

An Introduction to Results-Based Accountability

PIH United States

November 2023



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- What is Results-Based Accountability (RBA)?
 - Why RBA for PIH-US?
- What are the components of RBA?
- What are some applications of RBA within PIH-US?
- What are additional examples of RBA at work?
- How does RBA fit into the M&E process?
- Discussion

RBA Presentation Goals

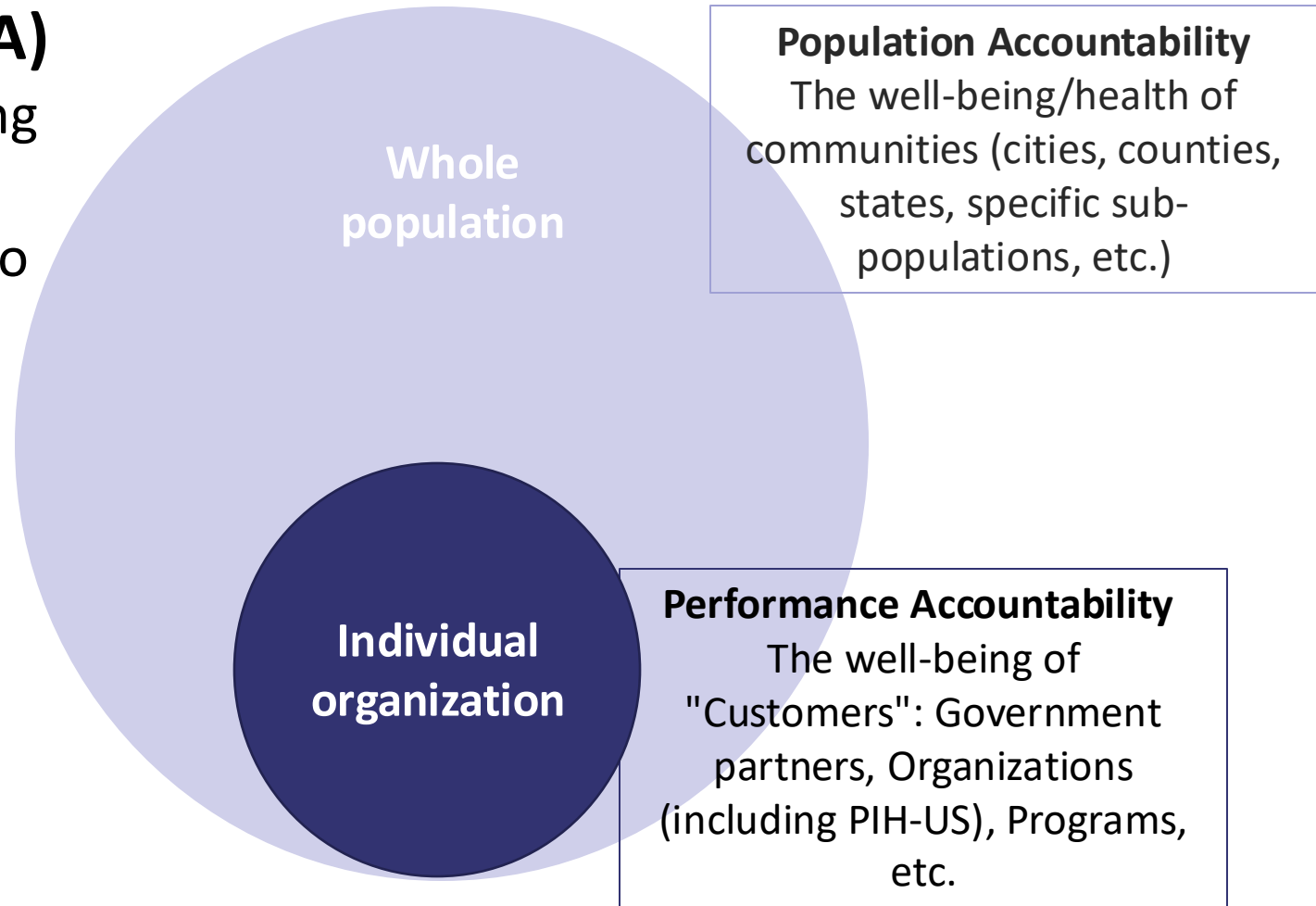
- To build basic understanding and baseline knowledge of RBA concepts
- To demonstrate how RBA would fit into the M&E process
- To highlight questions and/or concerns from teams

What is Results-Based Accountability & Why RBA for PIH-US?

What is Results-Based Accountability (RBA)?

Results-Based Accountability (RBA)

is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities. RBA is also used to improve the performance of programs or organizations.



PIH-US Adoption of RBA: Integration of program management, measurement, and learning

- RBA is a good fit for measurement and program management due to the **ways sites work with partners** and in **alignment with collaborative infrastructure** approaches
- RBA **does not supersede** established ways of working, it provides **consistent structure and flexibility** to **support partner needs in various contexts**
- RBA proposes core principles and components for **effective program management** and **measurement**, which are essential for teams to adopt

RBA works well for:

- Multi-stakeholder engagements or collaborations
- Transparent, trust-based processes
- Projects/programs seeking to contribute to ambitious systems-level change, which REQUIRE multi-stakeholder engagement

Results-Based Accountability: One idea to unite PIH-US

Simple and intuitive approach for managing and measuring our work:

- Promotes **common language** among stakeholders (jargon-free, inclusive)
- Starts with **goals** and works backwards to **means**
- Highlights **shared accountability** within a system (compatible w/ collaborative infrastructure, collective impact, other frameworks)
- Adopting this orientation gives PIH and our partners **specific, relevant, realistic, and focused measures** for understanding whether or not progress is being made at the organizational and population level.

<https://raguide.org/>

Population vs. Performance Accountability

RBA connects
program/organization
performance to population-
level well-being results

**Community Leadership
Responsibility:** to bring
together the necessary partners
to make progress at the
population level

Population conditions for
which the program shares
responsibility



Performance conditions for which the
program owns responsibility

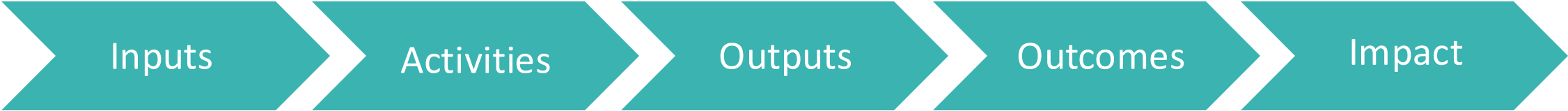
Results-Based Accountability in context: PIH-US M&E evolution

Recall our Ambitious aims for 2024:

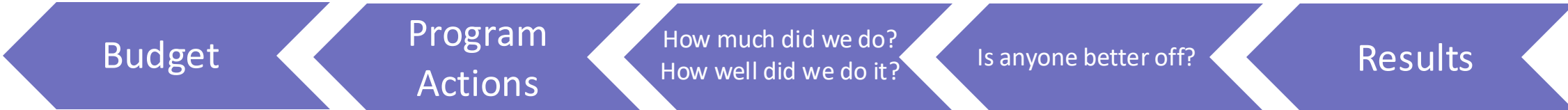
- RBA!** • Place primacy on defining, agreeing, and regularly reflecting on shared goals with partners as the basis for a robust system of accountability
- RBA!** • Shift (further) away from conceptualization of M&E as a necessary add-on to routine work—>towards a more integrated approach for managing routine work
- RBA!** • Anticipate and track specific outcomes within and across the three strategic areas (while remaining flexible to detect unanticipated outcomes)
- RBA!** • Recalibrate reporting expectations with partners
- Support the development of site teams to seriously consider ambitious evaluation opportunities (e.g. Social Network Analysis)

Evolving M&E system from Logic Model to RBA Approach

Traditional Logic Model: Where our M&E approach has been focusing (mostly Inputs, Activities, and Outputs)



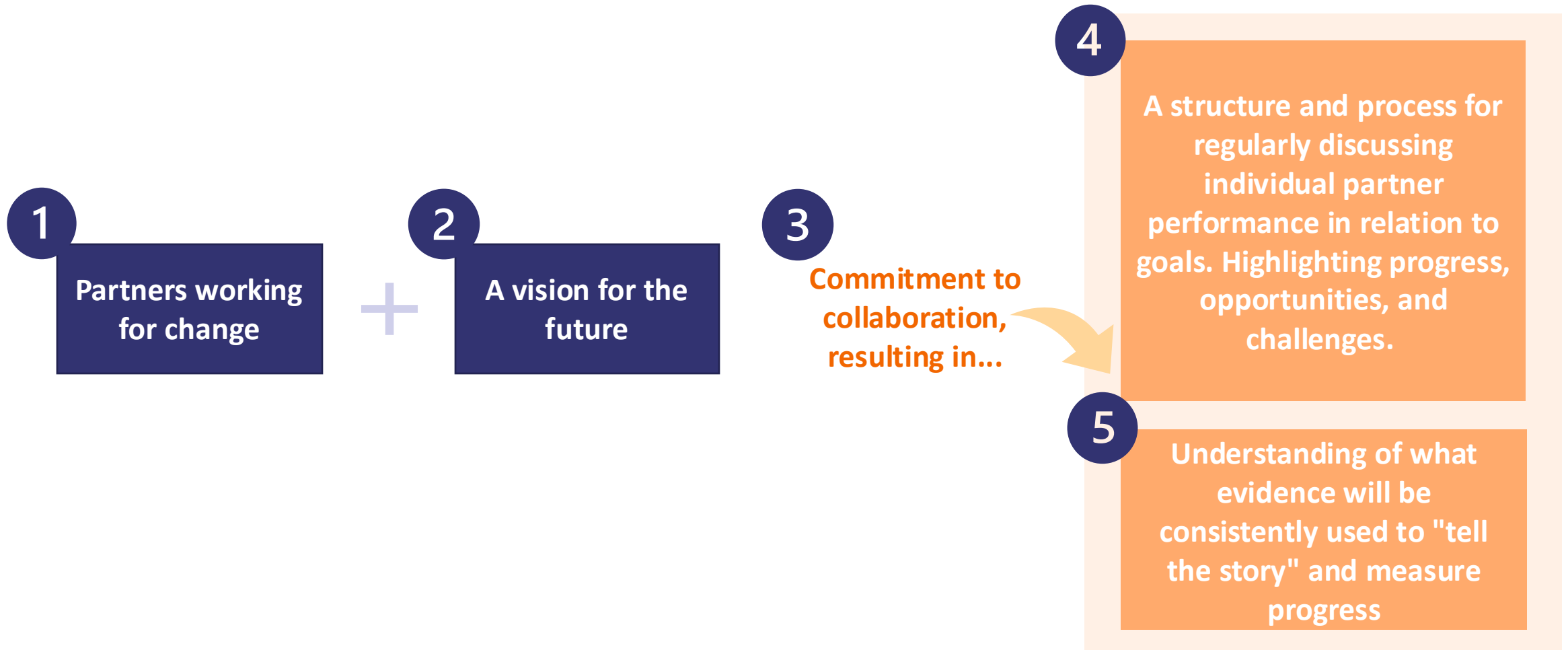
Results-Based Accountability: Where our M&E system is headed



Work backwards towards the MEANS

Starts with the ENDS

5 assumptions required in every RBA process

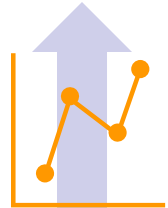


RBA approach, simplified



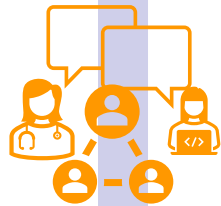
**Start with
the ENDS/goals**

What state of well-being do we hope to achieve within a community?



