#3 Invest in What Works

In addition to creating and assessing new programs themselves, cities can benefit from adopting interventions shown to work elsewhere—allowing them to save money in development and evaluation costs and increase the odds of success. In New York City, CEO's adoption and expansion of the Jobs-Plus program falls into this category. An increasing number of practices and programs—in areas such as education, workforce development, juvenile justice, health, and others—have demonstrated positive effects in rigorous research studies.

Selecting the right set of interventions for a particular city requires the ability to scan existing research, learn about the range of potential interventions available, understand the strength of the evidence behind them, and assess the best fit with the city's own context and readiness to implement. And when total funding is stagnant, or even shrinking, adopting new practices from outside means shifting funds away from locally grown programs, likely incurring stiff resistance. Our first example, San Antonio, highlights a new initiative that seeks to improve educational outcomes by considering evidence every step of the way. Following this, Providence highlights how a city is adapting an evidence-based collaborative approach to improve outcomes for youth. Finally, Baltimore's initiative to reduce infant mortality examines how a city has shifted funding toward evidence-based programs.

How much evidence do you need to know what works?

A fundamental challenge for those committed to using data and evidence to invest in what works is a lack of clarity and agreement about the level of evidence required for a program or practice to be deemed effective. Today, a number of efforts are underway to establish evidence frameworks that define what it means for a practice to be "proven" effective, so that providers can understand what is expected and so funders thoughtfully can apply criteria as they make investment decisions. Many of these tightly define tiers of evidence to clarify when programs and models are eligible for certain types of grants. For example, the Social Innovation Fund and the Investing in Innovation Fund both use three tiers: preliminary, moderate, and strong.

Preliminary evidence is evidence based on a reasonable hypothesis supported by research findings. Examples of research that meet the standards include outcome studies that track participants through a program and measure participants' responses at the end of the program; and pre- and post-test research that determines whether participants have improved on an intended outcome.

Moderate evidence is evidence from previous studies that can support causal conclusions but have limited generalizability, or studies that are highly generalizable but that fall short of supporting causal conclusions.

Strong evidence is evidence from previous studies that can support causal conclusions, and studies that, in total, include enough of the range of participants and settings to support scaling up to the state, regional, or national level. An example might be a large, well-designed and -implemented multi-site randomized controlled trial that supports the effectiveness of the practice, strategy, or program.

San Antonio's new pre-K initiative seeks to use evidence every step of the way

In 2011, San Antonio Mayor Julián Castro convened a blue-ribbon group of business leaders, school superintendents, and other education professionals to identify the most effective method for improving the quality of education. Rebecca Flores, education policy administrator for San Antonio, described their process. "Initially the task force did look at all levels of education, studied research from around the country to look at what could help in those domains, and determined that, strategically, the most impact they could have with those dollars was in pre-K," says Flores. So the group, known as the Brainpower Taskforce, recommended the city develop a program focused on high-quality pre-kindergarten for four-year-olds. In November 2012, San Antonio voters approved a $28 million sales tax increase (spread over eight years) to fund the plan, known as Pre-K 4 SA.

Pre-K 4 SA will establish four education centers with full-day pre-K instruction. These centers will serve 22,000 four-year-olds over an eight-year period. While far from universal pre-K, the initiative has the potential for significant impact. When all four education centers are operating, they will collectively have capacity to enroll about 30 percent of San Antonio's four-year-olds who are eligible for state-funded pre-K but not yet enrolled in a full-time program.

In the same way that evidence helped determine the focus on pre-K, the initiative is using evidence to determine the content of its program. San Antonio conducted a national competitive bidding process to choose curricula for the pre-K initiative. It received nine proposals, from which it chose two. "Almost half of our criteria were dedicated to evidence of success with populations similar to our student population in San Antonio," says Flores. "We went through a lot of research and weeded out the ones that didn't have enough rigor."

> **❝***If the data tells us something is not working, we need to have the political will to tell the public and make a change.***❞**
>
> REBECCA FLORES, EDUCATION POLICY ADMINISTRATOR, SAN ANTONIO

To ensure providers are implementing their models with fidelity and actually delivering impact, San Antonio will spend almost $1 million to conduct ongoing evaluations over the next eight years. The city plans to use the results to make funding decisions—deciding whether to continue programs on the basis of their outcomes. Pre-K 4 SA is establishing from the outset that subpar performance will not be rewarded with subsequent contracts.

The eight-year lifespan for the taxpayer-approved funding is keeping the initiative's leaders focused. "I think people are expecting us to make changes," says Flores. "We don't have a long time to show that this is working. If we don't have the research and can't prove this is working, they won't vote for it again."

