

APPENDIX C: THE MODIFIED RBA PROCESS AND MATRICES USED

This is a guide to the majority of steps utilized to implement a modified RBA process while developing our 2017 Community Health Improvement Plan for Bexar County.

1. Priority Area

Definition: The categories of public health issues that will be addressed in the 2017 CHIP.
Examples: The five selected 2017 CHIP priority areas:

- Behavioral and Mental Well-Being
- Healthy Child and Family Development
- Healthy Eating and Active Living
- Safe Communities
- Sexual Health

Action: Fill in your Priority Area below. Later, after selecting headline indicators, co-chairs should also write an introductory paragraph for their Priority Area. The introduction should include a high-level summary of each headline indicator.

(First – write priority area)

2. Accountability Type

Definitions: The RBA framework has two components: Population Accountability and Performance Accountability. Population Accountability is used to address the well-being of a population within a specific geographic area—in this case, San Antonio and Bexar County.

- This is a group of partners responsible for the well-being of a population in a geographic area. It starts by identifying a population within a specific geographic area.
- Performance Accountability is used to assess how well a program, agency or, service system is doing. Within an agency, this typically is a group of managers responsible for the performance of a program, agency, or service system. Within a community, this may be a program within an agency.

This guide will focus on the planning process for Population Accountability. Population Accountability starts by identifying a population within a specific geographic area.

Example: The San Antonio Teen Pregnancy Prevention Collaborative is accountable to the community for reducing the rates of teen births in Bexar County.

Action: Write in your type of results accountability below (this template is currently designed for population accountability) and the population you are working to improve, for example Bexar County.

Population Accountability – targeting __ (Bexar County) __

3. Results Statement

Definition: A result, also known as an outcome or goal, is a population condition of well-being for children, adults, families and communities, stated in plain language. When thinking about a result statement, begin with the end in mind and be sure to include: 1) a specific geographic area, 2) a condition of well-being, and 3) a population.

Example of a results statement:

- People in Bexar County are preventing and managing chronic diseases such as diabetes, obesity, and heart disease.
- Women of childbearing age, teens, and infants in Bexar County are healthy.

Action: Document your final results statement below.

A Tool to Use to Develop a Results Statement: Your workgroup may choose to use a Victory Circle as a tool to help develop your results statement. A Victory Circle helps create images of success and develops excitement about the project.

Instructions: Draw a large circle on a flip chart paper and title it Victory (or Results). Ask the group to step into the future and visualize the final outcome. Then, ask the following questions: “What did you see? Feel? Hear? Who was involved? What’s going on?” Go around the group to get an image from each person. Use several different color markers to write in ideas until the circle is filled in. Your objective is to give the group a sense of the final outcome in a richness of detail that will begin to bring it alive in their imaginations.

(Write result statement)

4. List and Rate Potential Indicators

Definition: An indicator is a measure that helps quantify the achievement of a result, should communicate clearly to relevant constituencies, and is comparable to something larger such as state or national data.

Examples of indicators:

- Violent crime rate helps quantify safe communities
- Adults with obesity helps quantify healthy adults
- Teen birth rate helps quantify the rate of teenage pregnancy in the community

4a. List Potential Indicators

Action: First, in the table below, create a list of 5-7 potential indicators that could measure the desired result. Use the Community Health Needs Assessment (CHNA) and other community data sources as resources.

| | (Potential Indicators (Population Accountability |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

4b. Rate Potential Indicators

Action: Second, move the 5-7 potential indicators from step 4a into the second column of the table below. Then, in the next five columns, rate these potential indicators as High, Medium, or Low within the listed categories:

1. Data Power (essential): Is there quality data for this indicator on a timely basis? To be credible, the data must be consistent and reliable. Timeliness is necessary to track progress. Incomplete data can be added to your Data Development Agenda, reference Step 6.
2. Proxy Power (very important): Does this indicator say something of central importance about the result? Is it a good proxy for other indicators? Data tend to run in a "herd" – in the same direction. Pick an indicator that will tend to run with the herd of all the other indicators that could be used.
3. Communication Power: Does this indicator communicate to a broad range of audiences? Would those who pay attention to your work know what this measure means?
4. *Impact on Life Expectancy: Would efforts to improve this indicator also improve life expectancy in the selected population?
5. *Significant Impact on Population Health: Does this indicator also have a significant impact on community or population health?

