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Application of the RE-AIM/PRISM Framework to Promote Health Equity

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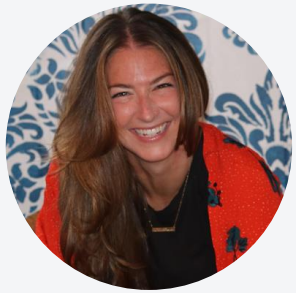
Application of RE-AIM / PRISM: To promote health equity



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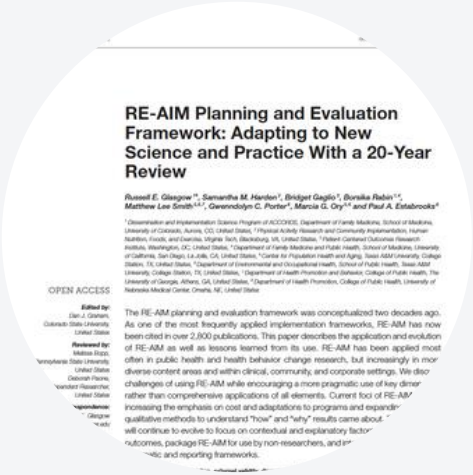
Agenda



RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review

Russell E. Glasgow, Samantha M. Harden, Bridget Gaglio, Borsika Rabin, Matthew Lee Smith, Gwenndolyn C. Porter, Marcia G. Ory and Paul A. Estabrooks

OPEN ACCESS

The RE-AIM planning and evaluation framework was conceptualized two decades ago. As one of the most frequently applied implementation frameworks, RE-AIM has now been cited in over 2,800 publications. This paper describes the application and evolution of RE-AIM as well as lessons learned from its use. RE-AIM has been applied most often in public health and health behavior change research, but increasingly in more diverse content areas and within clinical, community, and corporate settings. We discuss challenges of using RE-AIM while encouraging a more pragmatic use of key dimensions rather than comprehensive applications of all elements. Current foci of RE-AIM increasing the emphasis on cost and adaptations to programs and expanding qualitative methods to understand "how" and "why" results came about. ... will continue to evolve to focus on contextual and explanatory factors ... outcomes, package RE-AIM for use by non-researchers, and ... istic and reporting frameworks.

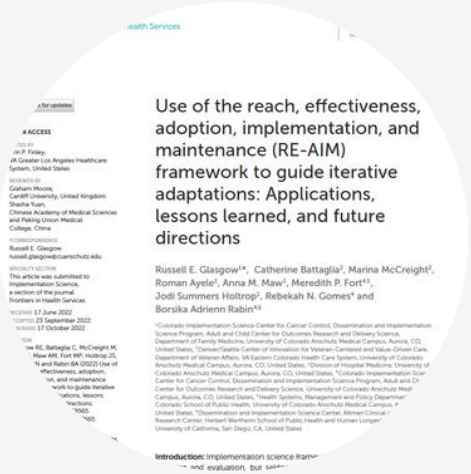
Overview
RE-AIM/PRISM

Applying an equity lens to asse... context and implementation in public health and health services research and practice using the PRISM framework

Meredith P. Fort, Spero M. Manson and Russell E. Glasgow

Dissemination and implementation science seeks to enhance the uptake, successful implementation, and sustainment of evidence-based programs and policies. While a focus on health equity is implicit in many efforts to increase access to and coverage of evidence-based programs and policies, mor... implementation frameworks and models do not explicitly address it. Disparit... may in fact be increased by emphasizing high intensity interventions or easy... delivery over meeting need within the population, addressing deep-r... structural inequities, and adapting to local context and priorities. PRISM (P... Robust Implementation and Sustainability Model), the contextual exp... the RE-AIM (Reach, Effectiveness, Adoption, Implementation, M... framework has several elements that address health equity, but t... been explicated, integrated, or illustrated in one place. We pre... applying PRISM with an equity lens across its four conte... environment; multi-level perspectives on the interv... implementers and intended audience; and the im... infrastructure—as well as the five RE-AIM ou... example with health ...

Health Equity



Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions

Russell E. Glasgow, Catherine Battaglia, Marina McCreight, Roman Ayele, Anna M. Maw, Meredith P. Fort, Jodi Summers Holtrop, Rebekah N. Gomes and Borsika Adrienn Rabin

Introduction: Implementation science frame... and evaluation, but ...

Iterative Use

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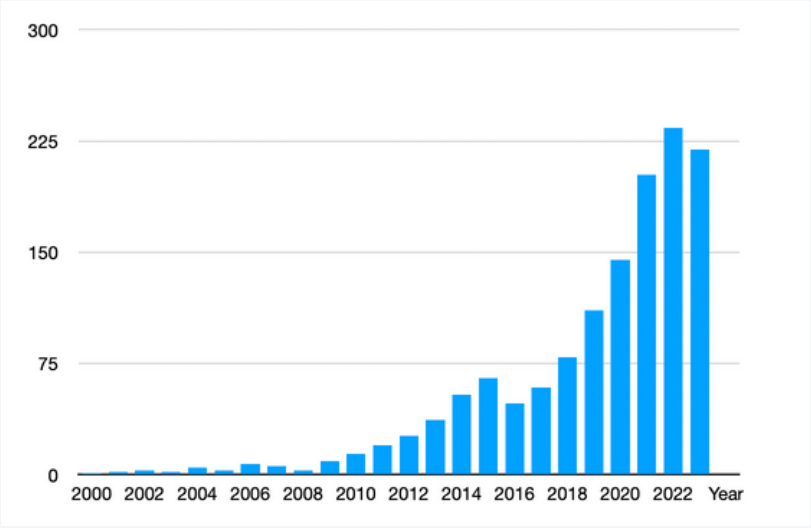
REAL WORLD IMPACTS

