WNCHEALTHYIMPACT

# Whole Distance Exercise Instructions (updated 4/12/19)

The purpose of this document is to guide you in facilitating the RBA Whole Distance Exercise (WDE) at either the population or the performance level. The WDE takes you through the whole 7 step Results-Based Accountability™ thinking process for either Population or Performance levels. This process supports transparency by outlining how you got to your decisions on strategies or actions and is a tool that can be used effectively with a wide range of participants, regardless of education level or background, bringing more equity and inclusion to your planning processes.

## General Facilitation Tips & Guidelines

This exercise:

- Can be used with a group that has had no formal introduction to RBA.
- Effective with a wide range of participants, regardless of education level or background.
- Helps shift the focus from what you don't want to what you *want* to achieve.
- Is a way to help your group not jump from health statistics to solutions.

It's important for facilitators of WDE to:

- Acknowledge and report all contributions. There are no "wrong answers." The facilitator writes each response on a flip chart or page that makes the most sense.
- Emphasize that all perspectives are valuable.
- Remain neutral. Compliments or agreement with responses can unintentionally make other people feel that their contribution is less valuable.
- As the facilitator, your role is to collect the expertise in the room. If you feel strongly that you have expertise to contribute, consider recruiting an outside facilitator. If that's not feasible, be clear to your participants when you are stepping out of your facilitator role and sharing expertise.
- Understand the history of the group, their agreements for working together, how they make decisions, and their commitment-level for working together on the plan they develop.

## Population or Performance

Determine whether you are planning at the **population** or **performance** level. The instructions that follow are for a population-level WDE. Instructions for a population-level WDE begin on page 2. Instructions for a performance-level WDE begin on page 10.

## Preparation

Decide if you will use all 7 steps at one time, break WDE into 2 or 3 meetings, or use just a few steps. The 7-step process can be accomplished in 60-90 minutes. Decide how your will record the participant responses:

- Chart on the wall (see Appendix A for set-up instructions for this method)
- Print the pages out and write on them ("table top") (Tool: Table Top WDE tool)
- Personal notes/Individual sheets (Tool: 4 charts on a page)
- Scribe, capturing on paper or into Clear Impact Scorecard™

## **POPULATION WHOLE DISTANCE EXERCISE** (Steps 1 to 3)

Before beginning a WDE at the population level, it's important to clarify two things:

- What geographic level is your focus? (i.e. multi-county, county, neighborhood)
- What specific population is your focus? (i.e. all people, men, senior citizens, women of child-bearing age, young children, etc.)

Both geography and population can be further refined by your participants during *Step 1*.

### **Step 1 – Population Result(s)**

Definition – The quality-of-life conditions we want for the people (or a sub-set of people) living in our [geography decided on, e.g. community, county, neighborhood].

Purpose

- Plainly stated population results are easily understood by anyone in your community. The development of a shared result can create a positive feeling of comradery among your coalition/work group/partners. When you have more difficult decisions or conflict about strategies to address complex issues in your community, it's helpful to remind people of your shared, positive result.

Prompts & [Instructions]

- What do we want to say about all children, families, adults, seniors or age, gender by race, ethnicity, income levels in the defined geographic area?
- How might we say this in plain language, so that anyone in our community could understand what we mean?
- How would you complete this sentence, "People in X County are _____."

Tips

- This may be an over-arching result for health or more specifically related to a priority issue.
- There might be similar language in a coalition vision statement that you can start with
- Option: Start with the Community Results Statement from your local Community Health Assessment.
- Options: Start by offering a possible result with proposed wording to generate discussion.
- It's possible to work with multiple results. For WNC Healthy Impact CHIP leaders, it is important to have one, key result to include for each priority health issue (can be the same for all 3 or 3 different results) for completion of your electronic CHIP in Scorecard™.
- Participants might offer something they don't want to see anymore. Acknowledge their idea and then ask if they can flip their idea to name what it is they do want to see.
- What might people most affected by this issue describe as the condition of well-being they hope for?

Tools

- You can be creative in how you facilitate this conversation. Consider inviting people to write a future headline, "In five (or 10) years, what might the newspaper headline be celebrating our success on this issue? Complete this headline, "We are celebrating! People in X County are _____ ." Headlines, by

their nature must be short and plain language. This can help people achieve that in their ideas for a results statement.

- WNC Healthy Impact Tool: *Clarifying Results & the Experience of Success with Your Community*

**Step 2 – Experience**

Definition – How people would encounter the result in their community, if it were true.

