



Better Evidence

for Decision-Makers

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Published July 2016

Acknowledgments

This paper is authored by CSSP Senior Fellow Steve Cohen, with contributions from Senior Fellow Lisbeth B. Schorr and assistance from Director Frank Farrow and Senior Associate Sarah Morrison. This paper is also made possible by the generous support of The Ford Foundation. The views expressed here are those of the authors and do not necessarily reflect those of the foundation.

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Suggested citation:

Center for the Study of Social Policy. (2016). *Better evidence for decision-makers*. Washington, DC: Author.



Introduction

As they work to remedy urgent social, economic, health and education problems, decision-makers ought to be informed by all the evidence relevant to achieving their goals. This simple proposition, now widely agreed upon, represents an important step forward in social policy.¹ A focus on evidence helps to fulfill the promise that program choices, treatments, interventions and funding decisions can be based on solid findings about effectiveness, rather than good intentions, rhetoric, fads, ideology or allegiance to the “what we’ve always done” philosophy.

Perhaps the most visible and consequential ramification of this shift has been the development of web-based directories over the last decade that weigh the evidence about programs in numerous fields and list and describe those deemed to be effective. It’s all part of the widely used but regrettably misleading shorthand, “what works.”² These directories were established for a good reason: decision-makers commonly lack the time and the technical expertise needed to review numerous studies and draw conclusions about the programs they review. Both government and philanthropic funders now regularly recommend, and sometimes require, that applicants employ program models that are “evidence-based,” as demonstrated by inclusion in a relevant directory.³ Children, youth, families and whole communities involved in public systems, are likewise subjects of interventions rooted in the flawed “what works” regime.

This, we believe, is an insufficient and sometimes even counterproductive response to a difficult challenge. The challenge is to identify the full range of evidence relevant to a problem, weigh that evidence and decide upon its implications. To do so, decision-makers need to know, at least:

- What discrete programs have demonstrated an **impact** on the problem?
- In what **contexts** have they demonstrated impact and how relevant are those contexts to the ones for which a decision is to be made?
- **For whom** have programs demonstrated a substantial impact and for whom have they had a smaller effect, no effect or even a negative effect?
- What has been the experience of people who have implemented the programs, and what does that experience suggest about the **supports needed for successful implementation** in a new setting?
- What can be learned from evidence about interventions that have more components than discrete programs, and that involve a **combination of strategies**, including changes in communities, systems and policies?⁴

The establishment of the directories represents good progress on addressing the first of these questions. But we have barely made a start on the others. As a result, the evidence currently available to decision-makers is incomplete at best, unhelpful or confusing at worst.

In this paper, the Friends of Evidence, a group convened by the Center for the Study of Social Policy, argue that the promise of the movement for true evidence-based policy can be realized only when we have collectively done two things. First, we need to collect, evaluate and disseminate considerably **more and better evidence**. Decision-makers will be truly “evidence-informed” only when they can understand the contextual and

implementation factors that are critical in weighing whether a given program, treatment or intervention is likely to be effective, and when they have the benefit of evidence about complex initiatives in addition to programs. Second, we need **more and better supports for decision-makers** as they take in and try to “make meaning” from evidence that is almost always complex and sometimes downright confusing.

We will also present specific recommendations about how to move forward. These recommendations are, we believe, steps toward a longer-term and more ambitious aim: encouraging and contributing to a more robust knowledge base that, in turn, will allow us a better chance to achieve results, reliably and at scale.

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I. RICHER EVIDENCE ABOUT PROGRAMS: WHAT'S LIKELY TO WORK FOR WHOM, UNDER WHAT CIRCUMSTANCES?

Although directories of effective programs provide useful information about impact in certain circumstances, their limits as a guide for future action are increasingly recognized.⁵ From these directories, policymakers, funders or program directors can find out that an intervention has had an impact in the context(s) in which it has been tested, but they cannot reliably conclude that the same intervention will produce similar benefits – or any benefits – in their own system or community.

In determining which programs to include, directories review both how many evaluations a program has had and the quality of those evaluations, to make a determination about the strength

of the evidence that it has had an impact. The judgment about evaluation quality typically involves applying a tiered hierarchy, based on the type of methodology used, with a strong preference for experimental designs, especially randomized controlled trials (RCTs). RCTs, in which people are randomly assigned to two groups, one of which receives an intervention and one which serves as a control, are a valuable mechanism for establishing a relationship between the intervention and the outcome when used appropriately. A well-designed RCT can tell us whether the group of people who received an intervention got, on average, some benefit compared with those in the control group.

