

# *Improving Infant Health: Evaluation Best Practices*

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# Emory Evaluation

- 2012-13: *Promising Approaches to Improving Infant Health*
  - 5 grantees
  - Focus on implementation of programs that addressed prenatal care, neonatal care, inter-conception care
  
- 2014-15: *Taking Care of You*
  - 3 grantees
  - Focus on implementation and outcomes of select programs that address women's preconception and inter-conception care, maternal care, and infant health

# Promising Approaches to Improving Infant Health

- Strengthen evidence-based strategies demonstrated to decrease adverse birth outcomes.
- Sustain proven, existing interventions that address racial and ethnic disparities in birth outcomes.
- Document program elements for purposes of dissemination and publication.
- Establish baseline of program-specific evaluation benchmarks from preconception care, intendedness of pregnancy, interconception care, prenatal care, and neonatal care.

# Our Role as Evaluators

- Facilitate development of process evaluation and conducts process evaluation
- Provide TA to grantees to develop evaluation benchmarks, and assist in development of data collection systems
- Provide regular feedback to the Foundation on evaluation TA and grantee needs
- Co-facilitate peer learning webinars
- Conduct cross-site process evaluation

# CDC's evaluation framework



## Process questions

## Process FRAMEWORK

### **Inputs:**

What was invested?  
What was the contribution of those investments?

### **Activities:**

Did the implementation go as planned?  
How can activities be improved?

### **Participation:**

Who did we reach?  
How satisfied were they with participation?

**REACH:** What evidence is there that the activities reached the audience?

**DOSE DELIVERED:** What was the duration, freq, intensity of the intervention delivered?

**DOSE RECEIVED:** What was the duration, freq, intensity received?

**FIDELITY:** What evidence is there that activities were delivered as planned?

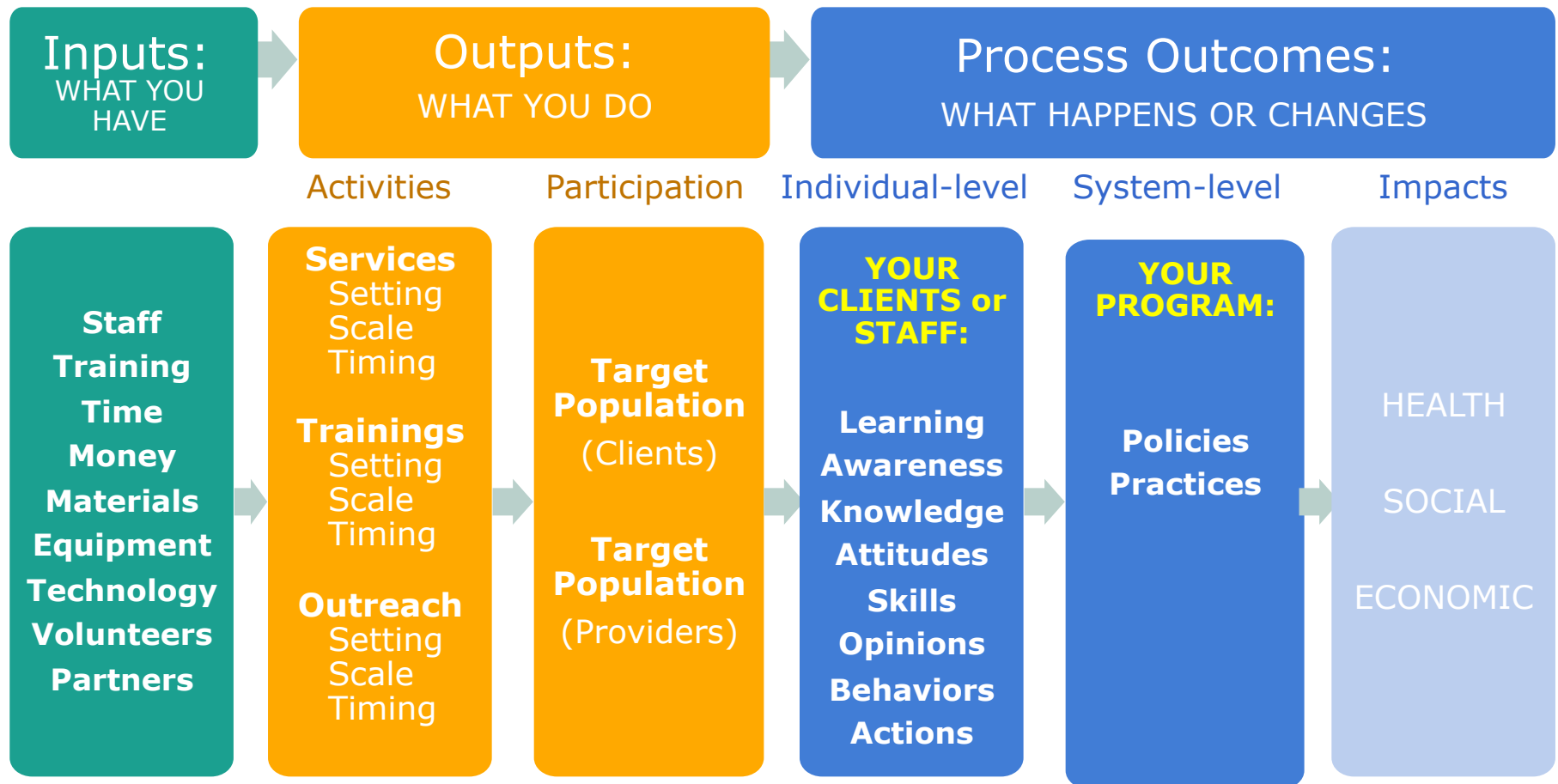
**BARRIERS:** What barriers to this intervention exist? What factors influenced barriers?

