



Using Results-based Accountability™ (RBA) to Measure and Address Social Determinants of Health (SDOH)

THE NORTH CAROLINA CENTER FOR HEALTH AND WELLNESS:

- Promotes health equity across the state;
- Builds the capacity of providers, impacts policies, and ignites communities into action;
- Leverages the strength of the University of North Carolina Asheville, including community engagement efforts and academic programs.

CULTURE OF RESULTS (COR) INITIATIVE:

- Provides evidence-based training and technical support to state and regional initiatives, local public health departments, hospitals, clinics, universities, and community providers and groups;
- Applies key aspects of empowerment evaluation as part of an ongoing planning process to support client self-determination and organizational capacity building;
- Develops the skills and capacity of clients to evaluate their own services to adapt, improve, expand, and communicate the impact of their work;
- Engages partner organizations in learning and using (RBA) and its evidence-based, common sense tools to plan and evaluate their projects and services.
- <https://ncchw.unca.edu/culture-results>

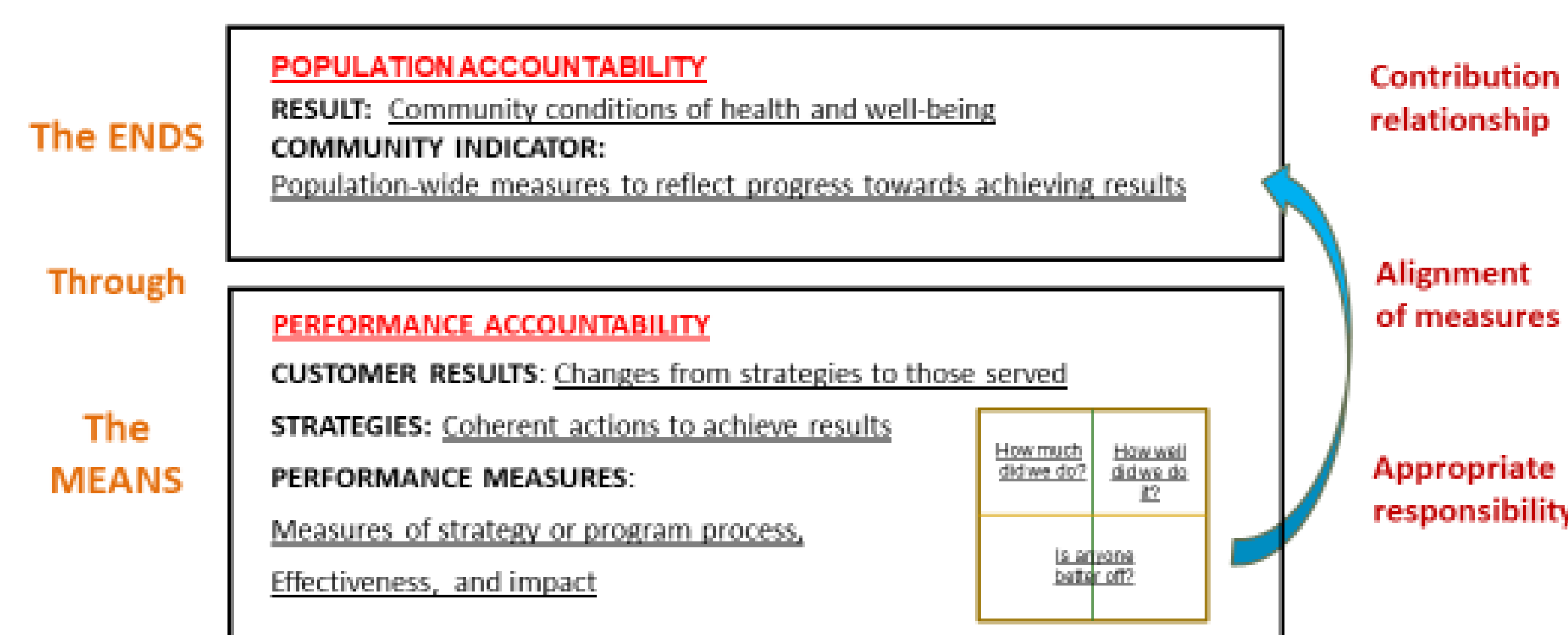
THIS PRESENTATION:

- Modified version of a training on addressing social determinants of health through the use of Results-based Accountability with six key partnerships;
- Provided to the North Carolina Institute of Medicine Accountable Care Communities Task Force;
- Available in full from <https://ncchw.unca.edu/collaborative-research>;
- Focuses on one exemplary partnership and the lessons learned.

