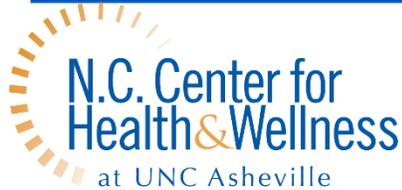


# Building the Bridge between Clinic and Community: Using Results-based Accountability to Help Improve Birth Outcomes

All In Data for Health Conference  
October 16, 2019 ~ 11:15-12

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# Desired Results

- » Provide an overview of the Results-based Accountability (RBA) planning and evaluation framework.
- » Discuss and model the ways that RBA has helped advance Mothering Asheville (MA) efforts to plan strategically, evaluate impact, align community measures across partners, and communicate results effectively.
- » Introduce RBA tools and resources the audience can apply to YOUR own work.
- » Enable participants to apply the RBA process to brainstorm performance measures for YOUR work.
- » Illustrate how MA performance measures contribute to “turning the curve” on disparities in infant mortality rates in Buncombe County.

# Agenda

- » Welcome & Introductions
- » Overview of Mothering Asheville, SistasCaring4Sistas and NC Center for Health and Wellness – Modeling RBA Elevator Speeches
- » Introduction to Results-based Accountability
- » Population Accountability Application- Implementation Proposal
- » Performance Accountability Application- SC4S Evaluation Training
- » Performance Measures Brainstorming and Brief Share
- » RBA Framework, the Contribution, and Scorecard
- » Questions, Answers, and Discussion

# Mothering Asheville

## Vision

- *By 2027, we plan to eliminate inequities in infant mortality in Buncombe County, changing the current 2015 data indicating that African-American babies die at 3.1 times the rate of White babies.*
- To drive and sustain this change, we will engage community members and organizations and health care providers and administrators to advocate for institutional policies that address structural racism, implicit bias, access to care, and social determinants of health.
- In collaboration with community leaders, we will promote increased access to preventive services in community-based settings (particularly for African- American women of childbearing age) and create systemic change in the way that women in Asheville access and utilize care.

# SistasCaring4Sistas

## Vision

- *SistasCaring4Sistas vision is to eradicate disparities in maternal and infant mortality by providing education and doula services to families who face adverse maternal health outcomes before, during and after pregnancy by building sustainable community capacity, lasting connections through unlimited support, open lines of communication, and wrap around resources*

## Mission

- *Doula Services*
- *After five resource connection*
- *Ensure, inform, and assist*
- *Growing Sustainable communities*

# The North Carolina Center for Health and Wellness

## Vision

- NCCHW is dedicated to helping ensure that *all* people have the resources they need to live healthy lives across the state.

## Mission

- NCCHW works to impact policy, build capacity, and ignite communities into action.
- Culture of Results provides training and support to guide partners in measuring impact and improving results. COR uses a framework known as Results-based Accountability (RBA) and its evidence-based, common sense tools to plan and evaluate services.

<https://ncchw.unca.edu/culture-results>

<https://ncchw.unca.edu/collaborative-research> **ALL IN**  DATA FOR  
COMMUNITY  
HEALTH

# Communicating Results- RBA Elevator Speech

## Communicating Results: Your RBA Elevator Speech

Organization/Group: \_\_\_\_\_

And Specify Audience: \_\_\_\_\_

Write a message for each of the prompts/RBA elements.

Prompts	RBA Element	Message
Quality of life condition we want for our community.	RESULT	
How we will know we have achieved it.	INDICATOR	
What we do with partners across the community.	STRATEGY Collective Impact	
*The 3 messages above can combine to become a common message for partners. The part below tells how you contribute.*		
What our strategy is. What we do as an organization, program, project team.	STRATEGY Program Specific	
How well we do it.	PERFORMANCE MEASURE-HEADLINE QUALITY MEASURE	
What change our work produces.	PERFORMANCE MEASURE- HEADLINE CUSTOMER RESULT	
What we want to move forward.	WHAT WORKS TO DO BETTER?	
Our next step.	ACTION	

Put the message pieces together to form Your RBA "Elevator Speech":