Pre-K 4 SA has been structured in a way that promotes the use of evidence at every stage: in targeting four-year-olds, in choosing the program curricula based on a national competition and careful review of results, in spending a portion of

the funds on ongoing evaluation, and in publicly promising to use those evaluation results to determine funding decisions. This last aspect is unusual for any level of government, and it will not necessarily be an easy promise to keep. But, says Flores, "If the data tells us something is not working, we need to have the political will to tell the public and make a change."

Providence intervenes at the community level to get better outcomes for youth

While Providence has been the home of civic investment in data innovation (ProvPlan, in the sidebar below, is one example of this), the initiative we highlight below is an example of how city leaders can effectively import and adapt practices from other communities.

Providence's Children and Youth Cabinet (CYC) is a partnership of public agencies and community organizations that was founded by then-Mayor Cicilline to support the academic, social, and emotional development of Providence's youth. CYC is one of a number of "collective impact" efforts that has sprung

Spotlight on ProvPlan

Making data more accessible and useable is core to the mission of **ProvPlan**, a nonprofit launched in 1992 as a joint effort of the City of Providence and the State of Rhode Island.

Early on, ProvPlan focused on analyzing neighborhood-level data to develop indicators of community well-being and to inform the work of local stakeholders. Today, ProvPlan maintains the largest data warehouse in the state and provides a range of data tools that help people access and make sense of this vast collection of information.

ProvPlan's Executive Director Pat McGuigan explains, "We have a real commitment to democratizing the data. Our agenda is to put it out there and create users and use. If nothing happens with the data then we didn't achieve our objective." In this quest, ProvPlan linked city and state data, as well as data across fields like health and education, in a way that no one else in Rhode Island had yet done.

"We have also been big believers in data visualization and displaying data at the neighborhood and block level," says McGuigan. In early 2013, for example, ProvPlan released a new web app that allows people to create and share maps that compare their neighborhoods with surrounding areas, or reveal changes in their own communities. "People share data with us because they get something of value back," McGuigan says.

One essential element of ProvPlan's DNA has been its reputation for neutrality. "People used to call us Data Switzerland," says McGuigan. "Getting good information into the hands of policymakers and other key people is a value in itself, and you don't have to have a particular point of view. People trusted that we were a good steward of information."

up across the country, with the aim of bringing stakeholders together around a common vision, making better use of data, and aligning resources and support for investments that improve youth outcomes from cradle to career.[23]

One of CYC's major initiatives CYC is called Evidence2Success, which has been modeled, in part, on Communities That Care, a coalition-based strategy that helps community leaders identify problems within their community and prevent them by installing one or more proven practices. This approach has proven effective, based on rigorous evaluation and cost-benefit analyses.[24] The Annie E. Casey Foundation, a key funder of Evidence2Success in Providence, is testing the potential to scale the approach in additional cities.

Hand in hand with local officials, the leaders of Evidence2Success are currently in an 18-month planning process. "The best way to position an initiative for successful implementation is to do what Evidence2Sucess is doing: start by accessing local data to understand specific community risk factors, list available services, and highlight those that have no evidence of effectiveness," says Jennifer Mettrick, director of Implementation Services at the University of Maryland's Institute for Innovation & Implementation. "Then, using this data, they can begin gaining local community buy-in on the use of evidence-based practices to more effectively address their risk factors."

Use clearinghouses to identify interventions that work

Today, several clearinghouses provide critical information on proven interventions. Several are housed within federal agencies, such as the Department of Education's What Works Clearinghouse, the Department of Justice's CrimeSolutions.gov, the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, and the Department of Labor's new Clearinghouse of Labor Evaluation and Research.

In addition, there are philanthropically funded clearinghouses, such as Blueprints for Healthy Youth Development (described on the next page) and Safe and Sound, which reviews evidence-based social and emotional learning programs.

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23 The Providence Children and Youth Cabinet is a member of the national StriveTogether network. StriveTogether works with communities nationwide to help them create a civic infrastructure that unites stakeholders around shared goals, measures, and results in education, supporting the success of every child, cradle to career, http://www.strivetogether.org/.

24 Results from a seven-state experimental trial involving 24 communities showed that within four years of adoption, community coalitions reduced the incidence of delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use. Cost-benefit analysis conducted by the Washington State Institute for Public Policy concluded that, very conservatively, it costs $991 per young person to implement Communities That Care for five years and leads to $5,250 in benefits for every young person involved, http://www.sdrg.org/ctcresource/CTC_Fact_Sheet.pdf and http://www.childtrends.org/wp-content/uploads/2011/10/Mobilizing-Communities.pdf.