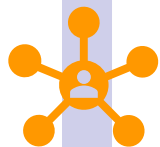
**Use evidence to
describe what needs
to change**

What 3 to 5 measures explain the problem or indicate that whether or not things get better?



**Identify who has a role to
play, and what each
partner is responsible for
doing**

Who needs to be engaged to tackle this problem, and to realize the vision of well-being?



**Partners select measures
to represent
their contributions to the
collaboration (how much,
and how well)**

How does each partner understand their contributions to the larger goal, as well as whether iteration or course-change is warranted?

Reflection Question

Think about applying RBA Population Accountability concepts within your own work and community alongside partners.

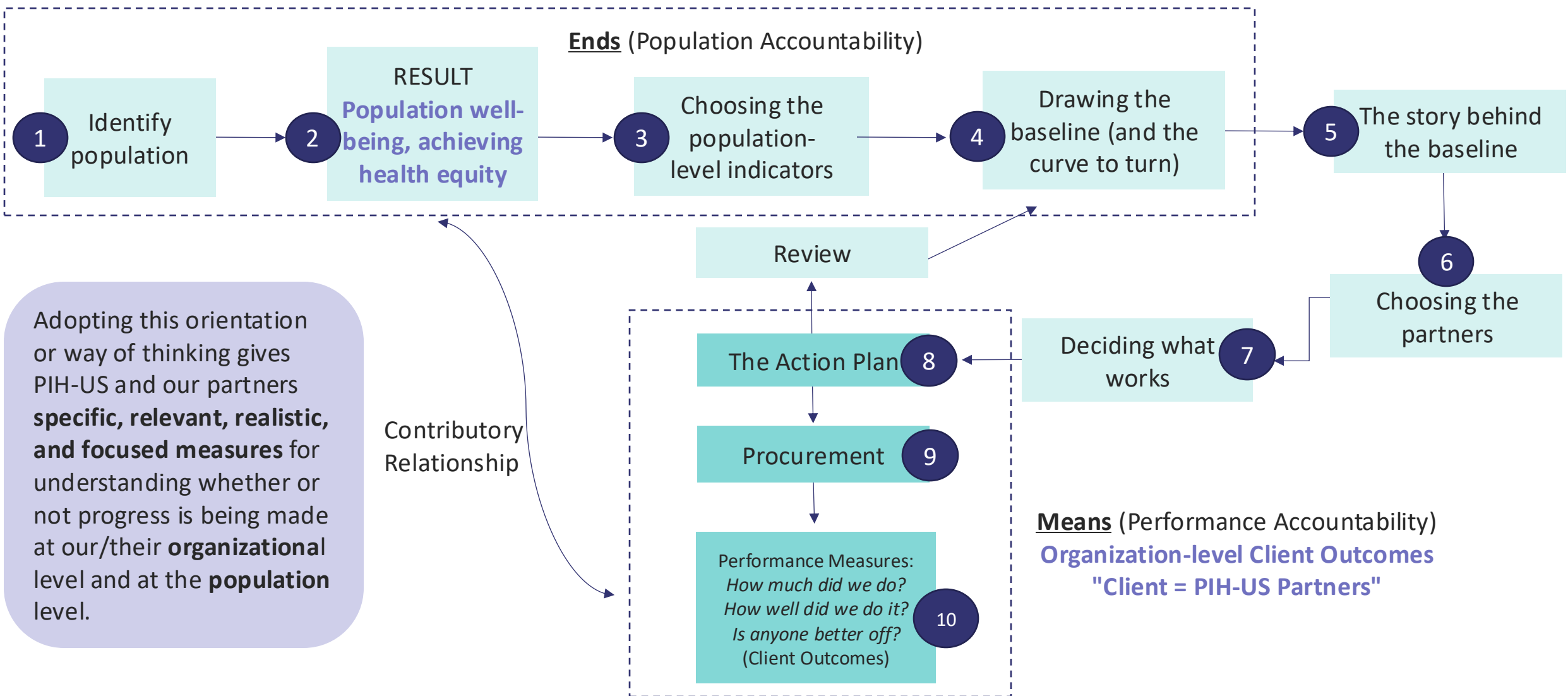
- What is an example of your **population of focus** and a **population result** that you hope to achieve? If you don't know, what are steps you can take to establish this?

We will discuss answers at the end of the presentation!

Components of the RBA Approach

RBA approach, in detail

Please refer to the Appendix for further details on each of the steps!



Adopting this orientation or way of thinking gives PIH-US and our partners **specific, relevant, realistic, and focused measures** for understanding whether or not progress is being made at our/their **organizational** level and at the **population** level.

RBA Common Language & Key Definitions

Results: The conditions of well-being we want for our children, families and communities as a whole

Indicators: How we measure these conditions; a measure that helps quantify the achievement of a population result

Baselines: What the measures show about where we've been and where we're headed

Turning the Curve: What success looks like if we do better than the baseline

Strategies: What works to improve these conditions

Performance Measures: How we know if programs and agencies are working. RBA uses three common sense performance measures: *How much did we do? How well did we do it? And Is anyone better off?*

Population Accountability: A system or process for holding people in a geographic area responsible for the well-being of the total population or a defined subpopulation

Performance Accountability: A system or process for holding managers and workers responsible for the performance of their programs, agencies, and service systems

Population Accountability vs Performance Accountability: A Fundamental Distinction

	Concept	Term	Examples
Population Accountability	<i>A condition of well-being for children, adults, families or communities.</i>	Result ("Population Result")	<ul style="list-style-type: none"> • Children Born Healthy • Safe Communities • Clean Environment • Prosperous Economy
	<i>A measure which helps quantify the achievement of a result.</i>	Indicator	<ul style="list-style-type: none"> • Rate of low-birth weight babies • Crime rate • Air quality index • Unemployment rate
Performance Accountability	<i>Any government, system, organization or program (down to the smallest unit) providing services and/or resources to a set of "customers."</i>	Government, Service System, Agency, Division, Program, etc.	<ul style="list-style-type: none"> • City of Leeds • Fairfax County Human Services System • New Zealand Ministry of Education • United Way of Johannesburg • Human Resources Division • Waterway Restoration Program
	<i>A measure of how well a program, agency or service system is working.</i>	Performance Measure	<p>Three Types</p> <ol style="list-style-type: none"> 1. How much did we do? 2. How well did we do it? 3. Is anyone better off? ("Customer Result")

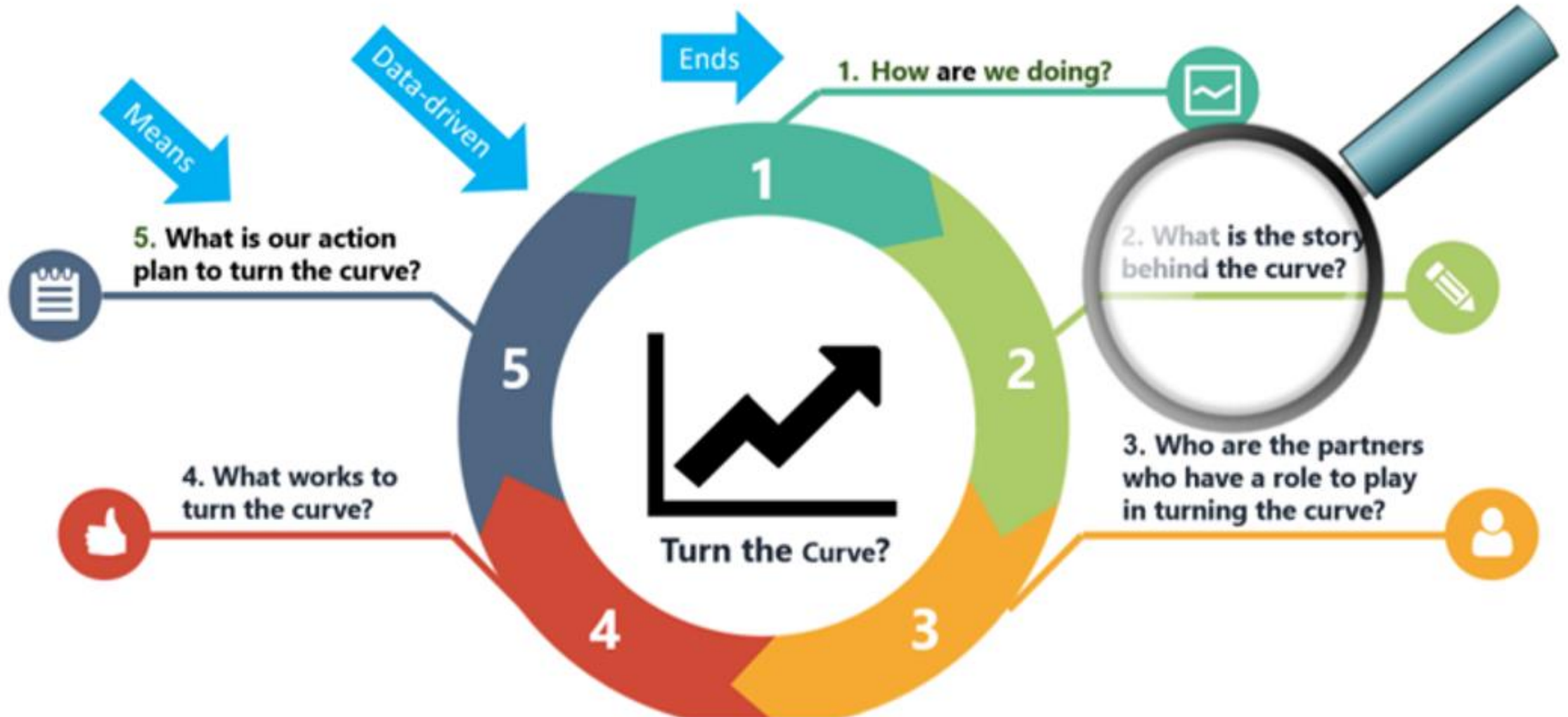
Important Questions to answer for Population Accountability

The 7 Population Accountability Questions - For communities/collaboratives to answer together:

1. What are the quality-of-life conditions we want for people who live in our community?
2. What would these conditions look like if we could see/experience them?
3. How can we measure these conditions?
4. Who are the partners that have a role to play in doing better?
5. What works to do better?
6. What do we propose to do?

See also Chapter 1 of [Collaborative Infrastructure Framework](#) for tools and suggestions for addressing the above

Turning the Curve Thinking: Five Core Questions



“Turning the Curve” at the Population level

Results: The conditions of well-being we want for our children, families and communities as a whole

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Important Questions to answer for Performance Accountability

The 7 Performance Accountability Questions - For organizations/programs to answer:

1. Who are our “customers”?
2. How can we measure if our customers are better off?
3. How can we measure if we’re delivering services well?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better?
7. What do we propose to do?

See also Chapter 2 and 3 of [Collaborative Infrastructure Framework](#) for tools and suggestions for addressing the above

Reflection Question

Think about applying RBA Performance Accountability concepts within your own work and community alongside partners.

- What is an example of a relevant **performance measure** (quantitative or qualitative) in your current work?

We will discuss answers at the of the presentation!

PIH-US RBA Examples & Application

RBA Performance Measures: Examples from CY23 Q3 Data

How much did we do?

