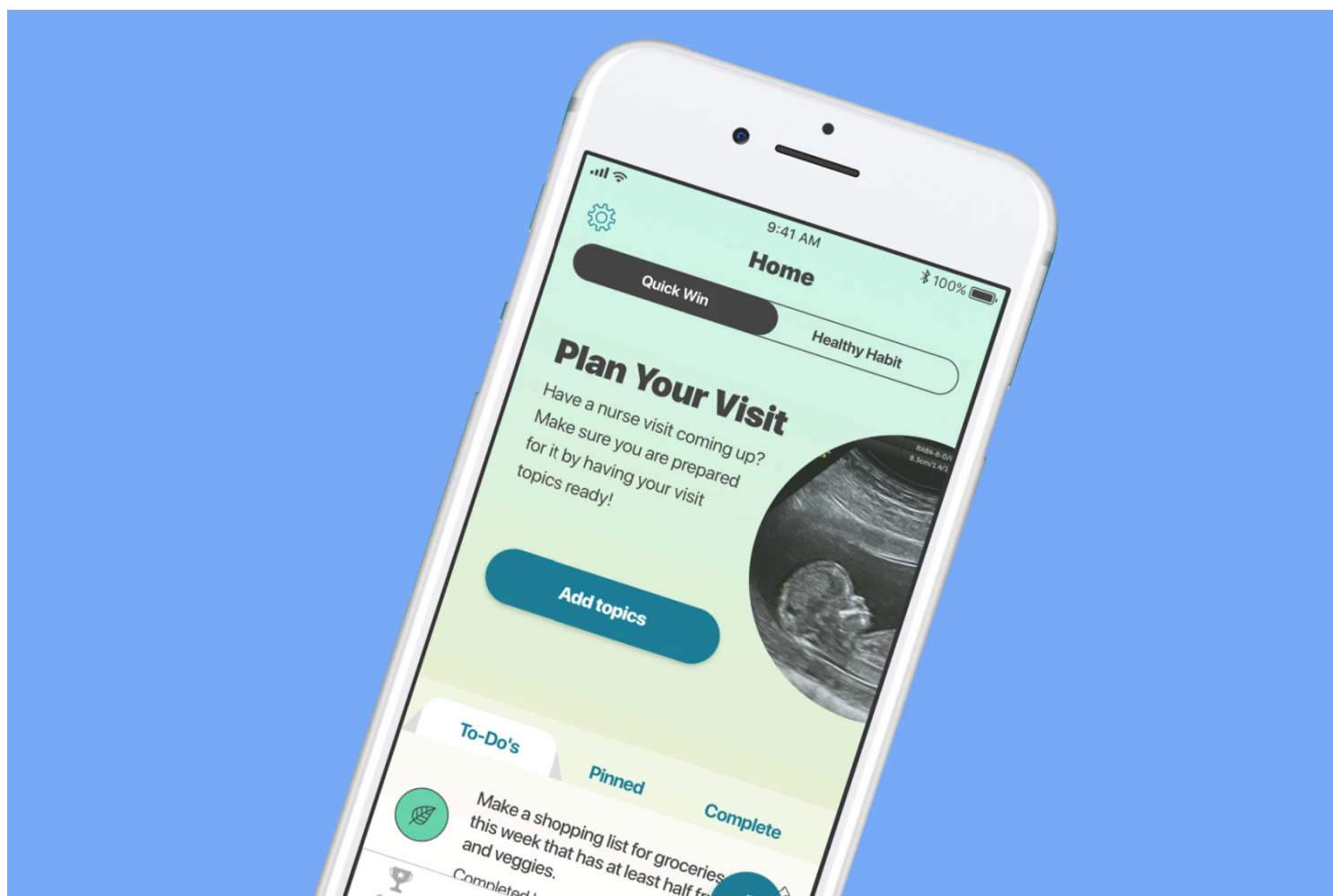# THE CHRONICLE OF PHILANTHROPY

TECHNOLOGY

Your Nonprofit Likely Needs a Digital Upgrade. Here's How to Get it Done.