RESULTS-BASED ACCOUNTABILITY:

- Framework for moving from talk to action quickly and methodically;
- Recognized by the Center for Disease Control (CDC), the National Institute of Health (NIH) and departments and agencies across North Carolina as an effective practice for evaluation and planning

Results-based Accountability Framework:



"The NC Center for Health and Wellness has helped the Mothering Asheville movement establish how to evaluate and work towards progress in community capacity building, clinical shift, and policy change. They trained community-based doulas to develop criteria for assessing how our patients are better off and built a Scorecard to measure our impact. They also led our entire collaborative-- including clinical leaders, community-based organizations, and residents-- to create a shared vision statement for eliminating the Black/White disparity in infant mortality in Buncombe County."

- Maggie Adams, Project Manager of Mothering Asheville, MAHEC Ob/GYN

METHODS:

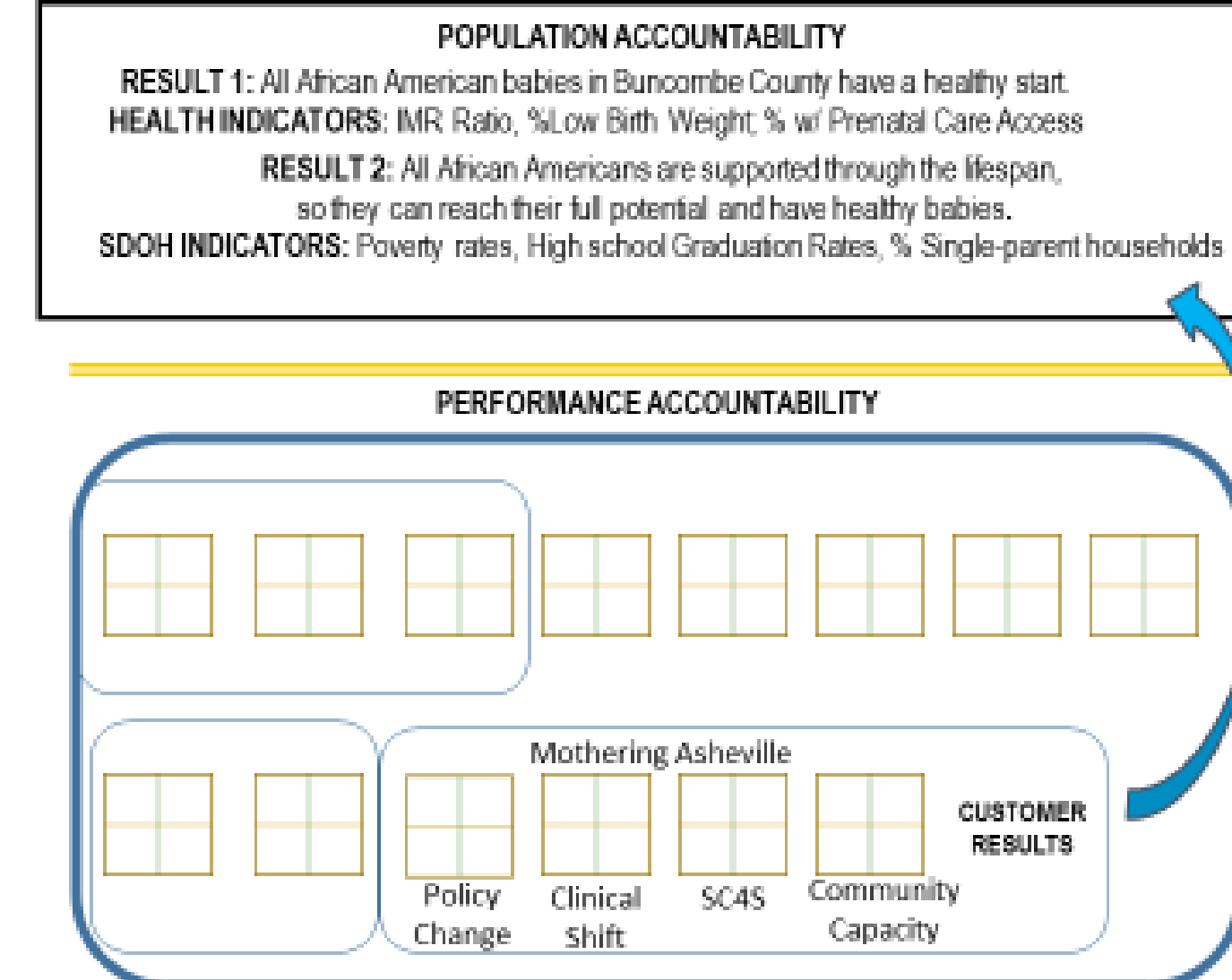
Over the course of almost three years, Culture of Results helped infuse RBA tools, exercises, and principles into Mothering Asheville (aka the Buncombe County Community Centered Health Home) through the following activities:

- Led the Steering Committee to co-create the vision statement for the successful implementation grant proposal;
- Provided training and technical support to the Program Director;
- Developed a Clear Impact Scorecard to track performance measures for each strategic area and examine how they contributed to "turning the curve" on infant mortality rate disparities in Buncombe County, other birth outcomes, and social determinants affecting health throughout the life cycle for Black residents;
- Aligned with the Buncombe County Community Health Improvement Plan scorecard measures after Mothering Asheville became the health outcomes priority backbone coalition;
- Trained SistasCaring4Sistas, a group of Black doulas, to help them understand the importance of evaluation and identify their own headline performance measures and data development agenda for grant reporting;
- Facilitated data-driven processes for identifying "what works to do better" in Steering Committee communications and collaboration;
- Supported members in developing their own RBA elevator speeches to request increased resources for the work.

LESSONS LEARNED APPLYING RBA TO MEASURE & ADDRESS SDOH:

1. SUPPORT PARTNERS IN IDENTIFYING THEIR OWN MEASURES
 - This can build capacity, shared accountability, buy-in and empowerment
2. CONNECT RESULTS TO MEASURES AND STRATEGIES
 - Start with the community or customer results and their measures then work backwards to identify necessary strategies
 - OR Start with strategies (what you do or plan to) and then connect to the customer results and performance measures
3. CONSIDER ALIGNMENT AND ROLLING UP MEASURES
 - Streamline performance measures across various projects or departments and roll up to various levels of your agency
 - Look at the contribution of your performance measures to community indicators
 - Align with what your partners measures for a collective impact approach
4. COMPARE GROUPS TO UNDERSTAND NEEDS AND PROMOTE EQUITY
 - Stratify/disaggregate data and compare to take an equity approach and get a full(er) picture
5. ANALYZE AND REVIEW DATA REGULARLY FOR PLANNING AND IMPROVEMENT
 - Review measures often to determine needs, find gaps in services offered, and expand programming
 - Look at connections between performance measures and community indicators to ask: *Are we doing the right things? Are we doing things right?*
6. PRIORITIZE MEASURES TO STREAMLINE THE COMPLEXITY
 - RBA filters include *data power, communication power, and connective/proxy power*