How well did we do it?

Is anyone better off?

National CHW
Advocacy

Submitted Medicare comment letter + accompanied about 20 CHW partner organizations in completing their letters by convening 10 meetings, & providing tools, resources, instructions

Partners valued our support through the comment letter process, without telling them what to say & ensured their views are heard by government and policymakers

CHW partner organizations (in addition to internal PIH-US teams, e.g. NC) gained improved skills on how to write a comment letter that will be utilized in future processes

Chicago
(CBOs)

Addressed challenges, identified support needed, and voiced achievements during one-on-one and group CHO meetings, in addition to supporting the delivery of workshops

Supported and facilitated collaborations between CHOA CBOs and strengthened the connectedness between partner CBOs within the CHOA project

Due to our facilitation of the CHO meetings, COFI and GAP are now both collaborating on a project focusing on expanding Medicaid for undocumented individuals

Massachusetts
(HDS)

Incorporating equity perspective in the PN-5 workplan, ensuring inclusivity of the diverse populations such as through including translation services and language justice

PIH-US ensures the inclusion of our equity perspective into the workplan process and our accompaniment during the PN-5 project, and is top of mind in all aspects of the work

The health departments engaged in the PN-5 project are better off, ensuring that the departments are responsive and inclusive of communities during outreach

RBA Performance Measures: PIH-US Ideas and Examples

	Quantity	Quality
Effort	<p>How much did we do?</p> <ul style="list-style-type: none"> <i># of partner staff/CHWs trained and supported</i> <i># of community stakeholders engaged in coalitions and planning activities</i> <i># of trainings delivered</i> <i># of resources developed for partners</i> <i># of advocacy tools developed/shared</i> <i># of policymakers reached</i> 	<p>How well did we do it?</p> <ul style="list-style-type: none"> <i>% of partner staff/CHWs fully trained</i> <i>% of staff, patients, CHWs satisfied</i> <i>Testimonials (qualitative) from partners, or % partner satisfaction of our capacity building support</i> <i>% of targeted policymakers reached/contacted</i>
Effect	<p>Is anyone/any organization better off as a result? Is this in service of the population results desired, even if indirectly? #/% improvement in skills/knowledge, attitudes, behaviors, circumstances</p> <ul style="list-style-type: none"> <i>% of partner staff/CHWs reporting applying new learning 6 months after training</i> <i>% of partners who enacted one health equity policy</i> <i>% of advocacy agenda adopted, % of all potential policymakers who have adopted advocacy policy</i> <i>% increase in community members accessing health care services, engaging in social supports, reporting good health</i> 	

PIH-US supported the development evaluation questions and measures alongside NC Partners using the RBA Framework

Results-Based Accountability (RBA): How much did we do? How well did we do it? Is anyone better off?

What we do	How Well We Do It	Is Anyone Better Off?
<p><u>CHW Supervisor Training & Train the Trainer</u></p> <ul style="list-style-type: none"> a. # of supervisors trained b. # of trainings completed (4) c. # of training hours (16 for each round) 	<ul style="list-style-type: none"> a. CHW and CHW supervisors that complete the training and receive certification b. CHW and CHW Supervisor Attendance Rate (I.e. 40 attended/ 60 registered= 67%) c. rating of CHWs and CHW <u>supervisors</u> expectations and useability (Likert scale on Southern Regional AHEC survey) 	<ul style="list-style-type: none"> a. % of knowledge gained b. % of confidence level c. % of trainers who achieved certification to offer the training
<p><u>HEAL Learning Collaborative**</u></p> <ul style="list-style-type: none"> a. # and types of organizations engaged in CHW integration/optimization b. # and topics of quarterly learning sessions c. # and topics of CHW leader mentoring sessions d. # and roles (job titles) of learners trained e. # of regional team coaching sessions 	<ul style="list-style-type: none"> a. % of organizations integrating CHWs b. Attendance rates of quarterly learning sessions c. rating of quarterly learning session (expectations and useability) d. Rapid response feedback from monthly CHW mentoring sessions e. Attendance rates of regional team coaching sessions 	<ul style="list-style-type: none"> a. % of knowledge gained from Quarterly learning sessions b. % of confidence level from Quarterly learning sessions

RBA real-time example: PIH-US Advocacy team forming a coalition with NACHW and applying the RBA approach (I)

The National Association of Community Health Workers (NACHW) and PIH-US are co-leading a National CHW Policy Working Group and are currently applying the RBA approach to this collaborative work.

Starting with the goals

- PIH-US and NACHW are establishing and agreeing upon a shared mission and values ("Goals") in their collaborative work that will be continuously referenced back to during working group meetings
- Framing up expectations/partner expectation setting (via an MOU that is currently being drafted) and this is reflective of shared accountability within the coalition/collaborative
- Planning the beginning with the end in mind: what story do we want to tell? What will funders need to know?

Choosing the partners

- Will recruit initial key partners consisting of CHWs, allies of CHWs, and Advisory Committee members, and will revisit including partners as the work evolves
- From RBA book: "...the work of adding partners is never finished. At each pass through the decision process, it is important to consider who is still needed at the table. The action plan should always have a component that addresses the recruitment and engagement of new partners."

RBA real-time example: PIH-US Advocacy team forming a coalition with NACHW and applying the RBA approach (II)

Deciding what works ---> Action Plan

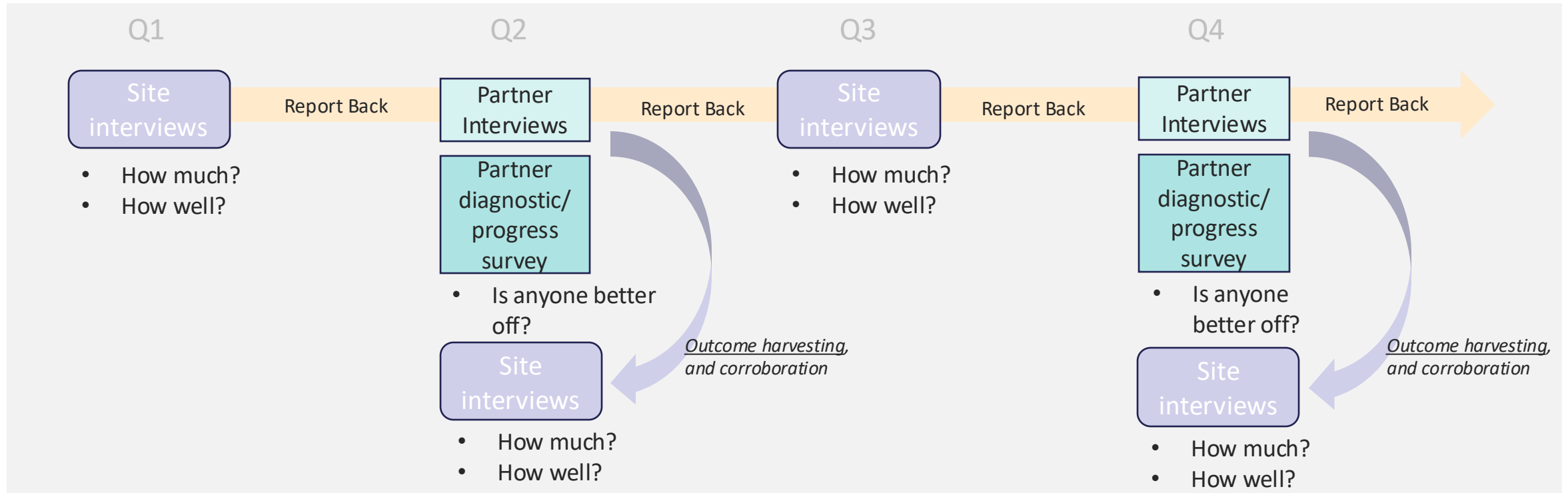
- Established a scope of focus: The Working Group provides a forum for discussion, coordination, learning, strategy, and advocacy on CHW policy topics at the federal level.
- Highlighting each partner's contribution through the Division of Roles and Responsibilities
- The scope of focus includes:
 - Budget and appropriations decisions related to CHW programs
 - Federal policymaker education and awareness of CHWs
 - Implementation of CHW financing policies at the federal level, such as Medicare financing for CHW services
 - Specific, NACHW-supported legislation to provide sustained funding sources for CHWs

Ongoing Working Group Performance Evaluation

- NACHW and PIH will co-develop a basic evaluation framework
- **How much?** # of meetings, by type, and focus area
- **How well?** Each meeting ends with a short group evaluation of the meeting (“What did we like or find useful about today’s meeting?” / “How can we improve future meetings?”)
- **Is anyone better off?** Continuously review progress of the coalition, as it aligns with the ultimate goal established (e.g. define RBA performance measures to track the performance of the coalition)

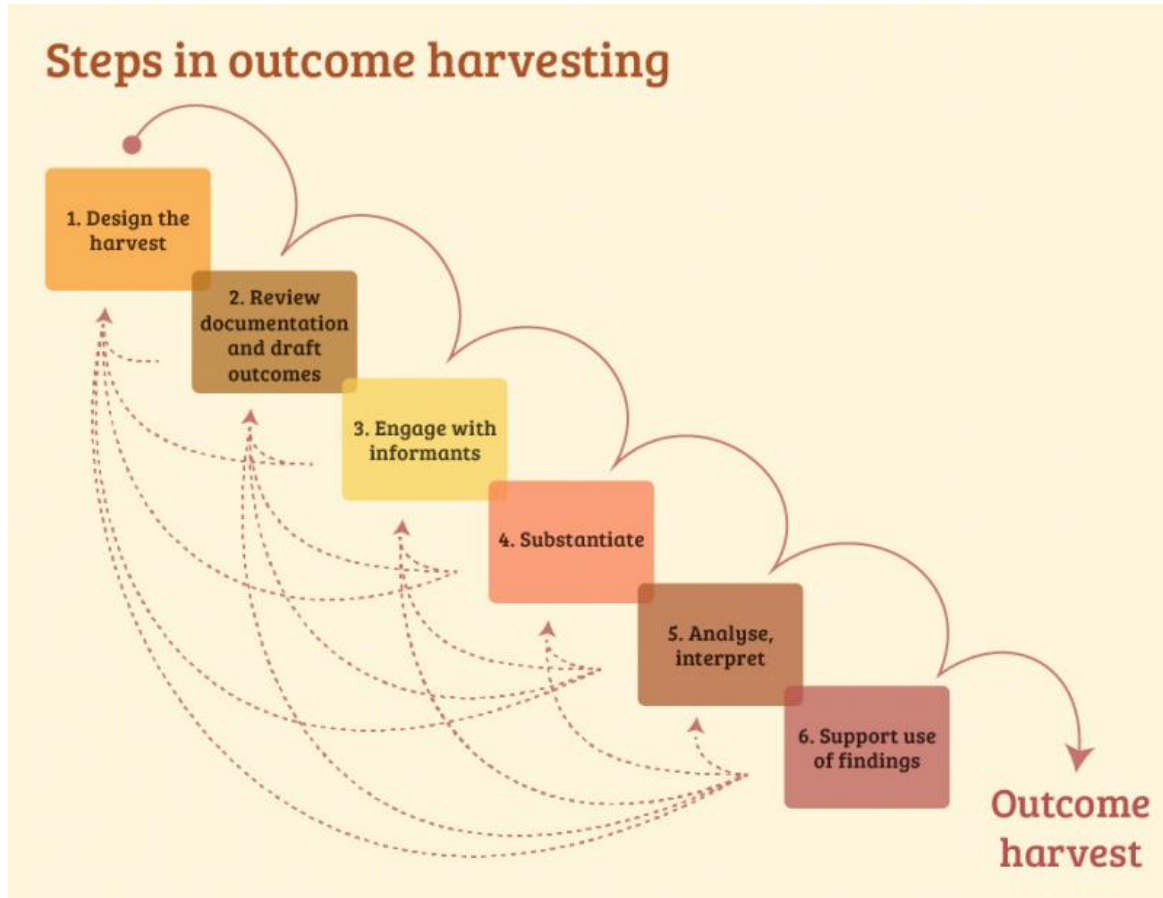
How RBA Fits into the M&E Process

Quarterly M&E process updates, or How might RBA play out in our current structure?