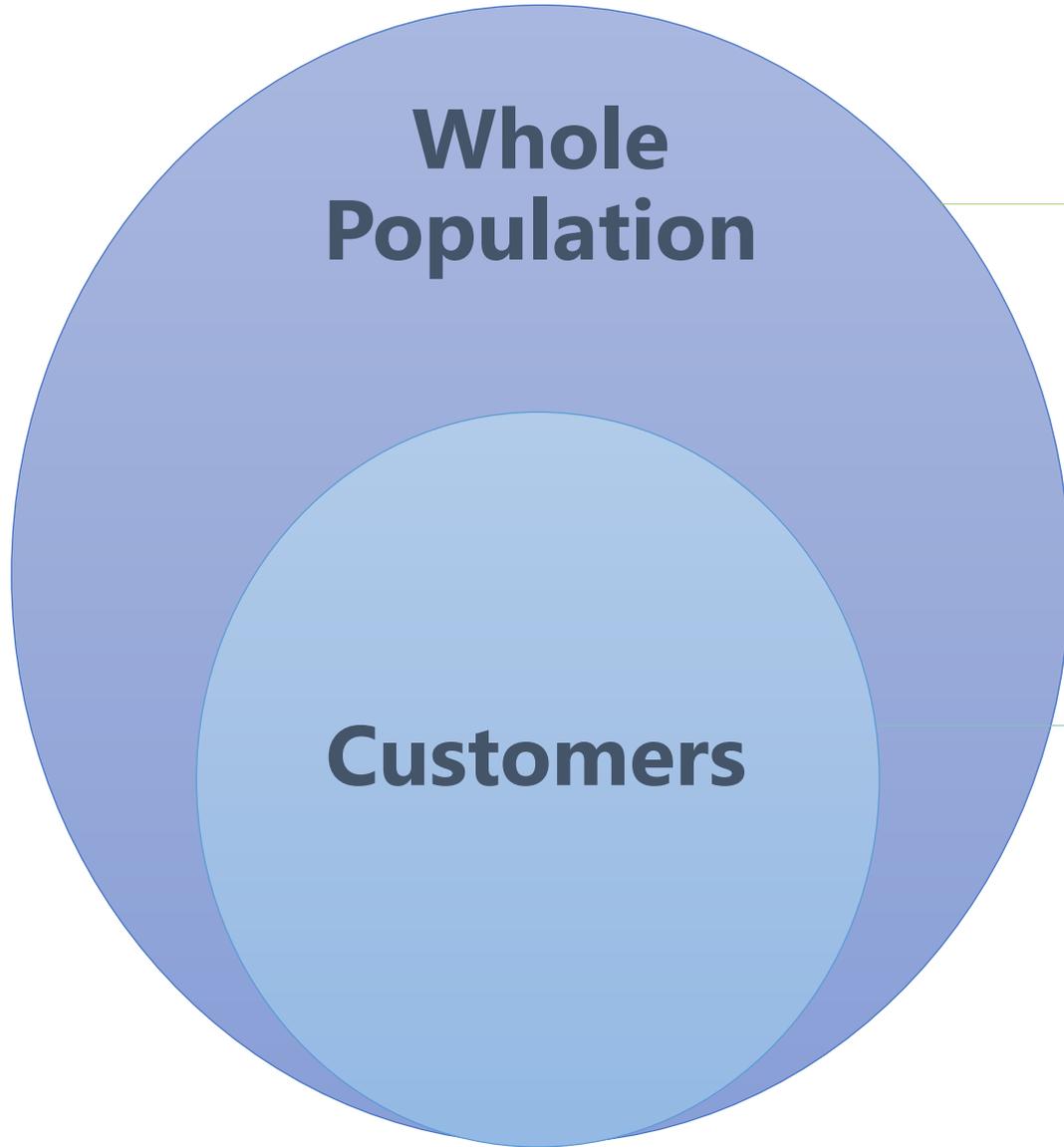
# Results-based Accountability™

- A way of thinking, organizing and taking action to improve the quality of life in community and also the performance of programs, agencies, and service systems.
- Uses a data-driven, decision-making process to help communities and organizations get from **“talk” to action**

## Core Principles

- Common Ground
- Common Language/Understanding
- Common Sense

# Population and Performance Accountability



## Population Accountability

The well-being of **Whole Populations or Subgroups** within Communities, Cities, Counties, States



## Performance Accountability

The well-being of **Customers served or impacted by** Programs, Coalitions, Agencies or Services Systems

# The RBA Thinking Process



## Population Accountability

1. What are the quality of life conditions we want for the people who live in our community/region?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures? Include the story behind the numbers.
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?



## Performance Accountability

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well?
4. How are we doing on the most important of these measures? Include the story behind the numbers.
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?



