Assessing Need and Context

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Intended results:

1. Define contextual fit and strategies for improving it

2. Support the assessment of population needs and contextual fit of potential program and practices

3. Apply the Hexagon Tool for supporting the selection of good fit interventions and practices

Setting the challenge

Case Study

- Your organization has been funded to <u>explore</u> the implementation of evidence-supported interventions to reduce infant mortality in North Carolina.

- Unfortunately, funding can only support 3 local sites.

- You have two key questions:
  1. What areas of the state have the greatest NEED to reduce infant mortality?
  2. What factors in the local context will impact contextual FIT of the intervention?

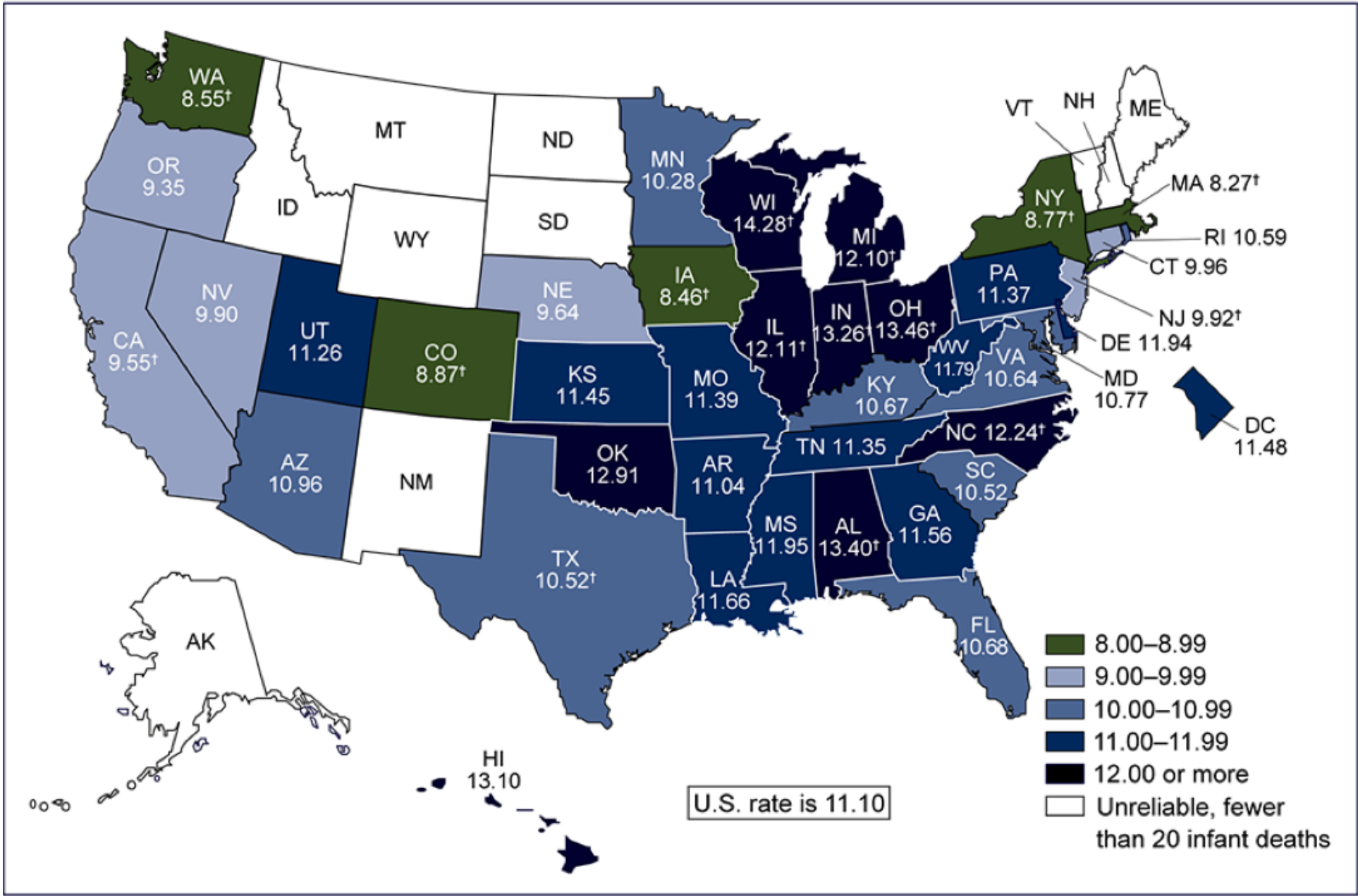# North Carolina Infant Mortality Rates by County
2011 - 2015
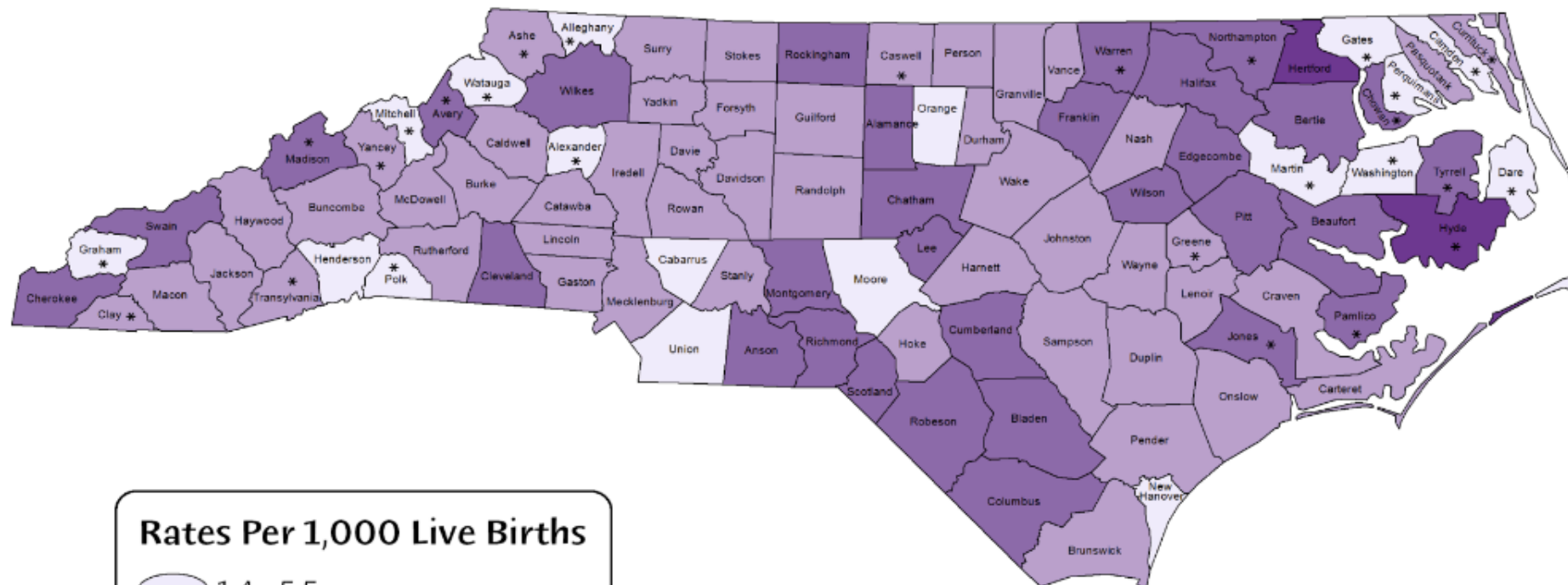
Rates Per 1,000 Live Births