This is useful information, but it is only a small part of what a decision-maker needs to know when choosing whether to adopt a program. Here are some of the other questions the decision-maker might usefully pose.

In what context(s) has the program demonstrated an impact?

What happens when we try to predict the impact of the program in a new setting? Knowing about its past impact is helpful, but it is only a starting point. As Durham University Professor Nancy Cartwright suggests, “What we identify as a cause is seldom enough on its own to produce the targeted effect. Causes need the right support to enable them to perform as expected.”⁶

In the context of programs that aim to help solve important social problems, determining whether “the right support” is likely in a new setting might involve answering questions like these:

- In what ways is the target population in the new setting like the population that has received the intervention in the past, and in what ways is it different?
 - Will the program be more or less appealing to community leaders, residents and potential clients in its new setting, compared with the original one?
 - Will it fit with community assets, needs and values?
 - Will the staff members charged with delivering the program be more or less skilled and motivated, and receive better or worse supervision, than those in the site where it was first tested?
 - Will the organization implementing it provide a supportive context for the program, or one that makes it difficult to carry out?
 - Will the government agency whose funding decisions and oversight help to determine recruitment, training, supervision and other aspects of operation make it easier or harder for the program to succeed?

These questions would be difficult to answer even if the directories routinely provided a great deal of information about them. They generally cannot do so, because the evaluations on which they rely have not looked into these factors sufficiently or this information has not been included in published reports.

For whom has the program demonstrated an impact?

With regard to the population served, experimental trials of social programs rarely have much to say about *for whom* an intervention has been most effective. Studies typically report the average effect across all participants and may also test to see if effects differ for common demographic and socioeconomic factors, such as race, gender, or income level. When differences are observed, they often fail to pass tests of statistical significance. More complex variables at the individual level (for example, trauma history) that might have real explanatory power are not always thoroughly evaluated. As a result, the decision-maker who wants to know not just whether a program has had an impact in the past, but whether it has had an impact for a population like the one she wants to serve, is likely to have too little information to answer this question.

How big was the impact, and compared to what?

Directories list programs that they believe have demonstrated solid evidence of impact, using an evaluation design that can show it to be very unlikely that the results reflect chance or are distorted by factors that might skew the findings (for example, treatment and control groups that are not well matched). In other words, they strive as far as possible to be *certain* about impact. But certainty implies nothing about size of effect; it’s perfectly possible to be convinced by rigorous evidence that a program has had an impact, and that the impact was a very small one. And it’s equally possible for a program to have what appears to be quite a large impact, but without the level of certainty needed to be included in a directory.

Moreover, when a program has shown evidence of impact, another important question is, to what is it being compared? What happens to those who do not participate in the program? If conditions in Community A (where the program was tested) are such that people in the control group got no help at all, and in Community B (which is considering adopting the program) those in the control group are likely to benefit from other, previously existing services, it’s very likely that the effect in Community B will be smaller.

What does it take to implement the program successfully?

Having taken all these contextual factors into account, a decision-maker who comes to believe that it’s likely that a program could make a difference in a new setting still faces the very important question of whether the program can be successfully implemented in that setting. One relevant consideration is of course cost, understood broadly to include the cost, in time as well as money, of acquiring the program, preparing staff to use it and funding ongoing operations. More broadly, however, programs



may differ widely in how easily they fit into the existing culture of a system; how easy or difficult it is for staff to master the skills needed to deliver the program effectively; and how they are likely to affect existing relationships among key stakeholders. A diligent decision-maker is likely to want to learn about these factors from others who have already implemented the program, with a premium placed on more recent experiences and contexts similar to the one for which the decision is to be made.

There are many directories of evidence-based programs, and some have elements of the information we discuss earlier

or intend to add this broader sense of context.⁷ Given the importance of getting more and useful information in decision-makers' hands, however, we urge that the evolution of directories be accelerated. If we want evidence to guide us about the strengths and limitations of programmatic interventions, we will need a richer array of evidence that tells us more about *context* (under what circumstances a program has made a difference), *targeting* (for whom it has made a difference), the *magnitude of impact* and about *what is needed for successful implementation* and ongoing operation.

