Improving Public Health Relevance and Population Health Impact

RE-AIM & PRISM

OFFICE HOURS

BRING YOUR QUESTIONS

EVERYTHING YOU ALWAYS WANTED TO ASK ABOUT RE-AIM AND PRISM

OCTOBER 22
2-3 PM MOUNTAIN TIME

Paul Estabrooks, PhD
University of Utah

Russell Glasgow, PhD
University of Colorado

REGISTER FOR 10/22 HERE

NOVEMBER 21
10-11 AM MOUNTAIN TIME

Katy Trinkley, PharmD, PhD
University of Colorado

Borsika Rabin, PhD, MPH, PharmD
University of California San Diego

REGISTER FOR 11/21 HERE

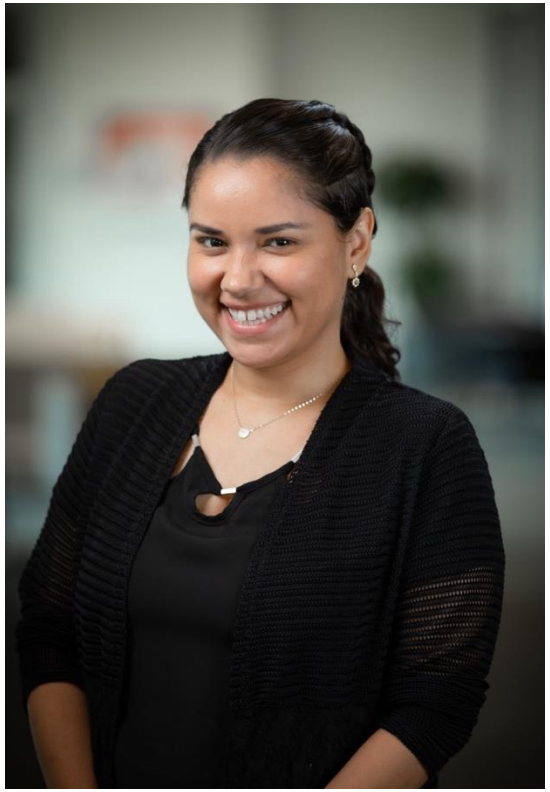
RE-AIM: Reach • Effectiveness • Adoption • Implementation • Maintenance

PRISM: Practical, Robust, Implementation and Sustainability Model

https://re-aim.org/

Our speakers today

James Pittman, PhD, LCSW
Acting Associate Chief of Staff for Mental Health
VA San Diego Healthcare System
Associate Professor and Acting Vice Chair for Veterans Affairs
Department of Psychiatry
University of California, San Diego



Emiliane Pereira, MPH, PhD
Post-Doctoral Research Associate
Department of Health Promotion,
College of Public Health
University of Nebraska Medical Center

New Questionnaires for RE- AIM and PRISM

An introduction and interactive discussion on their development and utility

October 28th

RE-AIM

Improving Public Health Relevance and Population Health Impact

This **webinar** will be **recorded**

There will be time at the end for **questions**, but you can also use the **Q&A function** at the bottom of your screen

Resources mentioned today **will be shared** after the webinar and **available on the RE-AIM.org** website

Agenda

- Welcome
- RE-AIM survey (20 min)
- PRISM survey (20 min)
- Townhall questions (10 min)
- Upcoming news(5 min)
- Discussion (5 min)

RE-AIM Outcomes Assessment Questionnaire

In theory, an ideal intervention

REACH	• Reach a substantial segment of the target population
EFFECTIVENESS	• Effectively achieve intended health outcomes
ADOPTION	• Receive support from organizations and communities
IMPLEMENTATION	• Be consistently delivered according to protocols
MAINTENANCE	• Provide long-term benefits

Real world challenges

- Complex systems
- Staff capacity
- Budget constraints
- Time constraints

(Estrada, 2023; San Miguel, 2023)

Significance of the RE-AIM Outcomes Assessment questionnaire

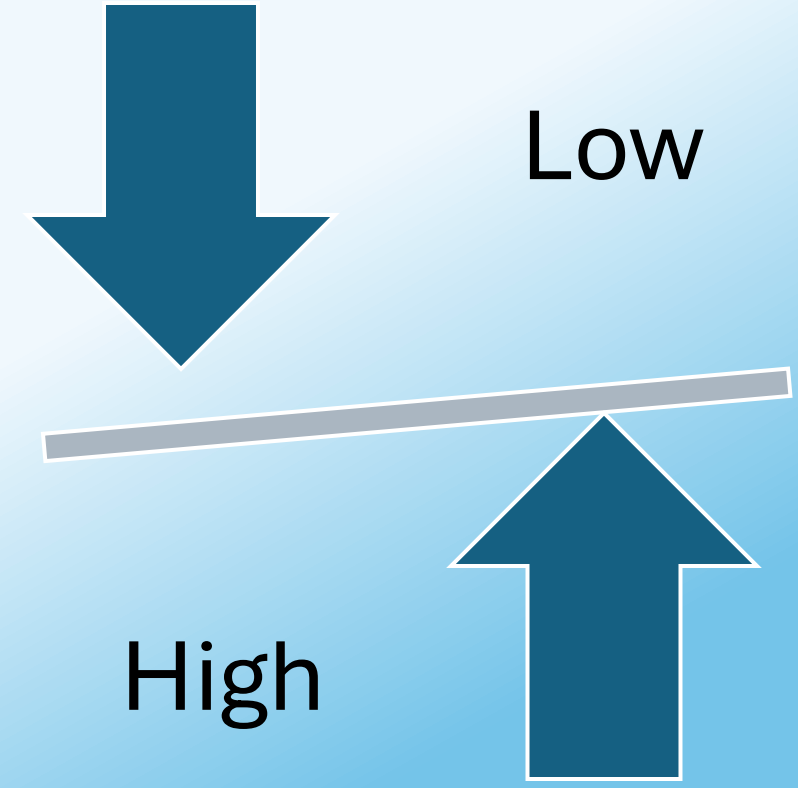
Difficulty in comprehensive RE-AIM assessment in real-world scenarios

