

# Building a data culture: Documentation

American Rescue Plan Funding  
Evaluation + Impact Capacity Building



# Goals for our workshop

- Why Documentation
- Types of documentation
- Anatomy of documentation
- How to get started



# A few caveats:

- We use several terms frequently: Data, Analytics, Evidence, Research, Impact, Evaluation
- Building a data culture takes time: we won't solve all the data challenges today
- This work cannot be done alone
- The Data and Policy Analytics Unit is your partner in this work



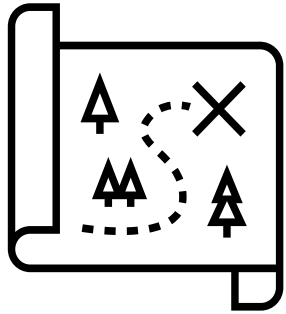
# Data and Policy Analytics (DAPA)

- We maintain the state's [Open Data Portal](#)
- We manage the state's longitudinal data system and data-sharing: [P20WIN](#)
- We house and manage the state's [mapping and geospatial assets](#)
- We provide analytical capacity to agencies
- We guide data [best practices and governance](#)

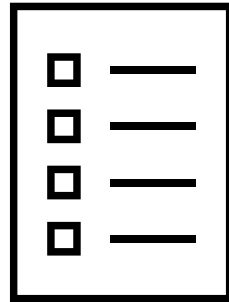


**Documentation takes many forms...**

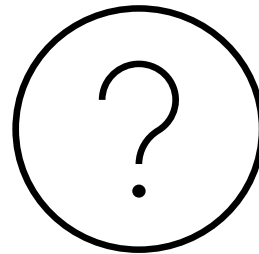
# Leave yourself some breadcrumbs...



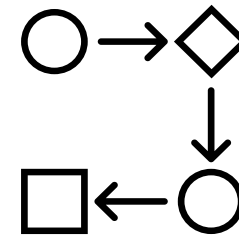
Maps



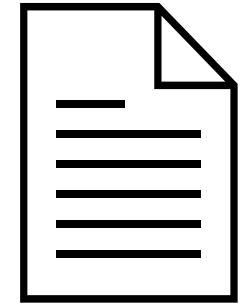
Checklists



FAQs



Process  
workflows



Memos

# You already use documentation:

**LEGO**  
Ages/edades  
**6+**  
**40332**

6279195 / 6279196

2x 6029156  
1x 300401  
2x 600901  
4x 302301  
1x 360001  
1x 300001  
2x 6062445  
1x 4533742

4x 4433005  
2x 403824  
2x 307020  
4x 302426  
4x 654105  
2x 6037672  
2x 6042676  
1x 6038173  
1x 4559170

1x 302126  
2x 4610153  
2x 307020  
1x 4547285  
2x 6025736  
1x 6022064  
1x 6020073

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

# You already use documentation:





# You already use documentation:

## ARPA & Carryforward Report Data

Government

View Data Visualize Export API ...

This dataset contains agency provided status updates for American Rescue Plan Act (ARPA) funded projects in addition to funds carried over on a monthly basis. This dataset includes line items with the following funding sources: Coronavirus Capital Project Fund (CCPF) and Coronavirus State and Local Fiscal Recovery Funds (CSFRF). OPM presents this data to the General Assembly in accordance with **Section 3 of Public Act No. 22-146**.

Updated  
March 2, 2023  
Data Provided by  
Office of Policy and Management

(Effective from passage):  
Not later than the [fifteenth day of the fiscal year ending June 30, 2022], the Office of Policy and Management shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies concerning the status of (1) any amount carried forward and transferred from the fiscal year ending June 30, 2021, or June 30, 2022, pursuant to special act 21-15, public act 21-2 of the June special session or [this act] public act 22-118; and (2) any amount allocated pursuant to section 41 of special act 21-15, as amended by public act 21-2 of the June special session and sections 9 and 10 of [this act] public act 22-118.

Less

**Metadata**



**LAUNCHING INTO HEALTHY LEARNING**  
Operational Strategies - Fall 2022

The Connecticut Department of Public Health (DPH), State Department of Education (CSDE), and Office of Early Childhood (OEC) are excited to announce the **Launching into Healthy Learning** initiative for the start of the 2022-2023 school year! This initiative is designed to get Connecticut's kids back to school, child care, and camp at the scheduled start of the school year, to keep them there in-person as much as possible throughout the year, and to keep them healthy and learning all year long. In addition to updated DPH guidance for K-12 school administrators, child care, and youth camp program operators (*Respiratory Disease Prevention Strategies for Schools, Child Care, and Camps: Fall 2022*), DPH, CSDE, and OEC will be providing additional guidance to facilities in the coming weeks to provide a safe and healthy environment for students and staff.

**COVID-19 VACCINATION** guidance is available for schools, child care, and youth camps. OEC will coordinate with Alliance Districts to ensure that all children in the state-sponsored mobile vaccination program are eligible for vaccination to anyone 6 months of age or older. Administrators, child care operators, and youth camps in non-Alliance Districts can also request free mobile vaccination clinics for their communities by contacting [SDE.COVID19@ct.gov](mailto:SDE.COVID19@ct.gov) at CSDE (for school district administrators) or [HealthEquityTeam@ct.gov](mailto:HealthEquityTeam@ct.gov).

**SELF-TEST KITS** will be available free of charge to all Connecticut schools, child care programs, and youth camps to distribute to their students, staff, and service providers (e.g., bus drivers, specialized instruction providers, etc.). The State of Connecticut has ordered approximately 2.5 million self-test kits (5 million individual tests) for distribution to school districts and early childhood education programs. The State plans to order additional self-test kits for distribution to licensed child care programs and operating youth camps throughout Connecticut as well. For more information on test kit distribution, school administrators should work within their Districts to coordinate COVID-19 supply requests or contact [SDE.COVID19@ct.gov](mailto:SDE.COVID19@ct.gov) for more information. School districts, licensed child care centers, and operating youth camps will receive additional information in the coming days directly from CSDE and OEC.