*These two were added to reflect important countywide health concerns as identified in the CHNA.

| | Potential Indicator | Data Power | Communication Power | Proxy Power | Impact on Life Expectancy | Significant Impact on Health (Ranking) |
|---|---------------------|------------|---------------------|-------------|---------------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

5. Headline and Associated Indicators

5a. Select Headline Indicator - one

Definition: Headline indicators are the most important measures that rise to the top in the RBA rating process and ideally rate high across all five rating categories.

Examples of Headline Indicators: Violent crime rate, Adults with obesity, Infant mortality

Action: Select 1 headline indicator, document it in the table below, and include any notes within the indicator column. This will typically be one that is rated “high” in all categories in the table in step 4b, above. We found that sometimes 2-3 indicators need to be combined to tell the story of what the group is trying to impact, such as utilization of preventive primary care providers, as measured by three data points: (1) childhood immunization rates, (2) first trimester access to prenatal care and (3) emergency room visits for non-emergency care. The remaining indicators can be tracked as **associated indicators** that support the headline indicator(s).

| | Selected Headline Indicator (Population Accountability) | Data Power | Communication Power | Proxy Power | Impact on Life Expectancy | Significant Impact on Health (Ranking) |
|---|---|------------|---------------------|-------------|---------------------------|--|
| 1 | | | | | | |

5b. Select Associated Indicator

Definition: Associated indicators are measures that are related to and support the headline indicator. Associated indicators will be tracked, but will not be taken through the rest of the RBA process. However, they will play an important role in developing the story behind the baseline and other parts of this process.

Action: List any indicators that did not make the cut for headline indicator and the group feels strongly that these should be monitored.

| | Associated Indicator | Data Power | Communication Power | Proxy Power | Impact on Life Expectancy | Significant Impact on Health (Ranking) |
|---|----------------------|------------|---------------------|-------------|---------------------------|--|
| 1 | | | | | | |

6. Data Development Agenda – if applicable

Definition: A data development agenda is a plan that identifies data that is not yet available and how it will be collected. Indicators rating low in data power should be added to your development agenda (RBA Book, page 56).

Example:

- Childhood obesity rates

Action: Make a list of indicators for your data development agenda with ideas for potential data sources and partners. Identify an agency that wants to take the lead on working on developing this indicator.

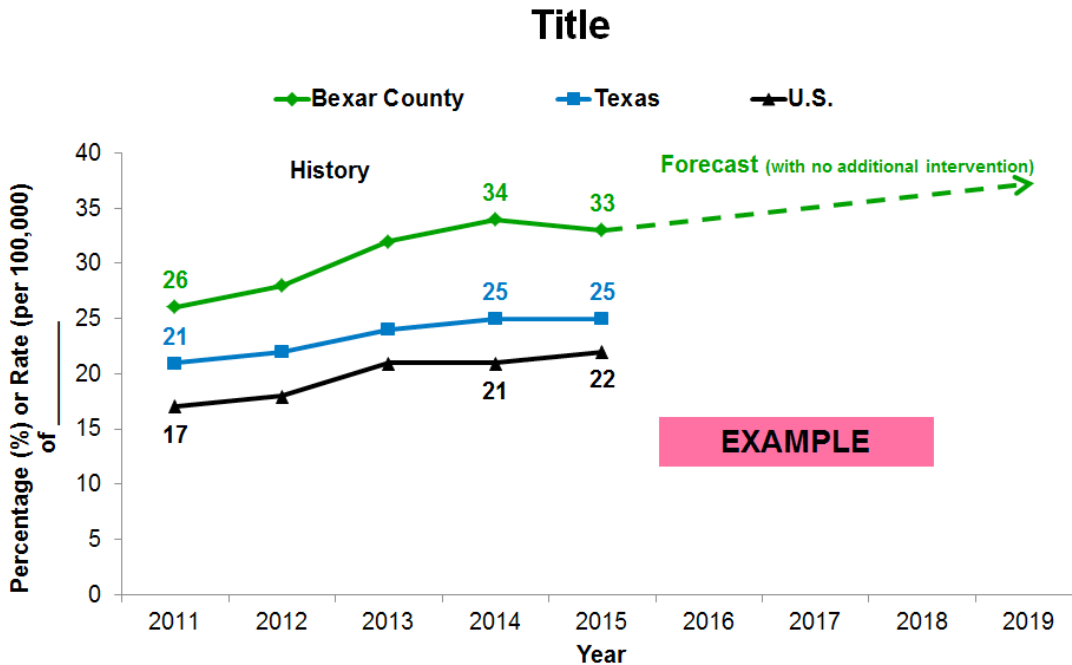
| | Data Development – desired future indicator(s) | Potential Sources of data | Potential partners to help obtain this data | Agency - that will take the lead on looking into this |
|---|--|---------------------------|---|---|
| 1 | | | | |
| 2 | | | | |