# Logic Model Template:

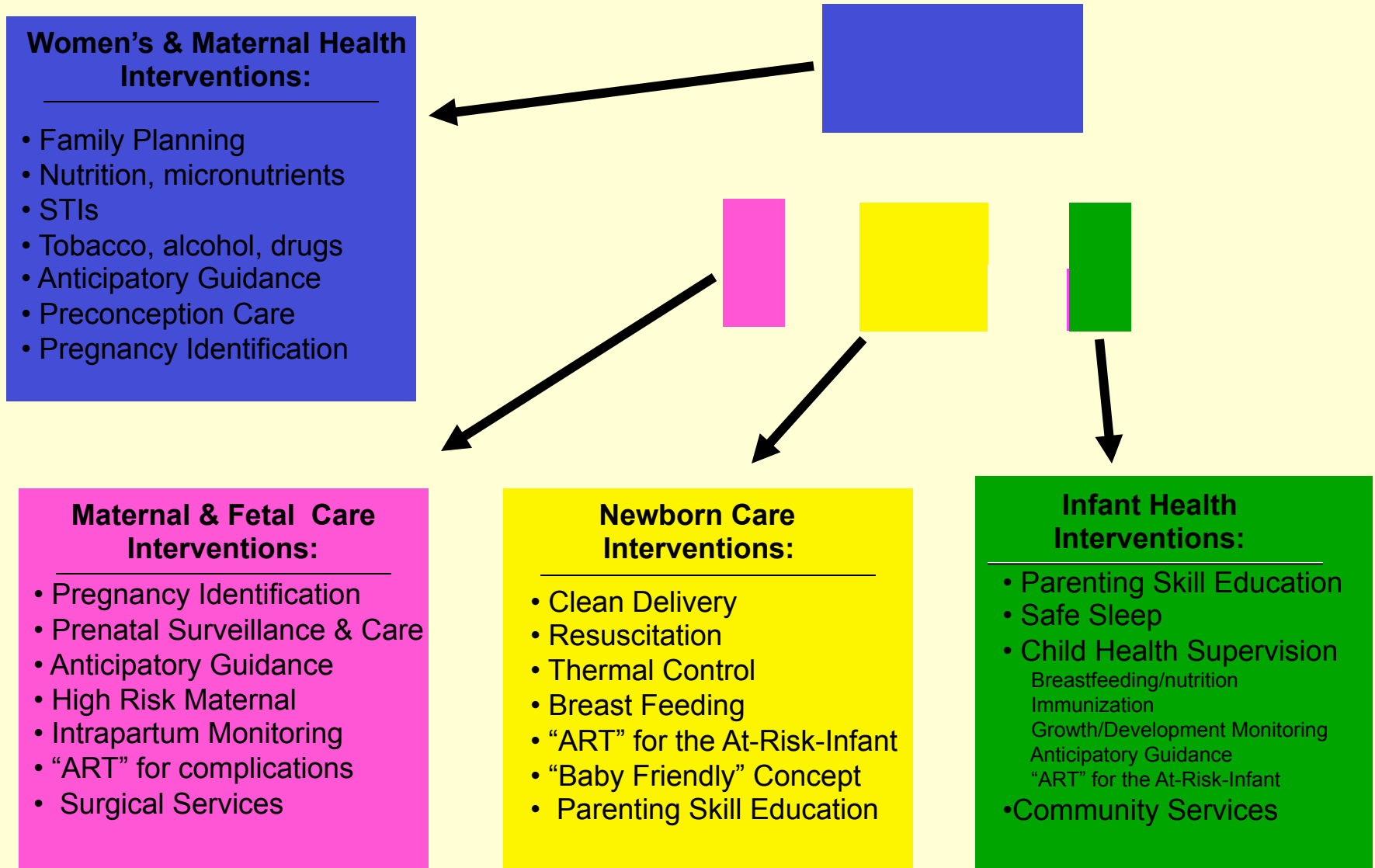
## For Program Planning & PROCESS Evaluation