Prompts & *[Instructions]*

- How would we experience these conditions of well-being?
- What would we see or hear as we move through our community that might be different if we achieve our result?
- *[When participants offer an indicator, capture it on the indicator chart]* When that is true, what would you be able to see in your community?

Purpose

- This conversation usually results in excitement from a group. This helps reinforce why people are interested in helping – it's not necessarily to "reduce morbidity and mortality," but to have a community in which they see people living healthy, active, productive, and joyful lives.
- The information captured from this conversation also helps point to more meaningful measures of success (see Step 3 – Indicators).

Tips

- Encourage people to use all their senses.
- Often people will start with indicators, e.g. "Less people will have diabetes." Capture those on the indicator flip chart/page/section. For program ideas, e.g. "More fitness classes," capture those on the What Works chart/page/section. Stay persistent with encouragement to use their senses to envision/imagine how they would experience their community differently
- If people are struggling to answer these questions, ask, "What would we see more of, if we continue to fail?" Often people can think more easily of negative experiences. Once they describe negative experiences, then ask them to think about what the positive experience would be when we're successful.
- How might people most closely affected by this issue describe the experience they would like to have in their community related to the community result?

Tools

- WNC Healthy Impact Tool: *Clarifying Results & the Experience of Success with Your Community*

**Step 3 – Indicators** (and Data Development)

Definition – A measure that helps quantify the achievement of a result.

Purpose

- This step is important to be able to communicate your intended impact,
- Participants have the opportunity to consider multiple ways to possible measure results and experience the value of narrowing the list to a small number of indicators that best reflect progress towards their result.

Prompts & [Instructions]

- How might we measure these experiences that we just envisioned?
- What could we count that would help us tell if we are getting close to that reality?
- What do we already count?

Tips

- You can start with indicators from your Community Health Assessment that helped you choose the health priority you are discussing.
- Optional: Use the instructions from the *Prioritizing Indicators* tools (listed below) to narrow your list of indicators and help the group decide on a priority or "headline" indicator to use in Step 5.
- A priority indicator that you have or can easily get is a "headline" indicator. A priority indicator you wish you had becomes part of your data development agenda.

Tools

- WNC Healthy Impact tool: *Prioritizing Indicators*

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**Improvement Cycle: From Step 4 forward the WDE questions are the same for both Population and Performance Levels.** Step 4 is the beginning of the improvement cycle. Once you have measures at the population or performance level, you can monitor your implementation actions and progress

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## **POPULATION and PERFORMANCE WHOLE DISTANCE EXERCISE** (Steps 4 to 7)

**Step 4a How are we doing on the most important of these measures?** (Drawing the Baseline)

Definitions – We measure "how well we are doing" by looking both at the number data (Headline Indicator or Performance Measure) and the 'Story Behind the Curve.' We start looking at the number data by drawing a baseline and forecast for your headline indicator (or performance measure).

Purpose

- Drawing a baseline helps you document starting point, where you're headed if you do nothing different and acknowledge what success would look like.
- Monitoring the baseline regularly helps you know if you are on the right track for your community (baseline indicator) or customer (baseline "better-off" performance measure) impact.
- Helps us know if we are we doing the right things.

Prompts & *[Instructions]*

- *[Start by drawing the x- and y-axes of a graph; label the top of the graph with the name of the headline indicator or performance measure]*
- Where are we now?
  *[graph that at the half-way point of the x-axis]*
- Has it been getter better or worse? Has this been happening quickly or slowly?
  *[use this information to draw the "historical" portion of a line graph]*
- Where do you think it will go in the next several years if we keep doing the same things we're doing now?
  *[use a dotted line to show your projection into the future]*
- Is this ok?
  *[if so, you may have the wrong headline measure. You can refer to your indicator list to pick a different headline measure.]*
- *[If there is agreement that this trajectory is not ok, then use a different colored marker to draw a curve turning away from the baseline in the right direction.]*
- We are looking to work together to "turn the curve" on this issue.

Tips

- Don't get stuck if you don't have the exact data in front of you. Your team will likely have enough collective wisdom to draw a 'good enough' baseline chart. Improving upon the chart (researching or developing data) can be an action item after the event.
- Point out that any movement away from the predicted forecast and towards a "turn in the curve" is improvement and a return on your efforts.

Tools

- WNC Healthy Impact Tool: *Drawing a Curve from Scratch*

**Step 4b How are we doing on the most important of these measures?** (Story Behind the Curve)

Definitions – We measure "how well we are doing" by looking both at the number data (Headline Indicator or Performance Measure) and the 'Story Behind the Curve.' The story helps us examine what contributing factors make the baseline (drawn in Step 4a) as good as it is ("What's helping?") and what factors are preventing the baseline from being better than it is ("What's hurting?").