7. Trend Line Graph of Headline Indicator*

*This step will be completed between meetings.

Definition: For this CHIP planning purposes, a trend line has two elements: a historic part (baseline) that tells us where we have been and a forecast that shows where the work-group members predict this indicator will be in the future. The forecast is an estimate of future trends assuming the current level of effort or intervention. A comparison line is added, either a state or national value or state or national goal, such as the EPA attainment level for ozone. Later at the end of the performance accountability process, when all of the actions have been identified, then a target line will be added to display how much improvement the workgroup believes that their identified actions can improve the headline indicator.

Example of a trend line graph:



Note: _____ (any definitions to explain indicator)
 Sources: _____ (list for the numerators and denominators)

Action: For each headline indicator, draw a trend line using at least five years of historical data, if possible. The graph should also include a forecast to 2019 (the end of the CHIP we are developing) of what would happen without additional intervention. Clearly label graphs, cite data sources, and develop strong, precise definitions for each headline indicator. Below, make a note of major events over time that might explain sharp increases or decreases in the data.

(Insert trend line graph of headline indicator with comparison line and forecast)

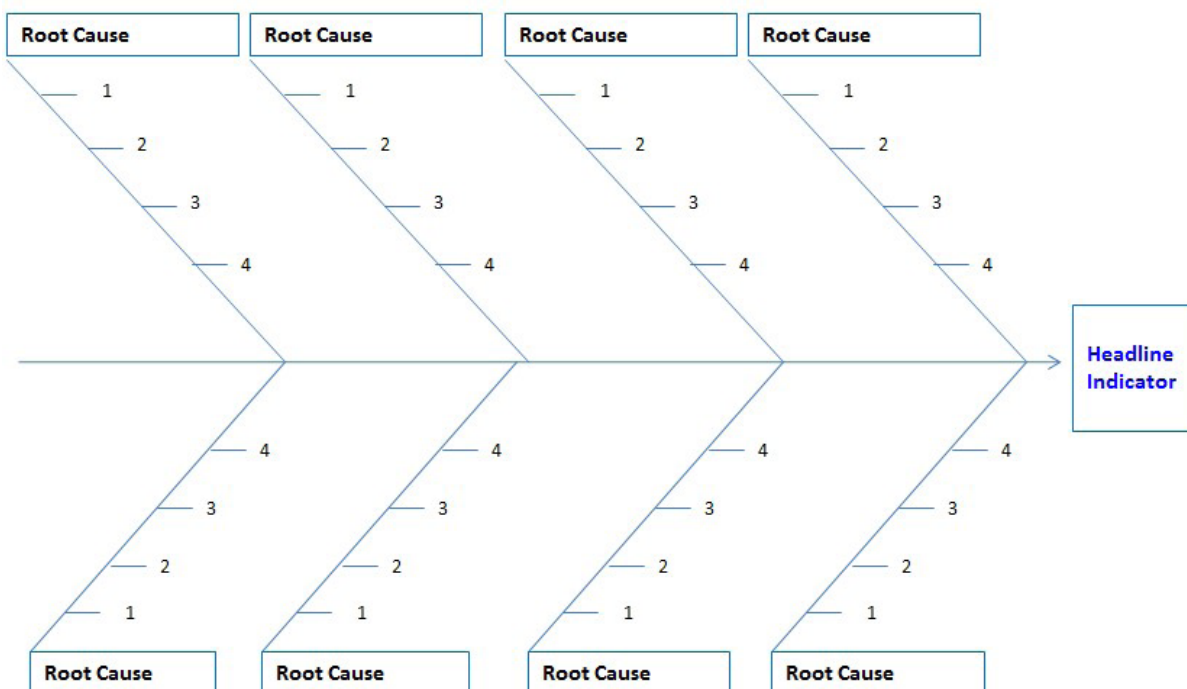
(Write notes about events that greatly impacted changes in direction of the headline indicator trend line)