Purpose of Program:

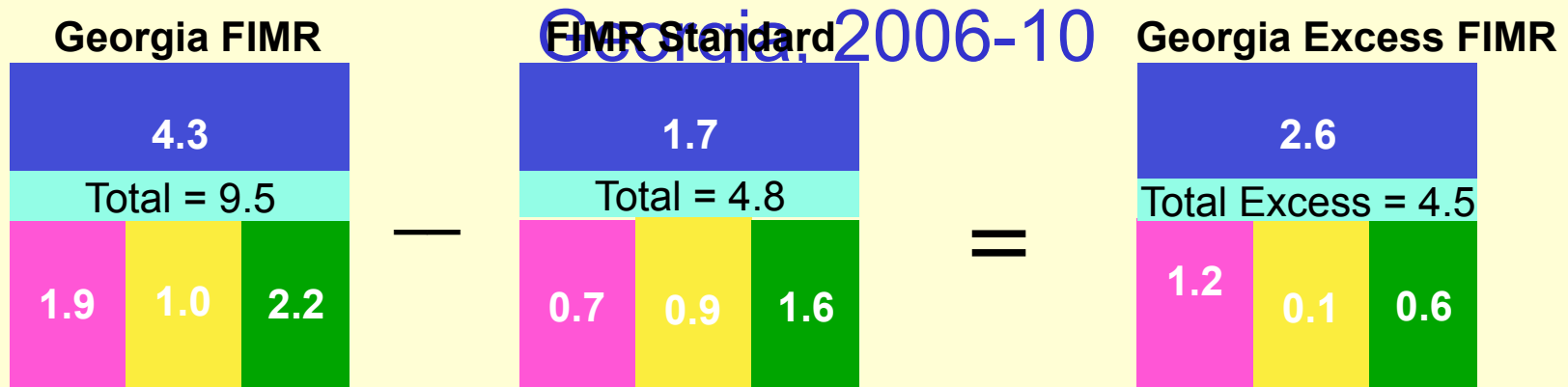
Context:



# Summary of Health Care Intervention Strategies



# Excess Feto-Infant Mortality Rate



For Georgia, the excess FIMR occurs as follows:

- 58% (2.6/4.5) in **'Women's & Maternal Health'** intervention category
- 27% (1.2/4.5) in **'Maternal & Fetal Care'** intervention category
- 2% (0.1/4.5) in **'Neonatal Care'** intervention category
- 13% (0.6/4.5) in **'Infant Health'** intervention category

# Conclusions & Implications

For the partnering Georgia Health Districts:

- The majority (>55%) of the excess FIMR would be best addressed by strategies to improve **women's underlying health status**.
- A substantial portion of the excess FIMR (12-32%) would be best addressed by strategies to improve **access to and quality of maternal & fetal care**.
- Strategies addressing **infant health & supervision in the post-neonatal period** also hold substantial promise for reducing a substantial portion of excess FIMR (11-14%).