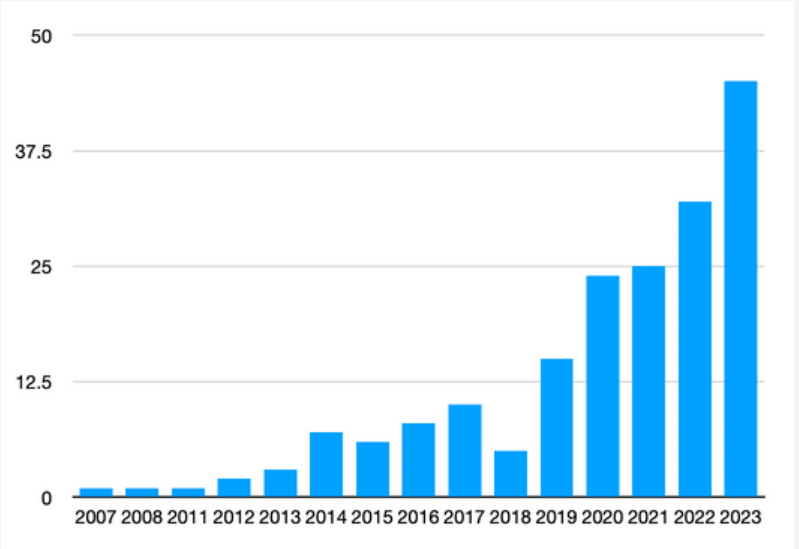
RE-AIM and PRISM guide users to plan, implement, evaluate, and sustain programs with contextual factors in mind, increasing equity and public health relevance

re-aim.org
prismtool.org

RE-AIM and PRISM are an integrated framework developed to improve the adoption and sustainable implementation of evidence-based interventions in a wide range of health, public health, educational, community, and other settings.



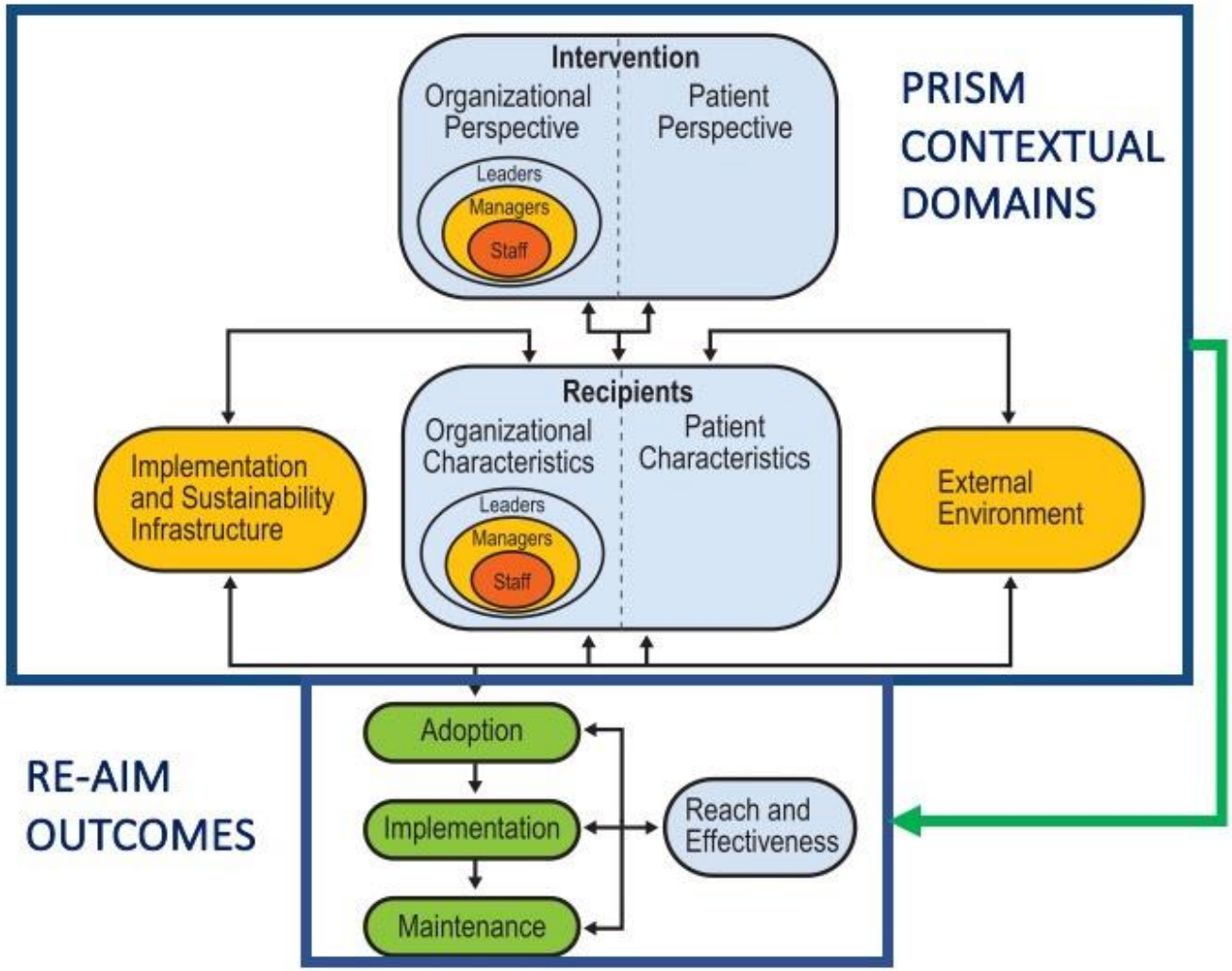
Number of RE-AIM Publications Over Time



Number of PRISM Publications Over Time

Practical, Robust Implementation and Sustainability Model

Contextually expanded RE-AIM



Feldstein AC, Glasgow RE. A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. *Jt Comm J Qual Patient Saf.* 2008 Apr;34(4):228-43.