8. Root Cause Analysis around Baseline – using Fishbone Diagram

Definition: A root cause analysis is an exercise that helps workgroups determine the factors that are causing certain health outcomes in our community. Why does the data look the way it does in our community? This step is a local conversation about health concerns. We will use a fishbone diagram to perform this analysis.

Examples: If the headline indicator focuses on rising juvenile crime, what is causing it to rise in this community? If the headline indicator focuses on decreasing obesity rates, what caused obesity in this community?

Action: Use a Fishbone Diagram to conduct a Root Cause Analysis. Build your diagram below. Start by filling in the selected headline indicator at the “head” of the fishbone. Then ask what caused this health issue to be the way it currently is in the community? Each larger root cause should be written in the boxes of the fish bone diagram; these can then be broken down into smaller causes representing the structural/root causes. Ask “why” five times to drive down to these smaller, structural root causes.



9. Prioritized Root Causes –rate and narrow to three

Definition: A prioritized root cause is a root cause we can influence that rises to the top in the RBA rating process.

Examples: Lack of education about preventative health; Limited access to health care; Limited knowledge of available resources

9a. Prioritized Root Causes –rate

Action: Use the information from the Fishbone Diagram in step 8 above to start this conversation. Move root causes identified into the second column of the table below. Then, in the next four columns, rate these potential indicators as High, Medium, or Low within the listed four categories to determine your top three prioritized root causes to address. Stay focused on the identified population/ community, what we can do in the next 3 years

1. **Leverage (most important):** How much difference will addressing the root cause make on results, indicators, and turning the curve? This is the most important of the criteria. It does not matter how well an idea scores on other criteria if it does not make any difference.
2. **Influence:** How much influence do we have to address this root cause?
3. **Feasibility/Reach:** Is it feasible and affordable? Can it actually be done and when?
4. **Values:** Is it consistent with our personal and community values?

| | Root Causes (to rate) | Leverage | Influence | Feasibility | Values |
|---|-----------------------|----------|-----------|-------------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

9b. Prioritized Root Causes that we can address - narrow to three

Action: Select 3 prioritized root causes that we can address in our community. These will typically be those rated “high” in all categories in the table in step 9a, above. Document these in the table below.

| | Prioritized root causes that we can address | Leverage | Influence | Feasibility | Values |
|---|---|----------|-----------|-------------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

9c. Narrative of the Story Behind the Baseline*

*This step will be completed between meetings. Recommend identifying one person to take the lead.

Definition: The story behind the baseline is a narrative that explains the root causes and underlying factors influencing the data. Example: See the example below from San Francisco’s Department of Public Health.

Since the 1990’s, smoking rates in SF have declined significantly mainly due to efforts in California to remove advertising, educate the public, and increase cigarette taxes. SF was among the first localities to enact workplace, playground, and restaurant smoking bans and has been a leader in implementing strong and progressive policies to discourage smoking and protect individuals from secondhand smoke. These efforts have reduced smoking in the city from 20% in 1990 to 12-14% in the 2000’s. Compared nationally, San Francisco’s average annual decrease in adult smoking between 1996 and 2012 has been among the highest in the country for both men and women, at about 3%. However, since 2003, the rate of adult smoking has remained relatively unchanged, around 13% which is higher than most of our neighboring counties in the Bay Area.