# Taking Care of You

- Three-year initiative to support evidence-based approaches to reduce adverse birth and infant health outcomes (especially preterm and low birth weight delivery as well as sleep-related deaths).

# Taking Care of You

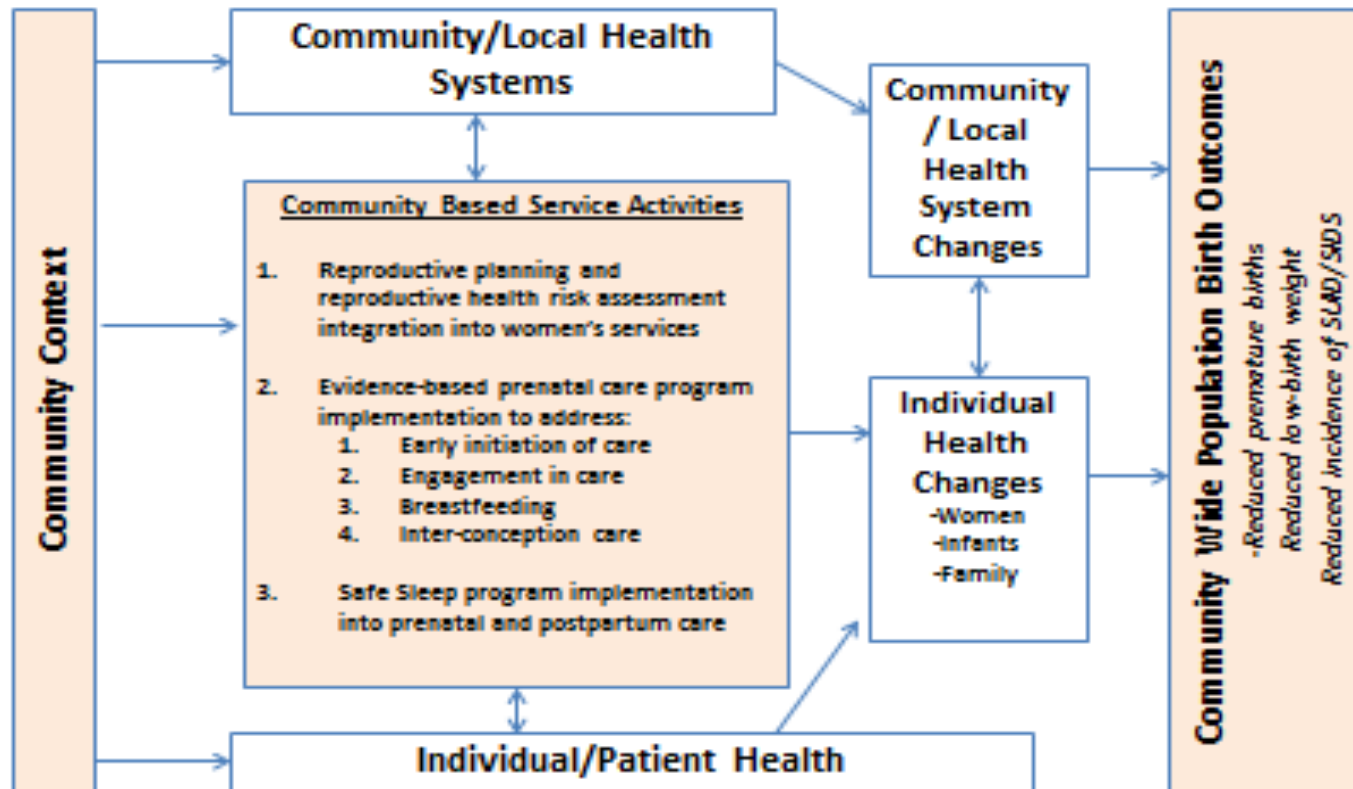
The specific strategies funded through the *Taking Care of You* initiative include:

- 1) Designing, implementing, and evaluating evidence-based interventions in three selected communities;
- 2) Establishing metrics for measuring short-term, intermediate, and long-term intervention effectiveness;
- 3) Monitoring initiative effectiveness using theoretical, historical, comparator, and/or population level indicators of impact;
- 4) Implementing modifications/enhancements in interventions;
- 5) Assessing initiative impact vis a vis site specific and cross site evaluations; and
- 6) Documenting and disseminating initiative findings for the purpose of informing future investments, program design, and policy development.