- 1.4 - 5.5
- 5.6 - 8.5
- 8.6 - 13.6
- 13.7 - 20.4

* Rates based on less than 10 deaths are unstable and should be interpreted with caution.

NC Public Health
HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH
STATISTICS

Figure 3. Infant mortality rates for infants of non-Hispanic black women, by state: United States, 2013–2015

North Carolina
Total = 7.16 per 1,000
White = 5.51
Black = 12.24
Hispanic = 5.54

Legend:
- 8.00–8.99
- 9.00–9.99
- 10.00–10.99
- 11.00–11.99
- 12.00 or more
- Unreliable, fewer than 20 infant deaths

U.S. rate is 11.10

State values shown on map:
WA 8.55†, OR 9.35, CA 9.55†, NV 9.90, UT 11.26, AZ 10.96, CO 8.87†, NE 9.64, KS 11.45, OK 12.91, TX 10.52†, MN 10.28, IA 8.46†, MO 11.39, AR 11.04, LA 11.66, MS 11.95, WI 14.28†, IL 12.11†, IN 13.26†, MI 12.10†, OH 13.46†, KY 10.67, TN 11.35, AL 13.40†, GA 11.56, FL 10.68, SC 10.52, NC 12.24†, VA 10.64, WV 11.79, PA 11.37, NY 8.77†, MA 8.27†, RI 10.59, CT 9.96, NJ 9.92†, DE 11.94, MD 10.77, DC 11.48, HI 13.10

† Significantly different from the U.S. rate.
NOTES: Rates ranged from 8.27 to 14.28 per 1,000 live births. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db295_table.pdf.
SOURCE: NCHS, National Vital Statistics System.