II. A BROADER SEARCH FOR RELEVANT EVIDENCE: MOVING BEYOND PROGRAMS

Many decision-makers who aspire to making significant inroads on particularly difficult social problems are finding that identifying and scaling up individual "evidence-based" programs is only a partial solution. Two important alternatives are emerging. First, much of the most compelling work now underway brings together organizations (often but not always from multiple sectors), who set common goals; select multifaceted strategies, grounded in strong theory and meant to be mutually reinforcing; align their implementation efforts; and use common measures of success. They emphasize continuing adaptation and improvement, and often make a wide variety of system and community-level changes. We refer to such efforts, which are the focus of this section, as initiatives.⁸ A second approach, which seeks to identify the common or core effectiveness factors across multiple interventions that have demonstrated impact, will be the subject of a separate issue brief from the Friends of Evidence.

To show the range of activities that we identify as initiatives, we present three examples. One, the Northside Achievement Zone in Minneapolis, is described at the end of this section. The other two, Carnegie Math Pathways (developed by the Carnegie Foundation for the Advancement of Teaching) and Cincinnati Children's Hospital Asthma Initiative, appear in the Appendix.

Evaluating and learning from initiatives like these is fundamentally different from evaluating the impact of a single program:

- The numerous components of initiatives are inter-dependent, and they include both elements that are programmatic (e.g., the revised curricula) and others that are not (e.g., changes in institutional rules, roles, and procedures).

- Initiatives may be implemented simultaneously by many actors, with common elements but considerable room for local variation, and this flexibility is understood as essential to the initiative's success.
- Initiatives change continuously, as interventions are adapted to new learning and changing circumstances.
- Initiatives may rely significantly on routinely available administrative data, and often their most powerful findings provide information about how the participating institutions perform compared with how they did in the past (rather than to how a control group does today).
- The implementation and evaluation methodologies of initiatives (e.g., their approach to continuous improvement) are potentially valuable approaches to problems well beyond the particular domain and context.

In initiatives of this kind, complexity reigns. Local context and history are critical. The gathering and consideration of evidence needs to be a continuous process, and understanding what is working better (or less well) at every stage of implementation is the governing question. The aim is to gauge and encourage progress, identify the essential elements associated with progress and ensure continuous adaptation and improvement.

Here is a brief description of the work done by the Northside Achievement Zone.

Achieving results by combining the work of 44 agencies: The Northside Achievement Zone (NAZ) is a collaborative working to close the achievement gap and end multigenerational poverty in a 13- by 18- block area on the north side of Minneapolis. NAZ brings together service providers, schools and families to move

families through a cradle-to-career “pipeline” of supports for children from birth through college and ultimately career.

NAZ draws upon on multiple sources of evidence to steer and adapt its strategies and to create the interventions that address the unique needs of a particular community. It “fits the tool to the task,” using different evaluation tools, including randomized control trials, for different purposes. It has created model systems, infrastructure and processes that regularly engage a broad group of stakeholders in analyzing and using data to continually improve. Finally, it has created an evidence base about what they have done, how they did it and the impact they’ve had that will be useful to many other communities in Minnesota

and nationwide. NAZ has demonstrated significant increases in school readiness among the population it serves.

Initiatives like NAZ point to the possibility of achieving important results through connected strategies that do not rest on the benefits of a single program, yet they fall outside the parameters of current directories and accordingly are not listed in them. At the same time, an individual, limited, standalone program tackling one element of the larger problem addressed by NAZ would likely be included, even if its estimated effect was quite modest or it was tested on a population unlikely to be representative of the community served by NAZ.

Minneapolis’s Northside Achievement Zone draws upon multiple sources of evidence to steer and adapt its strategies and to create the interventions that address the unique needs of a particular community.



III. FROM HAVING EVIDENCE TO USING EVIDENCE

As the Bridgespan Group learned, “... Among key decision-makers, demand for evidence is still limited.”⁹ We have argued in this paper for changes that will make more and better evidence available to decision-makers. Doing so, we believe, is necessary but not sufficient to solve the problem of how to ensure that evidence is used consistently and appropriately to drive important decisions.

It was unrealistic to imagine that many decision-makers could analyze dozens of studies of different programs to draw their own conclusions about their impact. Directories were created in part to make it unnecessary for them to do so – yet the directories are not used nearly as often or as well as we might hope. Our recommendations point in the direction of greater complexity, adding information about context, implementation

history and initiatives. It’s even more unrealistic to imagine that most decision-makers can, on their own, evaluate this wide range of evidence. It’s time to create new tools to help them.

