

Contextualization in CHRSP Projects

A CHRSP project will address two fundamental questions: “What works?” and “What will work here?” These questions may refer to any kind of intervention—a treatment, a health service, a program of services or an approach to resolving a problem or a policy. The first question will be familiar to most people working in healthcare; however, the question of context, the matter of whether an intervention will work **here**, may be new to many.

What works?

A CHRSP project is based on a synthesis of research-based evidence. The evidence included in a CHRSP project is mainly high-level research such as systematic reviews, meta-analyses and health technology assessments—research that combines the findings from individual studies (i.e., “primary research.”) On occasion, a CHRSP project may also include evidence from very recently conducted high-quality primary research that will not have been captured by the existing systematic review literature.

What will work here?

The analysis in a CHRSP project includes not only synthesizing the findings of the scientific literature but the ‘contextualization’ of the synthesis results. Contextualization is the interpretation of the project findings in consideration of characteristics and capacities of Newfoundland & Labrador. Since most research evidence will have been generated in places that are quite different from our province, it is not always the case that the research results can be directly applied here. Local characteristics, capacities and qualities that may have an effect on the research evidence are called ‘contextualization factors.’

Contextualization factors

Contextualization factors are typically grouped as follows:

- **Patient-client factors**
 - Do the geography and demographics of Newfoundland & Labrador (where the patient-client populations live) have an impact on the expected cost-effectiveness of the studied intervention/approach?
 - Are there cultural elements that may enhance or detract from the expected clinical effectiveness of the studied intervention?
- **Design or site-of-service factors**
 - Will the location for the site of the proposed intervention make it difficult for the approach to work effectively?
 - Is the design of the services feasible in the context of the existing infrastructure within some or all of Newfoundland & Labrador’s Regional Health Authorities?
- **Human resources factors**
 - Does the province have the number of appropriately trained and qualified practitioners, at present, needed to provide the service in question?
 - Could the province fill any HR gaps by providing the training required to enable available practitioners to deliver the service in question?

- **Organization of health services factors**
 - Will the organization of existing and related front-line health services accommodate or conflict with the studied intervention/approach?
 - Can the existing management organization incorporate the studied intervention, or will a significant reconfiguration be required?
- **Other department, organization or system factors**
 - Does the intervention in question require information or action from other government departments or provincial organizations, and will that information or action be available?
 - Does the intervention in question require resources that are allocated by other government departments or provincial organizations?
- **Economic factors**
 - Are the existing financial incentives in the province consistent with those of the studied intervention?
 - How will the geographic features of the province and the existing distribution of incomes affect the feasibility of delivering the studied intervention?
- **Political factors**
 - What are the public and media expectations for the intervention? Are they realistic?
 - Is an intervention required as the result of a governmental decision or political pressure?

These contextual factors speak to three aspects of the question "*what will work here?*"

1. A factor may have an impact on the health **equity** of an intervention, which is the differential effectiveness of an intervention for different sub-groups in the population.
2. A factor may have an impact on the **feasibility** of implementing an intervention.
3. A factor may have an impact on the **acceptability** of an intervention from the perspective of relevant stakeholders.

The equity, feasibility and acceptability of an intervention are critical considerations for decision makers. Significant problems in any of these areas can change the perceived suitability of a treatment, health service or health policy. Conversely, an intervention with particular strengths for key sub-groups of the population, with technical requirements that are already in place or that are easily integrated into existing professional and patient/client patterns of behaviour, could be seen as more attractive.

All of the foregoing factors must be considered in order to place research evidence in context for Newfoundland and Labrador.