Tremendous work to change San Francisco’s culture around tobacco use has been facilitated through the SFDPH’s Tobacco Free Project. The Project specifically works to reduce exposure to environmental tobacco smoke, reduce youth access to tobacco, and counter pro-tobacco influences. The Project worked to pass specific measures including: banning free distribution of tobacco products, banning tobacco advertising on city property, banning smoking in workplaces including restaurants, mandating that tobacco be sold behind store counters and eliminating vending machines, banning tobacco advertising on taxis, adding a cigarette butt litter mitigation fee to the sale of cigarettes, requiring a permit for tobacco sales, banning tobacco in public parks and plazas, banning smoking at transit stops, banning the sale of tobacco in retailers with a pharmacy, and passage of the Smoke Free Ordinance (Article 19F of the Health Code). In 2013, Article 19M of the Health Code was enacted requiring landlords to disclose whether their lease agreement allows smoking and which of their neighboring units allow for smoking.

Since the 1990's, smoking rates in SF have declined significantly mainly due to efforts in California to remove advertising, educate the public, and increase cigarette taxes. SF was among the first localities to enact workplace, playground, and restaurant smoking bans and has been a leader in implementing strong and progressive policies to discourage smoking and protect individuals from secondhand smoke. These efforts have reduced smoking in the city from 20% in 1990 to 12-14% in the 2000's. Compared nationally, San Francisco's average annual decrease in adult smoking between 1996 and 2012 has been among the highest in the country for both men and women, at about 3%. However, since 2003, the rate of adult smoking has remained relatively unchanged, around 13% which is higher than most of our neighboring counties in the Bay Area.

Tremendous work to change San Francisco's culture around tobacco use has been facilitated through the SFDPH's Tobacco Free Project. The Project specifically works to reduce exposure to environmental tobacco smoke, reduce youth access to tobacco, and counter pro-tobacco influences. The Project worked to pass specific measures including: banning free distribution of tobacco products, banning tobacco advertising on city property, banning smoking in workplaces including restaurants, mandating that tobacco be sold behind store counters and eliminating vending machines, banning tobacco advertising on taxis, adding a cigarette butt litter mitigation fee to the sale of cigarettes, requiring a permit for tobacco sales, banning tobacco in public parks and plazas, banning smoking at transit stops, banning the sale of tobacco in retailers with a pharmacy, and passage of the Smoke Free Ordinance (Article 19F of the Health Code). In 2013, Article 19M of the Health Code was enacted requiring landlords to disclose whether their lease agreement allows smoking and which of their neighboring units allow for smoking.

Action: Write a narrative that summarizes steps 7 (trend line), 8 (fishbone), and 9b (prioritized root causes) and describes their influence on the trend line. Explain any major increases/decreases in trend line and why the prioritized factors were selected/why are they important. The narrative should be no longer than one page per headline indicator and should include proposed research and challenges to outdated assumptions. Include citations for references in APA format.

Additional guidance: We recommend at least these 2 sections:

Section 1:

- As an introduction to your headline indicator, use national and state data if available to discuss what the data looks like on a national and state level.
- Please reference national targets and objectives, such as Healthy People 2020 or other standard goals.

Section 2:

Refer back to your Fishbone Diagram.

- Using your prioritized root causes, discuss what Bexar County looks like right now – especially the issues that are unique to Bexar County. (It should not look like another city/county.)
- Compare Bexar County to the national trend/national target. What are the differences and why are they different?
- If applicable, integrate your associated indicators in order to expand your story.

(Write narrative)

10. Partners with Roles to Play in Turning the Curve*

*Information for this step will be collected between meetings; then finalized at next meeting.

Definition: Think about the partners, both internal and external, that you currently work with. Who is missing from the table? Who are the partners that have a role to play in improving results? Who are partners that you would not traditionally consider?

