



PIRE

Dissemination and Implementation Science
Immersive Training

Real-World Examples: RE-AIM Planning and Evaluation Framework



Module 2

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Icebreaker:

- What was interesting about the suggested readings?
- What D&I questions have you noticed since module 1?
- What is something you're looking forward to this summer?

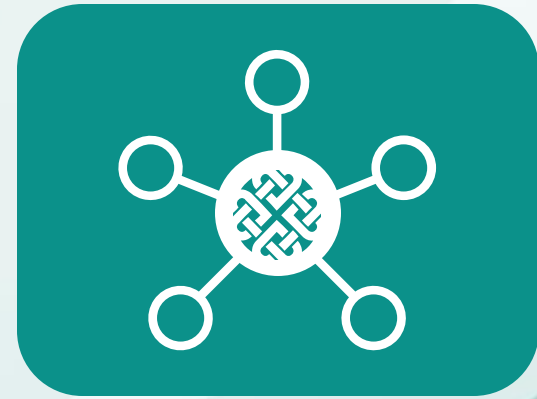
Learning Objectives



**Sources of D&I
theories, models, and
frameworks**



**Overview and
examples of
RE-AIM
framework**



**Options for measuring
fidelity**

Why use a framework?



Assess complex interventions



Overcome evaluation challenges

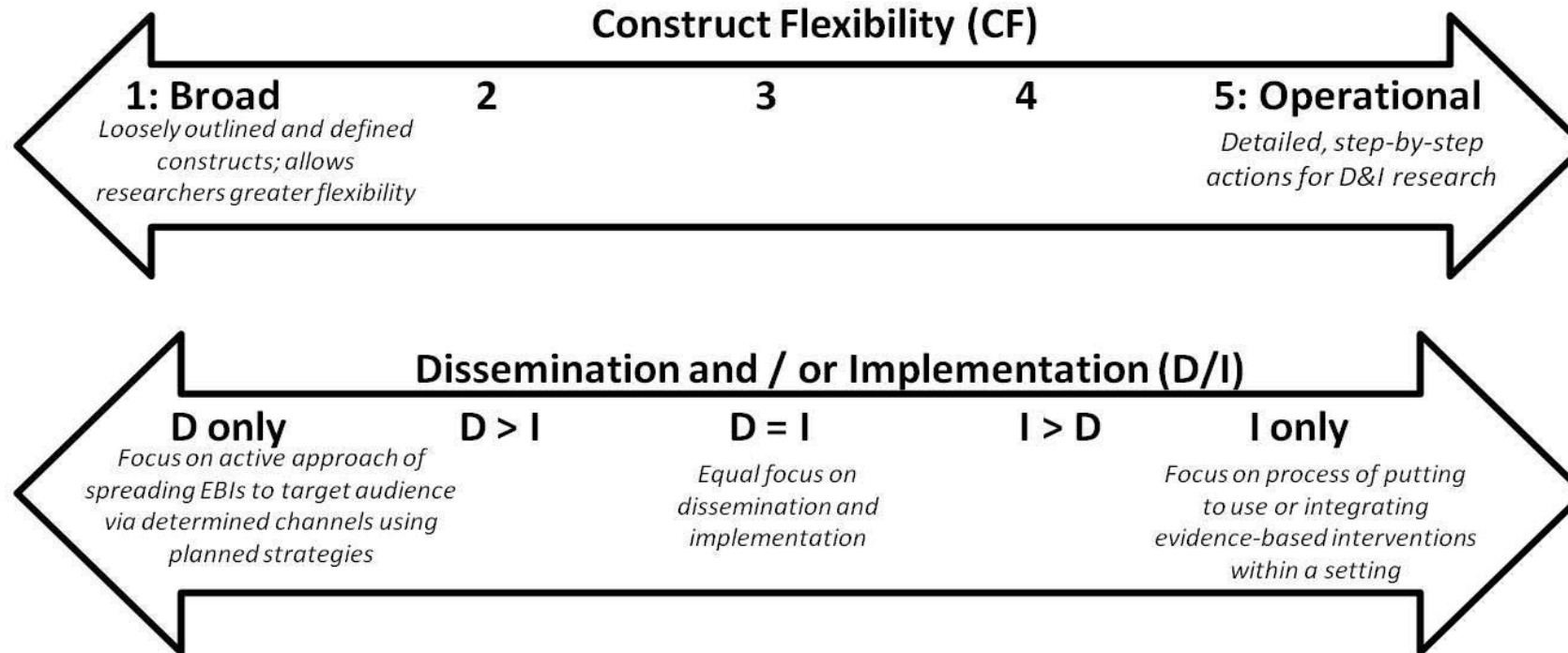


Impress funders

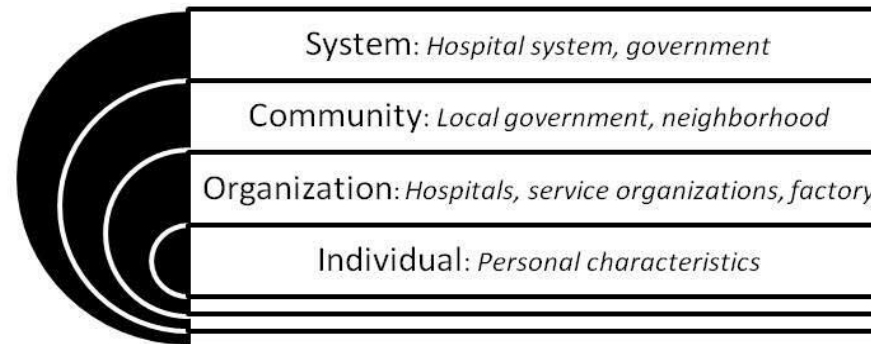


Produce generalizable results: advance the field

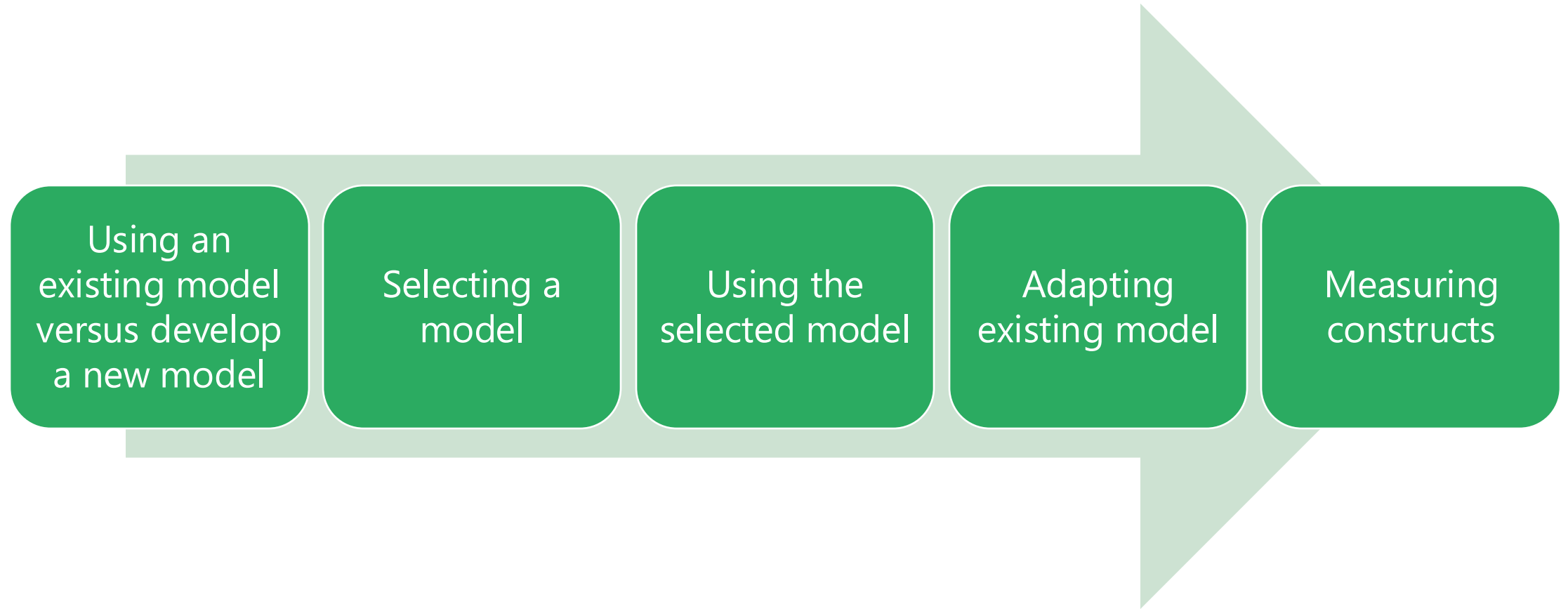
Model Categories



Socio-ecological Framework (SEF)



Theories and framework for D&I