B. Exploring Potential Determinants of Infant Death – Working Backwards

Preconception		Pregnancy	Labor & Delivery	Birth Outcomes	
Maternal Risk Indicators	Environment & Health Care System	Risk Indicators	Risk Indicators	Morbidity	Mortality
Pregnancy-related • High parity • History of poor birth outcome • Intendedness of pregnancy • Short inter-pregnancy interval • Poor health status **Demographic** • Race/Ethnicity • Nativity • Uninsured/Under-insured • Lack of employment • Low educational attainment **Behavioral Risks** • Poor nutrition • Physical inactivity • Substance use • Stress • Poor mental health **Genetic Risks** • Maternal low birth weight/small for gestational age	**Physical Environment** • Lack of housing • Urbanicity **Social Environment** • Poverty • High crime rates • Health inequity **Health Care System** • Infertility treatment • Lack of access to family planning services • Lack of access to family practice providers	**Maternal** • Insufficient or excess gestational weight gain • Substance use (Smoking, alcohol, drugs) • Multiple gestation • Lack of social support • Extremes of maternal age • Medical risk factors **Environment** • Lack of social support • Adverse living conditions **Health Care System** • Variations in the quality of the in-hospital care provided • Inadequate prenatal care • Limited access to obstetrical and high-risk perinatal services	**Maternal** • Uninsured/Underinsured **Health Care System** • No plan for delivery at risk-appropriate hospital • Mode of delivery • Delivery complications • Lack of breastfeeding	• Low and very low birth weight • Preterm and very preterm • Small for gestational age • Post-term • Congenital Malformations and anomalies • Macrosomia	• Fetal • Neonatal • Postneonatal • Cause specific

Theory of Change for the Intervention

Causal Determinants of the social or health problem in the identified context

AMCHP — ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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A Standardized Approach for Examining Infant Mortality

Assessment of need and context for implementation

Acknowledging the limitations of needs assessments

Implementation & Contextual Fit

- Investment in evidence ≠ outcomes
- Only 1/3 of widely disseminated evidence-based models are sustained long term (Saldana 2015)
- Attention to contextual fit improves implementation and sustainability potential

"Contextual fit is the match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources of those who implement and experience the intervention."

Horner et al., 2014

Any situation in which some men prevent others from engaging in the process of inquiry is one of violence;…to alienate humans from their own decision making is to change them into objects.

