
Utilizing Journey Mapping to Evaluate Youth Programs and Social Service Systems: Case Studies

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Background: Journey mapping is a method that is relatively new in the field evaluation and social science, but is promising in that it is inherently person-centered and systems-oriented.

Purpose: This article shares three case studies of how journey mapping has been used in program evaluation to offer practical insights into how the method looks in practice and lessons learned by evaluators.

Setting: Not applicable

Intervention: Not applicable

Research Design: Journey mapping.

Data Collection and Analysis: Focus groups and interviews were utilized for data collection; key themes were summarized and ratings were averaged for each step in the journey.

Findings: Journey mapping should be further utilized in evaluation and social science; it grounds the evaluation in the lived experiences of those moving through systems and programs and forces evaluators, program managers, and other stakeholders to view these experiences holistically. Gaps in systems and services offered are easily identified through the method.

Keywords: *journey mapping; evaluation design; person-centered evaluation; systems thinking*

Introduction

In the nonprofit and social service sectors, individuals and families often interact with complex programs and systems to meet their needs. These programs and systems can be incredibly challenging to navigate, which leads to poor experiences and outcomes. Evaluators can help organizations and entities within these systems make improvements by using the person-centered, systems thinking approach of journey mapping. Journey mapping places the user at the core of the evaluation, ensuring that participant needs and system gaps are highlighted rather than missed and that holistic approaches to fixing systems are identified. This method inherently forces evaluators and key stakeholders to step back and reflect; these benefits make journey mapping a unique methodology that should be applied more frequently in evaluation and social science.

Journey mapping is relatively new to program evaluation and social science, having originated from market research in the business sector. In the journey mapping method, individuals who have gone through a program or system provide feedback on the process in a chronological way, highlighting successes and challenges they have encountered through the process. In the business sector, journey mapping has been utilized to follow a customer's experience with a company by highlighting touchpoints, for example, a customer's experience parking, interacting with retail staff, making a purchase decision, checking out, etc. Within the realm of program evaluation and social science, these touchpoints instead highlight points at which an individual or family has interacted with a program or social service system. Journey mapping an individual's experience with a program in the nonprofit or public sector looks similar to mapping a customer's experience in the private sector, though journey mapping of a service system is more expansive, as it looks across organizations and institutions to understand a holistic experience. It has been used increasingly in recent years to improve education, youth development, human services, health care and related programs and systems to make a greater, more positive impact on families receiving services by getting direct feedback on what works well and what can be improved, and to identify specific points in the system that are working well and those that are "pain points," where some improvement is needed.

This article provides an overview of journey mapping and three case studies about how two organizations, the University of Minnesota

Extension and Wilder Research, have used journey mapping to inform program and system changes.

Overview of Journey Mapping

The journey mapping method provides a chronological and visual depiction of the ways in which individuals and families experience a program or system (Rosenbaum et al., 2016). It highlights key touchpoints (points of contact with program or service system users) along the journey in which people interact with programs or systems, and collects information from these participants to identify successes, challenges, and experiences at each touchpoint. Ultimately, the journey map should provide a clear visual of how individuals and families commonly move through a program or system, and which touchpoints are more and less effective. This allows programs and systems to identify which touchpoints can be improved to make the biggest positive difference on participants and participant outcomes.

Common methodological steps for journey mapping include stakeholder identification of key touchpoints, collecting data to understand participants' experiences with each of these touchpoints, analyzing collected data to understand themes and common experiences, and identifying strengths and opportunities for improvement for the business, program, or system in question. It is often conducted retrospectively and benefits from that timing, as respondents are able to reflect on the entirety of the journey before providing specific reflections on any individual step. Later experiences in a journey may alter how an individual thinks about earlier stages of the journey; because of this, holistic reflection is an important piece of the journey mapping method.

Journey mapping is inherently person-centered; it is commonly referred to as a "user experience study" (McDonald et al., 2017). It compels evaluators, researchers, and program or system stakeholders to see the program or system through the eyes of the client or participant (Rosenbaum et al., 2016). In addition to being a person-centered method, it is also a useful method for systems thinking; the method allows evaluators not only to understand the highs and lows of different components of a system, but also to achieve a higher-level understanding of how the system is functioning. As Hassmiller Lich et al. (2017) describe, this systems thinking approach allows evaluators to "overcome the natural human tendency to simplify and resort to 'Band-Aid' approaches that can be unintegrated or superficial,

or to miss ‘unintended’ consequences of actions that undermine the effort over time” (p. 255).

This method has been used in the business sector for over 50 years, but it is just starting to be applied in the realm of social science and program evaluation (Silvert & Warner, 2019). There are several examples of journey mapping in the medical sector to improve patient experience and medical outcomes (Philpot et al., 2019; McDonald et al., 2017), including some with a focus on improving medical outcomes for communities that have been underserved by the health care system (Koski et al., 2017). It is also increasingly being used to examine public service programs, such as the Women, Infants, and Children (WIC) program (Panzer et al., 2017), and behavior-change programs, such as recovery programs for adolescents (Roarty et al., 2012).

The journey mapping method can and should be tailored to meet the needs and specific evaluation questions of the program or service system in question, as well as its users. This is particularly relevant in instances in which evaluators, researchers, and program or system stakeholders are interested in adjusting the program or system to better meet the needs of historically and currently underserved communities. For example, Koski et al. (2017) tailored their journey mapping method to embrace an Indigenous paradigm, as they applied the method to improving palliative care for a First Nation community in Canada. They utilized a two-eyed-seeing approach, in which they recognized the strengths of both Western and Indigenous worldviews, and altered the data-gathering process to be facilitated as a storytelling exchange in a circle. This shift in facilitation style and even just the logistics of the room setup allowed the sessions to be conducted in a way that felt more comfortable, authentic, and empowering for the Indigenous participants, and because of this, the results were inherently stronger and more person-centered.