**TEST-MASK-GO** is an optional strategy designed to increase the number of days of in-person learning and care available to children, both to improve the social/emotional/physical wellbeing of students, staff, and their families.

**Guidance**

# You already use documentation:

**Key budget terms**

**COVID-19 relief funding** is the cumulative amount of funding provided in the portions of the six COVID-19 relief laws that the Office of Management and Budget (OMB) has identified for recording and tracking as COVID-19 funding. These amounts can fluctuate from month to month. Increased spending in Medicaid and Medicare is not included in OMB's guidance for recording and tracking of COVID-19 relief funding and is therefore not included in the amounts presented.

**An obligation** is a definite commitment that creates a legal liability of the U.S. government for the payment of goods and services ordered or received, or a legal duty on the part of the U.S. government that could mature into a legal liability by virtue of actions on the part of the U.S. government.

**An expenditure** is the amount of money that is spent. Expenditures shown in the budget are for direct costs for the U.S. government.

**Unobligated balance** is the portion of funding that has not yet been obligated and includes unexpired and expired funding.

**Unexpired unobligated balance** is the cumulative amount of funding that remains available for incurring new obligations based on the period of availability for the funding (e.g., 1-year, multiyear, no-year).

**Expired unobligated balance** is the cumulative amount of fixed-period funding (e.g., 1-year or 3-year) that is no longer available to enter into new obligations because the funding's period of availability has ended. This balance, however, generally remains available for 5 additional fiscal years after expiration for recording and adjusting obligations properly chargeable to the fixed period funding's period of availability. This balance is not available to record previously unobligated funding or to make adjustments in previously obligated funding. At the end of the fifth fiscal year, the unexpired unobligated balance is transferred to the General Fund of the U.S. government.

**Definitions**

Source: GAO. | GAO-23-106647

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A. Nicole Clowers, Managing Director, Congressional Relations, [ClowersA@gao.gov](mailto:ClowersA@gao.gov), (202) 512-4400.  
Contributors: Lynda Downing, Brian Harechmak  
Source: Centers for Disease Control and Prevention, Alissa Eckert, Dan Higgins (cover photo).



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**COVID-19 VACCINATION** guidance is being updated to reflect the current landscape of mobile vaccination clinics. These clinics are open to school, child care, and youth camps. OEC will coordinate with Alliance Districts to ensure that state-sponsored mobile vaccination clinics are available to anyone 6 months of age or older. Administrators, child care operators, and youth camps in non-Alliance Districts can also request free mobile vaccination clinics for their communities by contacting [SDE\\_COVID19@ct.gov](mailto:SDE_COVID19@ct.gov) at CSDE (for school district administrators) or [HealthEquityTeam@ct.gov](mailto:HealthEquityTeam@ct.gov).

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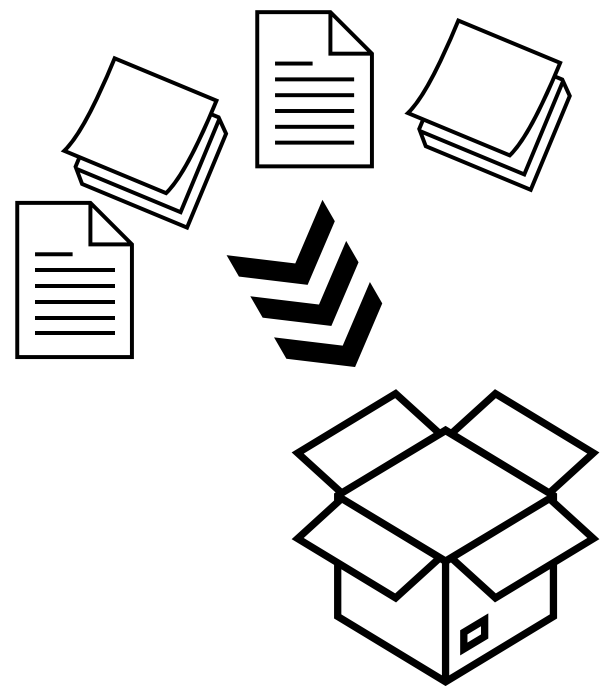
## Guidance

# Documentation: Step by step instructions for making facts



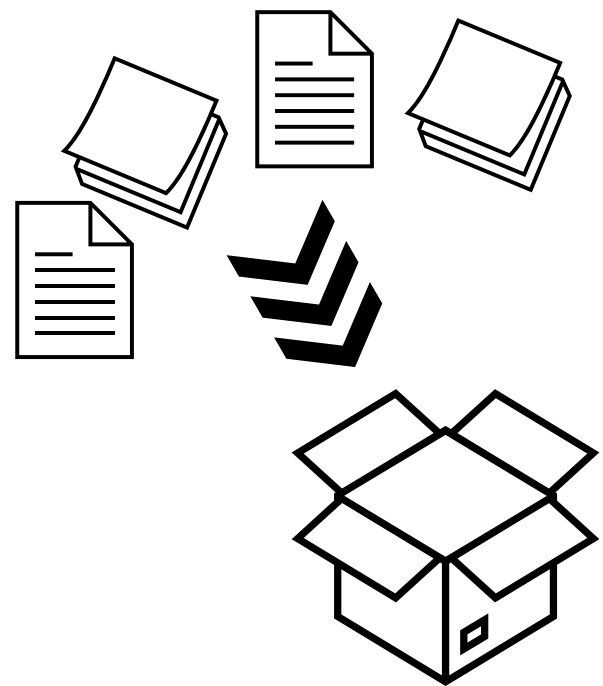
**Where do facts come from?**

# Where do facts come from?

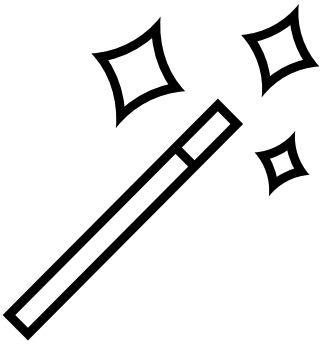


Data in...