# Population Accountability Application



## Population Accountability

1. What are the quality of life conditions we want for the people who live in our community/region?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures? Include the story behind the numbers.
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6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

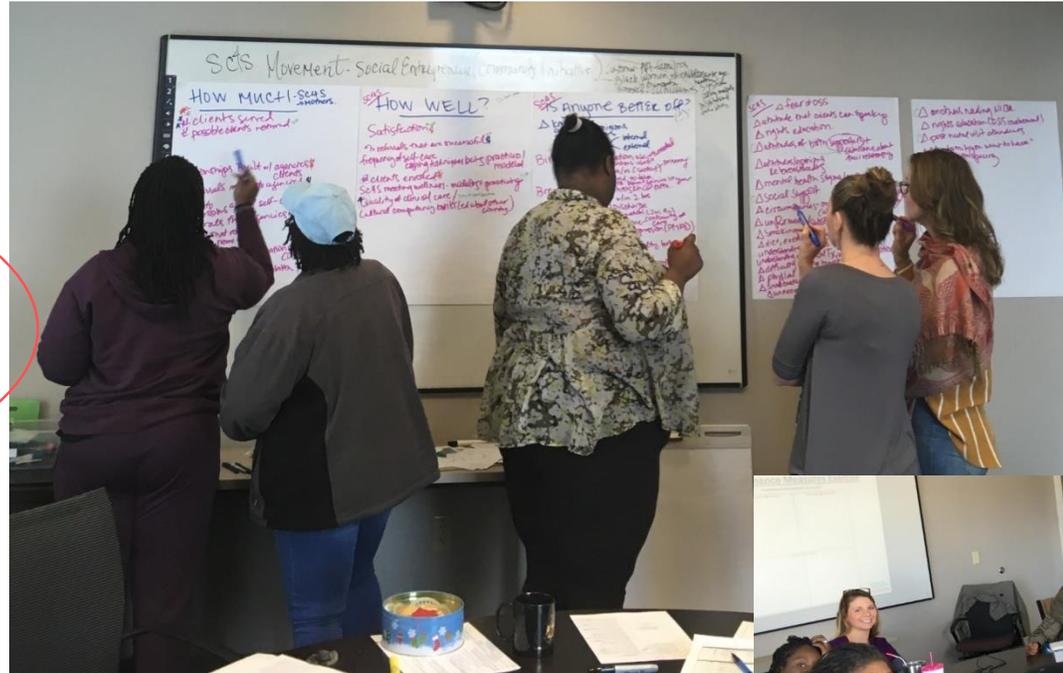


# Performance Accountability Application



## Performance Accountability

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well?
4. How are we doing on the most important of these measures? Include the story behind the numbers.
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?



# Performance Measures

	Quantity	Quality
Effort	<b>How much did we do?</b>	<b>How well did we do it?</b>
Effect	<b>Is anyone better off?</b>	
	#	%

SistasCaring4Sistas Performance Measures: **Data Power, Communication/Proxy\***, **DDA\$, Headline**

How much did we do?	How well did we do it?
<p><b># Clients served *****</b></p> <p># Possible clients referred \$</p> <p>Relationships Built w/ agencies \$, clients</p> <p><b># Referrals made to agencies \$\$\$\$\$\$</b></p> <p># Of info sessions around self care, coping</p> <p><b># Referrals from agencies to doulas</b></p> <p><b># Prenatal home visits</b></p> <p>Advocacy efforts, education re: services providers (DDS, etc)</p> <p><b>#Post-natal visits *</b></p> <p>Education regarding healthy birth</p>	<p>Satisfaction \$</p> <p><b>% Of referrals that are successful \$\$\$\$\$\$</b></p> <p>Frequency of self care \$</p> <p>Coping techniques being practiced/modelled</p> <p><b># Clients enrolled</b></p> <p>SC4S meeting wellness - modelers and practicing</p> <p><b><u>Quality of clinical care - doula perspective *****</u></b></p> <p>Cultural competency unit (ed about other country)</p> <p>Navigate that room</p>
<p><b>Is anyone better off?:</b> Δ Knowledge, Attitudes/opinions, Skills/behaviors, Circumstances – internal + external</p> <p>Δ Birth outcomes: Medication use - % needed; interventions used **; Vaginal (vs c-section); delivered to term ***; <b><u>babies born and survive 1st year *****</u></b>; skin to skin @ birth; address any physical concerns; unnecessary ER/hospital visits \$; mothers needing NICU</p> <p>Δ Satisfaction w/ birth experience - <b>continuity of care \$\$</b>, “The family you want to have” post-birth spacing \$\$</p> <p>Δ Knowledge/Understanding of: how to support healthy birth, coping and self care; how mother’s body works \$; Dynamics of childbirth; triggers and alternatives; understanding of medical Tx, when needed, options;</p> <p>Δ Attitudes/opinions of: birth supporters + <b>clinicians about their relationship</b>; breastfeeding; mental health stigma/perceptions; attitude that clients can speak up;</p> <p>Δ Feelings: Mental health - anxiety, depression (PMAD); <b>value doulas/attitude \$\$</b>; fear of DSS; rights education \$</p> <p>Δ Skills/behaviors: <b>breastfeeding (BF within 2 hours; @ Discharge; Continuation (2 w, 4 w,))</b>; on/off meds (mental health, physical health)(as Rx); Δ NonRx meds/substances; dmoking; diet, exercise, eating healthy; <b>postnatal visit attendance</b></p> <p>Δ Circumstances: <b>resources/referrals; social support</b>; difficulty getting to appointments; <b>unnecessary DSS intervention \$\$</b></p>	

