Using the Perinatal Periods of Risk Approach to Reduce Feto-Infant Mortality: A Framework for Assessing Community Readiness

Change is inherent to the Perinatal Periods of Risk Approach: change in how data are analyzed and presented, change in how data are used for decision-making, and changes in community direction and priorities for reducing fetal and infant deaths, based on new findings. Five essential components of community readiness for these changes are described below. A series of questions to stimulate dialogue among stakeholders follow each readiness component. When these five components are aligned and are of shared certainty, there will be greater likelihood of successful implementation of the Perinatal Periods of Risk Approach in U.S. urban communities.

1. REASONING: We can communicate a clear, compelling case for doing PPOR at this time, based on its potential added value as a tool for addressing infant mortality in our community.

What is the current situation in your community of efforts to reduce infant mortality? How severe is the problem now?

What already has or is being done in your community to address your continuing infant mortality problem? How effective are your current strategies and interventions?

How well do leading individual and organizational stakeholders in women’s and infants’ health understand and agree upon the current situation?

What is the potential value-add of using the PPOR Approach at this time as a tool for improving women’s and infants’ health in your community?

How clearly can your community’s leading individual and organizational stakeholders articulate the value-add of doing PPOR at this time?

Given multiple competing public health priorities in your community, how compelling is the case to use PPOR?
2. RESULTS: *Together with our community’s key stakeholders in women’s and infants’ health, we can articulate what measurable results we expect to achieve through PPOR implementation and when we expect to achieve them.*

What are the desired results expected from using the PPOR approach in your community?

By when do you expect to see these results? What is the expected time line for interim progress and finally achieving these results?

What measures will you use to assess progress and impact?

Do leading individual and organizational stakeholders in women’s and infants’ health understand and agree upon these measures, time lines and results?

3. ROLES: *The essential stakeholders of the initiative in our community are willing and able to champion PPOR over time in their various roles as participants in change.*

Who are the sponsors of the PPOR initiative in your community?

Who are the agents of the PPOR initiative in your community?

Who are the targets of the PPOR initiative in your community?

Who are the advocates of the PPOR initiative in your community?

Are key sponsors and agents willing and able to fulfill their roles in the promotion of PPOR in your community at this time?

Are targets and advocates of PPOR aligned with its sponsors and agents?
4. **RISKS AND REWARDS:** *There is sufficient strategic balance between the potential benefits and possible consequences of engagement for essential community stakeholders to support PPOR implementation.*

What are the consequences of continuing current infant mortality reduction efforts *without* achieving sufficient, timely, measurable results?

What are the consequences for the key sponsors and agents of pursuing the PPOR approach *without* achieving sufficient, timely, measurable results?

For sponsors and agents, what are the rewards and recognition associated with support of and participating in the PPOR initiative? What are their incentives for genuine, sustained engagement?

Are these rewards sufficient to outweigh their perceived risks?

5. **RESOURCES:** *There are sufficient systems and resources in our community to support full implementation of the PPOR approach.*

How much will it cost you, your team, your home institutions, your community to adopt the PPOR five-step approach?

Are your “sponsors” willing and able to assure the systems and resources necessary to fully utilize the PPOR approach over time?

Do your “agents” have enough dedicated time to champion implementation of the PPOR approach in your community?

The following pages are available as an Excel Spreadsheet that plots your “tent” for you. [Download it now.](#)
SUMMING UP
the Framework for Community Readiness

REASONING: We can communicate a clear, compelling case for doing PPOR at this time, based on its potential added value as a tool for addressing infant mortality in our community.

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RESULTS: Together with our community’s key stakeholders in women’s and infants’ health, we can articulate what measurable results we expect to achieve through PPOR implementation, and when we expect to achieve them.

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RAISING THE ROOF FOR PPOR: WHAT SHAPE IS YOUR TENT?

1. Transfer each of your agreement scales from the Summing Up sheet to the graphic above. Mark your score on each corresponding axis with a ◆.

2. Connect each of the five ◆ from axis to axis.

3. Shade the inside region across the axises.

4. Look at the shape of your ‘tent’: what does it tell you? Is there enough room to grow this initiative? Is it balanced? Is it able to withstand external elements that bear weight on its surface? Where is your greatest constraint?