The University of Minnesota Extension and Wilder Research have recently completed three journey mapping projects to better understand individuals’ and families’ experiences with systems and programs in a holistic way. Below we introduce each project, describe the applied methods, and offer lessons learned in each case about the use of journey mapping in education, youth development, and human services applied research and evaluation.

Case Study #1: Journey Mapping with First-Year 4-H Member Families (FYMF)

Overview

4-H is a youth development program offered through the Cooperative Extension Service, a community of about 70 land grant universities across the country. In Minnesota, this program is offered as an out-of-school club model through the University of Minnesota Extension and is open to all youth ages 5 through 19. The goal of 4-H is to develop citizenship, leadership, responsibility, and life skills through experiential learning programs and a positive youth development approach. In 2020, the Minnesota 4-H program served approximately 65,000 youth and was supported by about 18,000 local volunteers in 87 Minnesota counties.

A major part of Minnesota 4-H’s strategic plan has been to increase and retain enrollment among youth whose families are new to 4-H. While their number increases from year to year, first-year members still make up less than 20% of the overall enrollment. Findings from past survey evaluations have pointed out that many of these new member families often face difficulties navigating the program, and nearly half dropped out of the program by the end of their first year.

While statewide survey evaluations were able to capture important feedback, they lacked in-depth information on these first-year member families’ experiences because they did not follow the families’ experiences from beginning to end and did not capture the depth of information that qualitative research provides. After considering various evaluation options, the internal evaluation team determined journey mapping would be an excellent way to collect additional experience data to supplement what they already knew from statewide data. The team’s initial goal was to conduct the study at the state program level. However, they soon recognized program focuses, demographics, and circumstances could vary greatly from one county 4-H program to another, making fair direct comparisons impractical, and that it would make more sense to conduct the journey mapping at county program level.

Methods

The first journey mapping project for the 4-H program was completed in October 2019 with first-year member families in Dakota County. In 2019, Dakota County, had the largest 4-H program in the

state. At the time the study was being conducted, the program was in the middle of developing new strategies to attract and retain new members and families.

As part of the preparation, the internal evaluator invited several program staff from the county and across the state for a brainstorming

session, aimed at understanding a typical first-year member family's journey through the 4-H program. The goals of the meeting were to identify the key stages in the typical journey as well as the key touchpoints for each stage. Table 1 lists the results from this discussion.

Table 1. Examples of Experience Stages and Touchpoints Generated from the Brainstorming Session

Stage	Touchpoint
Pre-enrollment	UMN website
	County 4-H office (support staff)
	County 4-H Extension educators
	Club leaders
	After-school program
	Current 4-H families
	Invitation to a club meeting
	Community marketing event
	School/partnership event
	Social media (Facebook, Snapchat, Instagram, etc.)
Enrollment	Method of enrollment (paper, online)
	Project selection
Orientation	Welcome materials from staff or club leaders
	First club meeting
	New family handbook
	County newsletters
Club experience	A personal chat with old families
	Club leaders
	Club meetings
Activities outside of club	Youth leadership programs, Science of Agriculture, Engineering Design Challenge
	Summer camps
	Community service
	Project day
	Cloverbuds
	Preparing for County fair
County fair	Health certificate
	Premium book
	County fair meeting with families
	Fair entry registration
Reenrollment	Volunteering at food stands
	Project showing
Reenrollment	Enrollment method (paper, online)

Together with a 4-H program staff member from Dakota County, the internal evaluator then

scheduled a session for families to take part in the journey mapping process. Sixty families who had

just wrapped up their first year in the program were invited. A total of eight parents from eight families confirmed they would attend, but because of scheduling conflicts, only four parents attended the session.

The journey mapping meeting started by inviting each participant to brainstorm a list of touchpoints along their first-year 4-H journey and to write each of them on a sticky note. Given the amount of recall work required, the team suggested that participants use the list of touchpoint examples (Table 1) as a reference to help guide their own brainstorming.

Then, the internal evaluator asked each family to place their sticky notes on the wall, along a continuum or timeline, which he had broken down into stages from pre-enrollment to county fair and re-enrollment. He asked them to place each note in the position on the wall that corresponded to their rating of the experience: 1 (*horrible*), 2 (*poor*), 3 (*average*), 4 (*good*), or 5 (*awesome*). By the end of the rating activity, journey mapping participants had a draft visual that showed the high and low points of each family's experience (Figure 1).

Figure 1. Draft Journey Map Generated During the Meeting



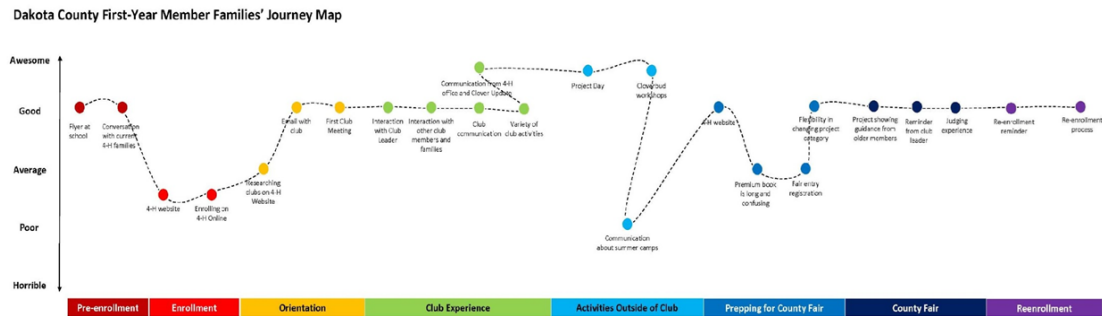
Then, the internal evaluator guided participants in walking through the whole map. The group reviewed each touchpoint, one by one, and discussed the reasons for their given ratings. By the end of the evening, the group gained a visual understanding of the participating families' first-year journeys through 4-H. The exercise allowed the internal evaluator to hear stories and feedback to inform and shape programming efforts and retention strategies that otherwise could have been missed.