How much did we do?

**# Clients served**

# Referrals made to agencies

How well did we do it?

**Quality of clinical care -  
doula perspective**

% 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**

# Performance Measures Brainstorming

	Quantity	Quality
Effort	<b>How much did we do?</b>	<b>How well did we do it?</b>
Effect	<b>Is anyone better off?</b>	
	#	%

## Sample Performance Measures

<u>How much did we do?</u>	<u>How well did we do it?</u>
<b># Customers</b> <b># Activities</b>	<b>% of satisfied customers</b> <b>% of clients completing activities</b> <b>% of activities done properly</b> <b>Staff qualifications</b>
<u>Is Anyone Better Off?</u>	
<b># Knowledge/Understanding</b>	<b>% Knowledge/Understanding</b>
<b># Attitudes/Opinions</b>	<b>% Attitudes/Opinions</b>
<b># Behaviors/Skills</b>	<b>% Behaviors/Skills</b>
<b># Circumstances</b>	<b>% Circumstances</b>

# The RBA Framework



Population

## Population Result

- Condition of well-being for communities (e.g. All African American babies in Buncombe County have a healthy start with the opportunity to reach their full potential)

## Community Indicator

- Measure(s) which help(s) quantify the achievement of the result (e.g., Infant Mortality Disparity Ratio)



Performance

## Customer Results for Program, Agency, or Service System

(e.g. Sistas Caring 4 Sistas Client Changes)

## Performance Measures

- Measures of how well the program, agency or service system is working (e.g. Number of babies born to SC4S clients who live through their first year)