Has been used as a:

Determinant framework

Process framework

Implementation framework

Evaluation framework

Includes constructs that can be applied to:

Context

Strategies

Mechanisms of change

Outcomes

Common Misconceptions

For evaluation only

For qualitative use only

Mandates all dimensions are used and equally important

Does not address context or determinants

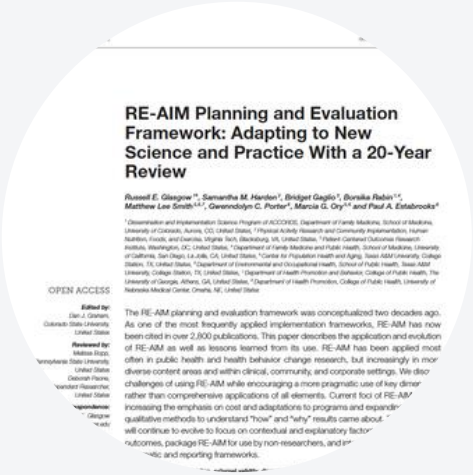
Video discussion by Dr. Jodi Holtrop: re-aim.org/resources-and-tools/recommended-re-aim-slides/

Holtrop et al. (2021). Understanding and applying the RE-AIM framework: Clarifications and resources. Journal of clinical and translational science, 5(1), e126. https://doi.org/10.1017/cts.2021.789

Table 2. *RE-AIM misconceptions including misunderstanding of the original model, evolution of the model, and the current guidance*

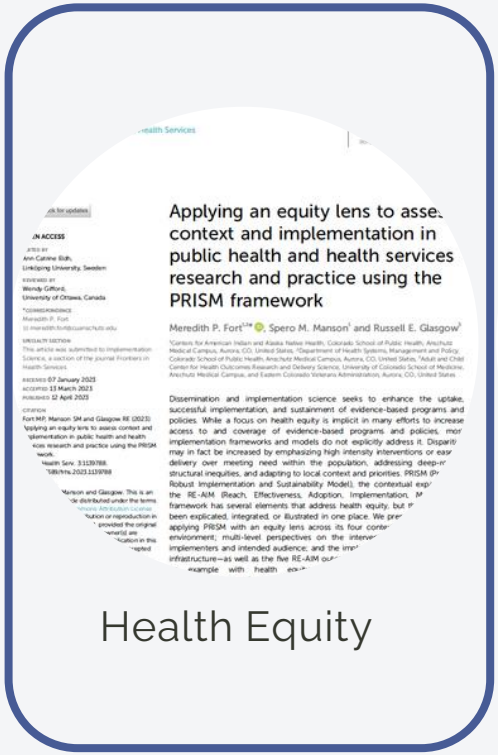
Misconception	Correct and current guidance	Potential source of confusion
Conceptual issues (what RE-AIM is and intended to be)		
RE-AIM is exclusively or primarily an evaluation framework	(1) RE-AIM has been used as a process framework to plan implementation and adaptations; (2) PRISM adds a determinants component; and (3) RE-AIM is widely used for evaluation	Misunderstanding of the original intent with some evolution to PRISM
RE-AIM only applies to two levels: individual and organizational	RE-AIM is multilevel although it may be tailored to each project but almost always includes individual, delivery staff, and setting (itself often multilevel)	The original model did not provide examples, but there was never an intent to restrict application to these two levels
RE-AIM (or Expanded RE-AIM/PRISM*) does not include contextual factors, or suggest ways to enhance outcomes	The Expanded RE-AIM/PRISM focuses on contextual factors and addresses ways to enhance RE-AIM outcomes	The model has evolved to PRISM that includes specific contextual factors
RE-AIM does not address (or clearly define/distinguish) longer term sustainment and is restricted to an arbitrary 6-month time frame	Addresses shorter and longer term sustainment (multilevel maintenance) and tailors length of assessment to program	Misunderstanding with the original model stating "at least 6 months following" program completion
RE-AIM does not include costs	Cost is specified as one of the key issues in the Implementation Outcome dimension	Costs are currently reported under Implementation; however, there are costs associated with all dimensions
RE-AIM considers fidelity as the only implementation outcome	Emphasizes both fidelity (consistency) and adaptations	Misunderstanding of original model although adaptation has evolved to be more important
RE-AIM does not account for different phases of implementation and focuses only on postintervention summative effects	Focuses on RE-AIM issues in planning, delivery, evaluation, and sustainment phases	Original model always included consideration of phases, but had not been explicitly stated; increased emphasis on use before, during, and after implementation
Methodological issues (how RE-AIM and RE-AIM dimensions are used)		
RE-AIM uses only quantitative data	Includes measures and guidance for both qualitative and quantitative assessment	Misinterpretation of the original model; qualitative has always been recommended, however, increased emphasis and guidance for use more recently
RE-AIM is static – meaning it does not address adaptations and is not used iteratively	Used for iterative assessment and guiding adaptations	Has been used informally to guide iterations, but more recently an explicit protocol for iterative use is available
RE-AIM insists on using all dimensions in every project and that all dimensions are equally important in every application	Pragmatic use emphasizes considering all dimensions but tailoring (a) which are assessed; (b) which are the intervention focus; and (c) how outcomes are weighted to be tailored to each project	Misinterpretation of the original model and evolving emphasis on pragmatic use
Use of the model issues (clarity of ways to use RE-AIM)		
RE-AIM constructs are difficult to distinguish	Specific definitions, clarifications, and examples are provided of differences among dimensions	Clarifications of model dimensions are increasingly available
RE-AIM only works for research or in large, well-funded studies	Scope and depth of use of RE-AIM for planning, iteration, and evaluation can be tailored pragmatically to fit each project	Always available for any type of project, however, more and better examples of diverse uses are now more available
Use of RE-AIM precludes use of other implementation science frameworks in the same project	RE-AIM can be combined with other TMFs** and examples of integration are provided	Use with other frameworks is increasingly encouraged