Next, the internal evaluator and the Dakota County 4-H program staff reviewed and organized

the draft journey map to create an overall journey map that represented the views and experiences of all the families. Touchpoints that appeared similar or overlapping were combined, with their respective ratings averaged for group-level ratings. They also reviewed transcripts and notes taken during the session to identify key themes, stories, and feedback. The qualitative data was coded using Microsoft Excel, and the journey map was generated using Microsoft PowerPoint (Figure 2).

Findings

Figure 2. The Formalized Journey Map



Overall, families reported having a positive first year; however, their experiences were not without struggles. The lowest points of their experiences occurred primarily during the enrollment and orientation periods, summer camp registration, and, to a lesser extent, during the preparation for county fair showcases.

Families cited major confusion and difficulties during enrollment. They thought the enrollment form was too long and overwhelming. In particular, they found it extremely difficult to identify their children's project areas at enrollment. They reported knowing too little at that point to be able to make a sound decision about such plans. While they reported having referred to the Minnesota 4-H website for ideas, they found the website was not user-friendly and reported having had trouble locating important 4-H program and project information.

Locating which club to join was another major challenge reported. The list of nearest clubs was not readily available on either the state's or the county's 4-H website. While they were able to get suggestions and advice from local program staff, they thought the whole process could have been made a lot simpler.

Additionally, the families asked for better communications about popular events such as summer camps, which typically fill up quickly. They recommended that Dakota County 4-H send out advance notifications regarding new program offerings and their registration dates so that they could be better prepared.

Other areas of improvement proposed by the families were related to the preparation for the

county fair showcases. They included a revamp of the project premium book, whose format they found unattractive and hard to navigate, and a simplification of the fair entry registration process.

Case Study #2: Journey Mapping for the Deaf and Hard of Hearing Services Division (DHHSD) of the Minnesota Department of Health

Overview

Minnesota has a robust system of services intended to support young children who are deaf and hard of hearing and their families. This includes services delivered through three state agencies, and an array of nonprofit organizations and community groups that provide parent-to-parent support, medical care, amplification services, and a variety of other resources. The Minnesota Department of Health wanted to know more about the experiences of families as they navigate through this complex system in order to strengthen approaches and practices to better support the needs of these families. The study focused on families who might have particular challenges navigating the system due to language barriers or cultural differences, including families who are African American,

Hmong, and Latinx,¹ as well as families who primarily use American Sign Language (ASL) at home (i.e., the parents are deaf). Wilder Research originally attempted to also recruit Somali families to participate in the study; however, they were unable to successfully do so due to staffing changes and the start of Ramadan.

This section describes the process and lessons learned from the journey mapping method Wilder Research conducted on behalf of the Minnesota Department of Health to learn more about where in the system families encountered successes and challenges or barriers.

Methods

A study advisory group with representatives from the Minnesota departments of health and education, the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing, and Minnesota Hands and Voices (MNHV), an advocacy organization, was convened to assist the research firm with design and reporting. For the first step in the journey mapping process, the study advisory group defined a series of touchpoints for families with children who are deaf or hard of hearing to interact with the systems that serve them. Eight key system touchpoints were identified, including the family's identification of their child's hearing loss, experiences with doctors and the medical field, language and communication assistance, early intervention services, and school-based services.

Wilder Research documented these touchpoints and brief descriptions of each, which served as the basis for interviews and focus group questions for families with children who are deaf or hard of hearing. Wilder Research and the study advisory group also designed an interview protocol for key informants who work within the system, such as medical providers, audiologists, school staff, state government employees, policy experts, and others. Wilder Research staff provided the key system touchpoint document to families and key informants to reference during the focus groups and interviews.

In April and May 2019, Wilder Research staff interviewed 13 professionals who work in various parts of the system that serves families with

children who are identified as either deaf or hard of hearing. The primary goal of this step was to ensure that Wilder Research staff members fully understood all aspects of the system that families could encounter, with a particular focus on learning what they found to be the easiest and most challenging parts of the system to navigate.

Simultaneously, Wilder Research staff worked with MNHV to recruit 6 African American families, 6 Hmong families, 10 Latinx families, and 8 families who use ASL as their primary language to participate in a focus group or one-on-one interview. Focus groups and interviews were designed to explore families' experiences navigating the system of services and supports for their child or children who are deaf or hard of hearing and to rate their experiences in each phase of the journey. In order to participate in the study, a respondent had to be the parent or guardian of a child, age between birth and third grade at the time of the study, who is deaf or hard of hearing. Wilder Research wanted to capture families' experiences getting services during early childhood through the time when their children became school-aged.