Paulo Freire, Pedagogy of the Oppressed

Assess Need & Context

- Work with stakeholders to understand population and community needs

- Support assessments of contextual fit

- Value the perspectives of multiple stakeholders
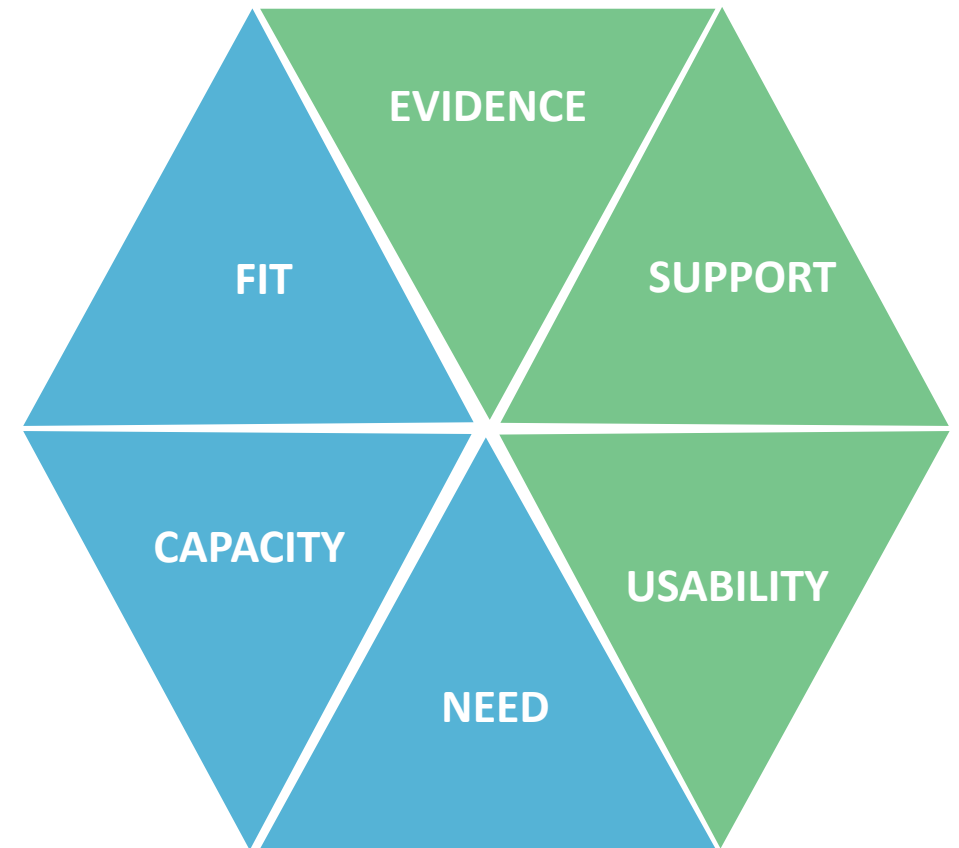
Best Practices

Uses multiple methods and data sources

Team-based

Stakeholder centered

The Hexagon Tool

Developed for use in implementation informed assessments

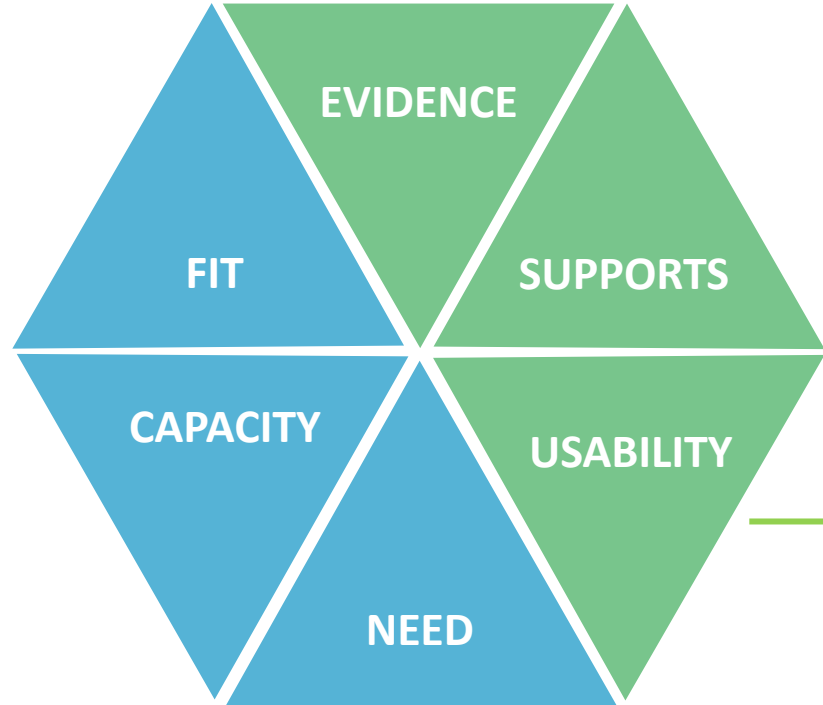Reviewed and edited by the Annie E. Casey Foundation Racial and Ethnic Equity and Inclusion Team (REEI)