Agenda



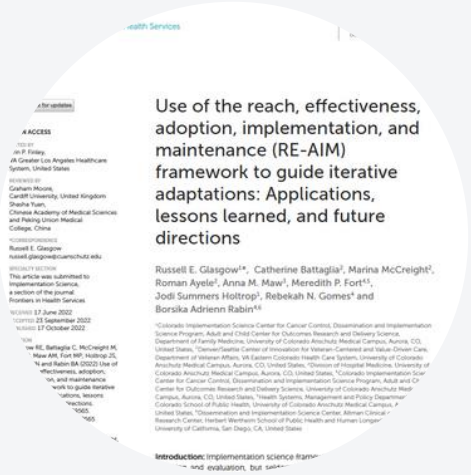
RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review

Overview
RE-AIM/PRISM



Applying an equity lens to asse… context and implementation in public health and health services research and practice using the PRISM framework

Health Equity



Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions

Iterative Use

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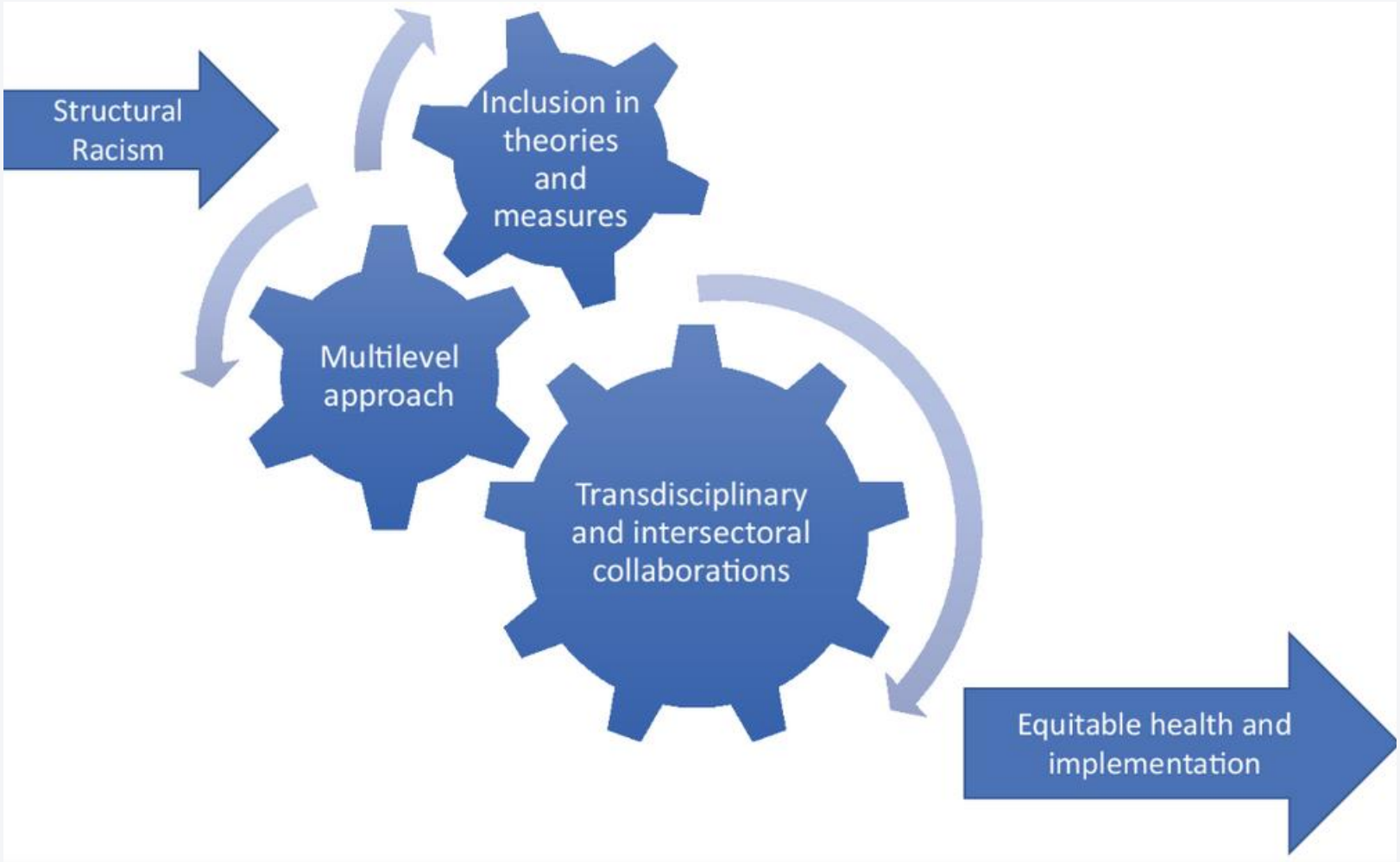
Health equity & implementation science



Shelton, R. C., Adsul, P., & Oh, A. (2021). Recommendations for Addressing Structural Racism in Implementation Science: A Call to the Field. Ethnicity & disease, 31(Suppl 1), 357–364. https://doi.org/10.18865/ed.31.S1.357

RE-AIM Outcomes Cascade

At each "step," we use implementation strategies (possibly including adaptation) to reduce the drop-off in impact that could occur.

ADOPTION
 # and type of settings that participate

IMPLEMENTATION
Consistently deliver intervention and resources with quality

REACH
 # and types of individuals who participate

EFFECTIVENESS
 # and types of individuals who benefit (on what outcomes)

MAINTENANCE
Long-term implementation and effectiveness

Need to prevent possible 'voltage drop' at each step

RE-AIM Equity Outcomes Cascade

Strategies at each "step" explicitly consider EQUITY!