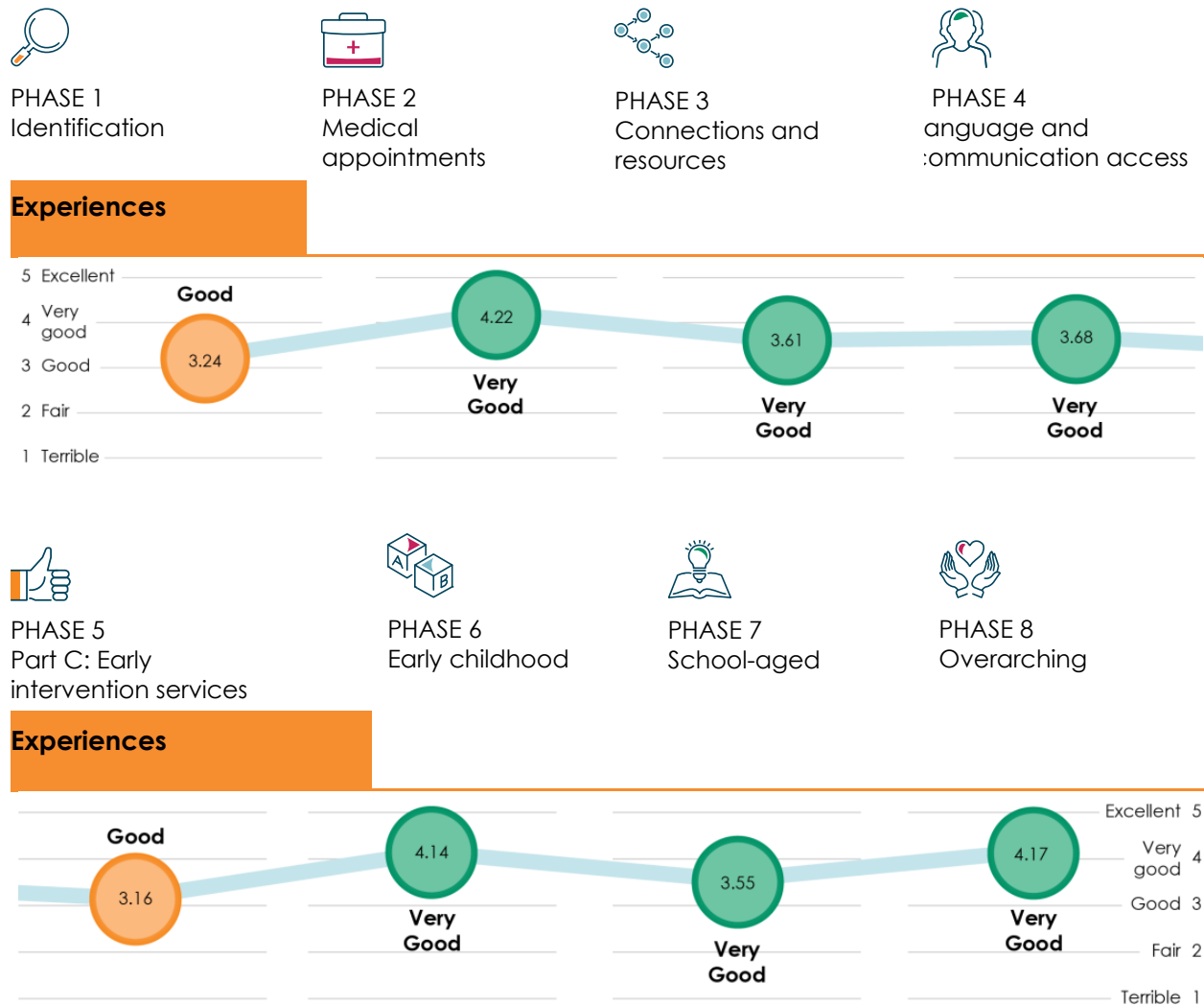
Parents provided an overall rating based on their experiences for each of the key touchpoints. A numerical value was assigned to each rating: 1 (*terrible*), 2 (*fair*), 3 (*good*), 4 (*very good*), or 5 (*excellent*). Respondents were invited to place their ratings for each phase on a blue sticky wall so Wilder Research staff and participating families could begin to visualize the map during each focus group. Respondents were asked follow-up questions regarding their ratings for each phase to collect qualitative data about their specific experiences and stories.

To create an overall journey map that reflected opinions and experiences across groups, Wilder Research averaged the ratings for each touchpoint and each focus group to get a group-level rating for each step along the journey. Next, research staff averaged the group-level ratings to get an overall rating across groups. A codebook was created based on key themes found in the qualitative interview and focus group data, and numerical codes were assigned to key themes. Coding was conducted using Excel. The data from these interviews and focus groups form the basis for the overall map.

¹ We realize that there is an ongoing debate in the Hispanic/Latino/x community regarding the meaning and use of the gender-neutral term "Latinx" versus

"Latino/Latina." For this study and reporting materials, we chose to use the gender-neutral term, as at the time, it was considered to be more inclusive.

Figure 3. DHHS Journey Map



Findings

Families with children who are deaf and hard of hearing face a variety of experiences while navigating the system of services and supports. During the identification phase of the journey (Phase 1), some hearing parents reported going through a grieving process when they first learned of their child’s hearing difference. However, D/deaf² parents expressed relief that their children had hearing differences like themselves. These parents

noted that medical providers should receive more education about Deaf culture to ensure that these families’ needs and preferences are addressed respectfully during the identification process. Among and African American parents also recommended more culturally responsive training for professionals in the field, especially training for medical providers regarding systemic racism and immigrant and refugee communities’ needs and K-12 educators.

² In this document, the lowercase “deaf” is used to discuss the audiological condition of not hearing, and the uppercase “Deaf” is used when referring to a

particular group of deaf people who share a language—American Sign Language (ASL)—and a cultural identity (Minnesota Hands and Voices, n.d.)

Parents from each of the focus groups reported feeling isolated, overwhelmed, and confused as they muddled through how to help their children and often said of service providers, “They don’t know what they don’t know.” Families recommended professionals in the system provide more information and education through a variety of methods, such as short online videos, apps, and other materials that are culturally sensitive and empathetic for families as they navigate these phases with their children. Families also suggested hiring more people to assist them as they navigate the medical and educational systems; in particular, these guides should be from relevant communities, including individuals who are D/deaf or hard of hearing and/or people of color.

Families emphasized the importance of connecting with other families who have children who are deaf or hard of hearing to help alleviate feelings of isolation and provide another system of support. They were grateful for the opportunities provided by community organizations and social media groups to help them get connected to families like theirs.