After assessing community needs, Evidence2Success will draw on Blueprints for Healthy Youth Development—a national clearinghouse of proven programs shown to effectively improve developmental outcomes in the areas of behavior, education, emotional well-being, health, and positive relationships—and select the interventions with the greatest likelihood of delivering results.

Every community wants the best programs available for its kids. Providence is modeling a rigorous, collaborative way to make this aspiration a reality.

Baltimore's B'More for Healthy Babies uses evidence-based programs to reduce infant mortality

When the Baltimore City Health Department studied the city's health outcomes, two figures in particular stood out: in 2007, compared to cities of similar size, Baltimore had the fourth-highest infant mortality rate in the nation, and 95 percent of Baltimore babies who died before their first birthday were black. The mortality rate for the city's blacks was 15.5 per 1,000 live births, a level roughly on par with the countries of Colombia and Armenia.[25] The Baltimore City Health Department knew it had to do more address this enormous disparity.

In 2009, B'More for Healthy Babies was launched as a comprehensive city program to improve long-term health outcomes for families, particularly pregnant and postpartum women, infants, and children. The Baltimore City Health Department co-led the effort with the Family League of Baltimore, a nonprofit that coordinates and funds programs to strengthen the lives of children and families in the city.

At the time, a variety of public and private funders were spending a significant amount of money on home visiting programs designed to reduce infant mortality. B'More for Healthy Babies began by taking stock of current providers and outcomes. High-quality home visiting programs have been proven to have a range of positive impacts: improving maternal health, improving children's health and development, increasing children's readiness for school, reducing child abuse and neglect, enhancing parenting practices, and improving families' economic self-sufficiency.[26] But not all home visiting practices and programs are equally effective. Rebecca Dineen, assistant commissioner for Maternal and Child Health at the Baltimore City Health Department (BCHD), explains, "We analyzed the nine home visiting programs in the city to find out what curricula they used, how they served participants, and how long they worked with moms. We found a huge variation and only one evidence-based model."

In 2012, Baltimore began its transition to evidence-based home visiting services. It currently uses two services, Nurse-Family Partnership and Healthy Families America.

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25 The World Bank, "Mortality rate: infant (per 1,000 live births)," 2013, http://data.worldbank.org/indicator/SP.DYN.IMRT.IN?order=wbapi_data_value_2011+wbapi_data_value+wbapi_data_value-last&sort=asc.

26 Ibid.

It happened that Baltimore's push for evidence-based home visiting practices coincided with a recent federal effort to increase the use of such programs. The Affordable Care Act's creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides $1.5 billion over five years to support quality programming for pregnant women and young children. This funding stream requires that 75 percent of the money be used to support evidence-based programs.

The fact that the federal program came along right after B'More for Healthy Babies had decided to focus on evidence-based practices offered a distinct advantage. "It really helped us make the case with our programs in Baltimore," says Gena O'Keefe, director of Healthy Community Initiatives at the Family League and senior associate with the Annie E. Casey Foundation. "We could tell [providers], 'If you're going to continue to work with us and get federal money down the road, you'll need to transition to one of those [evidence-based] models.'"

The MIECHV funds have provided the bulk of the resources to support this transition to evidence-based home visiting practice in Baltimore. Better yet, the transition has happened with leadership and support from the local private funders that support the broader work of B'More for Healthy Babies, such as CareFirst BlueCross BlueShield, the Annie E. Casey Foundation, The Barbara Bush Foundation for Family Literacy, the Abell Foundation, the Blaustein Philanthropic Group, the Straus Foundation, and the Stulman Foundation.

The city has also used data to target interventions where they will have the most benefit. "We have 9,000 births every year in Baltimore, and 5,000 to 6,000 of them are to women who are covered by Medicaid," says BCHD's Dineen. "But we only have 1,300 to 1,500 home visiting slots, and we don't anticipate ever having enough funding to reach everyone." So B'More for Healthy Babies has implemented a vulnerability index and a triage system to serve the people for whom the program can make the most impact.

B'More for Healthy Babies has developed a comprehensive approach that goes beyond home visiting. It improves the quality of care provided by physicians, nurses, social workers, and others who work with pregnant and postpartum women. And it works with birthing hospitals to educate mothers on how to avoid sleep-related deaths and conduct community outreach.

The implementation of B'More for Healthy Babies has coincided with a sharp decrease in infant mortality in Baltimore City. In 2012, the city reached the lowest infant mortality rate the city has ever recorded. The disparity between white and black infant mortality rates has also decreased significantly. Despite this, Baltimore City's infant mortality rate remains about 70 percent higher than the national average, suggesting considerable work still lies ahead.