Tailor to and engage leaders and partners and address history

ADOPTION
 # and type of settings that participate

Make implementation simple, low cost and burden, and provide support

IMPLEMENTATION
Consistently deliver intervention and resources with quality

Multiple and diverse tailored promotion channels and increased access

REACH
 # and types of individuals who participate

Utilize evidence-based resources and strategies; make data-based adaptations

EFFECTIVENESS
 # and types of individuals who benefit (on what outcomes)

Provide ongoing feedback & support for equitable implementation

MAINTENANCE
Long-term implementation and effectiveness

Need to prevent 'voltage drop' and inequities at each step!

frontiers in Public Health

TYPE Perspective
PUBLISHED 13 April 2023
DOI 10.3389/frhs.2023.1139788

Applying an equity lens to assess context and implementation in public health and health services research and practice using the PRISM framework

Meredith P. Fort[1,2*], Spero M. Manson[1] and Russell E. Glasgow[3]

International Journal for Equity in Health

COMMENT Open Access

Aligning the planning, development, and implementation of complex interventions to local contexts with an equity focus: application of the PRISM/RE-AIM Framework

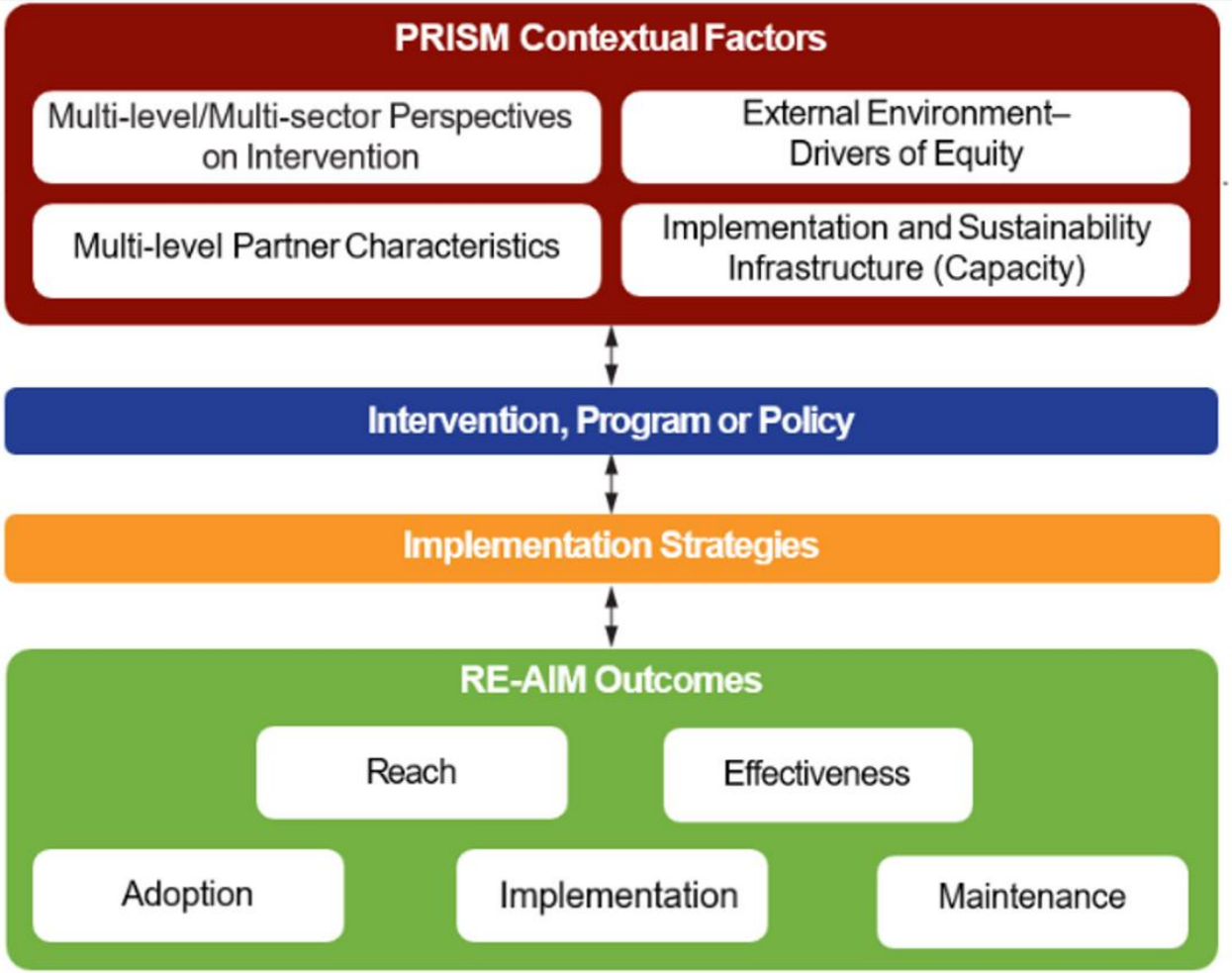
Monica Pérez Jolles[1,3*], Meredith P. Fort[2] and Russell E. Glasgow[1,4]