Case Study #3: Mapping the Journeys of Families Who Have Children with Autism Through Social and Human Services, Medical, and Education Systems for the Minnesota Department of Human Services

Overview

Wilder Research was contracted by the Minnesota Department of Human Services (DHS) Early Intensive Developmental and Behavioral Interventions (EIDBI) team to conduct a journey mapping project to better understand the path that families of children with autism go on as they seek out and receive services from medical, educational, and social services systems in Minnesota. This was one component of a larger evaluation of Minnesota’s new EIDBI benefit program, including assessments of access to the benefit and the outcomes of the high-intensity therapy it provided to children with autism. The EIDBI team planned to use this analysis to inform EIDBI program improvements and identify ways to improve the quality of life for children with autism and their families throughout the state of Minnesota.

In this study, Wilder Research aimed to understand the path that families of children with

autism go on from the point at which parents or caregivers begin to notice signs and symptoms of autism through their child’s entry into early adulthood. For this project, Wilder Research staff primarily focused on parents’ experiences, as many with autism are diagnosed in early childhood and are too young to provide input and feedback about their first years post-diagnosis, and complemented this with the perspective of stakeholders working to provide services to children with autism and their families in the medical, educational, and social services systems.

Methods

To start, Wilder Research worked with the EIDBI team to develop a key systems touchpoint document that illustrates the path that families might take once they have identified signs and symptoms of autism in their child. This journey looks different for each family; for example, some might pursue a medical diagnosis of autism but not an educational identification, or some might need more services and support if their child is in need of more assistance. This key systems touchpoint document did not aim to show the pathway for all families; rather, it intended to exhibit each touchpoint that a family might encounter within the service system and a pathway that reflected which step might follow. These limitations were acknowledged when introducing the document to system professionals and parents.

A group of system professionals who served on a learning collaborative, which is an advisory group to the overall evaluation, reviewed and finalized the key systems touchpoint document. Once the document was finalized, Wilder Research staff began interviewing system professionals to understand their roles in the system and their perceptions of successes and challenges parents face at each touchpoint. Staff interviewed nine system professionals, using an interview protocol similar to the one used for parents to allow for comparisons between families’ and professionals’ experiences of the touchpoints.

Originally, Wilder Research staff planned to conduct a series of focus groups with parents, specifically focused on the perspectives of Hmong, Somali, American Indian, and Spanish-speaking parents of children with autism, because these communities have historically and currently been underserved by the service system in Minnesota, and Hmong and Somali communities are some of the largest groups of new immigrants in the state. However, data collection was slated to begin in mid-March 2020, which coincided with the onset of

the COVID-19 pandemic. Anticipating a need to respond to public health guidance, Wilder Research and the EIDBI team shifted the plan in February 2020 to conduct individual phone-based interviews with parents rather than focus groups.

Wilder Research worked with the EIDBI team and the project's learning collaborative to recruit parents of children with autism; the evaluation team also used social media to recruit parents via partner organizations. Ultimately, Wilder Research interviewed 83 parents of children with autism. These interviews focused on the experiences these families have had through all parts of the system that they have encountered, including high points and low points in their experiences. Respondents also provided an overall rating based on their experiences for each of the key touchpoints. A numerical value was assigned to each rating: 1 (*terrible*), 2 (*poor*), 3 (*fair*), 4 (*good*), or 5 (*excellent*). The ratings were added together to calculate an average overall rating for each touchpoint or "phase." Some respondents had more than one child on the autism spectrum. For these families, the evaluation team asked that they provide an overall rating for each phase that took into account all experiences they had with all of their children who have autism.

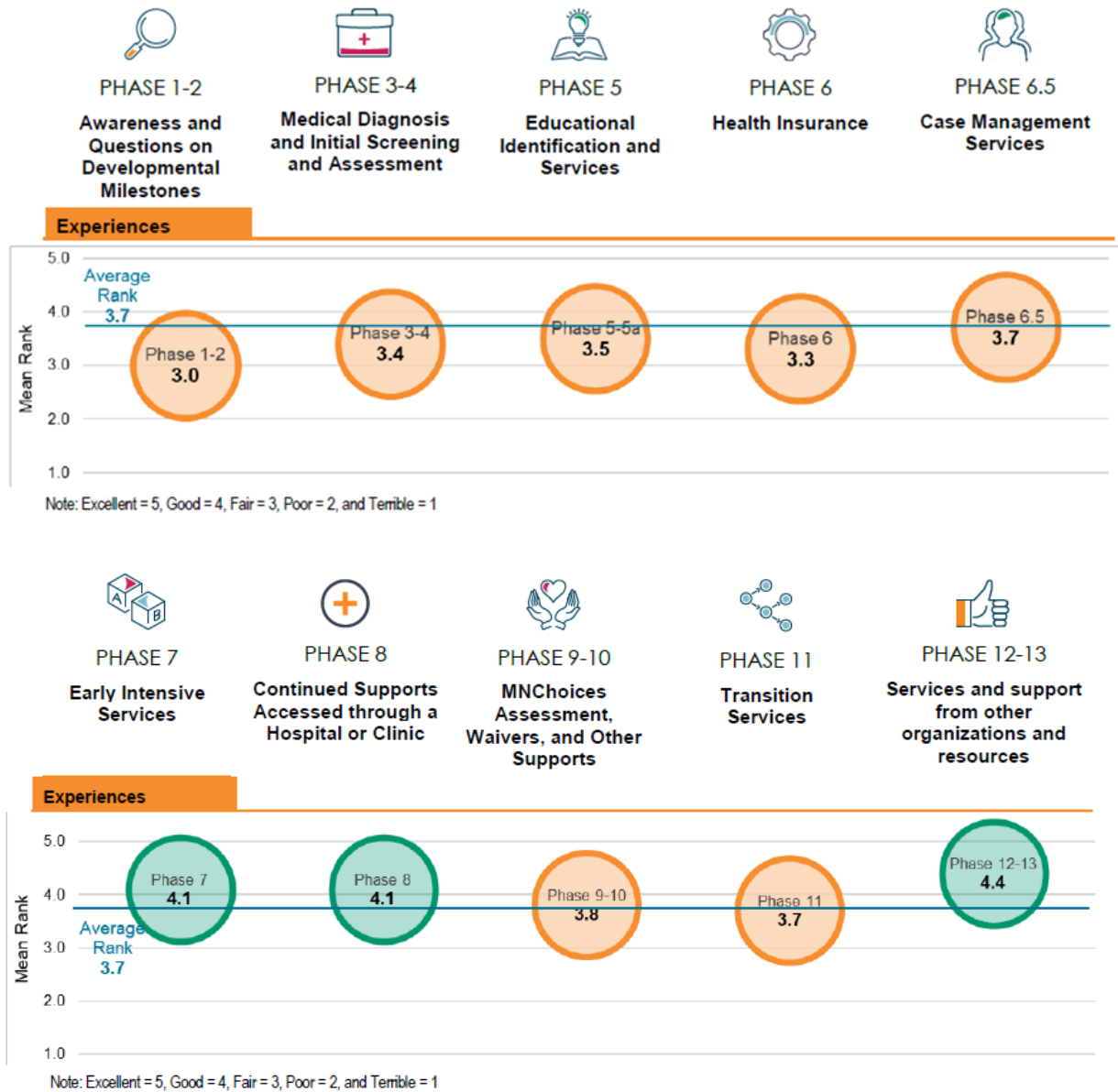
Notes and transcripts from the interviews with parents and caregivers of children with autism were coded using Atlas.ti. Wilder Research staff conducted two rounds of interrater reliability testing to ensure consistency in the coding process.

