Improving Social Service System Efficiency Through A Novel, Real-Time Data Sharing System

Notre Dame Faculty:

Matthew Sisk, Associate Professor of the Practice, Lucy Family Institute for Data & Society, Notre Dame msisk1@nd.edu

Nancy Michael; Rev. John A. Zahm, C.S.C. Associate Teaching Professor, Department of Biological Sciences nmichael@nd.edu

Angélica García-Martínez; Postdoctoral Research Fellow, Lucy Family Institute for Data & Society agarci35@nd.edu

Community Partners

Cassy White, MPH Director of Health Equity, Epidemiology, and Data (HEED) St. Joseph County Department of Health cwhite@sjcindiana.com

Frank Spesia, Positive and Adverse Childhood Experiences (PACEs) Coordinator, St. Joseph County Department of Health fspesia@sicindiana.com
Project Overview

This project is intended to pilot a live community data collection process across different service provider organizations in St. Joseph County. The immediate goal is to improve our understanding of the reach of social services that promote protective factors and resilience around Adverse Childhood Experiences (ACEs). By developing a system to determine the end users and service utilization for existing services and programs, we will be able to ascertain who is unable to access existing services and where our existing services may overlap. This will position the Saint Joseph County Department of Health (SJCDoH) and the University of Notre Dame (ND) to support the expansion or development of services to reach currently unidentified and unsupported parts of the community. This will also allow us to be competitive for additional extramural funding to determine how access to such programs impacts the social and economic development of individuals and the community.

There are many organizations in St. Joseph County that provide overlapping services for children and families (e.g. after-school academic support/mentorship, wraparound services for at-risk youth, caregiver support, etc). While these programs have similar aims, there is little coordination across organizations. Families seeking these types of services must navigate an informal and disjointed system with different registration requirements, referral systems, and program goals. Improving organizational collaboration will improve accessibility for children and caregivers. The existing data management systems are typically not integrated, and the data held within those siloed systems rarely overlaps. So while many organizations have similar and even united goals, the data systems ultimately work against successful community collaboration. To address this barrier to collaboration, we aim to establish a common data management platform to collect, store, and analyze data consistently among, and share back with, individual service providers. These data will enable a common data language, improve inter-organizational collaboration, increase accessibility of programs for children and families and allow historically segregated systems to participate in a unified conversation. The data collection system could contribute to a new type of referral system that is designed for social service organizations, addresses the needs and capacities of those organizations, and benefits participating organizations and the collective network of services providing protective factors. At scale, the data can support long-term public health research around social determinants of health, health-seeking behavior, and the impact of protective factors on ACEs outcomes and overall health.