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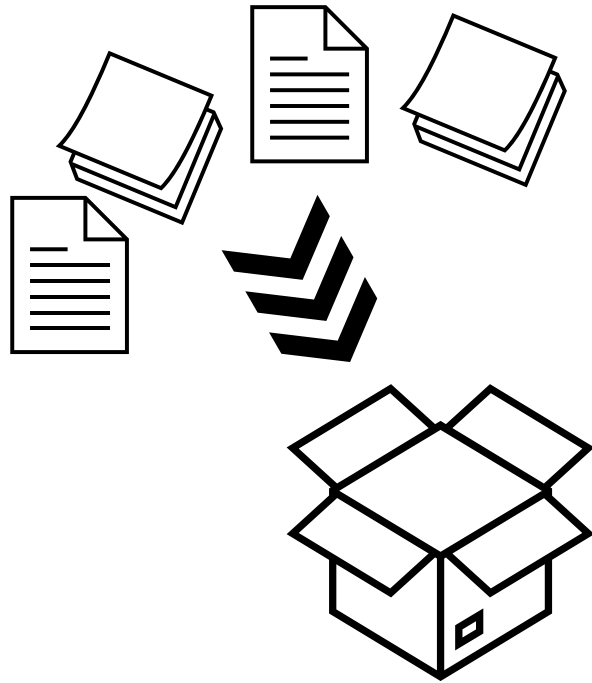


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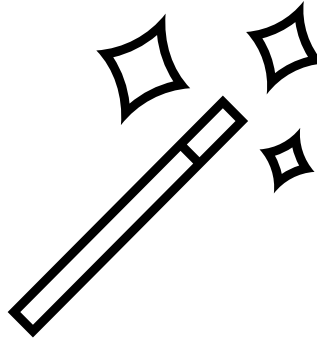


Presto change-o

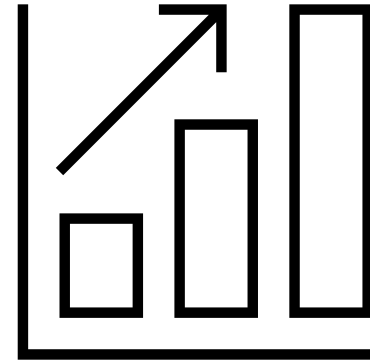
# Where do facts come from?



Data in...

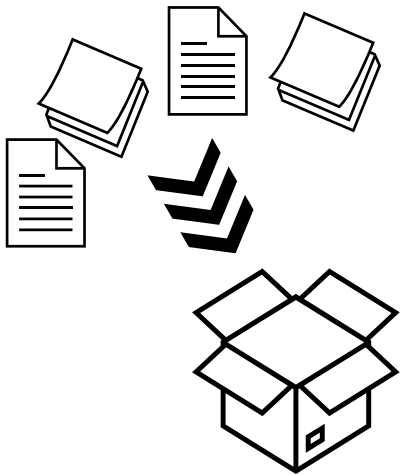


Presto change-o

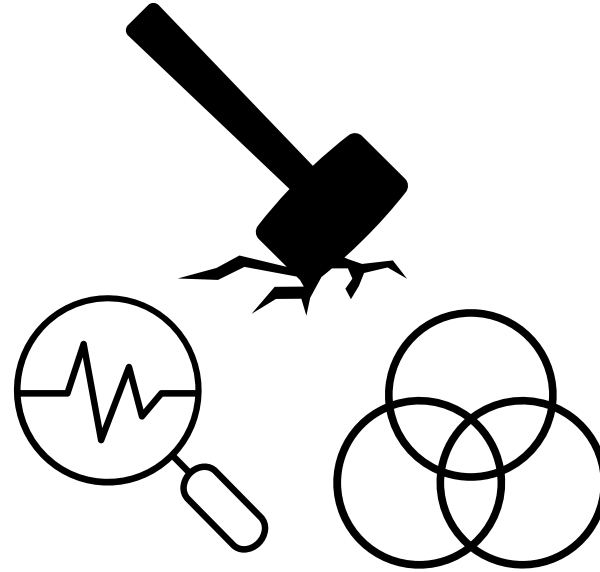


Voila: Facts

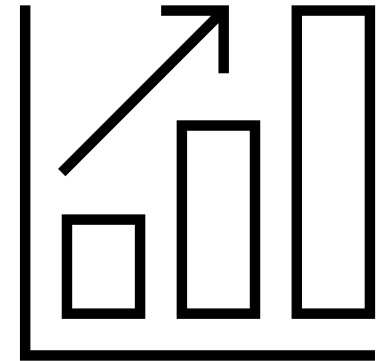
# What happens to the data....



Data in....