frontiers in Public Health

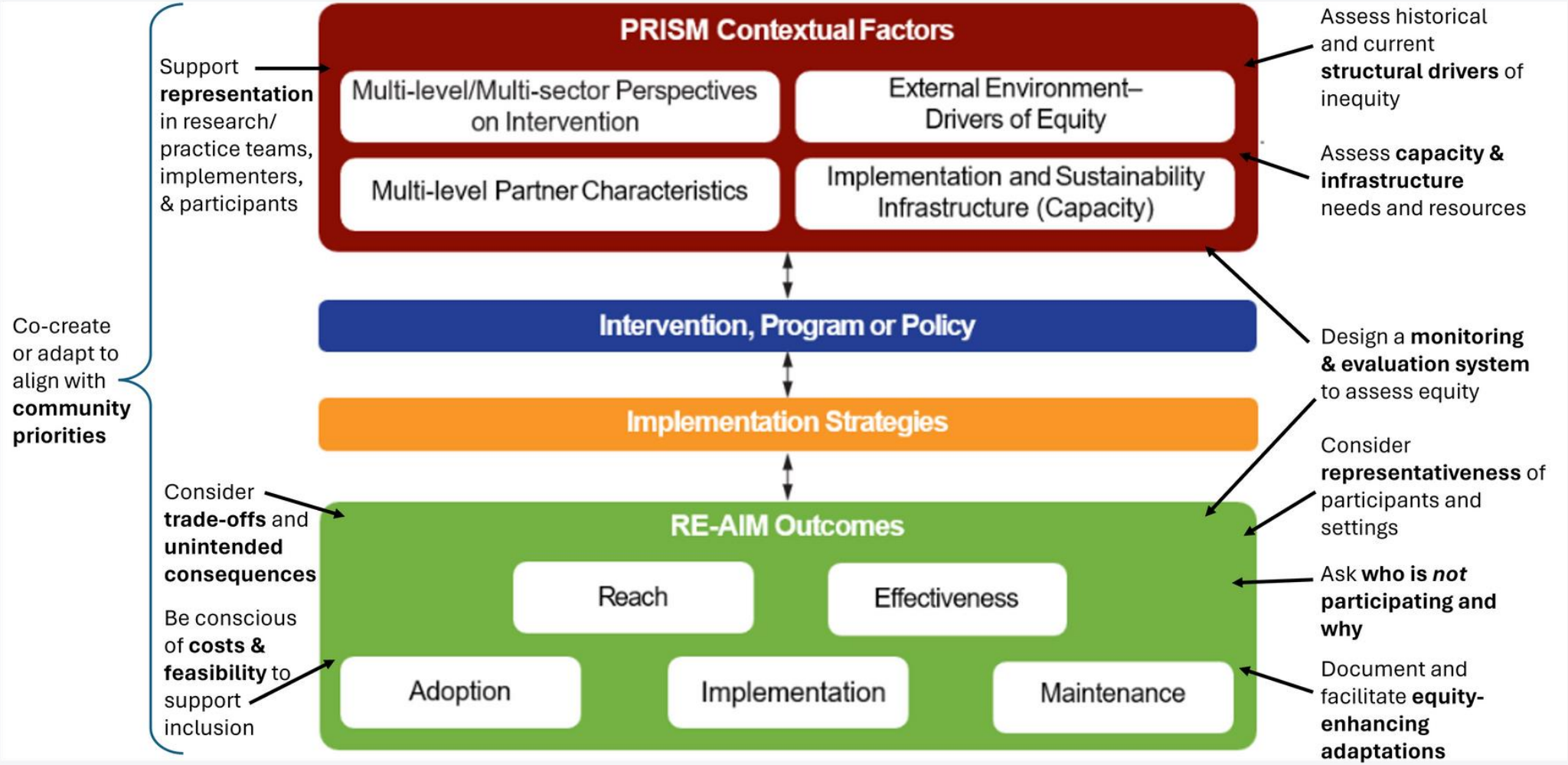
An Extension of RE-AIM to Enhance Sustainability: Addressing Dynamic Context and Promoting Health Equity Over Time

Rachel C. Shelton[1], David A. Chambers[2] and Russell E. Glasgow[3,4]*

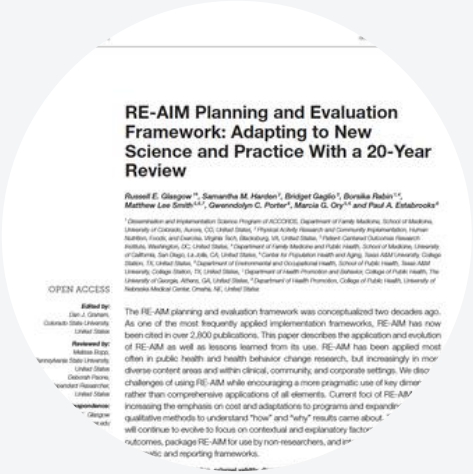
How RE-AIM/PRISM addresses equity issues



How RE-AIM/PRISM addresses equity issues



Agenda



RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review

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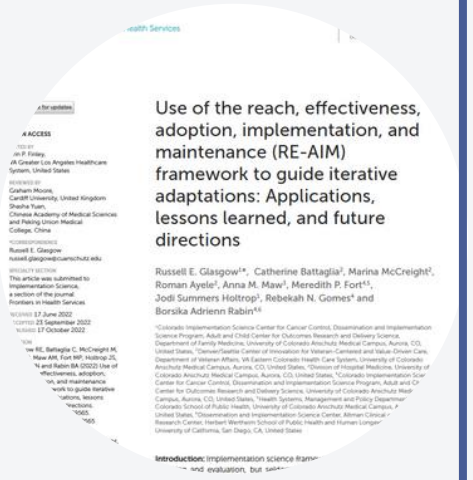

Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions

Iterative Use

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Pause & Share

UNEXPECTED EVOLUTION IN YOUR CONTEXT

Share in the chat one unexpected way the context in which you are working has evolved since you started your project

Iterative Use: What do we mean?