By *Margaret Laws* and *Fred Dillon*

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When many of today's venerated social-service organizations were founded, cellphone and internet technology was decades away from widespread use and only the most affluent had access to computers. Today, 86 percent of low-income adults have smartphones, and they use social media, web portals, and apps at a rate comparable to the U.S. average.

Nonprofits, by contrast, often seem stuck in the 1980s. In a May 2020 survey conducted by our organization, Hopelab, only about half of nonprofit leaders reported that their organizations offered a web or mobile app, and just 40 percent had a client web portal. This left them ill-prepared when Covid-19 forced nonprofits accustomed to providing in-person services to abruptly move operations online.

While necessitated by the pandemic, this digital transformation was long overdue. The reality is that any direct-service organization — even those focused on one-to-one, client-provider connections — can benefit from virtual interactions.

So how can nonprofits build on the tech innovations they scrambled to adopt during the pandemic? Our experience helping one organization — Nurse-Family Partnership — transform into a tech-forward operation, offers an instructive playbook. The national nonprofit, which pairs home-visiting nurses with low-income, first-time mothers, recognized that it needed a digital upgrade to improve client services and keep young mothers engaged during the two-and-a-half-year voluntary program. Studies showed positive outcomes when mothers remained involved with the program until their child's second birthday, and the government saved an average of $26,179 per family during the child's first 18 years.

About Nurse-Family Partnership

- Number of families served: 61,000
- Number of local programs offered: 270
- Number of nurses: 2,370 in 40 states

- Annual budget: $35.1 million

The organization had observed shifts in client behavior, such as young moms buying diapers and baby clothes online, and recognized that old practices such as paper worksheets and large binders could be a turn-off to these "digital natives." Data on client satisfaction also revealed that moms participating in the program expected materials and resources to be accessible via mobile devices.

Here's what it took for Nurse-Family Partnership to make the digital transformation — and what steps many other nonprofits will likely want to follow.

Step 1: Discovery

During this phase, Nurse-Family Partnership worked with Hopelab, a social innovation lab that supports the health and well-being of young people, to determine what issues could be addressed with better technology and then how to put those digital changes in place. This included examining client feedback, uncovering digital efforts the organization already had underway, and identifying staff who were likely to be comfortable trying new approaches. We knew staff would be more receptive to change if this phase included:

- Data showing successful digital approaches from organizations that serve the same population
- Examples within the organization of digital tools deepening rather than replacing human interactions
- Testimonials about effective innovations at other nonprofits in the same or similar fields

To better understand the organization's strategy through the eyes of frontline staff, we held a three-day workshop with more than 30 nurses from Nurse-Family Partnership locations around the country. The nurses reported that moms increasingly requested

resources and materials in a digital format and wanted to communicate with them between appointments through their mobile devices. We also identified key nurse and client trouble spots, such as clients missing appointments or not having good ways to store and track goals and progress.

After the workshop, we conducted interviews and focus groups with nurses, clients, staff, leaders, and grant makers. We also observed mom-nurse home visits to help determine where improvements in the process were needed and where technology could augment and enhance the relationship between nurse and client.

We found that sites with higher retention rates spent significant time with clients on goal setting and achievement. Moms were more likely to stick with the program when nurses worked closely with clients to identify and meet short- and long-term goals for themselves and for their families. This led us to ask how we might build from this success by using technology to better support goal setting and track clients' progress.

Not surprisingly, nurses worried that using an app could dilute and depersonalize the mom-nurse relationship. To address those concerns, Hopelab's design team invited and integrated nurses' input on how technology could be harnessed to strengthen the mom-nurse connection and not be viewed as a replacement for vital human connection.

As a general rule, this phase moves faster if nonprofits use digital surveys to gather feedback. In a study we conducted last spring of 159 nonprofit leaders, just 55 percent said they use digital surveys to solicit client feedback, and many still used paper surveys.