Purpose

- Understanding the story behind your number data helps you guide your group to address the most important local factors contributing to your numbers. Whose stories are reflected will affect your understanding of the realities in your community.
- By including the voice of those people with lived experience provides authentic community engagement and yields richer data to help point to strategies that stand a better chance of "turning the curve."
- Often groups will jump from number data to solutions. This step will help you select strategies and actions that stand a better chance of success.

Prompts & [Instructions]

- Now, we're going to dig into why our curve looks the way it does.
- What's helping? Why are we doing as well as we are? Why isn't it worse? What conditions, policies, programs or other factors are helping us do as well as we are doing?
- What's hurting? Why are things as bad as they are? Why isn't it better? What conditions, policies, programs or other factors are contributing to this problem and keeping us from doing better?
- What do people most affected by this issue say is helping and hurting?
  *[if no one has a response based in fact, not assumptions, add this to the "What else do we need to know?" chart, Step 6b]*

Tips

- Start with what is helping, and then move on to what is hurting. People will natural offer ideas of what is wrong. Identifying what is working can help identify strategies you may want to continue or grow.
- Challenge assumptions. Ask, "How do we know that to be true?"
- Ask "why" as a follow-up to the responses offered to get to the root causes.
- Option: The facilitator can come prepared with some themes from listening sessions with people most affected, including what they think would work to do better.

Tools

- Quality improvement tools used to examine "root cause" can be used in this step: 5 Whys, Fishbone Diagram, etc.

## Step 5 Who are the partners with a role to play?

Definition – Partners are the people and agencies we need to contribute to addressing complex community health issues (population level) or whose contributions/support/collaboration are needed to help us achieve our customer results (performance level).

Purpose

- Thinking broadly about possible partners is helpful to stimulate creative, possibly unexpected thinking about what works to do better (Step 6)

Prompts & *[Instructions]*

- Who are the partners who have a role to play in addressing one or more parts of the story behind the curve we just discussed?

Tips

- Often people will offer large categories or sectors of people. Encourage your participants to be specific, include names and roles of specific people who have a role to play.
- We often think of partners for implementation. It is also helpful to think of partners who could contribute to support (e.g. in-kind, money, or number & story data).
- How might people most affected by the issue be a partner? Whom might they identify as potential partners?

Tools

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## Step 6a What Works to Do Better?

Definition – Brainstorming what could work to do better and then using agreed upon criteria to select actions that we think stand a chance to make a difference.

Purpose

- This step allows you to consider many possible strategies that might work to do better. Participants who have a special interest in a specific strategy will feel heard when their idea is included.
- Participants might experience feeling overwhelmed with all the possible ideas shared. This can help the group be ready to prioritize strategies based on agreed-up criteria.

Prompts & *[Instructions]*

- What do you think would work to turn the curve on this issue?
- Look back at the story we discussed. What do you think would work to address a specific part of the story?
- What low-cost/no-cost things could we do?
- Do we know what the evidence says might work to do better?
  *[if not, make a note on the What else do we need to know? chart, Step 6b]*
- What do people most affected by this issue think would work to do better?

- *[For Performance only]* Are there things we are already doing for our customers that make sense to continue? *[pull over from How much? chart]*
- *[Facilitate a process that helps participants select priority programs/efforts]*

Tips

- Option: The facilitator can come prepared with some evidence-based strategies for this chart.
- Option: The facilitator can come prepared with some themes from listening sessions with people most affected, including what they think would work to do better.
- Once you've completed this section, take time to review how much your group accomplished in a short time, especially compared to other planning processes they've experienced.
- Acknowledge that the work is not complete, but they've gotten a good start in a short amount of time.
- Option: participants complete the *Prioritizing Strategies* tool before they leave. Facilitator commits (on "Now" section of *What are our next steps?* chart, step 7 to compile this information and share back with the group before or at next meeting)
- Option: Stop the WDE after you collect responses to this step. Reconvene after you have collected any additional Story or What Works (evidence-based strategies, what people most affected thinks would work, etc.). At the next meeting, use the *Identifying Priority Strategies* tool to give your team a chance to identify which parts of the story they want to address and to prioritize strategies that would most likely address those parts of the story.

Tools

- WNC Healthy Impact tool: *Applying Criteria to Select Action*
- WNC Healthy Impact tool*: Identifying Priority Strategies*

**Step 6b What else do we need to know?** (Story or What Works)

Definition – Anything identified as needing more research or exploration; can include questions that came up during the *Story* or the *What Works* discussions.