A codebook was designed using grounded theory, as codes were created based on data collection team members' discussion of key themes and common respondent experiences. Wilder Research's co-leads both coded the same interview protocol independently with a pre-established codebook. They compared codes, discussed discrepancies, and made updates to the codebook based on conversation. The project co-leads then independently coded a second interview and sought a minimum 80% consistency in codes used. This threshold was met after the second round of interrater reliability testing, and the co-leads expanded the analysis team to include two other evaluators within Wilder Research. Each co-lead used the same process with one new analysis team member, again seeking a minimum 80% consistency in codes used. After the team reached this threshold, they began independently coding the remaining interviews. The analysis team was in consistent communication with one another to address questions about the interviews they were coding.

After staff from Wilder Research completed coding, they then examined which codes were most common within each phase of the system, as grouped in the report below. This process was also used to understand how key themes were similar or dissimilar based on the child's demographic characteristics, including age, geography, gender, and race/ethnicity.

Findings

Figure 4. Journey Map of Families Who Have a Child on the Autism Spectrum



Through the journey mapping process, the evaluation team identified that parents rated the period when they had questions about their child’s development but had not yet received a diagnosis of autism as the most challenging part of their journey. They spoke about the emotional difficulty of not having answers or being dismissed by health care providers and other experts when they sought a diagnosis for their child. Average ratings of their experiences with the system generally improved

once they were able to receive a diagnosis and as they got more familiar with the types of services and benefits available to their family. Families’ experiences with health insurance received the second-lowest rating across the identified touchpoints. Parents were most positive about their experiences with advocacy organizations and other types of resources and support that are not directly tied to the social service, education, or medical systems.

Journey mapping allows evaluators and stakeholders not only to identify experiences within these touchpoints, but also to learn about the process of moving from one touchpoint to another and the positive and negative experiences families have in seeking and accessing care across different systems. Across all the phases that families encountered as they sought services and benefits for their children with autism, staff from Wilder Research consistently heard from parents that the system operates in a disjointed way, making it difficult to understand what comes next for a family or what options are available. Additional navigation support could help families feel more control over their journey and would allow for greater understanding of the system and the ways in which it operates.

Wilder Research staff also consistently heard from parents that they felt they must already have the “right words” or some insider information about the system in order to be able to access the services their children needed. Rather than system professionals proactively offering services and benefits that might help a family, parents often felt they needed to know the “password” to be given access to these options. For example, a parent might express how exhausted they are by their caregiving responsibilities, but unless they use the word “respite,” they will not be connected to those services.

Additionally, parents often discussed feeling as though they were “fighting” the system, or operating in survival mode. These experiences took a substantial toll on families, causing them additional stress and reducing their overall quality of life. Because they felt they were constantly fighting the system, other barriers, such as delays to accessing care or extensive paperwork, could become breaking points, causing families to give up on accessing services and benefits. Because the evaluation team used the journey mapping method for this project, we were able to both understand which touchpoints were more positive (early intensive services and services and support from other organizations and resources) and which were more negative (the period of time when they were questioning if their child had autism), as well as see a more holistic picture of how parents moved from one touchpoint to another and the successes and challenges of those movements between touchpoints. See Figure 4 for the completed journey map, with average ratings provided for each key system touchpoint. Touchpoints with an average rating lower than the aggregate average rating (from across all touchpoints) are in orange, and touchpoints with an average rating higher than the aggregate average rating are in green to allow

readers to easily identify which touchpoints were experienced more positively and more negatively than others.

Lessons Learned

Based on the University of Minnesota Extension and Wilder Research’s experiences with the journey mapping method, we, the authors, offer the following lessons learned, with hope that these lessons will help other evaluators and researchers as they implement the method.