The most promising idea we’ve encountered for how to address this need is to build a cadre of organizations and individuals who can serve as **evidence coaches**.¹⁰ Their role would be analogous to that of financial advisers who help people make sense of the mass of data about potential investments in light of their individual circumstances and goals.

Evidence coaches could help decision-makers:

- Clarify the results they want to achieve and the subject areas most relevant to those results

- Identify the important contextual factors in their systems and communities, with particular attention to those elements most likely to differ from other systems and communities
- Identify both the programs and the initiatives most relevant to their goals, with the aid of the expanded and improved directories of evidence-based programs and the repositories of information about initiatives that we have called for
- Digest the evidence about these programs and initiatives, and narrow down a small subset most likely to be promising candidates for adoption and adaptation

- Connect to peers who have implemented these approaches, to benefit from their experience and advice
- Decide upon a course of action and develop an implementation plan that both supports fidelity to the essential elements of the intervention and effectively adapts the intervention to local context.

Ideally, the role of evidence coaches could continue well into the implementation phase, helping to guide continuous learning and adjustment to increase the likelihood of success.

Our recommendations point in the direction of greater complexity, adding information about context, implementation history and initiatives.



IV. A WAY FORWARD

In the preceding sections, we have made the case that policymakers need sources of information that make available a broader range of evidence. We've argued that current program directories could be enhanced by extracting from existing research all that it can tell us about the likelihood of success for the program in different contexts. We've also identified the need to focus on a different type of knowledge synthesis and explication, incorporating the results of complex initiatives. We now turn to the practical steps we believe would lead to progress on these fronts.

A. Richer Information for Decision-Makers about Programs

Directories should continue to identify and include information about well-defined programs that have been shown to make a successful contribution to achieving important social objectives.

We recommend that the information about programs now compiled in the directories should be supplemented by additional information, including:

- The circumstances in which the program has been demonstrated, replicated and spread, including but not limited to the populations served, the kinds of communities in which it has been tested, the funding sources involved and

the types of public systems that have used the program

- The average impact ("effect size") of the program, and the range of observed effect sizes across implementation sites
- The extent to which the impact of the program has been observed to vary among subgroups in the target population
- The contextual factors that are known or believed to be critical in facilitating the program's success
- The cost of the program, as to both initial implementation and ongoing operations, and how this compares to the expected benefits

Gathering and evaluating this kind of information will be a challenge because much of it is not commonly found in the published studies that directories rely upon. In the short run, we propose that directories ask the developers or sponsors of programs to systematically address these factors, perhaps using a common format that we hope would be adopted by multiple directories. The directories might then incorporate their own observations, including questions to be answered through future research, alongside these statements from the developers. Over the long run, this expectation would provide a significant incentive for researchers to address these questions routinely, improving the array and quality of evidence available to decision-makers trying to judge whether a program is right for them. For

example, studies could provide a more thorough and clearer definition of the target population and why it was selected, and an analysis of subgroup results that takes into account not only basic demographic and socioeconomic factors but also more nuanced potential moderators.

B. Evidence about Initiatives

Second, *repositories of evidence about initiatives* (as we have defined that term in Part II) should be developed, either in conjunction with or separately from the existing directories of evidence-based programs. These repositories should provide enough information to help users identify the initiatives relevant to the user's purpose that have produced the most interesting results.

This is a challenging proposition. Initiatives come in many forms, and the methodologies for evaluating them and assessing their impact are still evolving. We recognize that decisions about how to sort initiatives (which ones are likely to have an impact in addressing which problems?) and how to describe and evaluate their impact will be difficult ones. Nevertheless, evaluation in this field is growing rapidly, and the establishment of repositories that include standards about the evidence needed for inclusion would further encourage robust evaluations.

Taking up this challenge, and building the necessary intellectual, research and administrative infrastructure, would be a very worthwhile project for a range of stakeholders who share an interest in building knowledge around ambitious efforts to improve impacts. These include government, philanthropic funders, program developers and researchers, joined by system leaders, community leaders and the developers of initiatives. We set out here some initial thoughts about what this process might look like, primarily to stimulate discussion among these parties.

