

Using the RE-AIM Framework to Assess Public Health Impact

Up to this point, Module 5 has presented information about monitoring and evaluating interventions, based on the assumption that the majority of your interventions may have a limited focus in terms of geography or size of the target population reached. A single implementation cycle within a single setting focusing on only one slice of the target population is obviously not sufficient to create an impact on the affected population as a whole in your state.

You and your partners' ultimate goal should be to expand reach by increasing the number of locations or geographic sites included in implementation of interventions, and by increasing the scale or the total numbers of people reached. Having an impact on the entire target population will require multiple intervention cycles in multiple locations as well as multiple coordinated interventions aimed at different levels of the socio-ecological model in multiple locations.

This document presents an approach to evaluation that addresses the effectiveness of your efforts to expand reach and scale of your interventions: **The RE-AIM Framework.**

The RE-AIM Framework was developed by Russ Glasgow, Shawn Boles, and Tom Vogt in the late 1990s to measure the success of translation or dissemination of interventions from the original effectiveness research to wide-scale intervention in multiple intervention cycles and/or at multiple locations. Originally created to examine the dissemination of clinical practice changes, the framework has been applied to the planning and evaluation of behavioral, policy, systems, and environmental changes. Once you and your partners plan to disseminate or expand the scope of your key interventions to multiple sites with multiple intervention cycles, you should incorporate the RE-AIM framework into a new Evaluation Plan.

The RE-AIM Framework includes five core elements corresponding to the letters in the name:

Reach

Effectiveness

Adoption

Implementation

Maintenance

Applying the RE-AIM Framework to assess public health impact involves examining both process or monitoring data as well as outcome or evaluation data. The same type of data collection methods, both quantitative and qualitative, can be used for RE-AIM as in program evaluation. However, the level of analysis in RE-AIM evaluations includes the organization as well as the individual, and examines organizations in the aggregate and individuals in the aggregate across implementation cycles and locations. If you develop your monitoring system and evaluation methods to include both organization and participant data, it should be relatively easy to collect the data needed for a RE-AIM type analysis. While the complexities of some of the data analysis may require access to experienced statisticians, the result will be valuable information regarding impact of widespread intervention implementation.

The following table presents the elements of the framework, their definitions, and some of the associated evaluation questions.

REACH: participation and representativeness of the target population for the intervention**Measure:** individual level measure, analyzed in the aggregate**Evaluation Questions:**

- What target population was identified for this intervention? What were their characteristics? How large a segment of the total affected population is the target population?
- How many participants have participated (overall)? What percentage of the eligible target population does this represent?
- What strategies were used to identify and engage target populations? How effective were they?

EFFECTIVENESS: the effects of the program, both positive and negative**Measure:** individual level measure, analyzed in the aggregate**Evaluation Questions:**

- What proportion of participants completed the intervention? How did completers compare to non-completers?
- What results were achieved in participants in the short-term, intermediate, and long-term?
- How did results achieved compare to those achieved in the literature?
- Was there any significant variation in results achieved between locations, between implementation cycles, or between implementers?
- Was there any significant variation in results achieved between different types of participants?
- Were there any unintended outcomes? Were these negative or positive?

ADOPTION: Uptake or institutionalization of the intervention in agencies and settings**Measure:** organizational level, analyzed by type of organization**Evaluation Questions:**

- What percentage of organizations or agencies approached agreed to implement the intervention? What percentage had access to the target population?
- How well does the intervention fit the primary mission and purpose of the participating organizations and agencies?
- How many and which type of organizations and agencies agreed to implement the intervention?
- What percentage of organizations or agencies' staff or volunteers participated in training on implementation of the intervention? How many completed training?

IMPLEMENTATION: the extent to which the intervention is implemented as intended in the real world**Measure:** both individual and organizational level measure, analyzed in the aggregate**Evaluation Questions:**

- What percentage of organizations implemented the intervention with fidelity, or delivered the intervention as intended?
- What percentage of those trained implemented the intervention at least once?
- What percentage of organizations made adaptations or changes to the intervention? What changes were made and consistently applied?
- What factors, internal and external, influenced the implementation of the intervention as intended?
- What percentage of participants completed the intervention (by organization)?
- What percentage of participants applied knowledge or skills learned to behavior or lifestyles? (Measured by intermediate outcomes)

MAINTENANCE: extent to which an intervention and the benefits it generates are sustained over time**Measure:** both individual and organizational level measure, analyzed in the aggregate**Evaluation Questions:**

- What percentage of implementing organizations have continued to implement the intervention? For how long? How do the characteristics of continuing organizations compare to those that discontinued implementation?
- What are enrollment and completion rates for organizations continuing to implement the intervention?
- What percentage of implementing organizations have institutionalized the intervention as an on-going part of their regular activities (i.e., supply their own funding, integrated into programmatic activities, regularly train their staff in implementation, continue to provide data for monitoring and evaluation)?
- What percentage of individuals completing the intervention show sustained, long-term improvements (at least one year duration or longer, depending on the intervention and evaluation)?