RBA as our overarching approach, while utilizing different methods to generate and share evidence

Outcome Harvesting Approach



<https://www.betterevaluation.org/methods-approaches/outcome-harvesting>

Outcome Harvesting is a methodology that works backwards to collect evidence of what has been achieved, and how the project contributed to that change.

Focuses on outcomes reported from trusted sources (e.g. during the biannual partner reporting process) and validates and probes antecedents for more rigor (during quarterly site reporting).

For example, at PIH-US, the outcomes reported from partner interviews will be corroborated and triangulated with site teams to further understand and analyze the path to change and to validate similarities and emergent outcomes as a result of our accompaniment and collaboration.

Partner Survey Example

	How important is it for PIH-US to conduct this activity?					How well does PIH-US conduct this activity?				
	Not Important	Somewhat important	Important	Extremely important	I'm not sure	Not at all	Somewhat well	Well	Very well	I'm not sure
Capacity building support around the design and implementation of innovative public health department programming	1	2	3	4	0	1	2	3	4	0
Capacity building support around strengthening the organizational capabilities and systems of partner CBOs	1	2	3	4	0	1	2	3	4	0
Shares resources that support and advance organizational health equity goals and priorities	1	2	3	4	0	1	2	3	4	0
Support/accompaniment around XYZ activities (CHW training, certification, grant writing, media engagement, etc.)	1	2	3	4	0	1	2	3	4	0

https://www.equalmeasure.org/wp-content/uploads/2023/06/EquitablePathways_BEP_Partner-Survey_6_5_2023.pdf

RBA Engagement Options for Sites

Minimum engagement

- Restructuring of site interviews to start in the CY23 Q4 Process to include:
 - Questions and probes oriented towards the RBA performance measures
 - Outcome harvesting approaches (capture outcomes during site Q4 interviews and corroborate these outcomes during Q4 partner interviews to further understand and analyze the path to change and to validate similarities and emergent outcomes)

More engagement (to pilot with select teams and their partners at this stage)

- Partner survey template co-developed with site teams
- Increasing frequency of formal partner check-ins to 2x a year

Discussion

Think about applying RBA Population and Performance Accountability concepts within your own work and alongside partners.

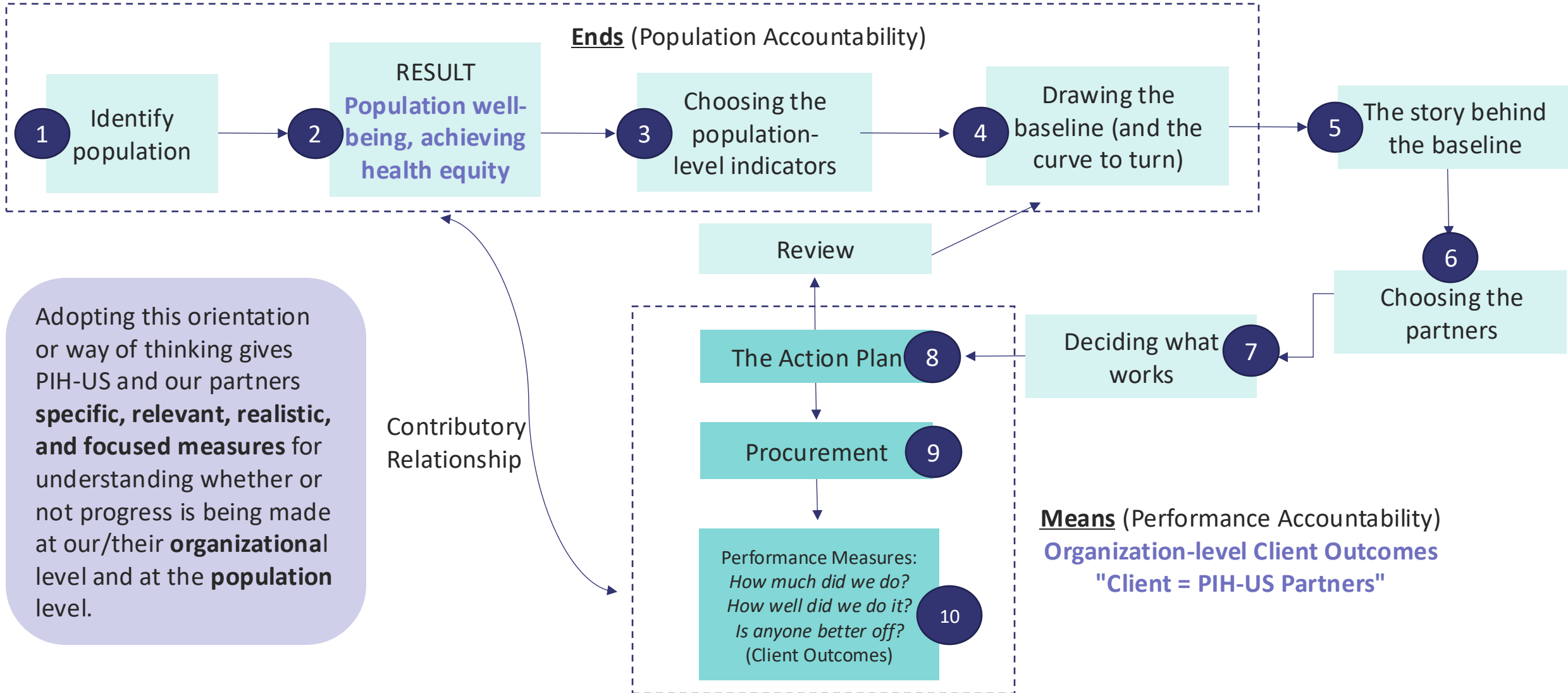
- What is an example of your **population of focus** and a **population result** that you hope to achieve? If you don't know, what are steps you can take to establish this?
- What is an example of a relevant **performance measure** (quantitative or qualitative) in your current work?

Next Steps and Changes to the CY23 Q4 Reporting Process

- There will be more opportunities for office hours around the RBA transition to learn more and to ask any questions. Please reach out to the M&E team for 1-on-1 discussions!
- Will provide more details and guidance on the upcoming changes to the **CY23 Q4 process** for site, advocacy, and partner reporting interviews occurring in **January 2024**.
 - We will be incorporating RBA questions in site, advocacy, and partner qualitative reporting meetings, oriented towards:
 - "How much did we do?", "How well did we do it?" And "Is anyone better off?"
 - E.g. In what ways are our partners better off due to our community-based workforce accompaniment and support?
 - We will review responses to understand if there are common quantifiable measures we can employ in subsequent reporting cycles

Appendix 1 – RBA Steps in Detail

RBA approach, in detail



Adopting this orientation or way of thinking gives PIH-US and our partners **specific, relevant, realistic, and focused measures** for understanding whether or not progress is being made at our/their **organizational** level and at the **population** level.

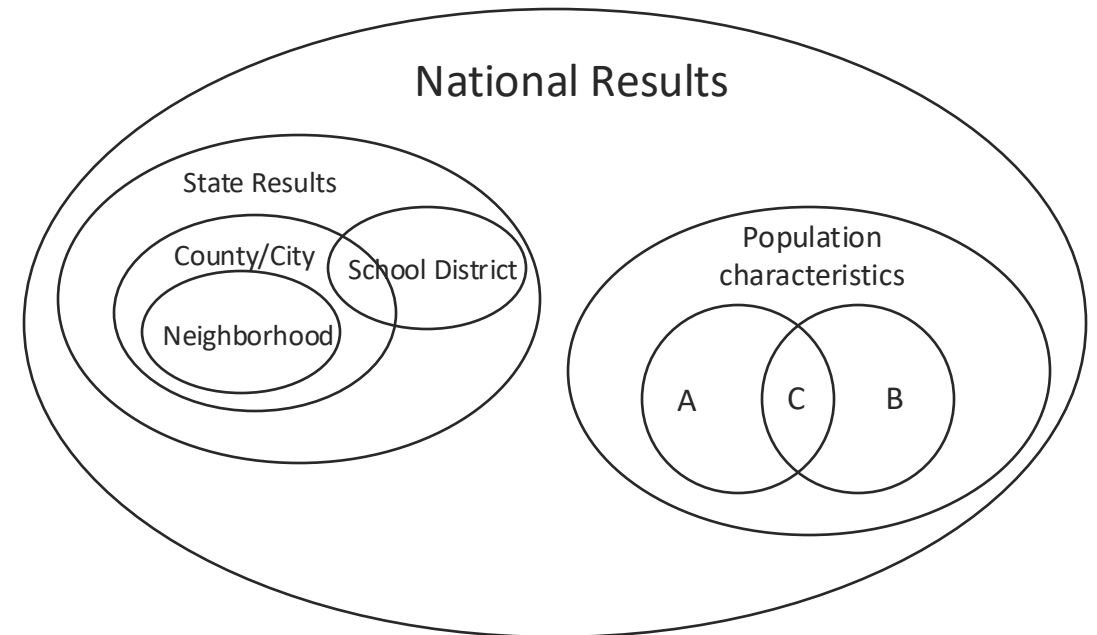
RBA approach

1 Identify population

- Populations can be any whole population or subpopulation in a geographic area.
- The geographic area can be anything from the entire world to a nation, state, region, county, city or neighborhood.
- Within these geographic areas, the population can vary from all residents to any identifiable subpopulation.
- There are many different populations for which results can be developed. There is no standard set of results.
- The only populations not addressed are service populations, actual recipients of a particular service, which is the subject of Performance Accountability.

Results for Subpopulations

By Geography and Population Characteristics



RBA approach

RESULT

Population well-being, achieving health equity

2

- What results do we want for this population? What conditions of well-being do we want for the children, adults, and families who live in our community?
- Results are plain language conditions of well-being for children, adults, families, and communities. A result is something that you want for your whole population.
- Choosing results is a political process more than a technical process. You are looking for a set of statements which are understandable to the public, say something important about the well-being of a given population, and which are reasonably complete.

Example of a Result: “All people (population) in North Carolina (geographic area) have equitable opportunities for health, education, and economic stability throughout their lifespan (condition of well-being).”

Developing a Results Statement

Population (or subpopulation) +
Geographic area + Condition of well-being

- Uses simple, plain language
- Positively stated
- Avoid referencing data or improvement
- Avoid referencing services

Why we start with Population Results first

- To normalize shared accountability for lofty goals that require collaboration to be successful
- To focus partnerships and discussion on what matters most, especially across lines of difference in approach, expertise, etc.
- Because desired (population) results should determine action plans and budgets, and not the other way around
- Setting “easier”, less ambitious targets or goals can lead to work that is easier to accomplish but less important or impactful
- And more!