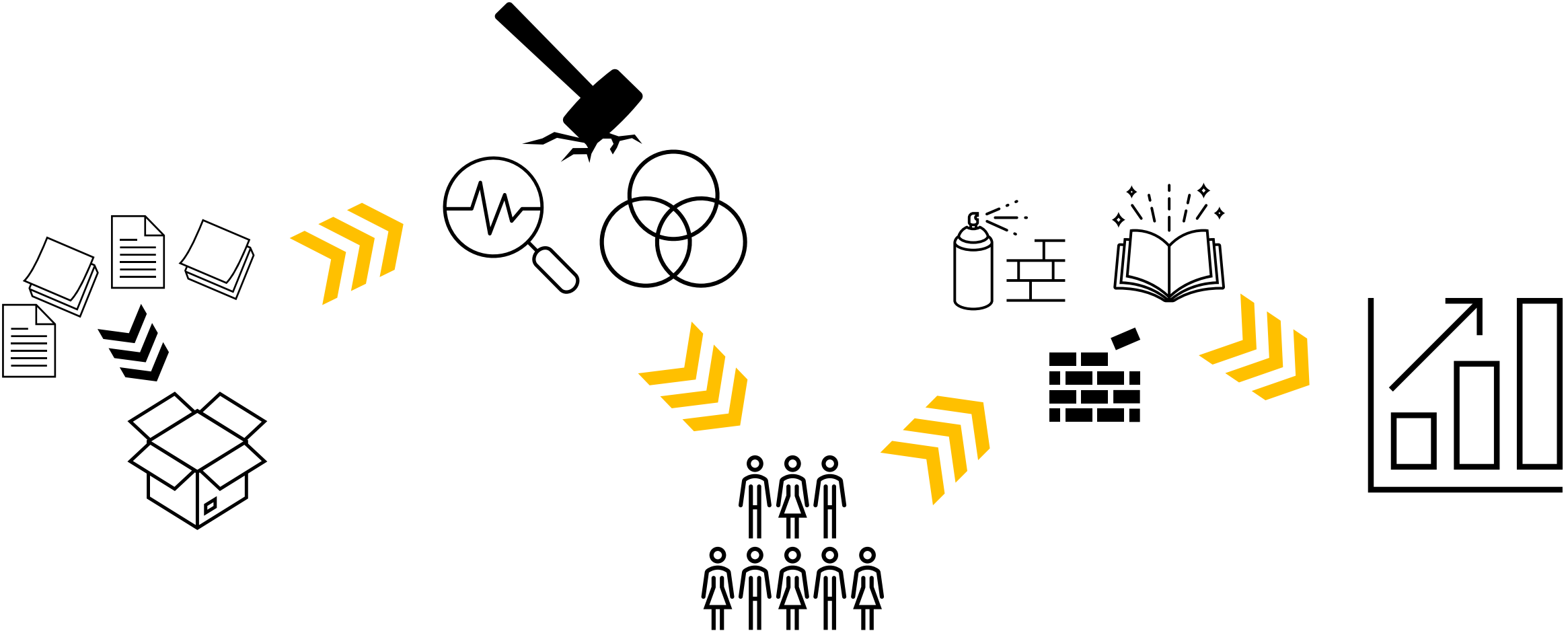
Analysis



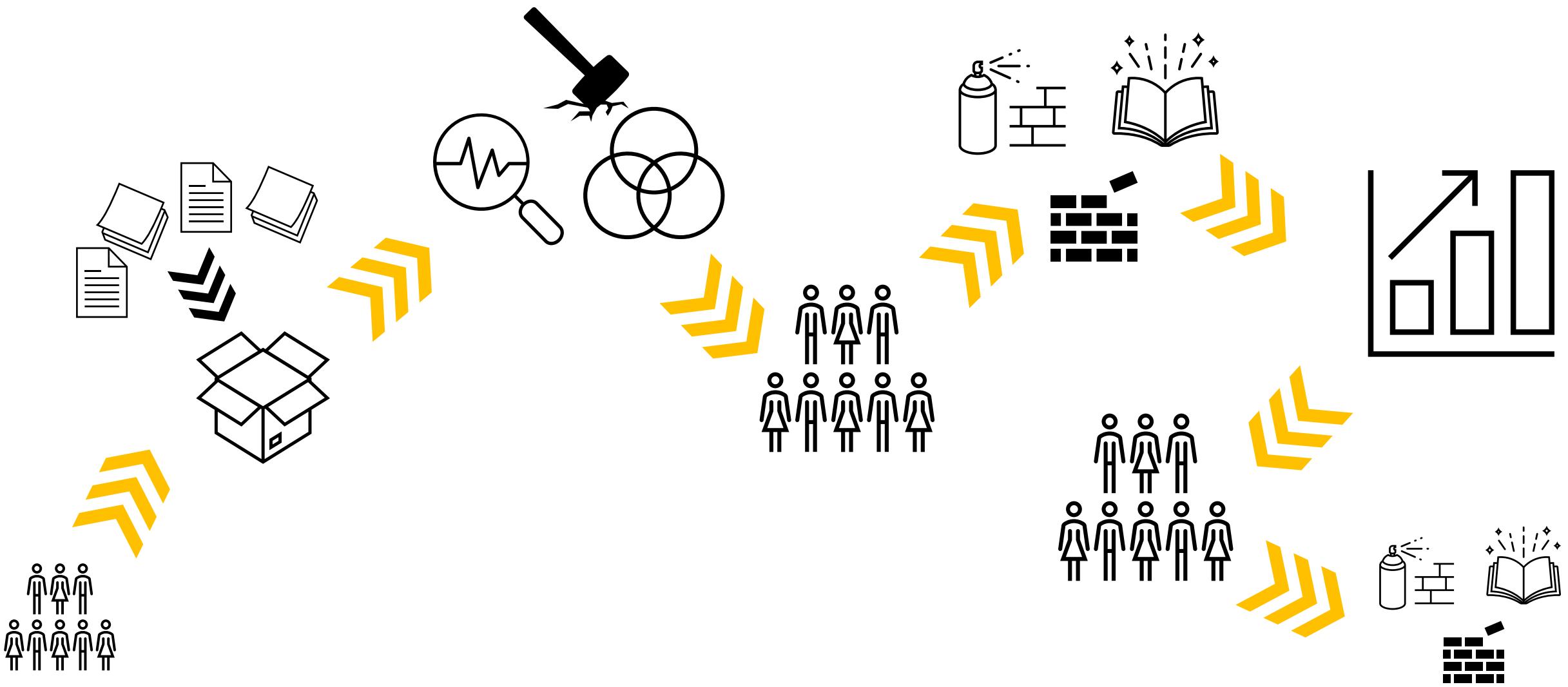
Voila: Facts



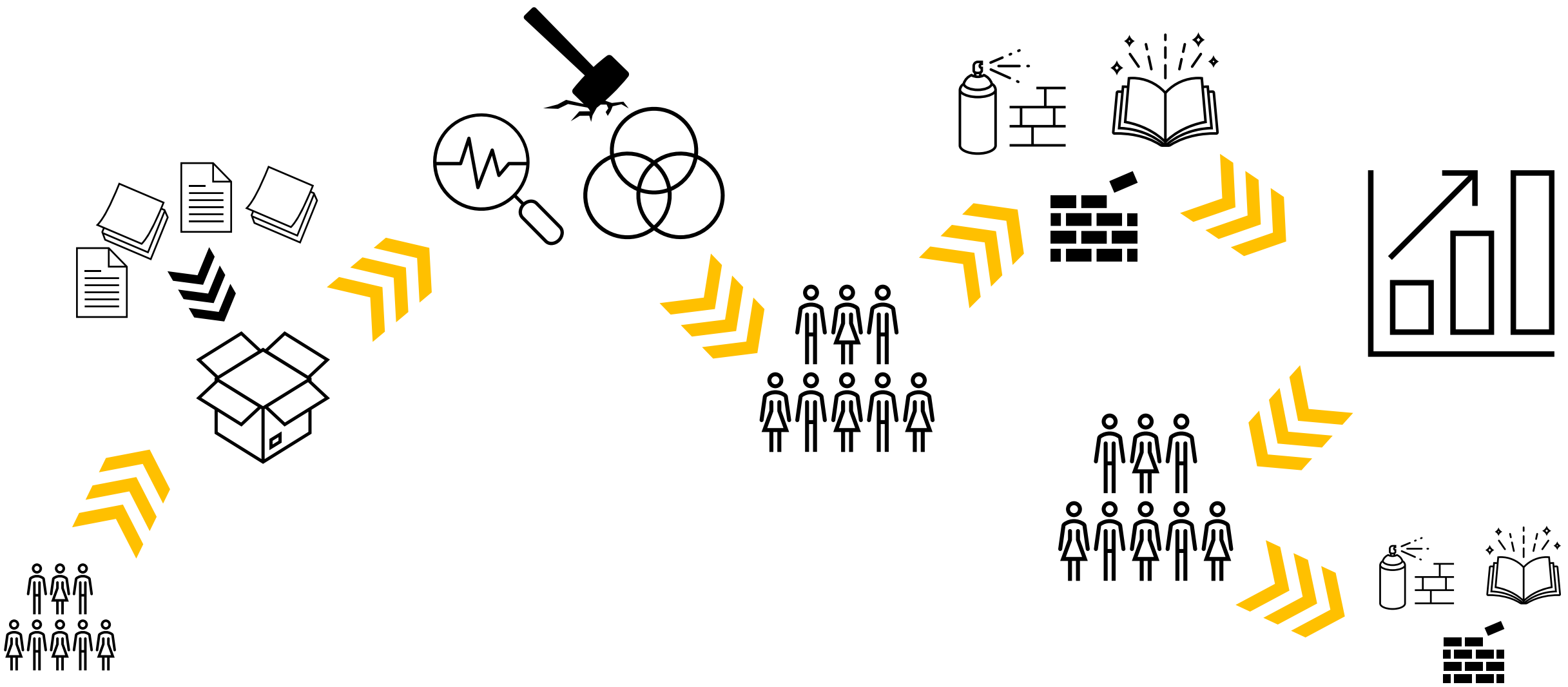