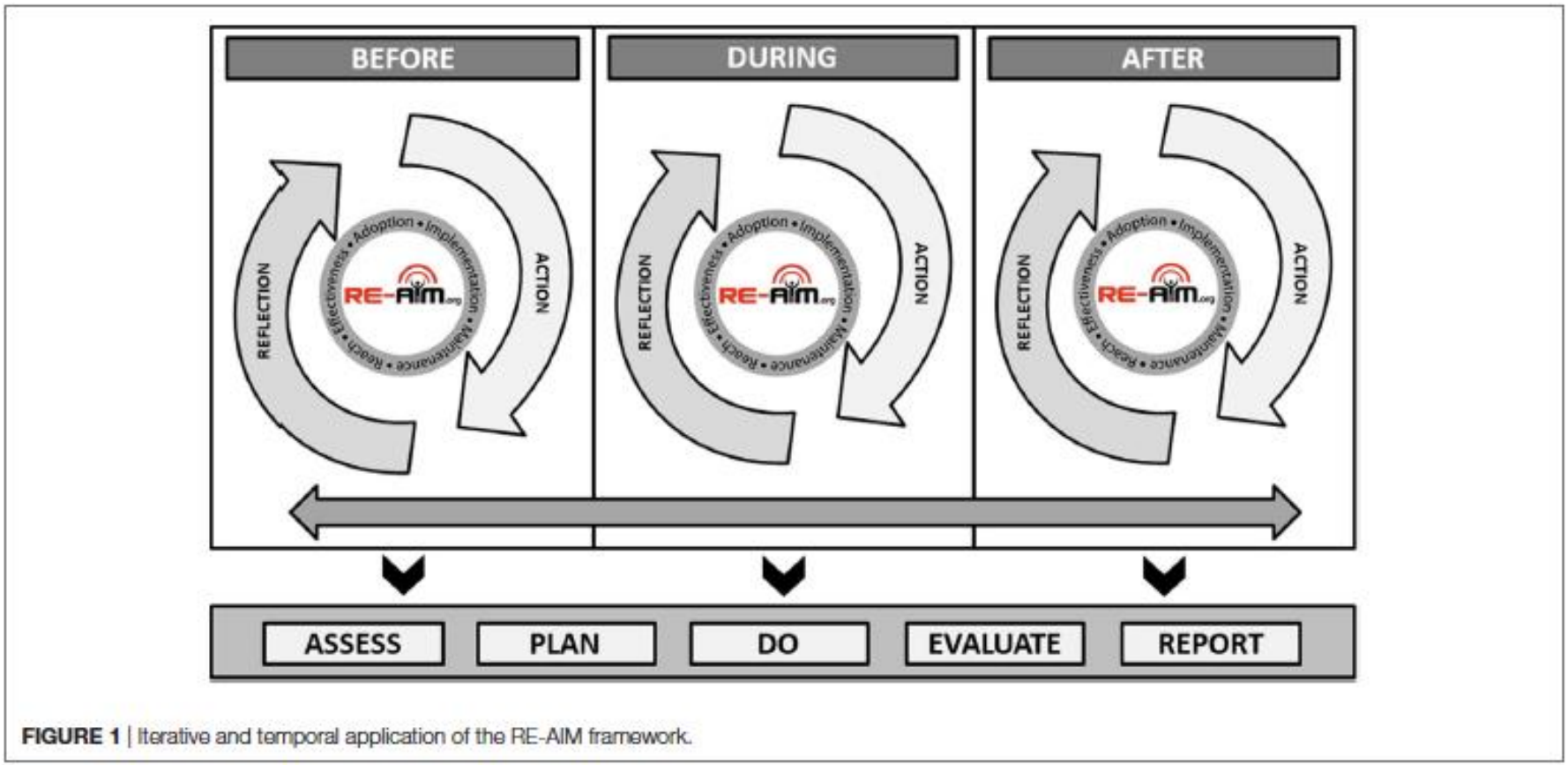


FIGURE 1 | Iterative and temporal application of the RE-AIM framework.

Harden et al. RE-AIM in Clinical, Community, and Corporate Settings: Perspectives, Strategies, and Recommendations to Enhance Public Health Impact. doi: 10.3389/fpubh.2018.00071