RBA approach

3

Choosing the
population-
level indicators

Indicators are measures that help **quantify the achievement** of a **population result**. How do you choose the best indicators to represent a result? Any choice can be reduced to a set of criteria. The following **three criteria** have been used to choose indicators in many places:

Communication Power

- Does the indicator communicate to a broad and diverse audience? Is it easily understood? The data must be common sense and compelling.

Proxy Power (or Representation Power)

- Does the indicator say something of central importance about the result? Can this measure stand as a proxy or representative for the plain language statement of well-being? Data tends to run in herds; if one indicator is going in the right direction, usually others are as well. You do not need 20 indicators telling you the same thing. Pick the indicators that have the greatest proxy power, specifically those that are most likely to match the direction of the other indicators in the herd.

Data Power

- Does the indicator provide quality data on a timely basis? Is the data reliable and consistent? To what extent do we have the data at the state, county, city and community levels.

These 3 criteria lead to 3-part indicator list for each result

Identify primary and secondary indicators, and a data development agenda. When you have assessed the candidate indicators using these criteria, you will have sorted indicators into three categories:

Primary or Headline Indicators

- The 3 to 5 most important measures. These are the ones you have data for that rise to the top in the rating process

Secondary Indicators

- Any other measures for which there is good data. We do not throw away good data. We will use these measures in assessing the story behind the baselines, and other parts of the process

Data Development Agenda

- The priorities for new and improved data

Population Indicator Examples

- Infant Mortality Rate
- Crime Rate
- % of people living <200% below Federal Poverty Level
- Life Expectancy in Years
- % of Adverse Childhood Experiences
- Unemployment Rate
- HIV Diagnosis Rate
- % of Youth Using E-Cigarette Products
- % Third Grade Reading Proficiency

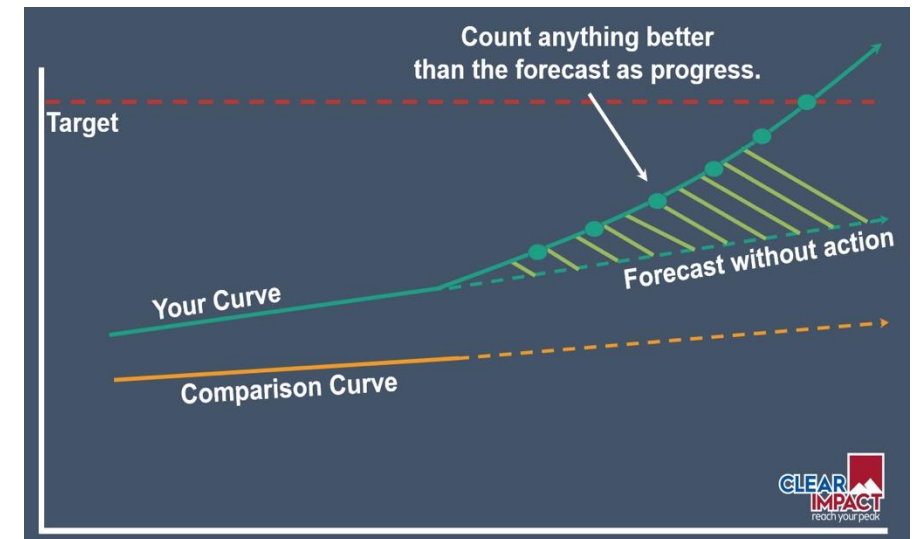
RBA approach

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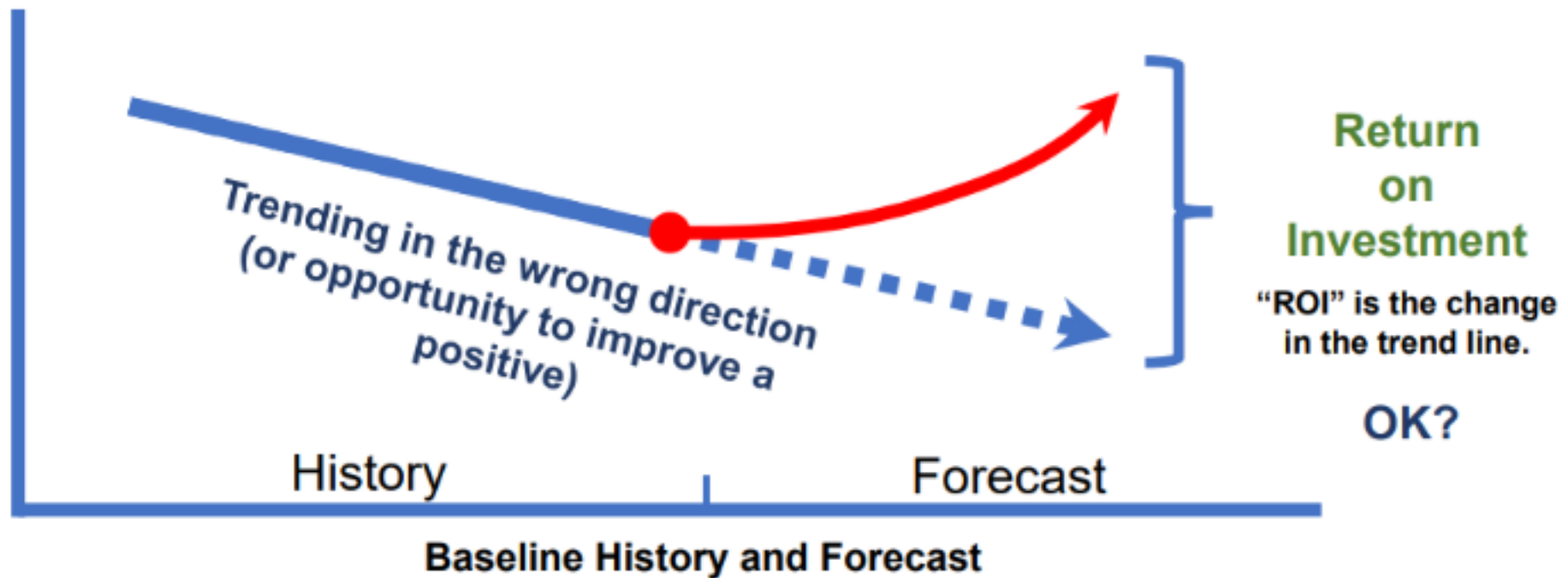
Drawing the
baseline (and the
curve to turn)

How To Create a Baseline (Trend Line) for an Indicator

1. Baselines have two parts: a historical part which shows where we've been, and a forecast part that shows where we are headed if we stay on our current course.
2. The historical part should have as much data as you can get. Aim for three to five years. If you have no historical data, then start the baseline where you are and build the history part over time.
3. Build one or more forecast scenarios using partners knowledgeable about causes and forces at work. Use statistical techniques as a tool not an answer. See the long form and short form techniques below for creating a forecast.



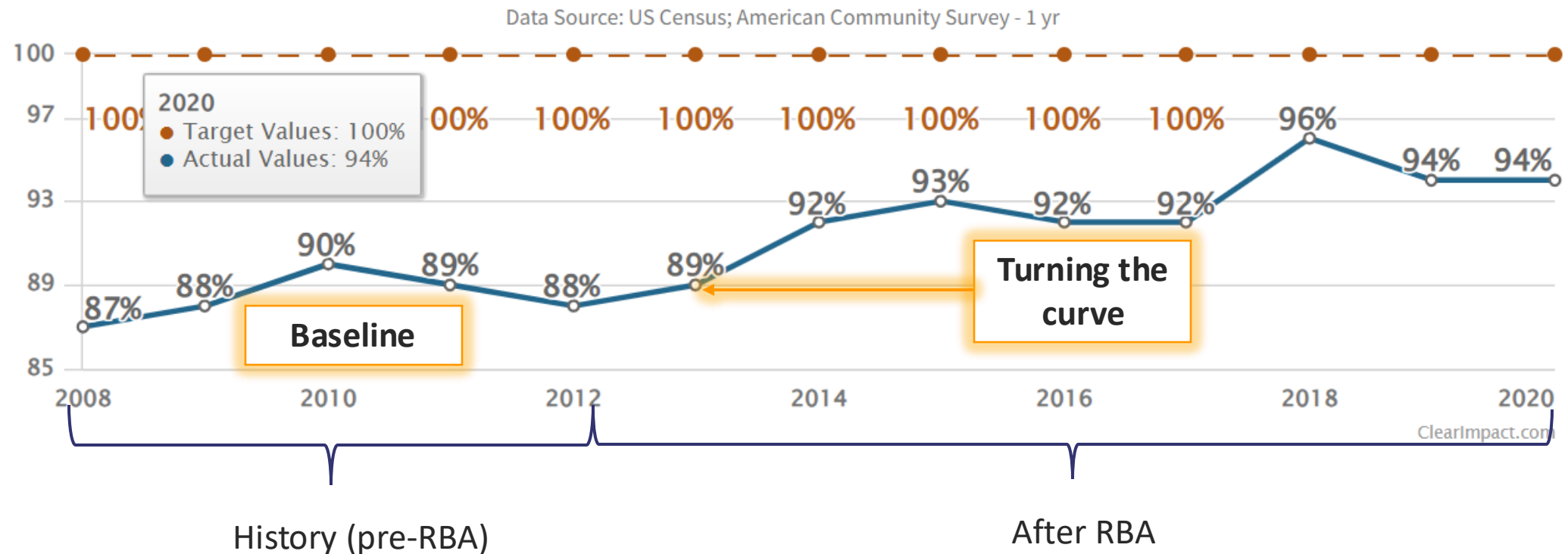
Turning the Curve Thinking: How are we doing?



See examples of how [Vermont tracks their progress](#) turning various curves.

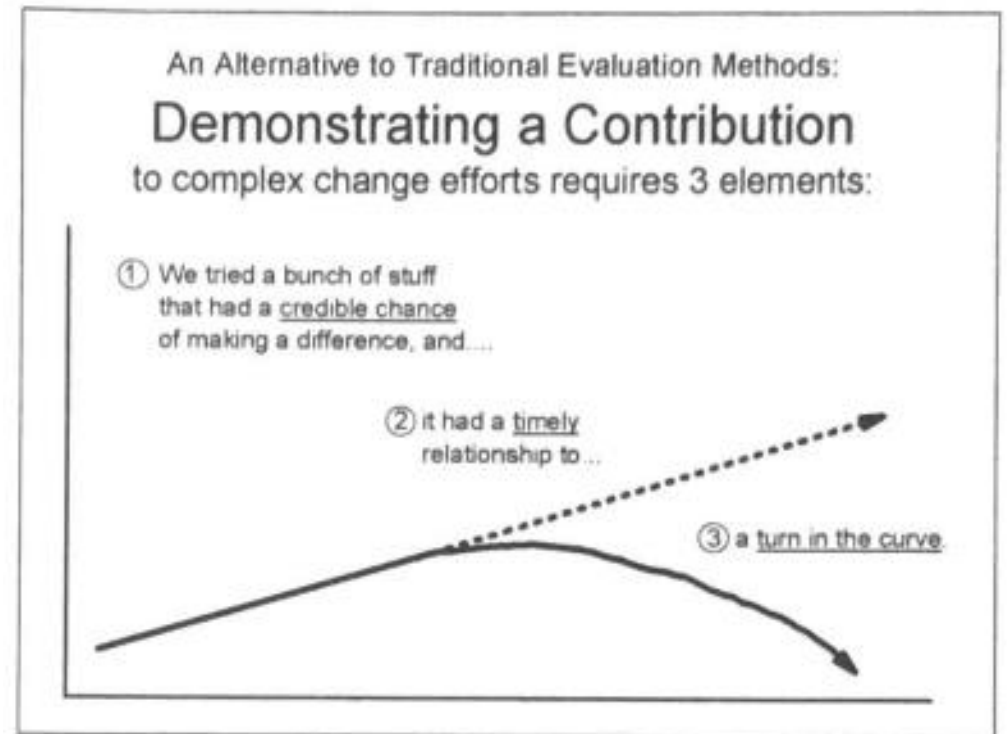
“Turning the Curve” terminology examples