# What happens after analysis?



# What about after storytelling?



# What about after storytelling?



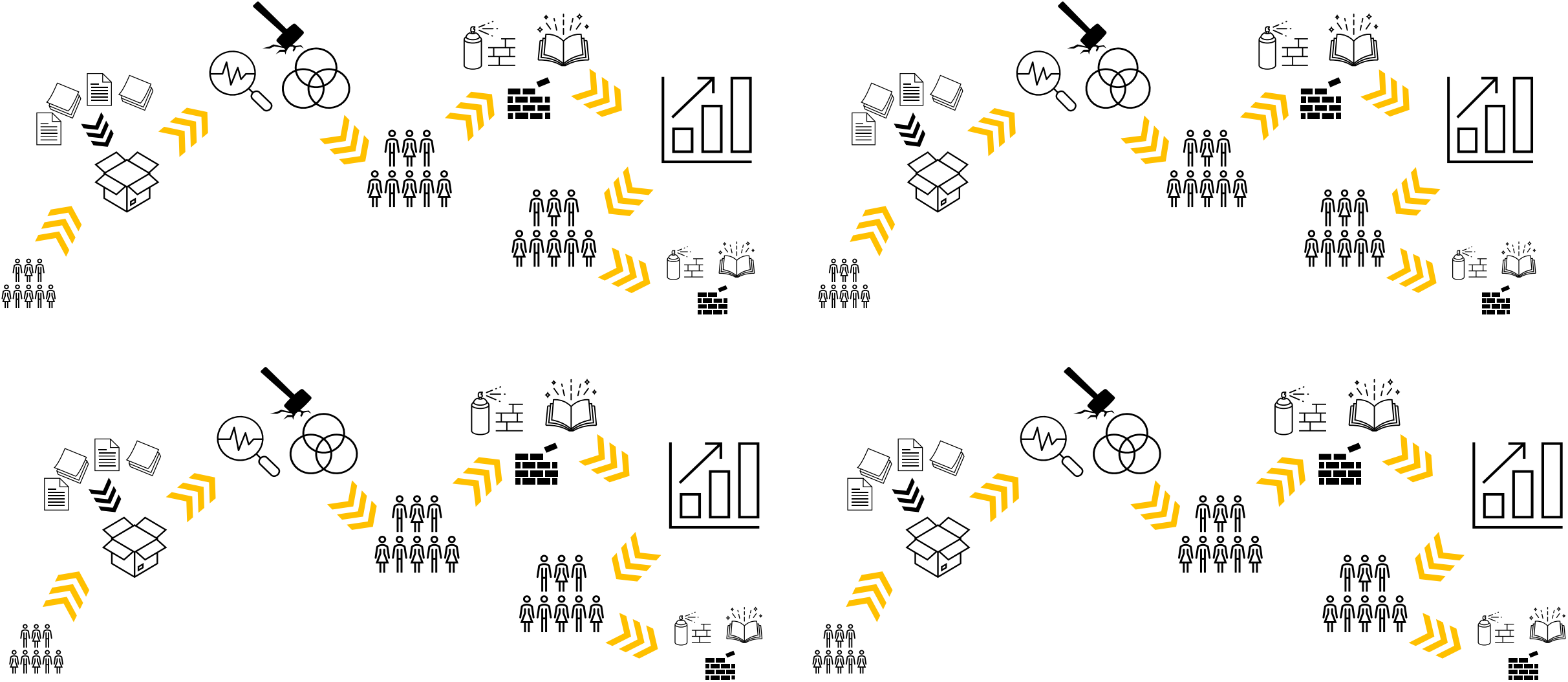
# There's a chance for documentation...