# Emory Cross Site Evaluation

- What are the programmatic changes that take place at the systems-level within the selected communities?
- What are the service-level and individual-level changes (short-term and long-term) that result from systems-level changes?
- How have maternal and child health services (MCH) available within the community been enhanced in terms of target population, reach, dose delivered, dose received, and quality and fidelity of content?
- Have these MCH service enhancements led to reduced adverse birth outcomes (including preterm and low birth weight deliveries) and infant health outcomes (including SUIDS/SIDS deaths) among the targeted population?

# Conceptual Framework



# Cross Site Evaluation Logic Model

OUTPUTS	PROCESS & SHORT-TERM OUTCOMES	IMPACT OUTCOMES
Activities What we do	Individual-, Service-, and System-level indicators	Desired impacts
<p data-bbox="214 235 318 264"><u>Services</u></p> <ol data-bbox="67 307 454 1220" style="list-style-type: none"> <li><b>Reproductive planning and reproductive health risk assessment integrated into women's services.</b></li> <li><b>Evidence-based prenatal care program implemented to address:</b> <ul data-bbox="106 871 434 1049" style="list-style-type: none"> <li>• <b>Early initiation of care</b></li> <li>• <b>Engagement in care</b></li> <li>• <b>Breastfeeding</b></li> <li>• <b>Interconception component</b></li> </ul> </li> <li><b>Safe Sleep program implemented into prenatal and postpartum care.</b></li> </ol>	<ol data-bbox="492 299 1535 1370" style="list-style-type: none"> <li><b>System:</b> Program implementation of reproductive life planning and other reproductive health risk assessments into services for women of reproductive age and into care of postpartum/interconception women; Number (proportion) of staff trained in the appropriate use of the assessments.</li> <li><b>Service:</b> Number (proportion) of women of reproductive age receiving services who complete reproductive planning and health risk assessments.</li> <li><b>Individual:</b> Number (proportion) of women of reproductive age with a reproductive life plan, appropriately linked to services; Number (proportion) with no desire for pregnancy linked with contraception; Number (proportion) of postpartum women who receive child-spacing education, reproductive plans assessment, linked with contraception; Number (proportion) of pregnancies indicated as unintended.</li> </ol> <ol data-bbox="492 785 1535 1063" style="list-style-type: none"> <li><b>System:</b> Program identification, adoption, and implementation of an evidence-based prenatal care curriculum.</li> <li><b>Service:</b> Numbers (proportions) of women of reproductive age linked to health insurance enrollment and/or prenatal care.</li> <li><b>Individual:</b> Mean (median, range) gestational age for initiation of prenatal care, prenatal visits attended; Number (proportion) attending postpartum care, initiating family planning, initiating breastfeeding, use of safe sleep practices, smokers who quit during pregnancy.</li> </ol> <ol data-bbox="492 1135 1535 1363" style="list-style-type: none"> <li><b>System:</b> Program identification, adoption, and implementation of strategies to educate pregnant women, new parents, and caregivers about safe sleep and other child safety issues (water safety, choking, supervision).</li> <li><b>Service:</b> Number (proportion) of pregnant women and new parents receiving education about safe sleep and other child safety topics.</li> <li><b>Individual:</b> Number (proportion) of newly delivered moms reporting safe sleep practices.</li> </ol>	<p data-bbox="1574 235 1845 264"><b>Reduction in rates of:</b></p> <ol data-bbox="1564 335 1825 578" style="list-style-type: none"> <li><b>Preterm birth</b></li> <li><b>Low birth weight</b></li> <li><b>SUIDS/SIDS</b></li> </ol>

# Status of Cross Site Evaluation

## Together with each grantee, we have:

- Described the programmatic activities in each of the 3 identified Promising Approaches
- Articulated corresponding process indicators at the individual, program, and system levels
- Identified data sources for indicators of interest
- Tabulated baseline indicators

## Next steps:

- Move forward with implementation
- Tabulate baseline outcome measures
- Track indicators and outcomes over time

# Lessons Learned

- Planning the process evaluation is valuable to the process of implementation
- Internal evaluation is important to the grantees
- There are also benefits in working with an external evaluator or evaluation team