COLLECTIVE IMPACT: PERFORMANCE ACCOUNTABILITY CONTRIBUTES TO POPULATION ACCOUNTABILITY



THE MOTHERING ASHEVILLE LINK



The Steering Committee Visioning Exercise



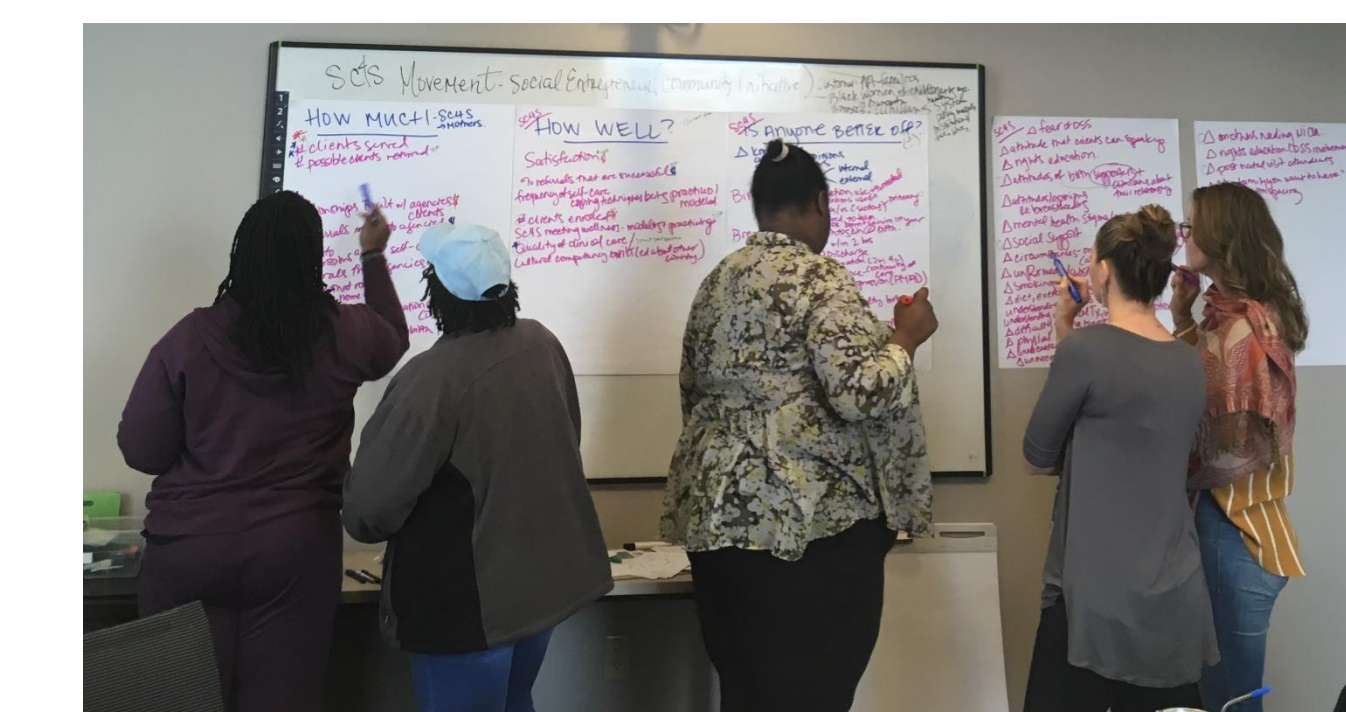
The Community Health Improvement Plan Scorecard

SistasCaring4Sistas Performance Measures: Data Power, Communication/Proxy*, DDAS, Headline

How much did we do?	How well did we do it?
# Clients served *****	Satisfaction 5
# Possible clients referred 5	% of referrals that are successful \$\$\$\$\$
Relationships built w/ agencies 5, clients	Frequency of self care \$
# Referrals made to agencies \$\$\$\$\$\$	Coping techniques being practiced/modelled
# Of info sessions around self care, coping	# Clients enrolled
# Referrals from agencies to doulas	SCAS meeting wellness - modelers and practicing
# Prenatal home visits	Quality of clinical care - doula perspective, *****
Advocacy efforts, education re: services providers (DSS, etc)	Cultural competency unit (ed about other country)
# Post-natal visits *	Navigate that room
Education regarding birth birth	

SistasCaring4Sistas Performance Measures: Headline Measures and Data Development Agenda

How much did we do?	How well did we do it?
# Clients served	Quality of clinical care - doula perspective
# Referrals made to agencies	% of Referrals that are successful
Is anyone better off? Δ Knowledge, Attitudes/Opinions, Skills/Behaviors, Circumstances--Internal + external	
Δ Birth outcomes: babies born and survive 1st year	
Δ Satisfaction w/ birth experience - continuity of care	
"The family you want to have:" post-birth spacing	
Δ Feelings: value doulas/attitude	
Δ Circumstances: unnecessary DSS intervention	



SistasCaring4Sistas Brainstorming and Prioritizing Performance Measures