[View All D&I Models](#)[Search D&I Models](#)[Select](#)[Adapt](#)[Integrate](#)[Measure constructs](#)

User Name

Password

[Login](#)[Register](#)

View All D&I Models

The list of all D&I Models and their characteristics. You can compare up to five models by selecting the check box next to the model name. Additional information on each model can be found by clicking on the Description link under each Model name.

[Compare Models](#)

	Sort	Sort	Sort						Sort	Sort	
	Model 	D &/or I 	Construct Flexibility 	Socio-Ecological Levels 					Field of Origin 	# Times Cited 	Rating
				Individual	Organization	Community	System	Policy			
☐	Consolidated Framework for Implementation Research Description	I-Only	4		O	C			Health services	91	
☐	Diffusion of Innovation Description	D-Only	1	I	O	C			Agriculture	39,364	
☐	Interactive Systems Framework Description	D=I	2	I	O	C	S		Violence prevention	116	
☐	RE-AIM Framework Description	D=I	4	I	O	C			Public Health	728	

[Compare Models](#)[Restore Full List](#)

Where to find D&I models

www.dissemination-implementation.org

Socio-Ecological Level							
Model	Dissemination and/or Implementation	Construct Flexibility: Broad to Operational	System	Community	Org	Individual	Policy
Diffusion of Innovation	D-only	1		x	x	x	
RAND Model of Persuasive Communication and Diffusion of Medical Innovation	D-only	1		x	x	x	
Effective Dissemination Strategies	D-only	2		x	x	x	
Model for Locally Based Research Transfer Development	D-only	2		x	x		
Streams of Policy Process	D-only	2	x	x	x		x
A Conceptual Model of Knowledge Utilization	D-only	3	x	x			x

RE-AIM Basics

- Reach = Who
- Effectiveness = What
- Adoption = Where
- Implementation = How
- Maintenance = When



RE-AIM Planning and Evaluation Framework



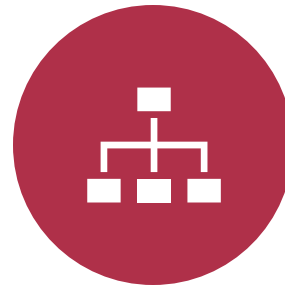
Facilitate translation of research to practice.



Balance internal and external validity.

