in building and using evidence is not always smooth, many direct service providers

understand that ambitious plans for greater impact (in scale and influence) demand dedicated and continuing attention to gathering, analyzing, and using evidence. Some key practitioners have joined the vanguard that is pushing for the use of evidence relating to social impact initiatives, recognizing the need to use data for continuous improvement, evaluation, and research.

Increasingly, direct service providers are willing to take the reins and engage in research and evaluation, but they need continuing support, capacity building, funds, and guidance to do so. Many practitioners know that evidence building is not in opposition to accomplishing the primary work—which has been and always will be providing high-quality direct services to children and families—but in support of it. The picture is nuanced. While programmatic endeavors continue to hold special weight, the importance and urgency of the work needed to address the country's problems require a rigorous and robust evidence gathering and review infrastructure. Scale demands evidence, both for fundraising and to allow a complete understanding of increasingly complex pathways of activities, inputs, outputs, and results. Do-gooders always will prioritize the work, but they also will need to prioritize inquiry and be strategic in their evidence building. Taken together, that is what is needed to change the world.

NOTES

1. The Department of Education's four tiers of evidence provide one example of such guidelines, ranging from Tier 1, the most stringent level of support for program effectiveness—requiring support by at least one random assignment experiment that yields at least one statistically significant positive finding—to Tier 4, which requires providing a rationale for why outcomes are likely to improve based on high quality prior research and continuing evaluation.

2. See, for example, *The Edna McConnell Clark Foundation's Youth Development Fund: Results and Lessons from the First 10 Years* (Ryan and Taylor 2013), which includes a discussion about the need to help grantees build capacity to evaluate their programs.

3. Centers for Disease Control, "Types of Evidence," addresses some of these issues www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation .pdf, as do the two figures in Olds and others (2013).

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