Systematically collecting adaptations

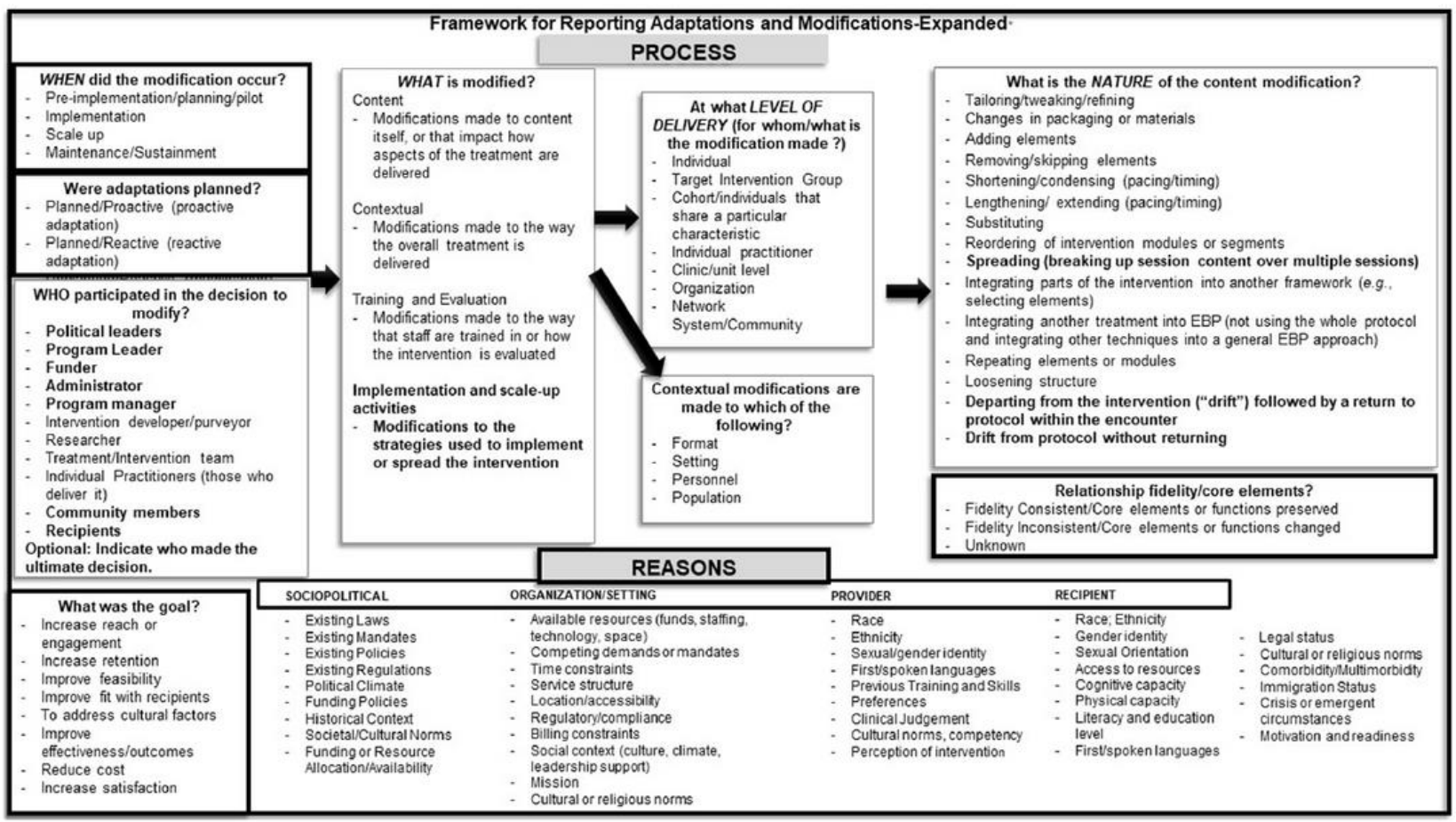


Fig. 1 The Framework for Reporting Adaptations and Modifications-Expanded (FRAME). New elements are outlined in black lines, while the original aspects of the 2013 framework are outlined in gray. Additions and refinements within categories included in the 2013 framework are italicized. Recommended elements of reporting were as follows: (1) when and how in the implementation process the modification was made, (2) whether the modification was planned/proactive (i.e., an adaptation) or unplanned/reactive, (3) who determined that the modification should be made, (4) what is modified, (5) at what level of delivery the modification is made, (6) type or nature of context or content-level modifications, (7) the extent to which the modification is fidelity-consistent, and (8) the reasons for the modification, including (a) the intent or goal of the modification (e.g., cultural adaptations, to reduce costs, etc.) and (b) contextual factors that influenced the decision. Adapted from (Baumann A, Cabassa LJ & Stirman SW, 2017; Stirman SW, Miller CJ, Toder K & Calloway A, 2013)

10.3389/fpubh.2018.00071

Wiltsey Stirman et al. The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. https://doi.org/10.1186/s13012-019-0898-y

Simplify your data collection

Types of Adaptations – Cultural; Resources; & Local: All with and driven by multi-level partners

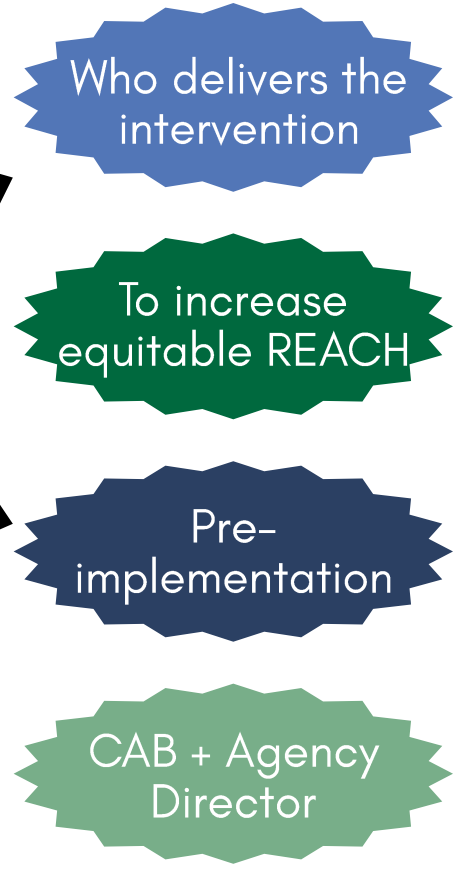
RE-AIM and PRISM can help guide adaptations

WHAT was adapted (and how)?

WHY was it adapted?

WHEN was this adaptation made?

WHO "drove" this adaptation?



Rabin BA, et al. Systematic, multimethod assessment of adaptations across four diverse health systems interventions. Front Public Health. 2018;6(APR). https:// doi. org/ 10. 3389/ FPUBH. 2018. 00102.

Simplify your data collection

Types of Adaptations – Cultural; Resources; & Local: All with and driven by multi-level partners

RE-AIM and PRISM can <u>help guide adaptations</u>

Focus of Adaptation	Timing of Adaptation (point in the project)		
	Planning	During	Sustainment-Dissemination
Intervention			
Implementation Strategy			
Setting			

***Can include the "why": What RE-AIM dimension was being improved?**

Rabin BA, et al. Systematic, multimethod assessment of adaptations across four diverse health systems interventions. Front Public Health. 2018;6(APR). https:// doi. org/ 10. 3389/ FPUBH. 2018. 00102.

Discussion

Misconceptions

What have you been told about RE-AIM/PRISM that would prevent you from using it?

Health equity

How could you use RE-AIM/PRISM in your own research to plan, implement, and evaluate interventions/implementation through a health equity lens?

Iterative use

In what ways can you use RE-AIM/PRISM or any DI framework to systematically address a current evolution/change in your system?

KEEP IN TOUCH!

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THANKS FOR JOINING

Tina + Samantha

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Upcoming Events

2024 Implementation Science Seminar Series

Hosted by:

Jeremiah Brown, PhD, DCIS Director
Kelly Aschbrenner, PhD, DCIS Co-Director
Sarah Lord, PhD, DCIS Co-Director

May

Works in Progress

Promoting Smoke-Free Homes in Metropolitan Atlanta Budget Hotels Using a Health Equity Lens

Terri Lewison, PhD
Geisel School of Medicine

Tuesday, May 28

June

Fundamentals

Designing for Dissemination & Sustainability

Allison L'Hotta, OTD, OTR/L, PhD
University of Colorado
Thembekile Shato, PhD, MPH
Washington University in St. Louis

Tuesday, June 11

Recent Sessions

Available at:
geiselmed.dartmouth.edu/dcis/past-events/

Measuring Implementation Context, Process, and Outcomes
Kate Rendle, PhD
April 2024
Recording | Slides

From Concept to Impact: Exploring Implementation Models and Frameworks
Sara Malone, PhD
March 2024
Recording | Slides

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