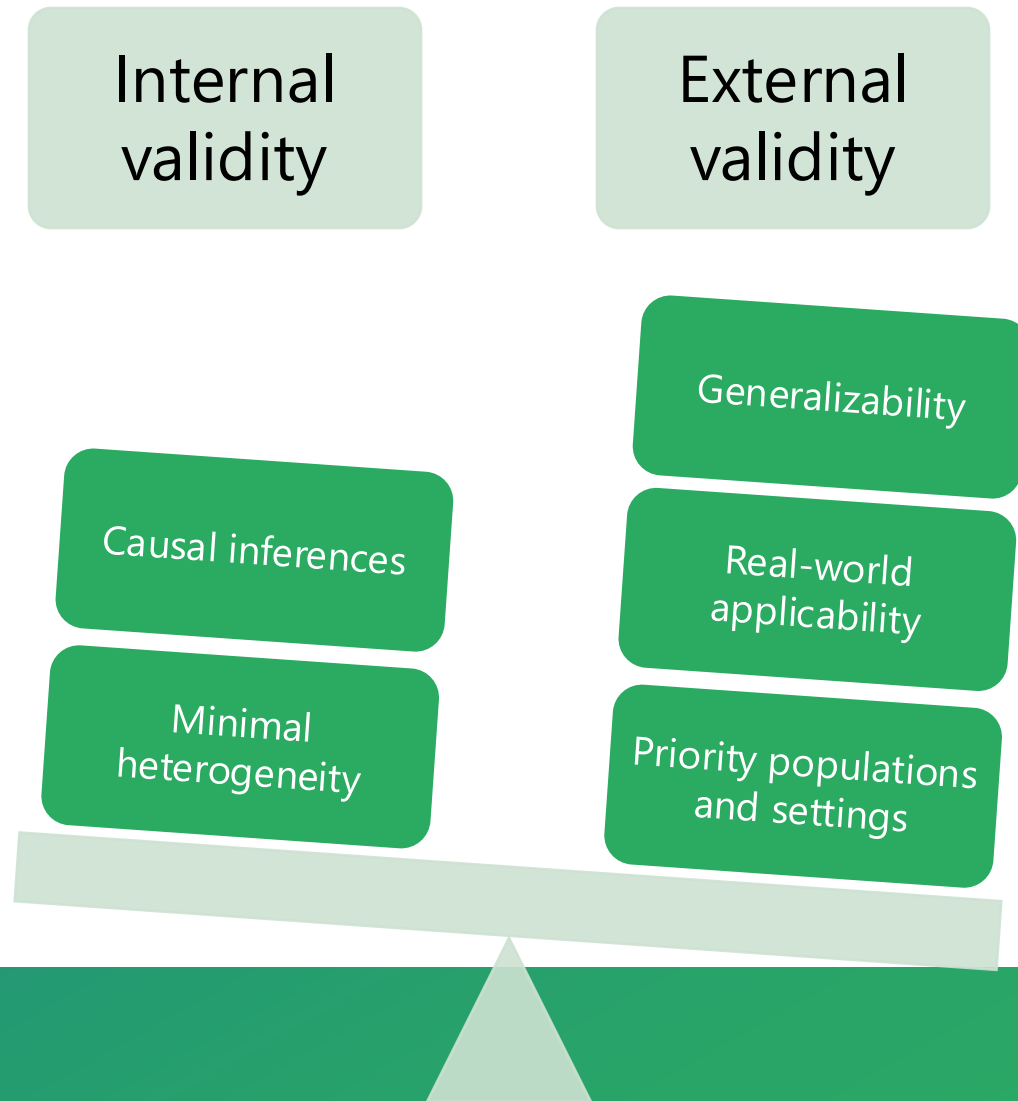


Emphasize representativeness.



Address multi-level factors: individual, organizational, system: experimental and observational.

Two key terms for D&I



Large group discussion: Which food pantry intervention was successful?

Approached 10 food pantries and 5 of them participated

The food pantries implemented an average of 75% of the healthy purchasing guidelines

20 community members were served

19 of the 20 consumed more fruits and vegetables

Six months later, 10 of the 20 were still eating more fruits and vegetables

The food pantries used the guidelines for 10 years

Approached 10 food pantries and 2 of them participated

The food pantries implemented 100% of the healthy purchasing guidelines

1000 community members were served

500 of the 1000 consumed more fruits and vegetables

Six months later, 500 of the 1000 were still eating more fruits and vegetables

The food pantries used the guidelines for 5 years

Reach

The absolute number, proportion, and representativeness of individuals who participate in an intervention, and the reasons why (qualitative).

WHO actually participates or is exposed to the initiative?



Effectiveness

The impact of an initiative on outcomes, including potential negative effects, quality of life, and economic outcomes as well as the reasons why (qualitative).

WHAT is the most important benefit you are trying to achieve and what is the likelihood of negative outcomes?



Adoption

The absolute number, proportion, and representativeness of settings and agents willing to initiate a program, and the reasons why (qualitative).

WHERE is the program applied and WHO applied it?



Implementation

Fidelity to the intervention protocol, and including adaptations, time, and cost as well as the reasons why (qualitative).

HOW consistently was the program delivered, how was it adapted, how much did it cost, and WHY did the results come about?



