Results-Based Accountability™ (RBA™)

Health Foundation of La Porte (HFL) is dedicated to empowering La Porte County residents to live healthy and well to become one of Indiana's top 10 healthiest communities by 2030. A healthy community is a population-level result (a result for the entire community) that we can only achieve by working in alignment and close collaboration with partners across the community. HFL is working to build the community's capacity to achieve a healthy community and is utilizing the Results-Based Accountability™ (RBA™) framework to guide this effort. Applicants can use this document and the RBA Project/Program Summary Template to help them develop their grant proposal.

RBA™ is a disciplined way of thinking and taking action to improve entrenched and complex social problems. Communities use RBA™ to improve the lives of community members. RBA™ is also used to improve the performance of programs and organizations.

RBA™ starts with the ENDS in mind and works backwards to MEANS. The approach focuses on the community-level conditions of well-being that leaders agree to be accountable for achieving, and then uses common sense steps to organize collective action to make a positive impact. For programs, the ENDS are how clients or participants are better off when the program works the way it should. For a job training program, for example, the ENDS are the percent of people in the program who obtain and keep good paying jobs.

RBA™ helps communities and organizations to:

- Define the results or condition of well-being we are seeking for our children, adults, and families who live in in our community, for the population served, or for your organization.
- Determine and obtain buy-in for key indicators of success. How will you measure change? If the result is achieved, what would the difference look and feel like? Is the target population better off?
- Identify *What Work*s, especially in terms of best practices, evidenced-based practices, and promising practices, and to prioritize strategies.
- Identify all those who could potentially play a role in contributing to the result. Who are your partners that have a sphere of influence and are willing to move from talk to action?
- Move from talk to action quickly. RBA™ is not strategic planning, but it can replace strategic planning with an
 action-oriented and data-driven approach to making positive impact.

RBA™ includes two types of accountability: Population Accountability and Performance Accountability.

Population Accountability is about taking on the responsibility of the well-being of whole populations located in a geographic area: communities, cities, counties, states, and nations. This type of accountability is measured by population **INDICATORS**. Population indicators apply to whole populations, such as the population of La Porte County, and help quantify the achievement of a population result, such as a healthy community. Population indicators answer the question "How would we recognize these results in measurable terms?"

The **indicators** HFL is using to measure population accountability are organized into our strategic priorities of Healthy Children, Healthy Living, and Healthy Minds. You can learn more about our population indicators by visiting our website or our HFL Priority Dashboards <u>TEN2030</u>.

Performance Accountability is about a director, manager or group of managers taking on the responsibility of the well-being of client populations engaged with programs, organizations, and service systems. This type of accountability is measured by program (or service) PERFORMANCE MEASURES.

Performance measures are measurements of how well a program, organization, or service system is working. Performance measures, answer three questions: (1) How much did we do? (2) How well did we do it? (3) Is anyone better off? These questions address the quantity and quality of the effort that is made through a program and the quantity and quality of the effect a program has.

Figure 1 presents the three categories of performance measures (How much did we do?; How well did we do it?; and Is anyone better off?) and illustrates how they fall into the categories of quality and quantity.

٦.	Quantity	Quality
Effort	How much did we do?	How well did we do it?
×	Is anyone better off?	
Effect	Number (#)	Percent (%)

Figure 1. Categories of Performance Measures

Figure 2 presents types of performance measures commonly used.

	Quantity	Quality
	How much did we do?	How well did we do it?
Effort	# clients served	% client-staff ratio
	# activities (by activity type)	% staff fully trained
		cost per client
	ls anyon	e better off?
Effect	# of clients who are better off (i.e., who achieved new knowledge, a new skill, a new	% of clients who have new knowledge or achieved a new skill (i.e., parenting skills)
	behavior, a new circumstance)	% of clients with an improved attitude/opinion toward a behavior (i.e., drug use)
		% of clients exhibiting a behavior (i.e., school attendance)
		% of clients with a circumstance (i.e., working, lives in stable housing)

Figure 2. Common Types of Performance Measures

Figure 3 is an **example performance measure chart** for a substance use treatment program.

	Quantity	Quality	
	How much did we do?	How well did we do it?	
Effort	# of persons treated	Cost per person treated	
		% of staff with (specified)	
		certifications	
	Is anyone better off?		
Effect	# of clients off alcohol & drugs	% of clients off drugs & alcohol	
E	at exit of treatment	at exit of treatment	
	12 months after exit of	12 months after exit of	
	treatment	treatment	

Figure 3. Example Performance Measures for a Substance Use Treatment Program

Key Terms

RBA™ uses common language that is clear and understood by all. Definitions used in RBA™ include:

- Result: A condition of well-being for children, adults, families, or communities (ENDS).
- Indicator: A measure which helps quantify the achievement of a result (ENDS).
- Performance Measure: A measurement of how well a program, agency or service system is working (MEANS).