Assessing Need and Context

Laura Louison, Oscar Fleming & Paul Lanier
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 explore 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.
North Carolina
Total = 7.16 per 1,000
White = 5.51
Black = 12.24
Hispanic = 5.54
## B. Exploring Potential Determinants of Infant Death – Working Backwards

### Preconception

**Maternal Risk Indicators**
- High parity
- History of poor birth outcome
- Intendedness of pregnancy
- Short inter-pregnancy interval
- Poor health status

**Demographic**
- Race/Ethnicity
- Nativity
- Uninsured/Underinsured
- 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

### Pregnancy

**Risk Indicators**
- 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

### Labor & Delivery

**Risk Indicators**
- Uninsured/Underinsured
- No plan for delivery at risk-appropriate hospital
- Mode of delivery
- Delivery complications
- Lack of breastfeeding

### Birth Outcomes

**Morbidity**
- Low and very low birth weight
- Preterm and very preterm
- Small for gestational age
- Post-term
- Congenital Malformations and anomalies
- Macrosomia

**Mortality**
- Fetal
- Neonatal
- Postneonatal
- Cause specific

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**Theory of Change for the Intervention**

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

FOUNDATIONAL PRACTICES FOR HEALTH EQUITY

A Learning and Action Tool for State Health Departments

#impactEQUITYNC

North Carolina Health Equity Impact Assessment Implementation Guide
Before Assessment

- 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

• Push to identify root causes

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

• Take a hard look at contextual adaptations
After Assessment

- 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
Case Study

• Your organization has been funded to **explore** the implementation of evidence-supported interventions to reduce infant mortality in North Carolina.

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