Methodology

We encourage evaluators to determine a focused scope for each journey mapping study at the outset. This includes identifying a specific period of time or set of experiences that respondents should reflect upon. Our evaluation teams ran into scope-related challenges on these projects; for example, within the Early Intensive Developmental and Behavioral Interventions (EIDBI) project, our interview protocol was challenged when families had more than one child with autism. These parents often had two drastically different experiences with the system, as they learned how to navigate the system and utilize resources with their first child, making their experience with their second child easier. For this reason, if we were to do the project again, we would likely ask parents to only reflect upon their experiences with their first child. Within the First-Year 4-H Member Families (FYMF) project, families sometimes struggled to reflect upon the previous year’s experiences with 4-H; if we were to do the study again, we would narrow the scope and focus of the project. Instead of making families look back at the previous year, we could set the study to focus on new families’ experiences in the current year and split the study into two rounds, with one done at the end of the first half of the year and another at the end of the year. Doing so would allow us to collect feedback that would help our program staff make more effective and timely changes. Second, given the varied program levels in 4-H, it would be most useful to conduct separate journey mapping sessions with families from each level to compare and contrast their experiences. With more focused study scopes, respondents would have an easier time responding to focus group and interview questions, and evaluators would have an easier time interpreting results of the study.

Additionally, we recommend evaluators using the journey mapping method be intentional about measurement and ranking scales. In our experiences, respondents tended to give ratings

near the middle of the scale. This was particularly prevalent in the deaf and hard of hearing journey mapping project, which could be due in part to social desirability bias within focus groups. In these cases, respondents may not have wanted to say anything too negative about any one phase in front of strangers they only just met. We also recognize that people from some cultural groups may be less likely to discuss negative feelings when in a group setting, which could have also contributed to a social desirability bias. We encourage evaluators to give several ranking options that reflect negative experiences; the scale used for this project was a bit slanted toward “good” ratings: 1 (*terrible*), 2 (*fair*), 3 (*good*), 4 (*very good*), or 5 (*excellent*). Another rating option between *fair* and *terrible* could be added to even out the scale. Evaluators should also work to facilitate a space that feels welcoming for those who wish to share negative experiences.

Recruiting Respondents

We recommend evaluators become very familiar with the context of what potential journey mapping respondents are experiencing in real life and make accommodations to meet these respondents in convenient ways. The EIDBI journey mapping project intended to meet with parent support groups at previously scheduled times to conduct journey mapping sessions; however, because the COVID-19 pandemic began at around the same time as data collection was slated to begin, the evaluation team shifted from conducting focus groups to doing interviews. Because families were forced to physically distance from others, many support networks for families of children with autism were weakened. We believe this contributed to our difficulty in recruiting BIPOC (Black, Indigenous, people of color) families. Absent the pandemic, we would have been able to visit support groups for cultural communities we aimed to hear from, but physical distancing guidelines broke up those support groups. Further, we know that the pandemic exacerbated existing disparities between White and BIPOC communities; BIPOC communities were more radically disrupted by the pandemic and thus less likely to have 90 minutes to commit to an interview.

Similarly, for the deaf and hard of hearing journey mapping project conducted by Wilder Research, we were unable to recruit any Somali focus group participants, due to staffing changes at our partner community organization as well as Ramadan, which was happening during the data collection window and limited Somali community members' time and capacity to participate in this

study. In hindsight, we should have offered individual interviews to these families earlier on in the project, prior to Ramadan, in order to get their perspective.

In the FYMF project, we were not able to recruit as many people as we had hoped, due to scheduling conflicts and possibly a lack of interest. To address the issue of scheduling conflicts, we could have organized multiple sessions so that families could choose the one that worked best for them. As a future recruitment strategy, we are considering using incentives (e.g., gift cards, program registration fee waivers, or discounts) to encourage more participants to take part in our journey mapping activities.

In all types of evaluation projects, including those that use journey mapping, we should strive to understand the realities of potential respondents and tailor the recruitment strategy to be amenable to those factors.

Analysis

We encourage those interested in using the journey mapping method to create a data analysis plan that is appropriate for the project and balances rigor with pragmatism in this applied, improvement-oriented process. The analysis process used for the EIDBI journey mapping project was time and labor intensive and difficult to do in a remote work context, but ultimately made the reporting process go more smoothly. By taking detailed notes and cleaning up the notes into memo-like correspondence among team members throughout the process, the project's co-leads were able to integrate themes and specific quotations that highlighted the themes in reporting. Putting more effort on the front end of the analysis process helped the remaining coding go more smoothly and consistently than if we had not done rigorous interrater reliability testing. We also have a greater degree of confidence in the study's findings, which was important given the gravity of the subject matter.

Reporting and Dissemination

Evaluators should consider the format of their report and the way in which they visualize the results of the evaluation. One thing evaluators should consider is how the averaging of respondents' scores inherently pulls an aggregate rating toward the middle of the rating scale, which can minimize the vast differences between some individuals' and families' experiences with programs and systems. Evaluators could consider

including not only the average score of the group ratings, but also the highest ratings and the lowest ratings from each group or frequencies in how respondents rated their experiences with different touchpoints.

Furthermore, it is important to include and examine the qualitative data and stories behind these ratings, as experiences vary between groups. In reporting, we provided quotes and anecdotes, which illuminated group differences and allowed readers to get a deeper understanding of these experiences beyond the data visualization.

Journey mapping results are conducive to improvement-minded conversations with stakeholders from various stages of the program or system. By identifying concrete areas to improve within and between touchpoints, these stakeholders can determine ways they can work within their field to improve their touchpoint or ways to work with others to improve transitions between touchpoints. Evaluators who have done a journey mapping project can facilitate these conversations as neutral, external parties who are deeply familiar with the experiences of program or system participants.

While evaluators should and often do strive to share results from evaluation and research with those who participated in the work, it is especially important to do so in cases in which data collection processes are emotionally difficult and draining for respondents. We believe it is even more important to share information back with respondents if they indicate the journey felt disjointed or was confusing to navigate. In these cases, mapping families' journeys may be beneficial not just to decision makers within systems or programs, but also to families currently going through the journey.