For use by organizations and communities

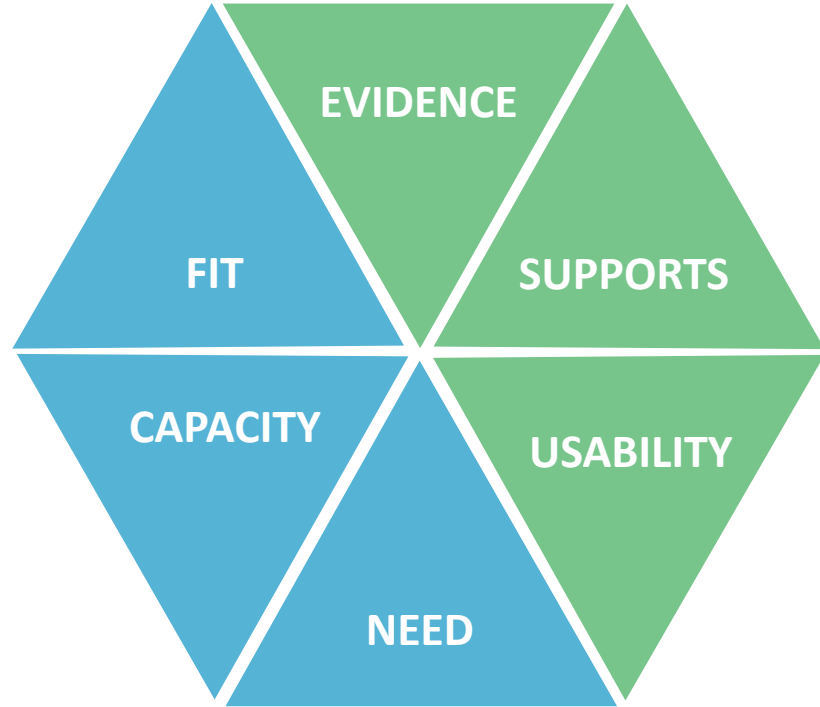Adapted from Blase, K., Kiser, L. and Van Dyke, M. (2013).

Program Indicators

USABILITY
- Well-defined program
- Mature sites to observe
- Several replications
- Adaptations for context
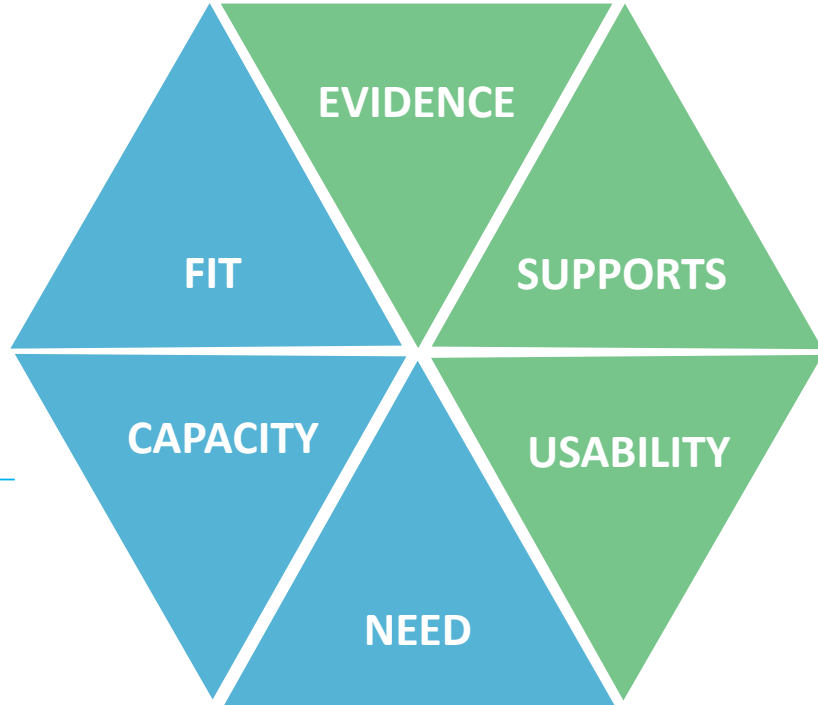
Implementing Site Indicators