The work could be guided by a national body, or several such bodies, specific to given fields, established by government and philanthropic funders in collaboration with researchers and practitioners. These bodies might operate under the auspices of the national research organization or a university consortium.

The guidance provided by these entities might begin by creating a standardized presentation structure, including at least the following:

- The problem addressed by the initiative, and evidence demonstrating the importance of the problem
- The underlying theory explaining how and why the initiative is expected to work
- Who the partners are, and the extent to which those who implement the initiative and those who are supposed to

benefit from it have been part of the design or governance

- An overview of results and sources of data, including evidence about the impact of the initiative and information about the degree of confidence that can reasonably be attached to this evidence
- The contextual factors that influence the impact of the initiative, including where; for what target populations; and in what institutional, funding, and community contexts the initiative has been tried
- Critical effectiveness factors as perceived by those implementing and studying the initiative
- An estimate of how the cost of the initiative is likely to compare to the expected benefits, and some consideration of who would likely pay the costs and who would likely reap the benefits
- Critical unsolved problems and things still to be learned

Initially, the guidance might suggest that developers, implementers and researchers working on initiatives be invited to nominate an initiative for inclusion in any repository they find relevant. This would entail compiling the information described here and subjecting it to critical scrutiny by a small expert team associated with the repository. That team would then write its own brief commentary, describing (for example) the strengths and limitations of the data, potential competing explanations of results and recommendations about what else those running the initiatives might investigate to refine their results. The repository would include both the initiative's presentation and this critical review. This process would be iterative, with initiatives encouraged to submit revised material as they gather additional evidence and in response to the external review provided by the repository, and the repository then updating its review to take the new material into account.

Over time, this process can become increasingly rigorous, as guidance evolves to include standards of evidence and other criteria to be used in determining whether a particular initiative qualifies for inclusion in a repository.

C. Building an Infrastructure for Evidence Coaching

To provide decision-makers with the supports they need to use evidence well, two kinds of actions will be necessary. First, this function has to be legitimated by funders. That means not only allowing money to be spent on coaching, but incentivizing the kind of work coaches can help with. For example, proposals demonstrating a careful review of evidence and explaining the process by which a particular intervention or set of interventions was selected might be given preference. Applicants also need sufficient time to carry out this activity.

Second, we need to build capacity – a supply of good evidence coaches who are equipped both to help decision-makers weigh the evidence and to support continuous learning during implementation. There are nonprofits and individuals who we believe, would, be very interested in taking on this role more broadly. The same might be true of university-based centers, individual consultants and for-profit consulting firms.

D. Next Steps in Advancing the Use of Evidence

We have suggested, throughout this section of the paper, the directions in which key stakeholders could move to advance a richer and more compelling evidence agenda. Here we turn to the specific initial steps that we recommend to the federal government and to those foundations interested in promoting the deeper, broader, more nuanced and more inclusive use of evidence.

1. Select one or more directories, most likely through a competitive process, to be funded to become models for the field, incorporating evidence about context and about implementation to better inform decision-makers.
2. Support the initial development and testing of one or more repositories of information about initiatives.
3. Build the infrastructure of “evidence coaching” as a field, by identifying and supporting organizations well-

positioned to play this role, providing multiyear funding for them to develop and test their capacity and ultimately by developing standards for what high-quality evidence coaching entails.

4. Ensure that directories they support have sufficient resources to frequently update and expand the information they contain
5. Incentivize the use of evidence coaches by setting aside a portion of funds (in requests for proposals and other funding mechanisms) for expert support in decision-making and implementation.
6. Model, in the requests for proposals they issue and the funding decisions they make, attention to a broad range of evidence.

Foundations might usefully develop an Evidence Funders Group, comparable to the funders groups in a number of other fields, including the relatively small number of philanthropies most interested in advancing an evidence-based policy agenda. Similarly, the federal government might develop an interagency body to advance the use of evidence. Such groups would, we believe, be highly influential.

V. MORE LEARNING AND CONTINUOUS IMPROVEMENT

We believe that the recommendations described in Section IV would have an additional, desirable benefit, more subtle than improvements in the directories but no less important. We need to use evidence not only to guide initial decision-making (should we invest in this program or initiative?), but also as an essential input to continuous improvement (having invested in this program or initiative, how will we maximize its contribution to the results we care about?), which in turn generates new evidence. In our view, the emergence of “what works” directories that offer high-stakes verdicts about whether or not a program “works” has inadvertently tilted the balance too far toward the first of these questions, at the cost of diminished attention to the second.