Contribution relationship

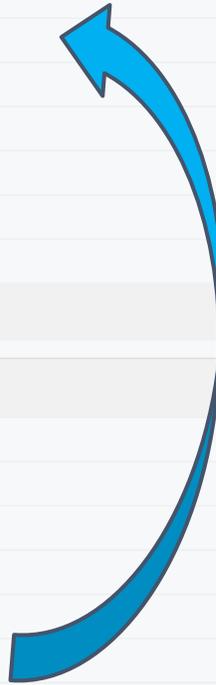
Alignment of measures

Appropriate responsibility



# Scorecard <https://app.resultsscorecard.com/Scorecard/Embed/33884>

CLEARIMPACT		Mothering Asheville Scorecard		Emma Olson	NCHW		
<b>R</b>	<b>CCHH</b> All African American babies in Buncombe County have a healthy start. ■	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
<b>I</b>	<b>BCHHS</b> Infant Mortality Disparity Ratio of African American to White Infants - Buncombe (Live) 1	2017	3.8	—	—	↗ 4	54% ↑
<b>I</b>	<b>BCHHS</b> Low-Weight Births Disparity Ratio - African American to White Infants - Buncombe (Live)	2017	1.9	—	—	↘ 2	-5% ↓
<b>I</b>	Percent of pregnant African American women in Buncombe County who access prenatal care in their first trimester-White Comparison	2016	87.9	—	—	↘ 1	25% ↑
<b>I</b>	Percent of pregnant White women in Buncombe County who access prenatal care in their first trimester	2016	87.9	—	—	↘ 1	19% ↑
<b>I</b>	Percent of pregnant African American women who deliver their baby full term (data not yet available)	—	—	—	—	—	—
<b>I</b>	Percent of African American mothers who attend their postpartum visit (data not yet available)	—	—	—	—	—	—
<b>I</b>	<b>BCHHS</b> Infant Breastfed at Time of Discharge for Buncombe - Total (with comparisons)	2014	85.6%	—	—	↗ 1	4% ↑
<b>I</b>	<b>BCHHS</b> Infants (% enrolled in WIC) Breastfed at 6 weeks of age - Buncombe	2015	24.3%	—	—	↘ 1	-30% ↓
<b>I</b>	<b>BCHHS</b> Infants (% enrolled in WIC) Breastfed at 6 months of age - Buncombe	2015	%10.9	—	—	↘ 1	-49% ↓
<b>I</b>	<b>BCHHS</b> Teen Pregnancy Rate (15-19 years of age) for Buncombe - Total (with comparisons)	2015	26.2/1000	27.5/1000	—	↘ 8	-52% ↓
<b>I</b>	<b>BCHHS</b> Infant Mortality Rate - Buncombe Total (with comparisons) (Live)	2017	6.4	—	—	→ 1	-6% ↓
<b>R</b>	All African American people are supported from birth through childbearing age, so they have the opportunity to reach their full potential and have healthy babies. ■	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
<b>S</b>	<b>CCHH</b> Increase Community Capacity and Sustainability ■	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
<b>PM</b>	<b>CCHH</b> Dollars of financial support secured for partnership work	2018	\$125,000	\$131,000	—	↘ 1	142% ↑
<b>PM</b>	<b>CCHH</b> Value of in-kind support provided by partners- See Attachment for Activities and Impact	—	—	—	—	—	—
<b>PM</b>	<b>CCHH</b> Cumulative Number of community leaders trained in facilitative leadership, breastfeeding, doula services, safe sleep, or preconception/interconception related- community advocacy	2019	59	20	—	↗ 3	883% ↑
<b>PM</b>	<b>CCHH</b> Percentage of clients served by SC4S who receive prenatal care in their first trimester	2019	97	—	—	→ 0	0% →
<b>PM</b>	<b>CCHH</b> Number of babies born to SC4S clients	2019	48	—	—	→ 0	0% →
<b>PM</b>	<b>CCHH</b> Percentage of babies delivered at term to SC4S clients (at least 37 weeks gestation)	2019	87.5%	—	—	→ 0	0% →
<b>PM</b>	<b>CCHH</b> Percentage of babies born at a healthy weight to SC4S clients (>2500 grams)	2019	93.2%	—	—	→ 0	0% →
<b>PM</b>	<b>CCHH</b> Quality of clinical care (Qualitative only- To be done)	—	—	—	—	—	—
<b>PM</b>	<b>CCHH</b> Number of clients served by SistasCaring4Sistas	2019	77	—	—	→ 0	0% →
<b>S</b>	<b>CCHH</b> Support a Clinical Shift to Community-Centered Health ■	Most Recent Period	Current Actual Value	Current Target Value	Next Period Forecast Value	Current Trend	Baseline % Change
<b>PM</b>	<b>CCHH</b> Percent of African- American pregnant women on Medicaid who deliver full term (37+ wks) in BC	Q4 2017	90.3%	—	—	→ 0	0% →
<b>PM</b>	<b>CCHH</b> Percent of African- American pregnant women on Medicaid who attend prenatal care within the first trimester	Q4 2017	80.6%	—	—	→ 0	0% →



# Scorecard <https://app.resultsscorecard.com/Scorecard/Embed/33884>

		Most Recent Period	Current Actual Value
   All African American babies in Buncombe County have a healthy start. 			
   Infant Mortality Disparity Ratio of African American to White Infants - Buncombe (Live) 1		2017	3.8
   Low-Weight Births Disparity Ratio - African American to White Infants - Buncombe (Live)		2017	1.9
  Percent of pregnant African American women in Buncombe County who access prenatal care in their first trimester-White Comparison		2016	87.9%
   Support a Clinical Shift to Community-Centered Health 		Most Recent Period	Current Actual Value
   Percent of African- American pregnant women on Medicaid who deliver full term (37+wks) in BC		Q4 2017	90.3%
   Percent of African- American pregnant women on Medicaid who attend prenatal care within the first trimester		Q4 2017	80.6%
   Number of clients served by SistasCaring4Sistas		2019	77
   Percentage of clients served by SC4S who receive prenatal care in their first trimester		2019	97%
   Number of babies born to SC4S clients		2019	48
   Percentage of babies born at a healthy weight to SC4S clients (>2500 grams)		2019	93.2%
   Percentage of babies delivered at term to SC4S clients (at least 37 weeks gestation)		2019 <sup>20</sup>	87.5%



# Resources:

- [These resources: https://ncchw.unca.edu/collaborative-research](https://ncchw.unca.edu/collaborative-research)
- [Trying Hard Is Not Good Enough](#)
- [Mark Friedman's RBA 101 video](#)
- [www.raguide.org](http://www.raguide.org)
  - [Whole Distance Exercise Instruction](#)
- Reach out to our team to ask about support!

# Many thanks!

- » Questions
- » Comments?
- » Applications to your own work...