- SDOH All Vermonters have fair and just opportunities to be healthy **Result**
- ▬ Access % of adults age 18-64 with health insurance **Indicator**



Demonstrating Contribution to Community Change in Complex Environments

- It is extremely rare that one program by itself can turn a curve at the population level
- Programs should never be held responsible, by themselves, for producing change in population conditions
- It usually takes a set of actions by many partners to do this.
- We can ask whether an entire strategy has had an effect on population conditions and seek to know the effect of a set of actions
- You can demonstrate that a collection of actions made a contribution to community change if you have 3 pieces of evidence:
 - You tried a bunch of **stuff that had a credible chance of making a difference**
 - You saw a **timely relationship to a...**
 - **Turn in the curve**



Focuses on shifting the credit to programs (like at PIH-US) for contributions to community impact based on changes made to our customers (Partners) through Performance Accountability

RBA approach

5

The story behind
the baseline

- What is the story behind the baseline? RBA focuses on the **causes** before the **actions**
- Telling stories allows each partner to explain their perspective on how we got where we are today. This is the place to take stock of both **positive and negative forces**, what is working and what is not working. It is common to find many different opinions about causes. But it is not necessary for partners to reach agreement on a single story. Diverse points of view are assets to be respected, not obstacles to overcome.
- In RBA diversity of opinion is the sign of a healthy process. You want as much information as you can get about causes so that you have lots of choices about actions.
- Trying to understand the story behind current conditions will generate a need for more information.
- An Information and Research Agenda is a disciplined way of pursuing unanswered questions about causes. That agenda can guide information gathering between meetings, and, if resources are available, the actual commissioning of research.

Chapter 1 of [Collaborative Infrastructure Framework](#):

Understanding health equity within a community

"Before an organization can take action on health equity, it's critical to first evaluate the **current state of community health outcomes, underlying health equity barriers and drivers, and regional demographics**. Doing so will serve as the foundation to inform the future vision for each organization and will support how to answer subsequent questions."

Turning the Curve Thinking: Story Behind the Curve (Root Cause Analysis)



- Ask "Why?" 5 times
- Positive & Negative Factors
- Internal & External Factors
- Current Situation
- Anticipated Situation
- Prioritize Responses
- Strategies/Action Plans

Explicitly include the root causes that have historically prevented equitable outcomes

- How have different forms of racism contributed to inequitable outcomes? (interpersonal, internalized, institutional, structural)
- What societal bias exists and how is it manifested?
- What community factors need to be considered that may be external to your organization or to your sector?
 - Power in decision-making
 - Access to health care
 - Community safety
 - Access to livable income
 - Access to transportation, quality education

RBA approach

6

Choosing the partners

- Who are the partners who have a **role to pay in doing better**? No one program or agency can do it alone
- The work requires contributions from a **wide array of partners, public and private, across the community**.
- Thinking about and assembling partners is one of the first steps taken and the work of adding partners is never finished
- At each pass through the decision process, it is **important to consider who is still needed at the table**. The action plan should always have a component that addresses the recruitment and engagement of new partners
- Remember that in practice, you never have everyone at the table. Processes that can't do anything until everyone is at the table typically don't do anything
- Inclusion is a process not an end point
- In considering both the story and what works, participants are asked to represent both their own point of view and also the viewpoint of a partner not otherwise represented at the table. It is important to **press for consideration of non-traditional partners**
- Think as broadly as possible and consider potential partners **based on what they have to contribute, not on the likelihood of getting their contribution**

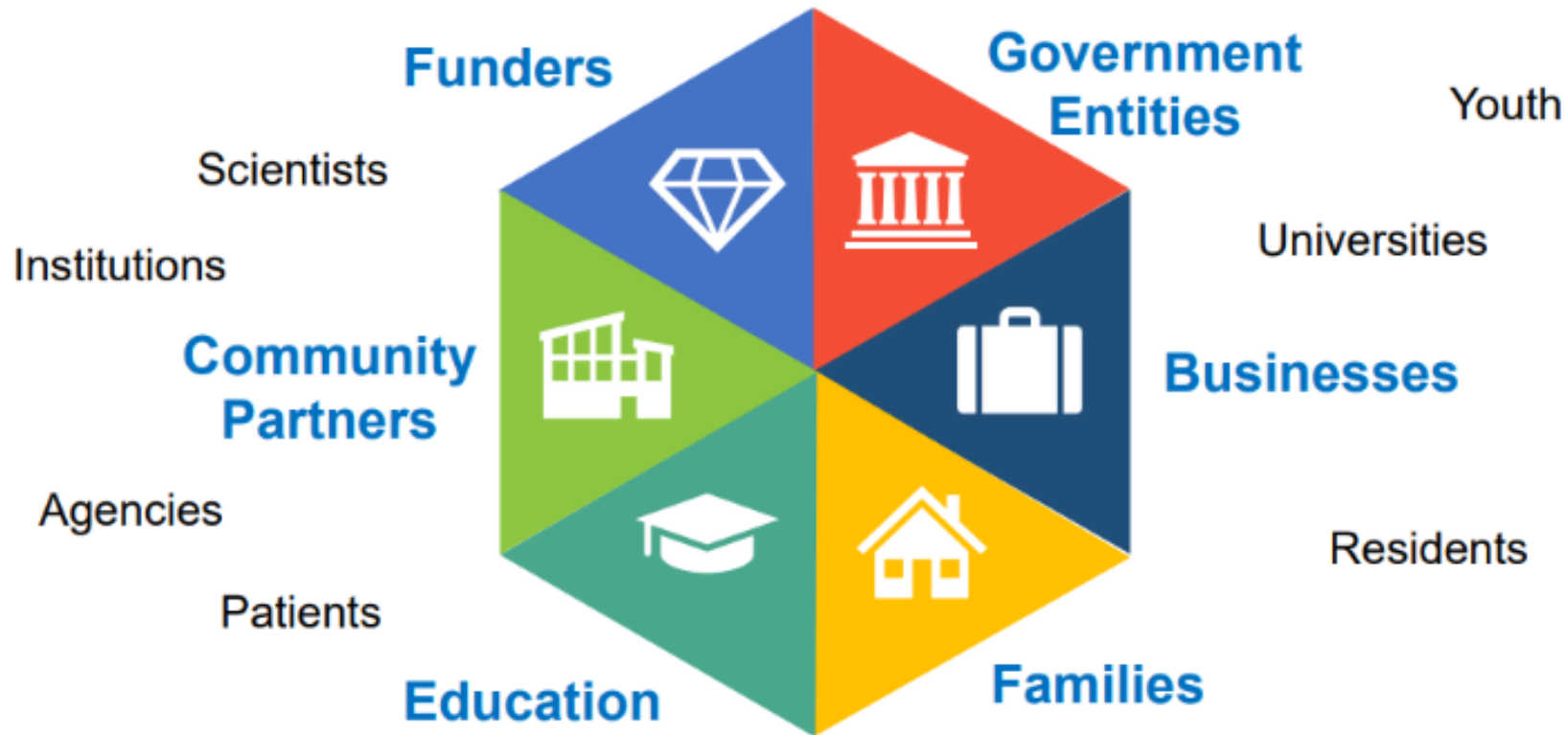
Chapter 2 of [Collaborative Infrastructure Framework](#):

Defining your role in collaboration

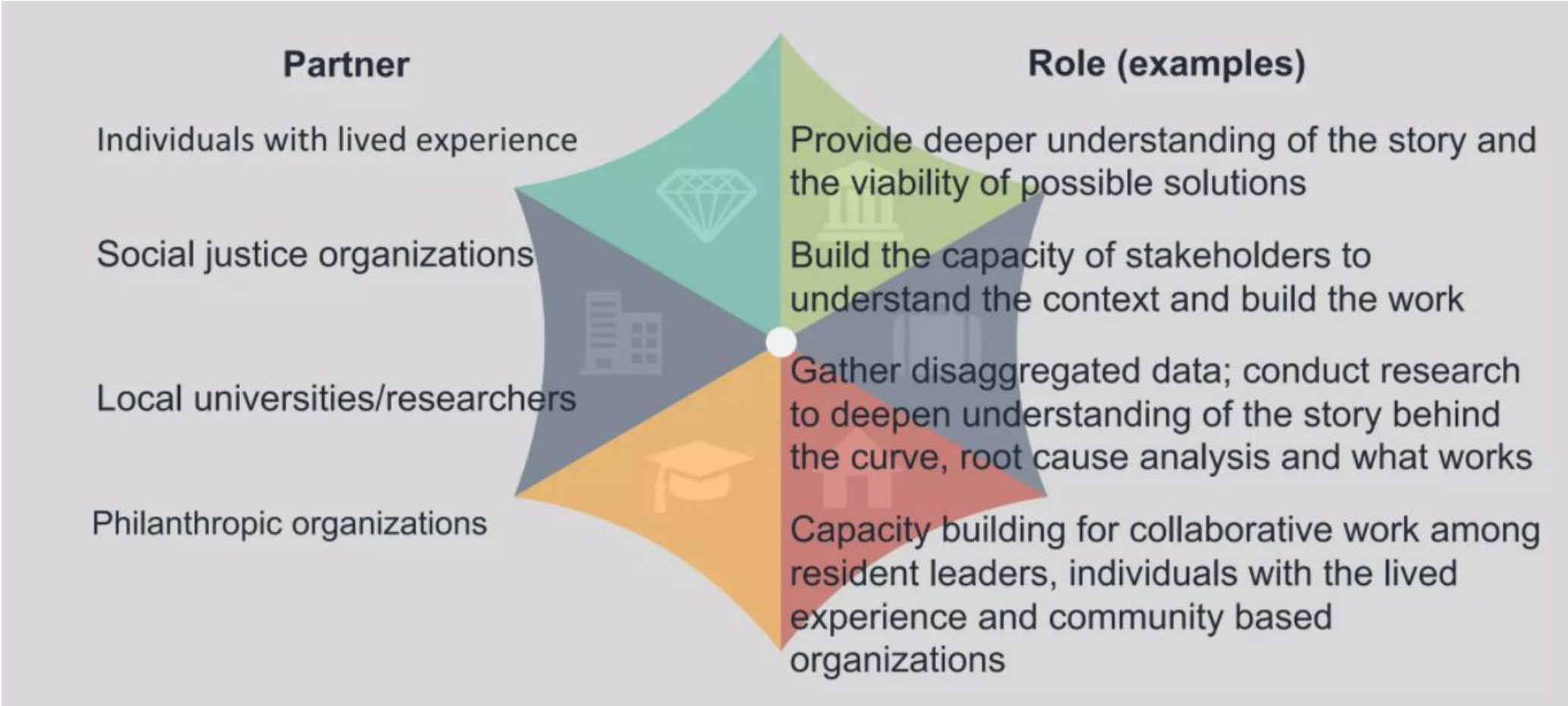
"Driving equitable community health outcomes both as an independent organization and collectively throughout the ecosystem, **requires actors to clearly define the role they will play** in acting towards the **health equity vision**."