# There's a chance for documentation...



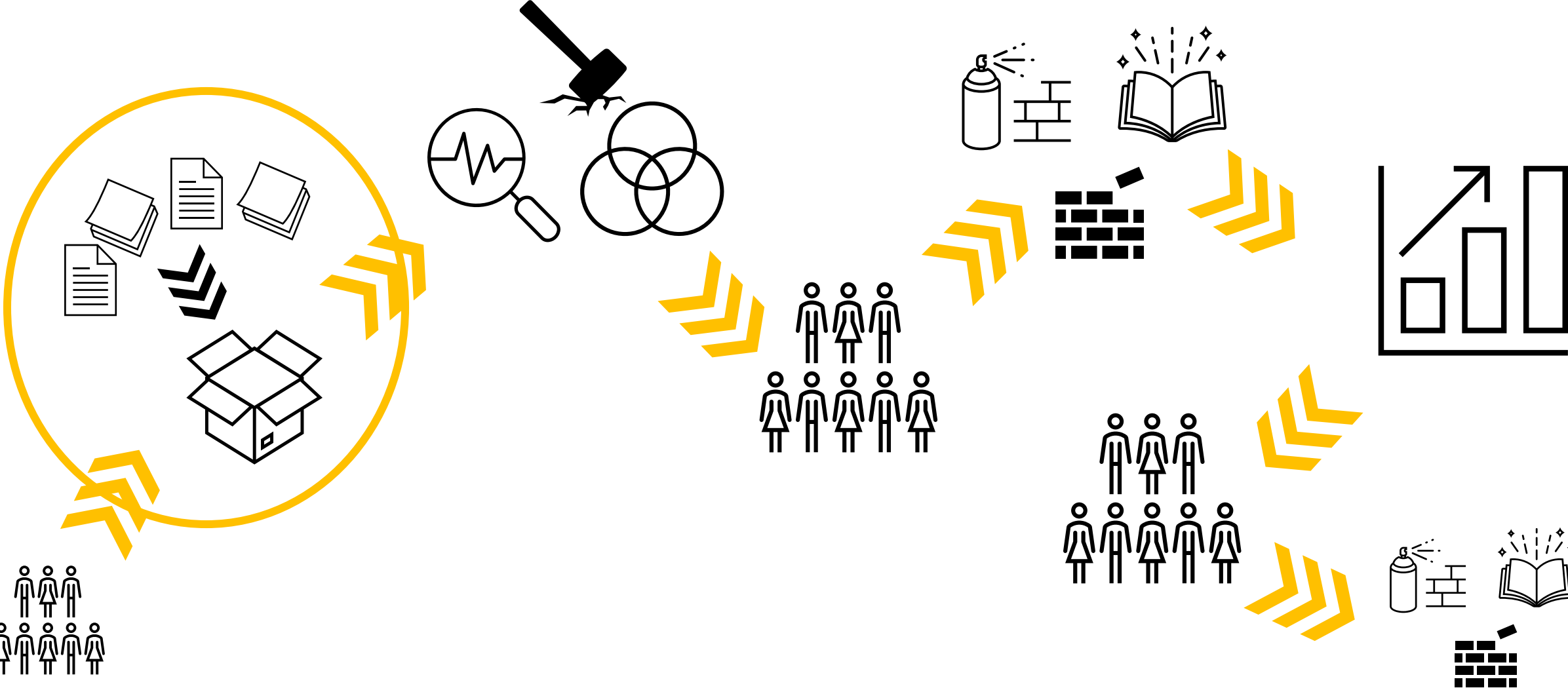
# There are MANY processes to document



**Action Step #1: Pick one process to start documentation.**

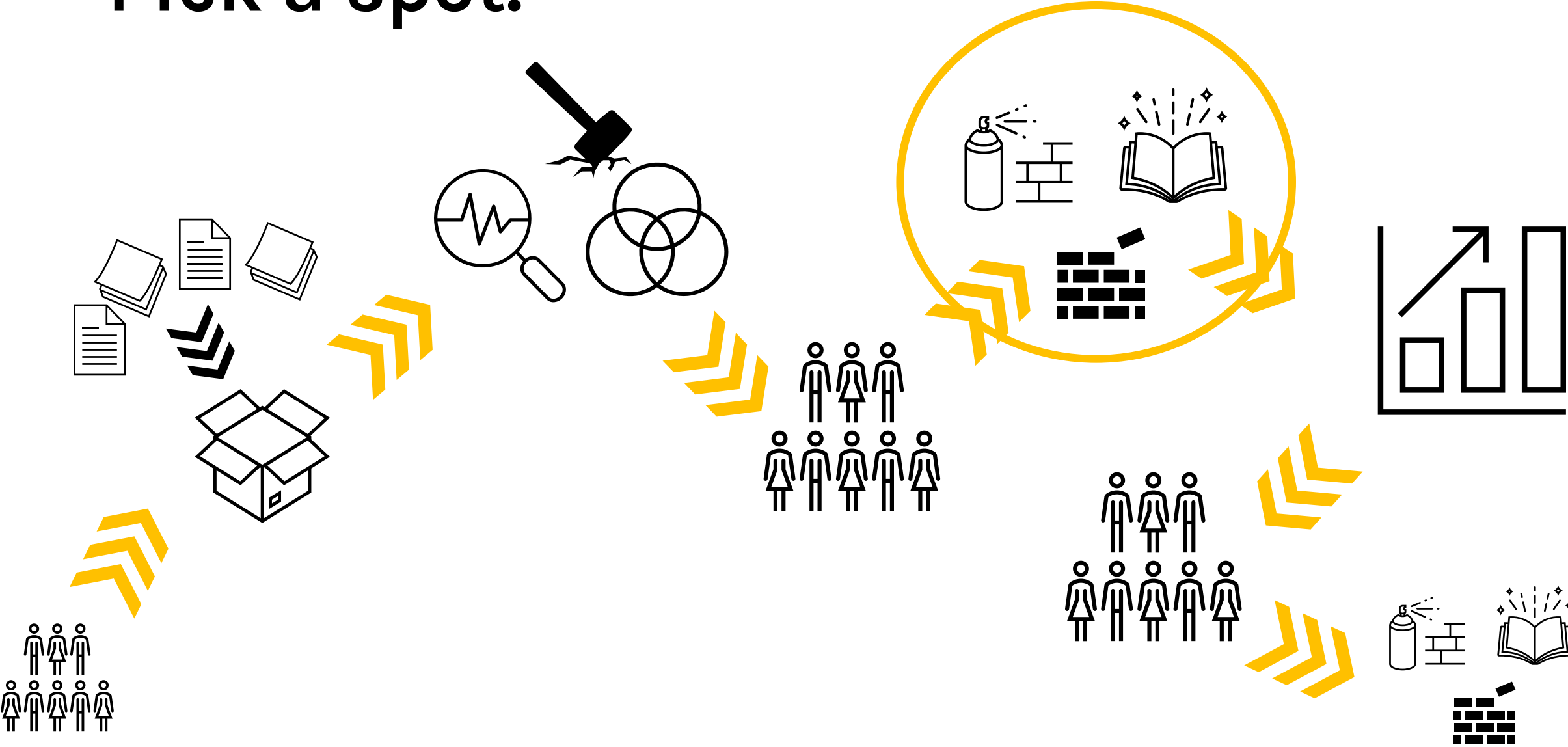


# Pick a spot.





# Pick a spot.



**Pick one place to start  
documentation.**



# Anatomy of a process document

## Senior Center Allocations Process Document November 2022 DRAFT

### Background

The Department of Aging and Disability Services (ADS) is responsible for distributing \$10M appropriated in PA 22-118 to Senior Centers in Connecticut towns. ADS contacted OPM's Health and Human Services Policy and Planning Division (HHSPPD) for input on making their distribution equitable. HHSPPD engaged the Data and Policy Analytics (DAPA) Team for support.

Using criteria for establishing the target population in Title III of the Older Americans Act, the DAPA team aggregated American Community Survey (ACS) data from the Census Bureau. While the allocation is part of the latest round of American Rescue Plan State and Local Fiscal Recovery Funding (ARPA SLFRF), there is interest in continuing it long-term. As such, any data used to develop an equitable distribution schema should be publicly available and freshened periodically. ADS has reserved \$1M of this appropriation for administration and has \$9M remaining to distribute. We opted to use ACS data because it is available at the Town level (using "County Subdivision" geography) and because these data are updated annually.

### Data aggregation

ADS planned to distribute the funds in two portions: a base grant (the same value for all towns) and a formulaic grant developed using town demographics. By design, the formulaic portion of each town's grant is much larger than the base portion. Initially, ADS created a distribution schema based on population alone, and this initial set of calculations did not include factors that could account for disproportionate impact of the pandemic, as an equitable distribution schema should. While equity, in this case, is not strictly defined, HHSPPD and ADS suggested that it could include factors like income, race/ethnicity, social isolation, living in a rural area.

The DAPA Team presented several funding scenarios to the ADS and HHSPPD team based on the following Census indicators:

- Total population aged 60+
- Non-white Population 65 or over
- Population with a Disability 65 or over
- Total Population Below the Poverty Line
- Estimated Population 65 or over Living within a Rural Area

Ultimately, the second approach incorporating Census data effectively weights the population estimates for seniors who may have been disproportionately impacted by the pandemic. Each town receives the same base grant and we ensured that per capita, the small towns are beneficiaries based on their per capita grants.