Examples of non-traditional partners:

- The business community
- The media
- Partners outside the health system

Action: Use the table below to make a list of current and future partners that have a role to play in addressing the three prioritized root causes, identified in step 9b, to “turn the curve.”

| | Current/ Future | Partner Name | Role To Play in Turning the Curve |
|---|-----------------|--------------|-----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

11. What Works to Address the Prioritized Root Causes?*

* Information for this step will be researched/ideas collected between meetings, then used at next meeting.

Definition: What are the programs and services that work to turn the curve? What are the best practices and evidenced based interventions? What are you currently doing that works? Consider what research is available to demonstrate that a strategy has a reasonable chance of turning the curve.

Examples:

- Making online training videos helps educate people about safe food handling.
- Improved neighborhood lighting and sidewalks facilitates after-work exercise.

Action: Discuss “what works” to address the prioritized root causes identified in step 9b. Use the outline below to spark discussion and create a list of and categorize potential strategies by options for action, low/no cost ideas, innovative ideas, and research agenda. Be sure to discuss how strategies work to address the root causes/factors your group has identified. Also use the document “What Works for Health in Bexar County” to assist in finding new evidence based strategies

- **Options for Action / What you are currently or should be doing:**
 -
 -
- **Low/No Cost Ideas**
 -
 -
- **Innovative Ideas / Best Practices:**
 -
 -
- **Research Agenda:**
 -
 -

12. Strategy Selection

Definition: A strategy is a collection of actions that has a reasonable chance of improving results and may also be known as a service, system, program or initiative. Remember, a strategy may involve the discontinuation of existing activities as well as the implementation of new ones. These could be programs and policies to be developed or enhanced that could have a significant impact on turning the curve on population health. Strategies should be multi-year and integrated. The alignment of a proposed strategy with a root cause provides the rationale for selecting that particular option (it is the link between the “end” and the “means”). Workgroups should utilize their prioritized root causes/factors to determine what works to improve results.

Examples of strategies:

- **Service:** Support staff of small restaurants (by providing a toolkit to help managers monitor restaurants (ex: checklist, training, videos and sample SOP's))
- **System:** Ensuring women receiving a positive pregnancy result from a testing center are linked to pre-natal care.
- **Program:** Cure Violence Program
- **Initiative:** Strengthening the Smoke Free Ordinance (Policy Initiative)

Action: Use the information from the “What Works” discussion in step 11 above to start this conversation. Move potential strategies that address the three prioritized root causes into the second column of the table below. In the third column write the number that represents the prioritized root cause(s) that this proposed strategy supports from step 9b. Then, in the next five columns, rate these potential indicators as **High, Medium, or Low** within the listed categories:

1. **Leverage (most important):** How much difference will the proposed action make on results, indicators, and turning the curve? This is the most important of the criteria. It does not matter how well an idea scores on other criteria if it does not make any difference.
2. **Feasibility/Reach:** Is it feasible and affordable? Can it actually be done and when?
3. **Clearly understood:** Is the idea clear enough to be implemented?
4. **Health Disparities:** Does it have an impact on health disparities in the community? Does it impact life expectancy and health equity?
5. **Partner Engagement:** Does this foster cross-sector, multiple partner engagement?

| | Potential Strategy | Prioritized Root Cause(s) | Leverage | Feasible/Reach | Clearly Understood | Health Disparities | Partner Engagement |
|----|--------------------|---------------------------|----------|----------------|--------------------|--------------------|--------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |

12a. Selected Strategies

Definition: Selected strategies are the most important strategies or specific sets of actions that rise to the top in the RBA rating process and ideally rate high across all five rating categories.