Turning the Curve Thinking: Who are the partners who have a role to play in turning the curve?

Does the story behind the curve suggest any new partners?



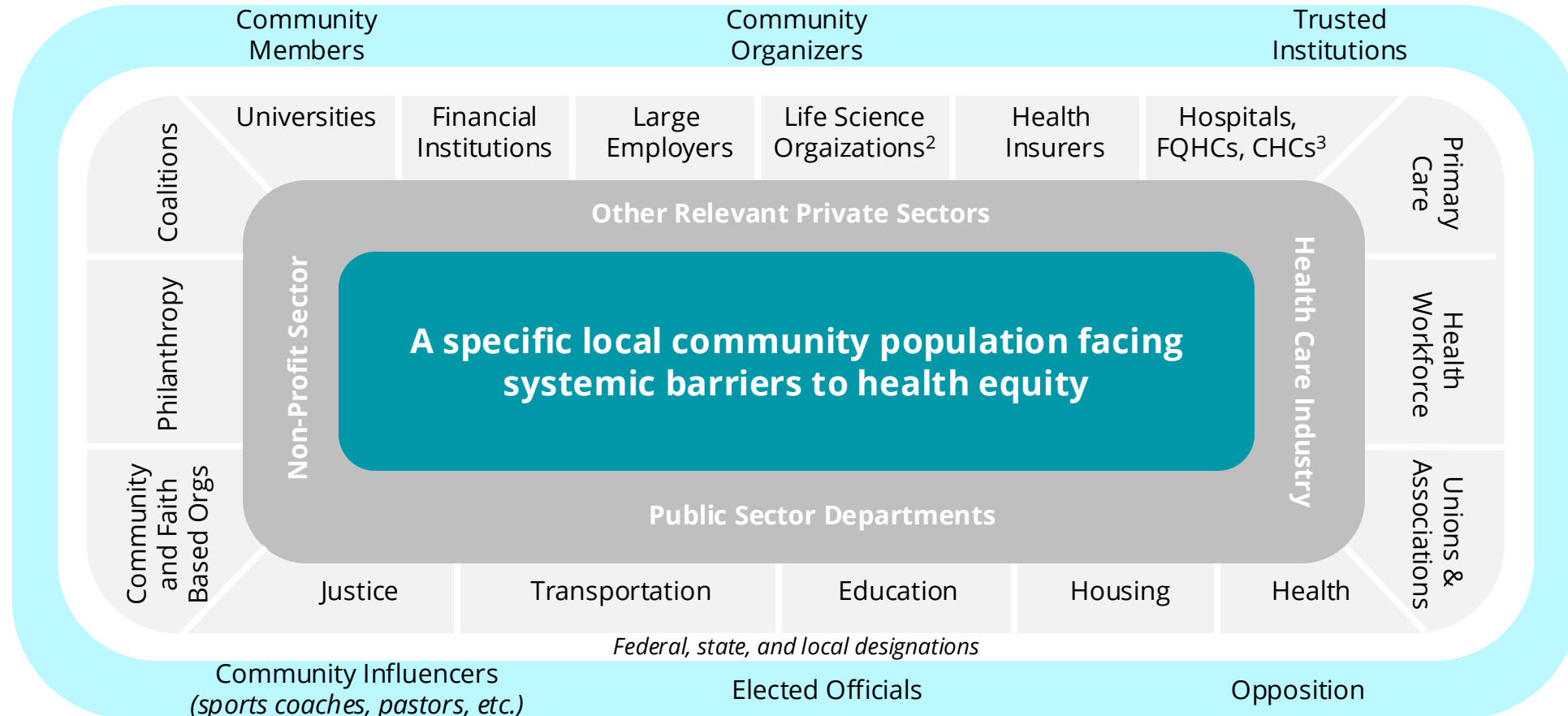
Who are the partners with a role to play in advancing equitable outcomes?



Local Health Ecosystem Mapping

Mapping and understanding the array of diverse actors and each of their perspectives or roles in a community health ecosystem is key to collaboration and ultimately, to advancing health equity.

EXAMPLES of Key Actors Influencing Local Health Equity Today¹



Some toolkits that might help to identify additional partners: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#), [AHA/ACHI Community Engagement](#).

1. This ecosystem map is illustrative and **not intended to be fully exhaustive**. It's important to think holistically and to consider groups, sectors, or actors that may be missing from current collaborations in order to more strategically advance a common mission of equity.

2. [Life sciences](#) includes companies operating in the research, development and manufacturing of pharmaceuticals, biotechnology-based food and medicines, medical devices, biomedical technologies, nutraceuticals, cosmeceuticals, food processing, and other products that improve the lives of organisms

3. FQHC: Federally Qualified Health Centers, CHC: Community Health Centers

Sample Exercise: Map the actors within your Local Health Ecosystem

How to Use: Use this blank template as a starting point to populate and understand your own local health ecosystem. Consider both formal community health organizations, public and private sector players, as well as informal players that influence community health, such as bodegas and gathering places like churches and salons.

Key Actors Influencing Local Health Equity Today



Some toolkits that might help identifying additional partners include: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#) and [AHA/ACHI Community Engagement](#).

RBA approach

Deciding what works 7

- What works to do better? Look at the research, but don't be limited by research. Find out what has worked in other places to turn the curves you are working on. But research will never give us all or even most of the answers. Use your common sense and knowledge of your community to decide what will work here.
- There are two pointers to what works in the preceding steps of the process. Each element of the story behind the baseline is a pointer to action. And each partner or potential partner is a pointer to action.
- Rate your ideas against criteria. Consider SPECIFICITY (Is this idea actionable?); LEVERAGE (How much impact will it have on the curve?); VALUES (Is it consistent with our personal and community values?); and REACH (Is it feasible and affordable this year, next year, 2 to 10 years).
- Fit the pieces together. Having selected priorities for action is not the same as having a coherent plan. We need to consider how these pieces fit together in a system of services and supports, not just a loose confederation of good ideas.

Turning the Curve Thinking: What works?

Do we know what would work to turn the curve?

**Research /
Evidence-Based**



**Low Cost /
No Cost**



Off-the-wall



**Information and
research agenda**

- An action plan describes who will do what when and how.
- Action plans are developed after your strategy is developed.
- For real change to happen, the ideas generated in the planning stage must be made into specific, implementable strategies and actions.
- Each action plan must identify the steps to complete; who will be responsible for completing them and a timeline.
- This process is meant to be iterative by continuously reviewing the change in the data and adapting the plan as needed.

Turning the Curve Thinking: Criteria for Selecting a Strategy/Action Plan

Specificity

Is the idea specific enough to be implemented? Does it have a timeline with deliverables?

Leverage

How much difference will the proposed action make on results, indicators, and turning the curve? Addresses priority root causes in story behind the curve, with focused attention to subpopulation

Values

Is it consistent with PIH-US and community values? How do community members value the strategy?

Reach

Is it feasible and affordable? Can it actually be done and when? Is there local capacity for successful implementation?

Create a regular (i.e. monthly or quarterly) review process which considers:

- Are the elements of the plan being implemented on time? A common format for an implementation plan lists the tasks (or goals and objectives) down the leftmost column, and then tracks across the top: description of the task, primary and secondary responsibility, start and completion dates, and a column for reporting status.
- Are they being done well? A set of “headline” performance measures should serve as the basis for regular reporting, review of performance, and agreement on changes in practice as necessary.
- Is the plan making a difference? Does the plan need to be changed? The basic notion of RBA is a continuing process to do what it takes to turn the curve on the well-being of children and families. This requires a structured and thoughtful process to assess overall progress and make midcourse corrections.

RBA approach

Performance Measures:
How much did we do?
How well did we do it?
Is anyone better off?
(Client Outcomes)

10

RBA uses 3 common sense measures to understand how to measure the performance of our work at PIH-US and if the services, programs, supports established in the action plan are working.

Effort

HOW we work and why it's important to support

- 1) **How much did we do?** Quantity of effort: How much service or support did we deliver?
- 2) **How well did we do it?** Quality of effort: How well did we deliver the support?

Effect

WHAT we do for partners. What difference have we made for/with our partners?

- 3) **Is anyone or any organization better off?**
 - Quantity of effect: How much change did we produce?
 - Quality of effect: What quality of change did we produce?

Performance measure framework for individual organizations

	Quantity	Quality
Effort	<p>How much service or support did we deliver?</p> <p><i>How much did we do? #</i></p>	<p>How well did we deliver the support?</p> <p><i>% How well did we do it?</i></p>
Effect	<p>How much change did we produce?</p> <p><i>#</i></p> <p><i>Is anyone better off?</i></p>	<p>What quality of change did we produce?</p> <p><i>%</i></p>

	Quantity	Quality
Effort	<p>LEAST IMPORTANT</p> <p><i>#</i></p>	<p>Also important</p> <p><i>%</i></p>
Effect	<p><i># %</i></p> <p>MOST IMPORTANT</p>	

Appendix 2

Results Based Accountability: One idea to unite PIH-US

Simple and intuitive approach for managing and measuring our work:

- Promotes common language among stakeholders (jargon-free, inclusive)
- Starts with goals and works backwards to means
- Highlights shared accountability within a system (compatible w/ collaborative infrastructure, collective impact, other frameworks)

<https://raguide.org/>

Results-Based Accountability (RBA) is a disciplined way of thinking and taking action that can be used to improve conditions in the community. RBA is also used to improve the performance of individual organizations. It ties performance accountability (are partners better off as a result of PIH's specific efforts?) and population accountability (are conditions changing for communities?).

- **Population accountability** requires broad partnerships or collaboratives that take collective responsibility for progress. This accountability requires identification of one or more population-level well-being results to which partners' work contributes to achieving. **Partners must identify a target population, and align on what results they would like to see achieved with that population.**
- **PIH performance accountability** requires us to produce the best possible performance for our service, AND a community leadership responsibility to bring together necessary partners to make progress at the population level. What is done for partners as a part of PIH-US' work (performance), is PIH's contribution to the well-being conditions for the community (population). This supports a regular process of reflection and revision to ensure alignment of how success is measured in our proximate work, and how eventual population success is measured.

Adopting this orientation gives PIH and our partners specific, relevant, realistic, and focused measures for understanding whether or not progress is being made at the organizational and population level.

RBA as structure for reporting and TA/expectation setting with partners

Example related to reporting to donors various metrics, including community reach. Abbvie as example...