### Appendix

Below we list several considerations for this analysis as well as the step-by-step methodology for replicating this analysis.

Criteria defining the target population in Title III of the Older Americans Act include the following:

- All persons aged 60 years or older.
- Persons aged 60 years or older who are members of a racial and ethnic minority.
- Persons aged 60 years or older with incomes at or below the poverty threshold.
- Persons aged 60 years or older unable to perform basic activities without assistance.
- Persons aged 60 years or older living in rural communities; and
- Persons aged 60 or older who are both members of racial or ethnic minorities and have incomes below the poverty threshold.

Using the [tidycensus](#) package in R, we aggregated the following ACS Tables:

- Total Population: Table B01001, Variable 001
- Population 60 and over by Sex - Table B01001, Variables 018 - 025 & 042-049
- White Alone, Non-Hispanic by Age and Sex for Population 65 and over - Table B01001H, Variables 014-016 & 029-031
- Population 65 and over with a disability by race/ethnicity - Tables B18101B, C, D, E, F, G, H, & I, Variable 009 from each table
- Population 65 and over above and below the poverty line by race/ethnicity - ACS Tables B17001B, C, D, E, F, G, H, & I, Variables 015, 016, 029, and 030 from each table

The grants are based on two values: a base grant of \$5,000 and a formula-based grant value determined using the steps below. Once \$5,000 is allocated to each town, there is \$8.15M left to distribute using the formulaic approach described below.

To calculate the formula-based grants, we followed the following steps:

- Using the data aggregated above, we added together the values listed below for each town.
  - *Formula-based grant calculations: Using Base population Aged 60+*
  - *Numerator = Total Population 60 or Over + Non-white Population 65 or over + Population with a Disability 65 or over + Total Population Below Poverty + Estimated Population 65 or over Living within a Rural Area*
  - *Denominator = Total Population 60 or Over + Non-white Population 65 or over + Population with a Disability 65 or over + Total Population Below Poverty + Estimated Population 65 or over Living within a Rural Area*
- Once we calculated a population value for each town, we added these values together for all towns to create the value for the denominator (referenced above).
- Using this denominator, we calculated each town's share of the total seniors population.
- Finally, we applied the population share percentages to the remaining funds (\$8.15M) to generate the formula-based grant values.