Purpose

- Using this chart helps you acknowledge where you are missing information while continuing to move from talk to action.
- The items on this chart become part of the action plan and continuous improvement for the group.

Prompts & *[Instructions]*

- *[This chart is placed below the What Works chart and is only referenced as needed, when questions arise that can't be answered by the group doing the WDE.]*

Tips

- If something lands on this flip chart, it can be a valuable use of time to ask if anyone in attendance is interested and available to help investigate the question (i.e. research evidence-based strategies,

collect more story data, etc.). These decisions then become "Now" actions on the *What do we do next?* chart, Step 7.

Tools

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**Step 7 What are our next steps?**

Definition – Deciding who will do what next by when

Purpose

- Meetings that end with action items feel meaningful to participants.
- Providing an opportunity to identify and claim action items keeps people meaningfully engaged.

Prompts & *[Instructions]*

- *[Draw 3 section headings on the flip chart page:* ***Now, Next 12 months, 2 to 3 years****]*
- *[Review any actions that you have already captured on this chart during the WDE]*
- What gaps in data or understanding of what works were identified? What actions can we take to start addressing those gaps? Who will do this? By when?
- What immediate actions can we take to implement some of the no-cost/low-cost ideas we came up with? Who will do this? By when?
- What actions can we take right away that will help keep our momentum going?

Tips

- Point out that the no-cost/low-cost ideas are a good place to start and don't require the group to wait for the perfect plan to start taking action.
- Include any data development or research issues (from *What else do we need to know?*) on this action-item list.
- Initially, one of your "Now" steps may be selecting priority strategies at your next meeting and the work that needs to happen to prepare for that.
    - Clarify the steps needed to finalize priority strategies or actions.

Tools

- Any project management tools you already use

## **PERFORMANCE WHOLE DISTANCE EXERCISE** (Steps 1 to 3)

Before beginning a WDE at the performance level, it's important to clarify what level of performance will be your focus? (i.e. Which service system, agency, function, program, project, initiative, or individual role?)

If conducting a "Chart on the Wall" version of WDE, refer to Appendix B for a diagram to help you set-up the performance WDE.

### **Step 1 – Who are our customers?**

Definition – The people whose lives are affected – for better or worse – by the actions of the program/agency/service system

Purpose

- Having clarity about who your customer is vital to developing meaningful performance measures and critical to knowing how to best design your efforts

Prompts & *[Instructions]*

- Who are your customers? Who are the people who you hope will be better-off for your efforts?
- You can have more than one customer.
- Which customer is most important for us to think about during our exercise today?

Tips

- These categories might help people think about a variety of customer: primary vs. secondary; internal vs. external; direct vs. indirect

Tools

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### **Step 2 – How can we measure if our customers are better off?** (and Data Development)

Definition – Performance measures that reflect changes in knowledge, attitude, skill, behavior and circumstance for our customers, answering the questions, "Is anyone better-off?" These are our customer results.

Purpose

- By clarifying how you envision your customers to be better-off, you set a clear intention of the future you're working to support your customer to achieve. This then becomes the clarifying question for all decisions in your work, "Does this help us get closer to our customers achieving the results we (or they) have in mind?"

Prompts & *[Instructions]*

- We are going to start by clarifying how we envision our customers will be better-off because of our efforts.

- Thinking into the future, what do you hope will be true for your customers? Complete these statements that describe what new knowledge, attitude, skill, behavior or circumstance you envision to be true for your customers in the future (near or far): "Our customers…
    - "…know _____."
    - "…believe _____."
    - "…can _____."
    - "…do _____."
    - "…now have _____."
- How might be measure that our customers are better-off in these ways?
- Do we already have some measures that reflect how are customers are better off?
- *[If there are measure you don't have and are interested in developing, write those on the Data Development chart]*

Tips

- You can start with performance measures that you already collect that relate to this customer and your work.
- People will often offer a mix of performance measure types. Capture them on the most appropriate chart.
- What do your customers say about how they want to be better-off?