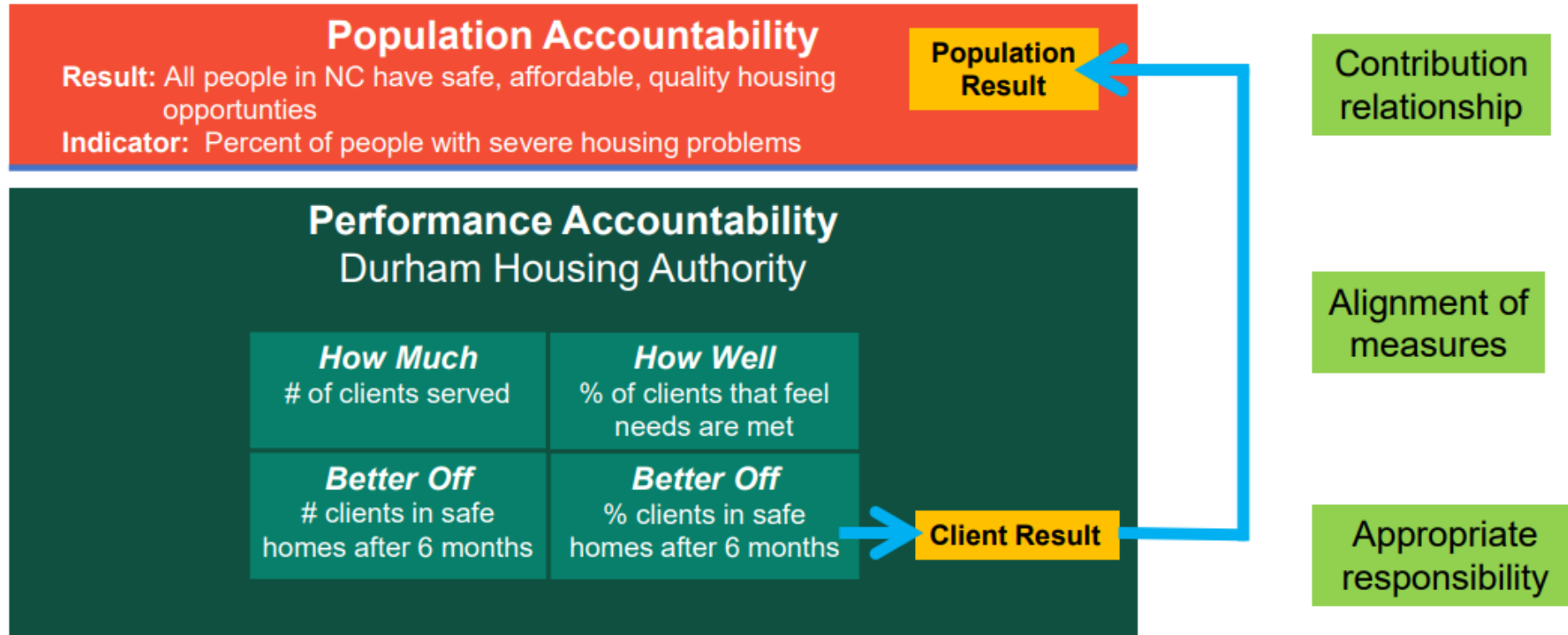
How
much?

How
well?

Better
off?

Newark

Linkage Between Population Accountability vs Performance Accountability



Bridging RBA & Racial Equity

Authentic Relationships

Relationships built for anti-racist impact that create the trust necessary for group solutions rather than naming, blaming, and shaming

Eye to Root Cause

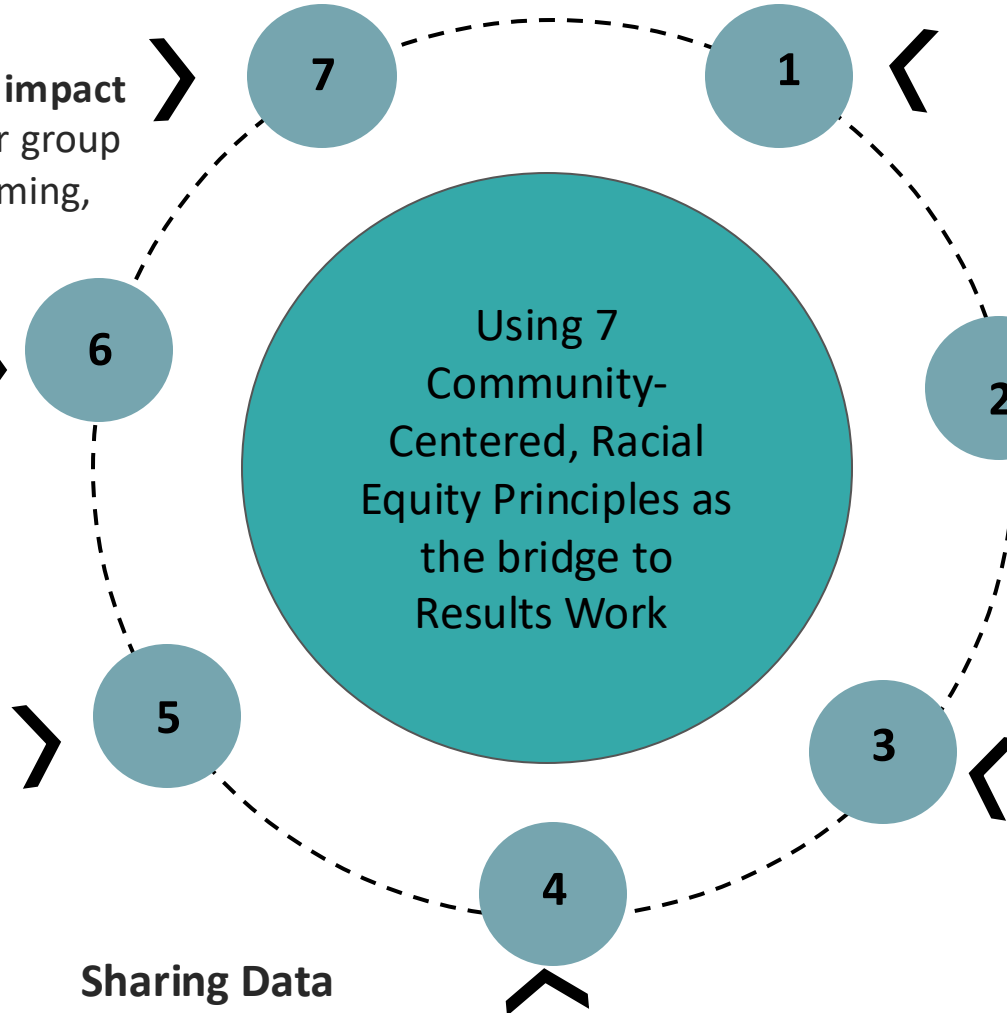
Identify potential solutions to address **root causes** so that they will powerfully interrupt and build new foundations

Data Informs Practice

Data is used consistently to inform practice - not knowing is harm

Sharing Data

Data is not extracted but instead shared with the community regardless of outcome



Participatory Practice

Ensuring that power is accounted for and all parts of the process are designed and implemented with BIPOC decision-making at the center - “not about us without us”

Data Culture

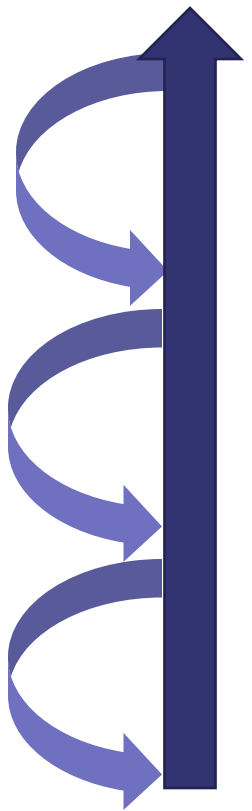
Transforming the usual **punitive data culture** focused on errors to transparent, non-punitive data design, analysis and use culture

Org Self Reflection

A narrative practice that **doesn't “prove” or blame communities of color** for our institutional failures and structural designs

PIH-US RBA Example: Applying RBA Framework concepts to current work in North Carolina

Starts with the
ENDS



Population = Community members in state of NC, 800+ CHWs in NC

Results/Goals

- Increase CHW workforce funding
- Enhance CHW integration
- Increase in certified CHWs
- Increase awareness of CHW Workforce and resources among CHWs and Employers
- CHWs are empowered and actively engaging in policy change across all levels-local, state, organizational

Population-level Indicators *Not established or captured*

- % of community members in good health
- % of community members accessing health care
- % of community members accessing social support services
- % of CHWs certified, integrated

Partners = PIH-US, NCCHWA, NC DHHS ORH, CBOs, others?

What works = Advocacy strategies, convenings/coalitions

"Customers" = NC PIH-US partners: NCCHWA, NC DHHS ORH, CBOs

Work backwards
towards the MEANS

NC PIH-US team is already accomplishing many components of the RBA framework:

- Meeting with NCCHWA and ORH regularly
- Implementing strategies to achieve shared goals/results
- Capturing quantitative metrics mostly *How much did we do?*
- Capturing qualitative feedback on impact and outcomes from partners (NCCHWA and DHHS)


RBA North Carolina Example, cont.

Performance Measures

- **How much did we do? *Where measurement is focused***
 - # of convenings, coalitions
 - # of advocacy tools/resources developed, shared, published
 - # of trainings (advocacy, CHW)
 - # of policymakers reached via constituent meetings
 - # of community members reached
 - # of dollars leveraged to partners
- **How well did we do it? *Examples- Not capturing all of this***
 - # of targeted policymakers reached/outreached
 - % of CHWs provided trainings (via advocacy trainings), % of CHWs satisfied with trainings
 - % of partner staff satisfied with support/accompaniment on advocacy trainings, advocacy days/events (qualitative feedback)
- **Is anyone better off? *Examples- Not capturing all of this***
 - % of partner staff/CHWs reporting applying new learning 6 months after training
 - % of advocacy agenda adopted, % of all potential policymakers who have adopted advocacy policy
 - # of new CHW financing opportunities at the state level (NC Medicaid Expansion)

Action Plan = Supporting convenings, coalitions; Build a North Carolina CHW Sustainability Coalition and sustainability roadmap; Promote CHW voices, visibility, and peer learning; Develop solutions and advance policies to sustain CHW workforce

Budget = Grant funding to support initiative



**Work backwards
towards the MEANS**

Case examples of RBA in action - Tompkins County, New York

- Began with using RBA to Plan for Youth Results in 2014 when they wanted to achieve more impact in their youth population
- Used RBA and met with youth, families, communities, non-profit organizations and asked them to look at results and indicators of child and family well-being, talk about factors that contributed to that and recommend strategies that became part of a county-wide plan to achieve youth results
- Determined to use RBA performance measures for all County Departments in 2017 and how all departments contributed to community well-being
- Phased in over 3-4 years to reach all County Departments; Started with volunteer departments ("coalition of the willing")
- Each year a subset of the departments followed these steps:
 - All department staff trained in RBA
 - Met with Department Directors to develop performance measures (prioritize fewest number of the most powerful performance measures)
 - Tracked performance measures and data in a Scorecard
- Next: Used Turn the Curve process to improve measures
- Benefits:
 - Showcased hard work they have done
 - Ability to plan collaboratively in a very effective way and to achieve strategies and real measurable change in both communities and in programs
 - Can see what will lose without programs and can see benefits of programs in the community
 - Used data to make tough budgetary decisions

Case examples of RBA in action - Santa Cruz County, California

- Following the release of a 1995 Community Assessment Project (CAP) report **showing alarming rates** of youth self-reported drug and alcohol use, **a coalition of 110 agencies, organizations, and individuals** came together to combat drug and alcohol use among youth.
- The group identified **5 outcomes and developed 7 strategies**, including new alcohol laws, public education programs, a grand jury report, youth leadership training, home visiting programs, and linkages to other initiatives for youth.
- A county-wide panel on youth access to alcohol developed **policy recommendations** for schools, law enforcement, land use/zoning, and businesses
- Since 1997, **raised \$1 million** for teen support activities: 2 new teen centers and 2 new teen residential treatment centers
- In 2003, the CAP report reflected a significant decline in the use of the substances (e.g. from 1994 to 2002, alcohol use by Santa Cruz County 9th graders was down 20%)
- Community leaders credit the **public/private partnership strategies** and the **use of RBA methods** as important contributions to **turning the curve**