Step 2: Developing and Testing Prototypes

Armed with an understanding of the landscape, the next step was to build and test potential digital solutions. Prototypes were tested in four areas: how they affect

outcomes; how easy they are to use; their appeal to clients and staff; and the organization's ability to build, implement, and maintain the new technology.

Few nonprofits have the capacity to build and test digital tools. And design and technology firms that specialize in social services are in short supply. That means nonprofits may need to engage commercial firms, as was the case for Nurse-Family Partnership. The nonprofit chose [Ayogo](), a Vancouver, B.C.-based firm whose commercial business focuses on engaging patients in their own care and whose staff is well versed in the principals of behavioral science.

The three partners — Nurse-Family Partnership, Hopelab, and Ayogo — worked together to create a tool that addressed the most important opportunity identified during the discovery phase: the need to help clients set and attain their goals and ways for nurses to track their clients' progress over time.

Working with moms, nurses, and program administrators, a prototype nurse-client app called [Goal Mama]() was developed. The app provided tools for moms to handle tasks such as setting and tracking pregnancy goals, getting resources about healthy pregnancies and parenting skills, scheduling and getting automated reminders about upcoming visits, sharing emerging needs with nurses between visits, and sharing tips with other moms.

To test the app, five nurses and 40 moms were recruited from one of Nurse-Family Partnership's California partners — the Contra Costa Department of Public Health — to assess how the platform worked in the real world. The app was fine-tuned in response to their feedback, and a larger five-site test was conducted, which included 42 nurses and 300 moms across the country. That test uncovered a key finding: Some moms found it easier to bring up sensitive topics over the app, which helped nurses better prepare themselves to address those issues at the next meeting. Additionally, the original design assumed nurses would want to use the app on their office computers, but both moms and nurses expressed a preference for a mobile app,

leading to the creation of a mobile version for nurses before the product was more widely distributed.

Step 3: Distribution

A national roll-out of Goal Mama was the next step. This took a significant push from Nurse-Family Partnership's leaders, including the creation of a new product-management role for tracking and using metrics to inform ongoing changes and improvements to Goal Mama and to work with Ayogo to implement those optimizations.

The organization's roll-out plan included in-person training of nurses across the country and the development of an online distance-learning curriculum for nurses unable to attend in-person training. Getting the training right also took some iterative cycles of testing and refining to make sure nurses were getting the support and information they needed to make the roll-out a success.

The distribution strategy also included building enthusiasm across a range of critical stakeholders. Sharing stories about the design process and insights from moms and nurses in the pilot helped create believers and champions and increased buy-in. When resistance surfaced, Nurse-Family Partnership welcomed questions and responded quickly. Feedback was also collected during this phase from users and everyone else who wanted the digital effort to succeed, resulting in product improvements such as app notifications (critically helpful during Covid-19) and better app integration with existing data-collection platforms used by nurses in the field.

To date, Nurse-Family Partnership has introduced Goal Mama to 174 of its 270-plus partners and trained more than 1,500 nurses to use the app. More than 7,000 moms have begun using Goal Mama, a strong start toward the goal of expanding to 25,000 first-time moms by the end of 2021. The organization has also started several other digital efforts, including advertising via Spotify and Pandora to attract new moms, and employing the platform [Listen4Good](#) to collect anonymous feedback on its services.

As Nurse-Family Partnership's experience demonstrates, technology tools can help nonprofits deliver essential services more efficiently and effectively. Nonprofits of all stripes should consider upgrading their digital practices, but especially those that provide essential services such as food, shelter, and mental and emotional support.

Making these changes won't be feasible without adequate financial support, and philanthropic funding for technology infrastructure improvements remains all too rare. Foundations need to rethink how to help grantees make this important and long-overdue shift in how they provide services in the digital age. And they need to be willing to spend what it takes to get the job done.

We welcome your thoughts and questions about this article. Please [email the editors](#) or [submit a letter](#) for publication.

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