Tools

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**Step 3 – How can we measure if we are delivering services well?**

Definition – Performance measures that reflect the quality of our staff and how we deliver services to our customers

Purpose

- This conversation establishes a common understanding and expectations for the quality of efforts for your project/program/agency/service system

Prompts & *[Instructions]*

- What do we want our customers to experience in their interactions with our staff and programs?
- What do we hope our customers will compliment us on?
- What positive things would they write on a comment card?
- What needs to be true about who we are and the way we work the ensure we are high quality and earn our customer's trust and confidence?
- How might we measure what we want our customers to experience from our services?
- Do we already have some measures of customer satisfaction that help us answer the question, "How well did we do it?"
- *[If there are measure you don't have and are interested in developing, write those on the Data Development chart]*

- *[Acknowledge that there is a third type of performance measure, "How much did we do?" and its related chart.]* Are there any activities we are already doing for this customer that we should capture as, "How much do we do?" *[Do not spend much time on this chart. The content of this chart will be reconsidered in Step 6 – What works to do better?]*

Tips

- You can start with performance measures that you already collect that relate to this customer and your work.
- People will often offer a mix of performance measure types. Capture them on the most appropriate chart.
- Participants will often start naming project or changes to project. That is "what you do." [Capture those on *How much?* chart if it's something you're already doing or *What works?* chart if it's an idea of what you could do.] Encourage them to focus on "how you do what you do."
- If people start offering new ideas for action, capture the ideas on the "what works" chart (Step 6) and remind the group that you will spend time thinking of solutions, once you dig into the story behind the numbers and identify potential partners.
- Optional: Use the instructions from the *Prioritizing Indicators* tool (listed below). You can use the same criteria and instructions for prioritizing both population indicators and performance measures. This tool helps you guide your team to narrow your list of performance measures and decide on a priority or "headline" measure to use in Step 5.
- A priority measure that you have or can easily get is a "headline" measure. A priority measure you wish you had becomes part of your data development agenda.
- Start with the best measure you have (even if it's a "How much" measure) and work to develop better measures.

Tools:

- WNC Healthy Impact tool: *Prioritizing Indicators*

**Steps 4 to 7** (go to page 5)

Steps 4 is the beginning of an improvement cycle that can be applied at both the population and performance levels. WDE works the same for steps 4 to 7 for both levels.

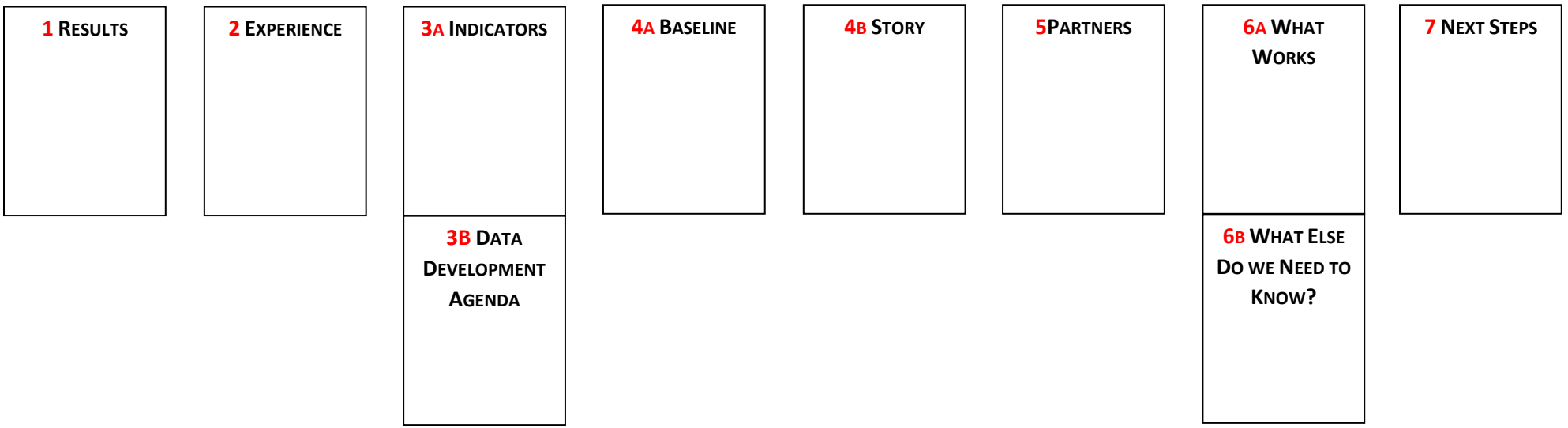
Steps 4 to 7 can also be used as a "RBA Agenda" to structure meetings to monitor your progress towards turning the curve – both successes and challenges – and to adjust your action plan.

**NOTES:**

## Appendix A – Set-up for Population WDE, "Charts on the Wall"

Flipchart Layout for "Charts on the Wall" Version of the Exercise

The red numbers correspond with the 7 RBA questions for Population Accountability



## Appendix B – Set-up for Performance WDE, "Charts on the Wall"

Flipchart Layout for "Charts on the Wall" Version of the Exercise

The red numbers correspond with the 7 RBA questions for Performance Accountability