Action: Select the top 3-4 strategies that will have largest impact in turning the curve. Document them in the table below, and include any notes to help define them within the strategy column. This will typically be ones that are rated “high” in all categories in the table in step 12, above.

| | Selected Strategy | Prioritized Root Cause(s) | Leverage | Feasible/ Reach | Clearly Understood | Health Disparities | Partner Engagement |
|---|-------------------|---------------------------|----------|-----------------|--------------------|--------------------|--------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

12b. Strategies to Develop or Research

Action: Additional 1-2 strategies may be documented here as developmental for further research. Please include the agency or agencies that will lead these efforts in the strategy column.

| | Strategy to Develop or Research & Agency that will do this | Prioritized Root Cause(s) | Leverage | Feasible/ Reach | Clearly Understood | Health Disparities | Partner Engagement |
|---|--|---------------------------|----------|-----------------|--------------------|--------------------|--------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |

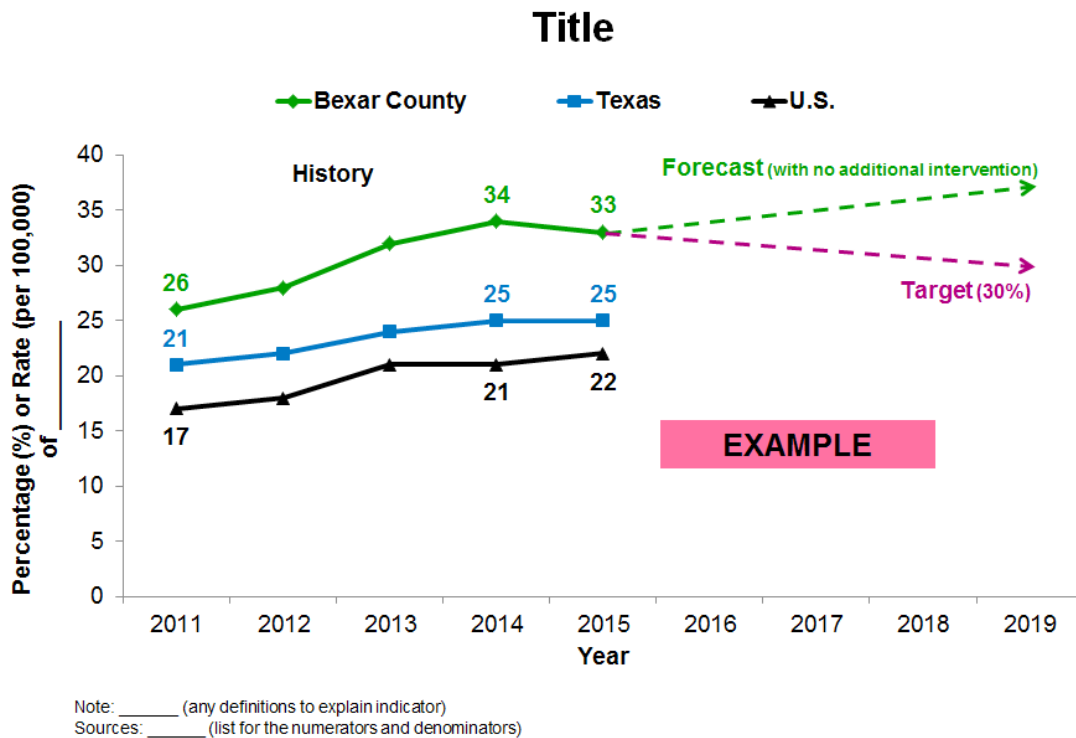
Complete Performance Accountability Steps (Group Performance Measures and Action Plan) in the other document.

13. Last Step. Target for Headline Indicator

Definition: At the end of the performance accountability process, when all of the actions have been identified, the group will set a target of how much improvement the workgroup believes that their identified actions can improve the headline indicator - to “turn the curve” for their population.

Example: A 95percent graduation rate by 2020. (This includes specific number and time-frame.)

Example of a target line added to trend line graph:



Action: For each headline indicator, set a target of how much improvement the workgroup believes that their identified actions can improve the headline indicator. Then add a target line and a targeted percent improvement to the trend line graph.

(Write out target for headline indicator)

(Add target and target line to trend line graph of headline indicator)

Note:

This guide does not detail the steps used in the development process for Performance Accountability. Performance Accountability includes setting performance measures collectively for the agencies participating in a workgroup and committing to actions that are specific, measureable, achievable, realistic and time-bound (SMART).