The implications are serious and distressing. For program developers, there are powerful incentives to get into the directories and minimal incentives to refine and improve programs once they are listed.

For implementers, taking a program from a directory is politically safe (they have an independent source verifying that the program “works”) and sometimes even required by the terms of government or philanthropic support, even if a careful review of context would lead to significant doubt about the program’s likely impact. And too many programs are rushed into experimental trials too quickly, before they have matured and stabilized—predictably leading to findings of no effect. A considerably longer period of learning and adaptation supported by formative evaluation methods might lead to far greater impact.

To maximize impact, developers and implementers of interventions need to understand things like:

- Which components have been effectively implemented, and which have been difficult to implement?

- What kinds of participants have been attracted, and how do they compare with the intended “target” population?
- To what extent have participants remained for the intended duration, and why are those who fail to do so leaving?
- What elements of the design have turned out to be essential, while others can be discarded or adapted without negatively affecting results?

These are the kinds of questions that create opportunities for change and improvement.

Over the long run, the new structures, processes and supports we have proposed would provide a strong incentive for initiative developers and evaluators, and other researchers, to gather more and better evidence, and for directory users to take that evidence into account as they make decisions. The ultimate widespread adoption of these recommendations might also require, and stimulate, changes in areas as varied as professional and scientific publication standards, academic promotion and tenure criteria and the “impact factor” scores used to judge the quality and significance of publications.



Taking a program from a directory is politically safe and sometimes even required... even if a careful review of context would lead to significant doubt about the program’s likely impact.

Too many programs are rushed into experimental trials too quickly, before they have matured and stabilized—predictably leading to findings of no effect.

VI. CONCLUSION

Collecting information about program effectiveness in accessible directories was an important advancement. The challenge we face now is to build on what has been done so far to make the overall information available to decision-makers deeper, broader, more nuanced, more inclusive of the strategies most likely to produce results at scale, more likely to support continuous learning and improvement and more relevant to everyone working to bridge the gaps between science, practice and policy. We

have proposed solutions that incorporate both a wider array of evidence about programs and the collection and dissemination of evidence about initiatives more complex than single programs. And we have noted how these changes would encourage and support more learning, the generation of more and better evidence, and, ultimately, improved results. We look forward to engaging in debate and discussion about these ideas, improving them and beginning to implement them.

Educational Success in Community College: Carnegie Math Pathways

Carnegie Foundation for the Advancement of Teaching

“Developmental math is where aspirations go to die.” This observation by Uri Treisman, a professor of mathematics at the University of Texas at Austin, reflects the extraordinarily high failure rates among the half-million community college students annually assigned to developmental (remedial) math instruction as a pre-requisite to taking college-level courses. About 80 percent of students enrolled in these courses never complete or pass them. For these students, developmental math is a formidable barrier to higher education.

The Carnegie Foundation for the Advancement of Teaching created Carnegie Math Pathways (CMP) to tackle this problem. CMP established a network of college faculty, researchers, designers, students and content experts who worked together, using both research and practitioner knowledge, to create a new system to increase student success in development mathematics. The multiple elements of this systems-level intervention include a re-designed curriculum, changes in the way remedial math classes are conducted, new ways of preparing students by changing attitudes about whether they can be successful at math and the development of support networks among students. Perhaps its most important single design feature is an ongoing, data-rich quality improvement effort.

CMP has tripled the success rates of community college students in remedial math courses in half of the time it normally takes students to complete them. Moreover, CMP students consistently outperformed their non-CMP peers across 27 colleges that participated in CMP in School Year 2013–2014, despite the varying conditions and resources across these schools. The fact that these improvements have occurred for every racial, ethnic and gender subgroup and virtually every college participating in the initiative should give decision-makers the assurance they need about both the process and its impact.

Making Evidence-Based Reforms within and Beyond a Major Medical Institution

Cincinnati Children’s Hospital

Cincinnati Children’s Hospital (CCH) practices evidence-based decision making as a way to achieve the best, safest care for children. Groups from every part of the hospital have collaborated to develop the LEGEND (Let Evidence Guide Every New Decision) system, to disseminate high-quality processes and evidence-based guidelines throughout the institution.