NEED
- Target population identified
- Disaggregated data indicating population needs
- Parent & community perceptions of need
- Addresses service or system gaps
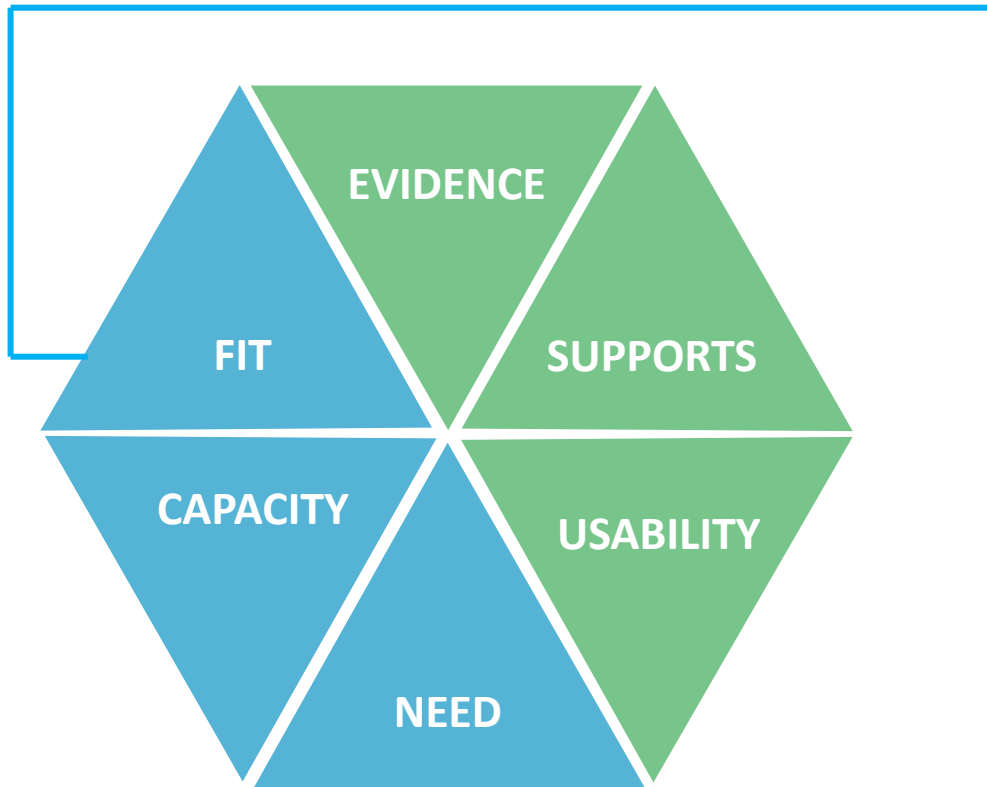
Implementing Site Indicators

CAPACITY TO IMPLEMENT
- Staff meet minimum qualifications
- Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
  - Financially
  - Structurally
  - Cultural responsivity capacity
- Buy-in process operationalized
  - Practitioners
  - Families

Implementing Site Indicators

FIT WITH CURRENT INITIATIVES
- Alignment with community, regional,
- state priorities
- Fit with family and community values, culture and history
- Impact on other interventions & initiatives
- Alignment with organizational structure

Reflections

Health Equity Resources

Before Assessment

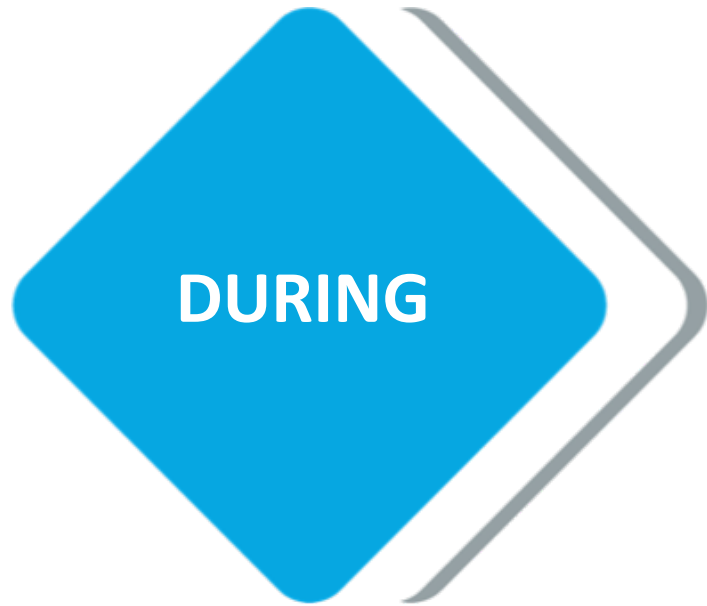BEFORE

- **Engage proactively with communities experiencing disparities. (Buy in)**

- Build collective understanding of and commitment to health equity

- Allow time for capacity and trust development on all sides

During Assessment

DURING

- **Push to identify root causes**

- Disaggregate data to allow for a deeper understanding community experiences and disparities

- **Take a hard look at contextual adaptations**

After Assessment

AFTER

- Use disaggregated data to measure progress and make improvements.

- **Look for unintended consequences, such as impact on other interventions & initiatives**

- Identify assessment process strengths and opportunities for improvement

Addressing the Challenge

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Q & A