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

Hosted by:

Tina Studts, PhD
Associate Professor
University of Colorado

Samantha Harden, PhD
Associate Professor
Virginia Tech
Application of RE–AIM / PRISM: To promote health equity

Samantha Harden, PhD, 500 RYT
Virginia Tech

Tina Studts, PhD, MSPH, MSW
University of Colorado Anschutz Medical Campus
Agenda

Overview: RE-AIM/PRISM

Health Equity

Iterative Use

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

Overview: RE-AIM/PRISM

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

DARTMOUTH FUNDAMENTALS OF IMPLEMENTATION SCIENCE
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 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.
Practical, Robust Implementation and Sustainability Model

Contextually expanded RE-AIM

Includes constructs that can be applied to:
- Context Strategies
- Mechanisms of change
- Outcomes

Has been used as a:
- Determinant framework
- Process framework
- Implementation framework
- Evaluation framework

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/


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

<table>
<thead>
<tr>
<th>Misconception</th>
<th>Correct and current guidance</th>
<th>Potential source of confusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE-AIM is exclusively or primarily an evaluation framework</td>
<td>(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</td>
<td>Misunderstanding of the original intent with some evolution to PRISM</td>
</tr>
<tr>
<td>RE-AIM only applies to two levels: individual and organizational</td>
<td>RE-AIM is multilevel although it may be tailored to each project but almost always includes individual, delivery staff, and setting (often multilevel)</td>
<td>The original model did not provide examples, but there was never an intent to restrict application to these two levels</td>
</tr>
<tr>
<td>RE-AIM (or Expanded RE-AIM/PRISM) does not include contextual factors, or suggest ways to enhance outcomes</td>
<td>The Expanded RE-AIM/PRISM focuses on contextual factors and addresses ways to enhance RE-AIM outcomes</td>
<td>The model has evolved to PRISM that includes specific contextual factors</td>
</tr>
<tr>
<td>RE-AIM does not address (or clearly define/distinguish) longer term sustainment and is restricted to an arbitrary 6-month time frame</td>
<td>Addresses shorter and longer term sustainment (multilevel maintenance) and tailors length of assessment to program</td>
<td>Misunderstanding with the original model stating &quot;at least 6 months following&quot; program completion</td>
</tr>
<tr>
<td>RE-AIM does not include costs</td>
<td>Cost is specified as one of the key issues in the implementation outcome dimension</td>
<td>Costs are currently reported under implementation; however, these are costs associated with all dimensions</td>
</tr>
<tr>
<td>RE-AIM considers fidelity as the only implementation outcome</td>
<td>Emphasizes both fidelity (consistency) and adaptations</td>
<td>Misunderstanding of original model although adaptation has evolved to be more important</td>
</tr>
<tr>
<td>RE-AIM does not account for different phases of implementation and focuses only on postintervention summative effects</td>
<td>Focuses on RE-AIM issues in planning, delivery, evaluation, and sustainment phases</td>
<td>Original model always included consideration of phases, but had not been explicitly stated; increased emphasis on use before, during, and after implementation</td>
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<tr>
<td>Methodological issues (how RE-AIM and RE-AIM dimensions are used)</td>
<td></td>
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<tr>
<td>RE-AIM uses only quantitative data</td>
<td>Includes measures and guidance for both qualitative and quantitative assessment</td>
<td>Misinterpretation of the original model: qualitative has always been recommended, however, increased emphasis and guidance for use more recently</td>
</tr>
<tr>
<td>RE-AIM is static – meaning it does not address adaptations and is not used iteratively</td>
<td>Used for iterative assessment and guiding adaptations</td>
<td>Has been used informally to guide iterations, but more recently an explicit protocol for iterative use is available</td>
</tr>
<tr>
<td>RE-AIM insists on using all dimensions in every project and that all dimensions are equally important in every application</td>
<td>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</td>
<td>Misinterpretation of the original model and evolving emphasis on pragmatic use</td>
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<tr>
<td>Use of the model issues (clarity of ways to use RE-AIM)</td>
<td></td>
<td></td>
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<tr>
<td>RE-AIM constructs are difficult to distinguish</td>
<td>Specific definitions, clarifications, and examples are provided of differences among dimensions</td>
<td>Clarifications of model dimensions are increasingly available</td>
</tr>
<tr>
<td>RE-AIM only works for research or its large, well-funded studies</td>
<td>Scope and depth of use of RE-AIM for planning, iteration, and evaluation can be tailored pragmatically to fit each project</td>
<td>Always available for any type of project, however, more and better examples of diverse uses are now more available</td>
</tr>
<tr>
<td>Use of RE-AIM precludes use of other implementation science frameworks in the same project</td>
<td>RE-AIM can be combined with other TMS** and examples of integration are provided</td>
<td>Use with other frameworks is increasingly encouraged</td>
</tr>
</tbody>
</table>
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RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review

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

Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions
At each “step,” we use implementation strategies (possibly including adaptation) to reduce the drop-off in impact that could occur.
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

RE-AIM **Equity** Outcomes Cascade

Strategies at each “step” explicitly consider EQUITY!

Need to prevent ‘voltage drop’ and inequities at each step!
Applying an equity lens to assess context and implementation in public health and health services research and practice using the PRISM framework

Meredith P. Fort1,2, Spero M. Manson1 and Russell E. Glasgow3

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 Jolles1,3,*, Meredith P. Fort2 and Russell E. Glasgow1,4

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

Rachel C. Shelton1,*, David A. Chambers2 and Russell E. Glasgow3,4
How RE-AIM/PRISM addresses equity issues

PRISM Contextual Factors:
- Multi-level/Multi-sector Perspectives on Intervention
- Multi-level Partner Characteristics
- External Environment—Drivers of Equity
- Implementation and Sustainability Infrastructure (Capacity)

Intervention, Program or Policy

Implementation Strategies

RE-AIM Outcomes:
- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance
How RE-AIM/PRISM addresses equity issues

- Support representation in research/practice teams, implementers, & participants
- Co-create or adapt to align with community priorities
- Consider trade-offs and unintended consequences
- Be conscious of costs & feasibility to support inclusion

PRISM Contextual Factors

- Multi-level/Multi-sector Perspectives on Intervention
- Multi-level Partner Characteristics
- External Environment—Drivers of Equity
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Intervention, Program or Policy

Implementation Strategies

RE-AIM Outcomes

- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance

Assess historical and current structural drivers of inequity
Assess capacity & infrastructure needs and resources
Design a monitoring & evaluation system to assess equity
Consider representativeness of participants and settings
Ask who is not participating and why
Document and facilitate equity-enhancing adaptations
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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?

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, Todner K & Calloway A, 2013).
Simplify your data collection

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

- **WHAT** was adapted (and how)?
- **WHY** was it adapted?
- **WHEN** was this adaptation made?
- **WHO** “drove” this adaptation?

**To increase equitable REACH**

**Who delivers the intervention**

**Pre-implementation**

**CAB + Agency Director**

RE-AIM and PRISM can help guide adaptations

**Simplify your data collection**

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

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<th>Focus of Adaptation</th>
<th>Timing of Adaptation (point in the project)</th>
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<tbody>
<tr>
<td></td>
<td>Planning</td>
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<tr>
<td>Intervention</td>
<td></td>
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<tr>
<td>Implementation Strategy</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td></td>
</tr>
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</table>

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

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?
THANKS FOR JOINING

Tina + Samantha
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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