When CCH discovered unusually high rates of asthma among its patients, it drew on a wide body of research on the causes of childhood asthma and the interventions that decrease asthma symptoms. It created, adapted and combined interventions based on this research to suit its unique context, recognizing the importance of the social determinants of asthma, which it could not address alone. In partnering with a broad range of community organizations, it has changed not only how the hospital works, but also how many other community institutions and systems are working:

- 1 Local schools ensure children receive the asthma medication they need during the school day.
- 2 The local health department connects families with programs that help them decrease dust, mold and other hazards in their homes that trigger asthma.
- 3 Legal aid services help families obtain Medicaid, and stand up to landlords who refuse to remove mold and other hazards from their homes.
- 4 A pharmacy has agreed to deliver asthma medication to families who have difficulty visiting pharmacies, such as parents who work long hours or who do not have a car.

Through its Asthma Initiative, CCH has been able to document substantial decreases in asthma-related hospitalizations and emergency department visits for low-income children in its community. It has also established rigorous processes for continually studying, improving and scaling the results of its full range of interventions.

ENDNOTES

1. See, for example, *Evidence-based policymaking: A guide for effective government*, Pew-MacArthur Results First Initiative, 2014. Available at <http://www.pewtrusts.org/~media/assets/2014/11/evidencebasedpolicymakingaguideforeffectivegovernment.pdf>.
2. A report by Bridgespan lists more than 30 such directories. See Neuhoff, A., Axworthy, S., Glazer, S., & Berfond, D. (2015). *The what works marketplace: Helping leaders use evidence to make smarter choices*. Retrieved from <http://results4america.org/wp-content/uploads/2015/04/WhatWorksMarketplace-vF.pdf>.
3. Horne, C.S. (2016). Assessing and strengthening evidence-based program registries' usefulness for social service program replication and adaptation. *Evaluation Review*. Advance online publication. doi: 10.1177/0193841X15625014. Retrieved from <http://erx.sagepub.com/content/early/2016/01/07/0193841X15625014.full.pdf+html>; Johnson, L. M., Lebold, S. M. & Elam, P. (2014). Use of evidence by juvenile justice and youth service professionals: A research note. *Criminal Justice Policy Review*, 27, 402-419; and Triantafillou, P. (2015). The political implications of performance management and evidence-based policymaking. *American Review of Public Administration*, 45(2), 167-181.
4. There is no single term used consistently to describe such efforts. In this paper we refer to them as "initiatives."
5. Cartwright, N. (2013). Knowing what we are talking about: Why evidence doesn't always travel. *Evidence & Policy*, 9(1), 97-112(16); Horne. (2016); and Neuhoff et al. (2015).
6. Cartwright (2016).
7. For example, the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) provides a good deal of information about implementation, along with a "roadmap" for selecting programs, and the Washington State Institute for Public Policy (wsipp.wa.gov) provides extensive information about costs and projected benefits.
8. Adapted from a definition of "collective impact" by FSG, at <http://www.fsg.org/approach-areas/collective-impact>
9. Neuhoff et al. (2015).
10. See, for example, the recommendation to "Build a vibrant adviser market" in Bridgespan's "The What Works Marketplace" (2015). We are also indebted to Michael Little of the Dartington Social Research Unit for development of this idea.

About the Friends of Evidence

The **Friends of Evidence** came together as a group with a shared passion for improving outcomes for the children and families who are not faring well in today's society and with a wide and diverse range of perspectives – public systems, philanthropy, academia, evaluation, community building, education, health and communications. A common thread was a shared point of view about the breadth of evidence that can be effectively applied and generated to design, implement and advance efforts (public and philanthropic, local, regional, and national) to improve outcomes and to ensure the wise allocation of scarce resources.

The Friends of Evidence continue to explore these issues together and work with others to spark critical insights and actions that will lead to the generation, analysis and application of evidence that will enhance our societal capacity to – as Anthony Bryk, one of the Friends of Evidence, puts it – achieve quality results, reliably, at scale.

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This brief was authored by CSSP Senior Fellow Steve Cohen, with contributions by Senior Fellow Lisbeth Schorr and assistance from Director Frank Farrow and Senior Associate Sarah Morrison, who help lead CSSP's growing body of work on more effective use of evidence for learning and improving outcomes for children, families and communities. Learn more at <http://www.cssp.org/policy/evidence-for-results>.