Maintenance

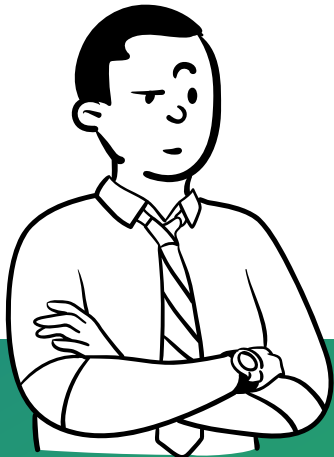
The extent to which a program becomes institutionalized at the setting level or sustained at an individual level as well as the reasons why (qualitative).

WHEN was the program operational and how long are the results sustained?



Large group discussion: Which RE-AIM dimension is each real-world challenge?

I had this great food rescue program going, but the delivery drivers didn't want to pick up the produce



The program's supposed to be 4 weekly classes, but that's too much driving... I just combined it all into a Saturday workshop



They asked me to teach this class, but no one showed up.



We used to do that program and I think it worked, but it just cost too much to continue

RE-AIM can help us answer:

How many people came, were they those most in need of the intervention?

What were the health impacts of my program (changes in eating patterns and health)?

How many settings did I approach? How many participated? What were the barriers of the setting/facilities that declined?

How challenging or easy will this be to implement? What resources are available to help me?

Do I want to maintain this intervention?

Even if 100% effective, impact depends on:

- 1) Adoption
- 2) Training
- 3) Fidelity (Implementation)
- 4) Access (Reach)
- 5) Sustainability (Maintenance)

50% threshold for each step=
 $.5 * .5 * .5 * .5 * .5 =$
3% benefit



Traditional, highly-controlled RCTs versus real-world settings.



"Voltage drop" of effectiveness.



What is most relevant to the interested parties?

Qualitative Approaches to RE-AIM

Reach

- What factors contributed to participation/non-participation?
- Focus groups, interviews

Effectiveness

- What factors contributed to the outcomes?
- Ethnography, key informant interviews.

Adoption

- What barriers prevented adoption?
- Key informant interviews.

Implementation

- How was the intervention implemented over time?
- Photovoice, observation, critical incident analysis.

Maintenance

- What is sustained, discontinued, or adapted—and why?
- Interviews, observation.

Process evaluation?



Process
Evaluation

Outcome
Evaluation

Impact
Evaluation

Breakout Room Prompts



Have you used the RE-AIM framework?

If so, which dimensions have you used?

If not, how could you apply it to your work? Which dimensions would you use?

Fidelity and
adaptation:

Data collection methods



Surveys



Interviews



Observations



Focus groups



Checklists



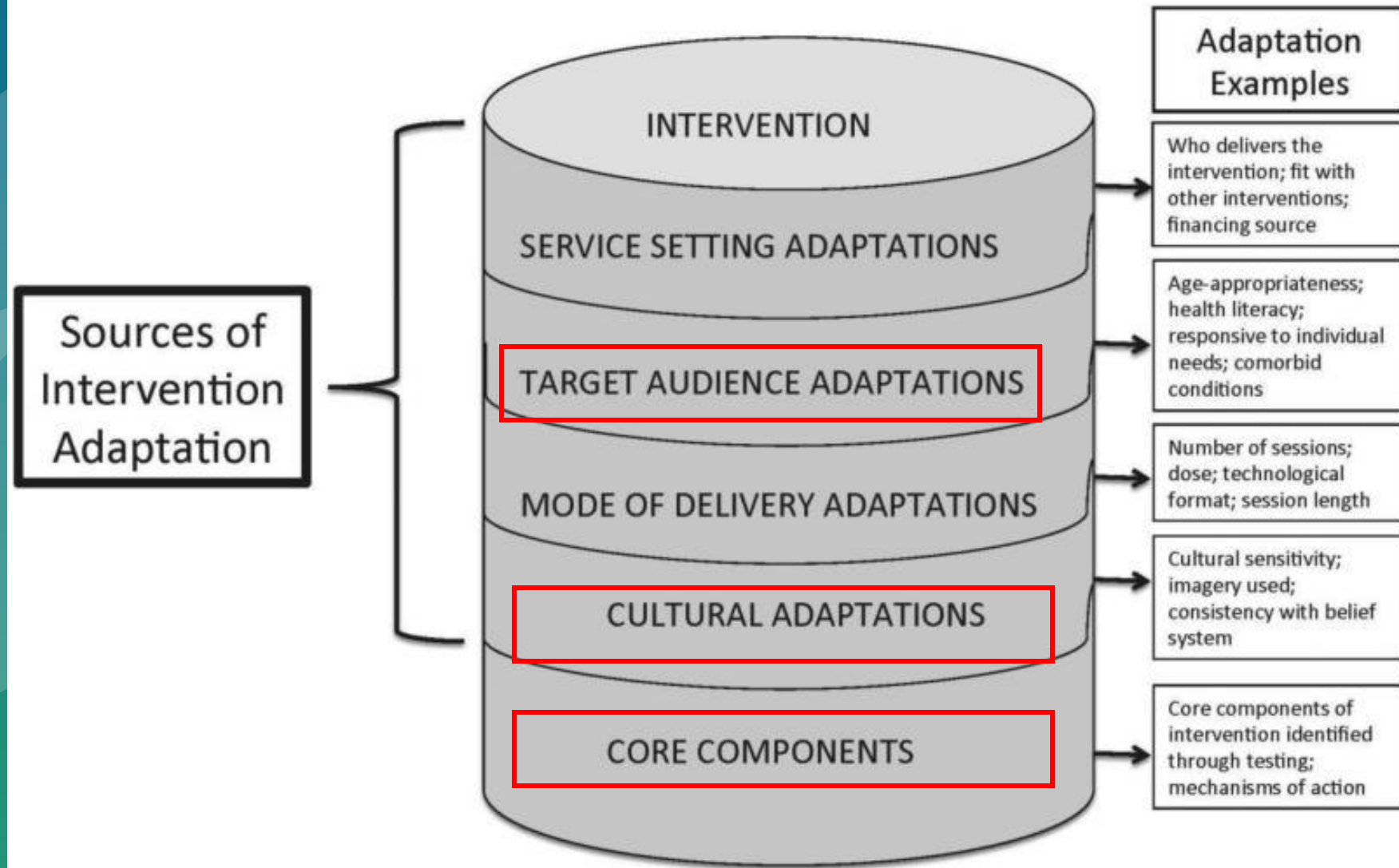
Support calls

Fidelity and
adaptation:

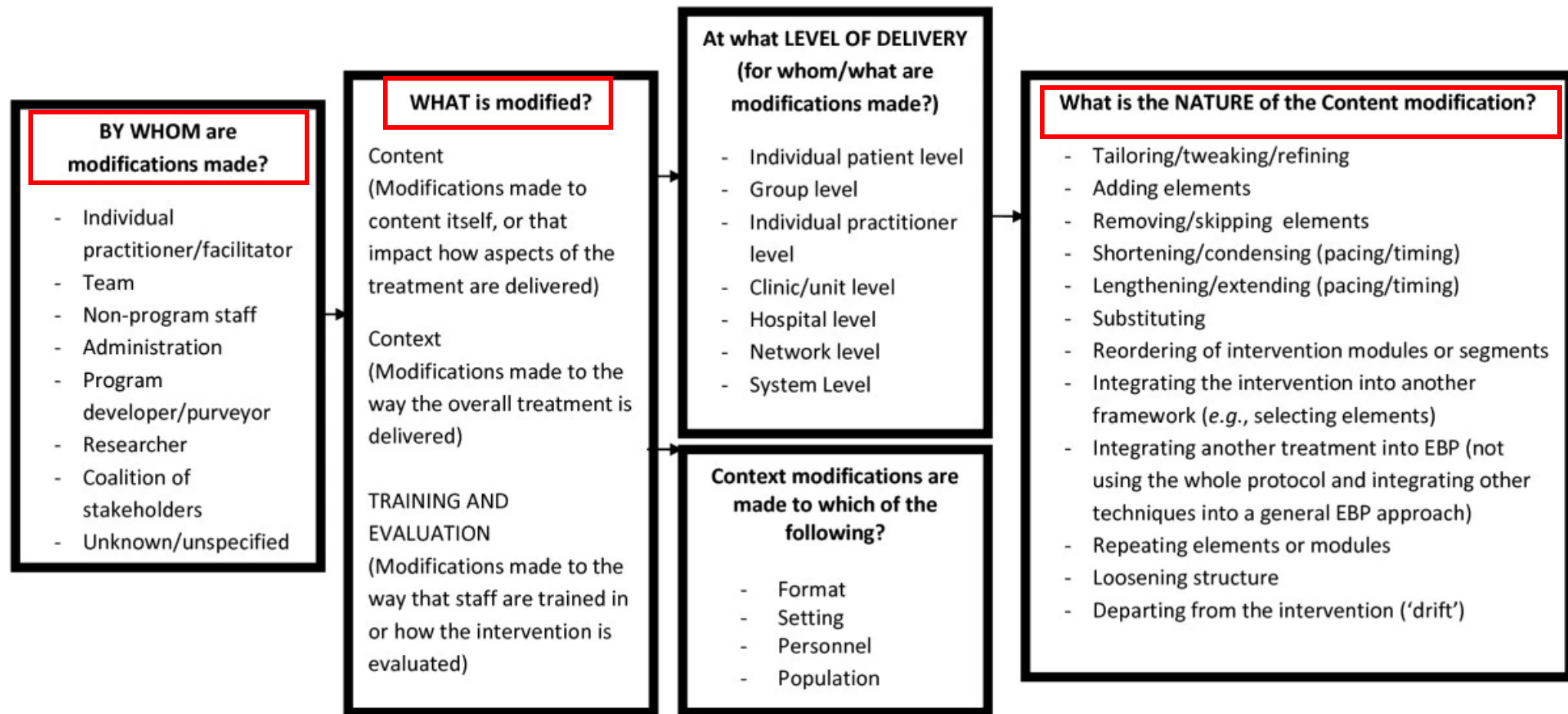
Data collection
methods

Dining with Diabetes lesson number:	1	2	3	4	Follow-up
Date:					
# of participants registered:					
# of participants present:					
Class start time:					
Class end time:					
Did a Registered Dietitian, Registered Nurse, or Certified Diabetes Educator teach the lesson?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	n/a
If no, did one of these professionals provide assistance in some other way?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	n/a
If yes, please explain:					
Were Dining with Diabetes recipes used?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, what recipe sources were used?					
Were healthy cooking techniques demonstrated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did participants sample healthy food?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Were recipes provided to participants?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Were suggested handouts provided to participants?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Were all PowerPoint slides of the presentation taught?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	n/a
If no, what changes were made? Be specific for each lesson.					n/a

Fidelity and adaptation: Frameworks



Fidelity and adaptation: Frameworks



Fidelity and adaptation: Frameworks

GREEN LIGHT CHANGES

- » Usually minor
- » Made to increase the reach, receptivity, and participation of the community
- » May include:
 - Program names
 - Updated and relevant statistics or health information
 - Tailored language, pictures, cultural indicators, scenarios, and other content

YELLOW LIGHT CHANGES

- » Typically add or modify intervention components and contents, rather than deleting them
- » May include:
 - Substituting activities
 - Adding activities
 - Changing session sequence
 - Shifting or expanding the primary audience
 - Changing the delivery format
 - Changing who delivers the program

RED LIGHT CHANGES

- » Changes to core components of the intervention
- » May include:
 - Changing a health behavior model or theory
 - Changing a health topic or behavior
 - Deleting core components
 - Cutting the program timeline
 - Cutting the program dosage

Breakout Room Prompts



Have you measured fidelity to an intervention?

If yes, what measure did you use?

What fidelity measure would work best for your projects?

Where are we going?



Theories, models, and frameworks



Implementation strategies and how to measure them



Partnerships and logic models



Resources and next steps

A stylized, light blue hand icon with five fingers, positioned on the left side of the image. The background consists of several overlapping, semi-transparent geometric shapes in various shades of blue and green, creating a layered effect.

Questions?