We sought to do this type of sharing back within the EIDBI project, in which staff from Wilder Research took concerted steps to explain each step of the journey in plain language, including descriptions of necessary steps families must take to access services and benefits. The data collection team asked respondents if they would like a copy of the report once it had been finalized; nearly all respondents indicated they would like a copy. Staff from Wilder Research shared a pdf of the final report with all of these respondents, with a note that stated they hoped the report could provide a helpful guide to the complex system of services and support for families of children with autism and encouragement that respondents share it with their networks. The information gleaned in the journey map was used in real time by the EIDBI evaluation team. Concurrent with our data collection and analysis efforts for the journey mapping project, we worked with DHS to create an infographic with

easy-to-understand information for families about how to access services and support. These infographics were informed by what we were hearing in interviews with parents about the difficulties they faced.

Debriefing

We highly recommend designating time at focus groups and interviews for respondents to debrief their experiences with these systems. For the deaf and hard of hearing project, we received feedback from Black and African American focus group facilitators that they needed more time with their groups because some of the respondents had been traumatized during their journeys by systemic racism and ableism. For example, one African American family who had a deaf child recalled the experience of having child protective services called on them for no apparent reason. One suggestion by focus group facilitators was to allow time for respondents to debrief after the focus group questions have been asked—a step that is both ethical and beneficial in helping respondents to process their experiences.

Similarly, interviewers and focus group facilitators should also plan to debrief internally with each other and project team members after completing these data collection methods, as these interviews and focus groups can be emotionally taxing. Interviewers and facilitators should not schedule too many interviews that are emotionally taxing in one day, to give themselves time to process. Regular team meetings should also be scheduled in order for interviewers to discuss and process these feelings and for the research staff to start making note of key themes.

Impacts of Journey Mapping

As mentioned, journey mapping projects are conducive to organizations' and systems' identification of concrete areas to improve programming and service provision to improve the experiences of participants and clients. The projects discussed in this article were all completed to directly influence the way programs and systems operate to serve individuals. Results from EIDBI journey mapping were disseminated not only to staff working to administer the EIDBI benefit at DHS, but also to the director of the Minnesota Department of Human Services' Disability Services Division and the learning collaborative of experts across the system. These experts and benefit administrators took particular note of the areas for improvement identified in the evaluation and

discussed potential changes to improve the experiences of families with our team of evaluators.

Findings of the FYMF journey mapping were shared with all Dakota County 4-H program employees as well as the Minnesota 4-H leadership team, since the feedback received applied to both county and statewide system levels. Both groups were pleased with the results and have begun planning and making adjustments to some of the key touchpoints to improve the program experiences of new 4-H families.

Similarly, the Minnesota Department of Health Deaf and Hard of Hearing Services Division reviewed the journey map with key stakeholders and the study advisory committee. This project contributed to a gaps analysis that is used to determine where the greatest needs for services and supports are among D/deaf and hard of hearing individuals and to monitor progress by the Minnesota Commission of the Deaf, DeafBlind, and Hard of Hearing (MNCDHH). This was also included in their five-year collaborative plan for serving youth from birth through age 21.

Conclusion

The journey mapping method offers an opportunity to evaluators and researchers to walk alongside those working with a program or system to understand how the program or system functions, and its successes and weaknesses. Evaluators at the University of Minnesota Extension and Wilder Research conducted three journey mapping projects and, through those processes, learned of challenges associated with the method and ways in which evaluators and researchers can approach those challenges to achieve more meaningful findings and better experiences for participants. Particularly because of the relatively new use of this method to applied research and evaluation, we encourage researchers and evaluators to share similar case studies or lessons learned from journey mapping projects they have completed.

References

- Hassmiller Lich, K., Brown Urban, J., Frerichs, L., & Dave, G. (2017). Extending systems thinking in planning and evaluation using concept mapping and system dynamics to tackle complex problems. *Evaluation and Program Planning, 60*, 254–264.
- Koski, J., Kelley, M., Nadin, S., Crow, M., Prince, H., Wiersma, E., & Mushquash, C. (2017). Analysis of journey mapping to create a palliative care pathway in a Canadian First Nations community: Implications for service integration and policy development. *Palliative Care: Research and Treatment, 10*, 1–16.
- McDonald, K., Su, G., Lisker, S., Patterson, E., & Sarkar, U. (2017). Implementation science for ambulatory care safety: A novel method to develop context-sensitive interventions to reduce quality gaps in monitoring high-risk patients. *Implementation Science, 12*(79).
- Minnesota Hands and Voices. (n.d.). *American Deaf culture*. <https://www.lssmn.org/mnhandsandvoices/resources-information/american-deaf-voice/>
- Panzer, A., Bryant, C., Hawkins, F., Goff, R., Napier, A., Schneider, T., Kirby, R., Coulter, M., Sappenfield, W., Baldwin, J., & O'Rourke, K. (2017). Mapping a WIC mother's journey: A preliminary analysis. *Social Marketing Quarterly, 23*(2), 137–154.
- Philpot, L., Khokhar, B., DeZutter, M., Loftus, C., Stehr, H., Ramar, P., Madson, L., & Ebbert, J. (2019). Creation of a patient-centered journey map to improve the patient experience: A mixed methods approach. *Mayo Clinic Proceedings: Innovations, Quality, & Outcomes, 3*(4), 466–475.
- Roarty, L., Wildy, H., Sagers, S., Conigrave, K., Wilson, M., Di Nicola, K., Webb, J., & Faulkner, J. (2012). 'My Journey Map': Developing a qualitative approach to mapping young people's progress in residential rehabilitation. *Contemporary Drug Problems, 39*(4), 715–733.
- Rosenbaum, M., Losada Ojalora, M., & Contreras Ramirez, G. (2016). How to create a realistic customer journey map. *Business Horizons, 60*(1), 143–150.
- Silvert, C., & Warner, L. (2019). Using journey mapping within Extension: A tool for supporting behavior-change programs. *EDIS, 2019*(2).