[Link to R script here](#)



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### Data aggregation

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## Data details

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- Once we calculated a population value for each town, we added these values together for all towns to create the value for the denominator (referenced above).
- Using this denominator, we calculated each town's share of the total seniors population.
- Finally, we applied the population share percentages to the remaining funds (\$8.15M) to generate the formula-based grant values.

[Link to R script here](#)



# Anatomy of a process document

## Senior Center Allocations Process Document November 2022 DRAFT

### Background

The Department of Aging and Disability Services (ADS) is responsible for distributing \$10M appropriated in PA 22-118 to Senior Centers in Connecticut towns. ADS contacted OPM's Health and Human Services Policy and Planning Division (HHSPPD) for input on making their distribution equitable. HHSPPD engaged the Data and Policy Analytics (DAPA) Team for support.

Using criteria for establishing the target population in Title III of the Older Americans Act, the DAPA team aggregated American Community Survey (ACS) data from the Census Bureau. While the allocation is part of the latest round of American Rescue Plan State and Local Fiscal Recovery Funding (ARPA SLFRF), there is interest in continuing it long-term. As such, any data used to develop an equitable distribution schema should be publicly available and freshened periodically. ADS has reserved \$1M of this appropriation for administration and has \$9M remaining to distribute. We opted to use ACS data because it is available at the Town level (using "County Subdivision" geography) and because these data are updated annually.

### Data aggregation

ADS planned to distribute the funds in two portions: a base grant (the same value for all towns) and a formulaic grant developed using town demographics. By design, the formulaic portion of each town's grant is much larger than the base portion. Initially, ADS created a distribution schema based on population alone, and this initial set of calculations did not include factors that could account for disproportionate impact of the pandemic, as an equitable distribution schema should. While equity, in this case, is not strictly defined, HHSPPD and ADS suggested that it could include factors like income, race/ethnicity, social isolation, living in a rural area.

The DAPA Team presented several funding scenarios to the ADS and HHSPPD team based on the following Census indicators:

- Total population aged 60+
- Non-white Population 65 or over
- Population with a Disability 65 or over
- Total Population Below the Poverty Line
- Estimated Population 65 or over Living within a Rural Area

Ultimately, the second approach incorporating Census data effectively weights the population estimates for seniors who may have been disproportionately impacted by the pandemic. Each town receives the same base grant and we ensured that per capita, the small towns are beneficiaries based on their per capita grants.

### Appendix

Below we list several considerations for this analysis as well as the step-by-step methodology for replicating this analysis.

Criteria defining the target population in Title III of the Older Americans Act include the following:

## Data management

below the poverty threshold.

Using the `tidycensus` package in R, we aggregated the following ACS Tables:

- Total Population: Table B01001, Variable 001
- Population 60 and over by Sex - Table B01001, Variables 018 - 025 & 042-049
- White Alone, Non-Hispanic by Age and Sex for Population 65 and over - Table B01001H, Variables 014-016 & 029-031
- Population 65 and over with a disability by race/ethnicity - Tables B18101B, C, D, E, F, G, H, & I, Variable 009 from each table
- Population 65 and over above and below the poverty line by race/ethnicity - ACS Tables B17001B, C, D, E, F, G, H, & I, Variables 015, 016, 029, and 030 from each table

The grants are based on two values: a base grant of \$5,000 and a formula-based grant value determined using the steps below. Once \$5,000 is allocated to each town, there is \$8.15M left to distribute using the formulaic approach described below.

To calculate the formula-based grants, we followed the following steps:

- Using the data aggregated above, we added together the values listed below for each town.
  - *Formula-based grant calculations: Using Base population Aged 60+*
  - *Numerator = Total Population 60 or Over + Non-white Population 65 or over + Population with a Disability 65 or over + Total Population Below Poverty + Estimated Population 65 or over Living within a Rural Area*
  - *Denominator = Total Population 60 or Over + Non-white Population 65 or over + Population with a Disability 65 or over + Total Population Below Poverty + Estimated Population 65 or over Living within a Rural Area*
- Once we calculated a population value for each town, we added these values together for all towns to create the value for the denominator (referenced above).
- Using this denominator, we calculated each town's share of the total seniors population.
- Finally, we applied the population share percentages to the remaining funds (\$8.15M) to generate the formula-based grant values.

[Link to R script here](#)



**Building documentation>> Data culture**



# Where do you start?





**Start where you are.**



# Write things down

Who is responsible

Deadlines, timelines

File locations

Steps in a process

Definitions

Notes for later



**Do not worry about the format:  
Just write things down**



# Some considerations when writing things down

Pick a place where multiple people can access the document

Label the document "DRAFT"

Use cloud-sharing or Teams sites to encourage collaboration



**Action Step #2: Write things down.**



# Reviewing documentation

## Planning discussion:

- What is written down?
- Are there multiple places where information may exist?
- Where should we save documentation

## Ongoing review

- Establish a regular agenda item in team meetings
- Every time documentation is used, consider a quick discussion about ways to improve it



# Action Step #3: Continuously improve your documentation



# Documentation Examples

[Data Visualization Guide](#)

[Open Data Handbook](#)





# In summary (for now): Action Steps

1. Pick a process to document
2. Write things down
3. Continuously improve the documentation



# In the future...

- Building analytical skills
- Advancing analytical skills
- Survey and form design
- Data Storytelling
- Creating data visualizations in Excel
- Creating data visualizations in Datawrapper



# What comes next....

Building Data Capacity: Documentation meets:

- ~~March 7th~~
- ~~March 21st~~

Strengthening Data Literacy: Data Collection meets:

- ~~March 14th~~
- March 28<sup>th</sup>

**Every Tuesday, Eval + Impact FAQs: 10-11am**



# Stay in touch...

## Evaluation and Impact Unit @ OPM

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