Gap in literature. Lack of self-reported RE-AIM dimensions measurement

(D'Lima et al., 2021; Paul A. Estabrooks, 2019)

What is a good balance among the RE-AIM dimensions?

- And how should we measure?



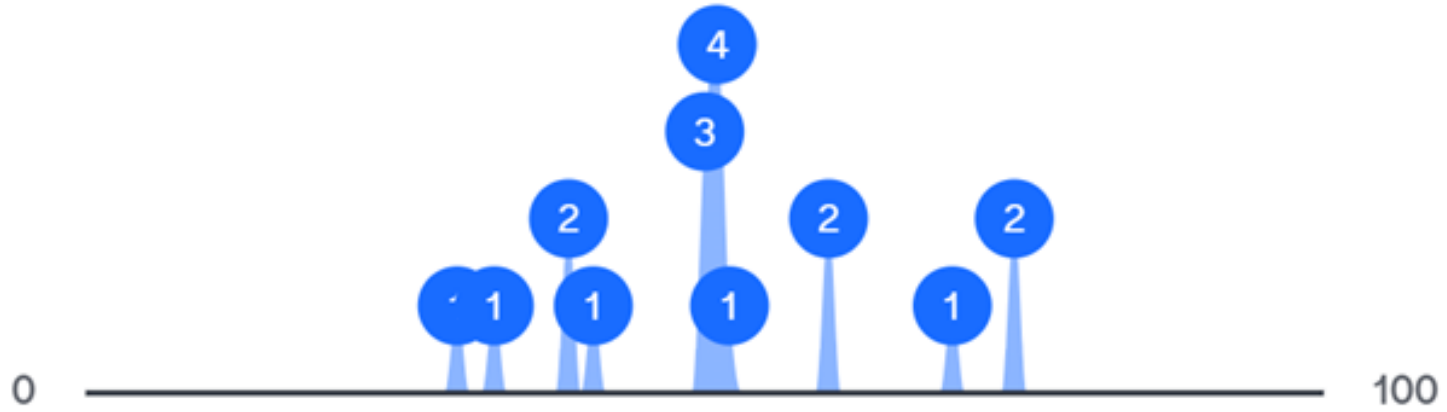
How familiar are you with the RE-AIM framework?

How familiar are you with the RE-AIM framework?

Think that you are starting to plan to an implementation of a weight loss intervention…

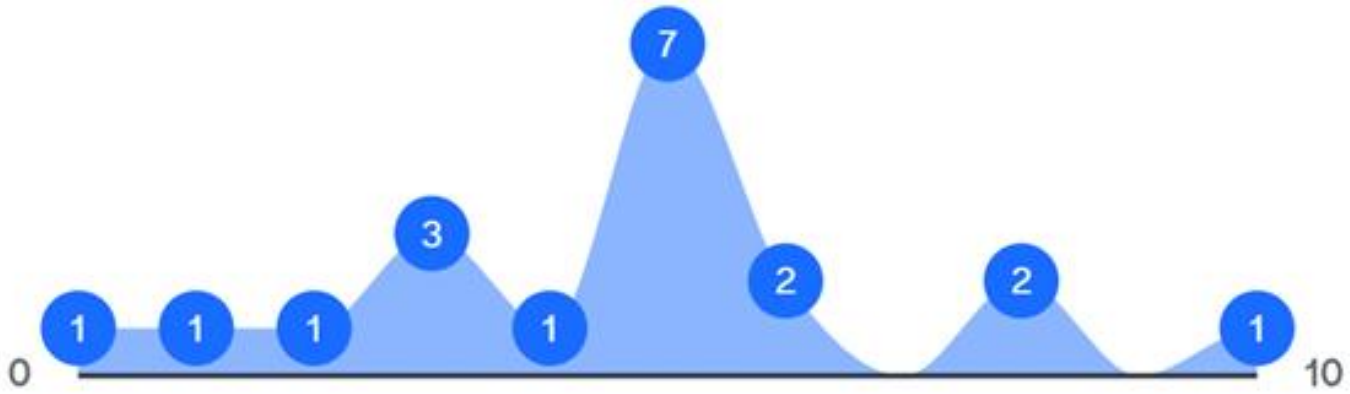
What do you think would indicate a high REACH for an intervention or program? (% of intended audience)

What do you think would indicate a high REACH for an intervention or program? (% of intended audience)



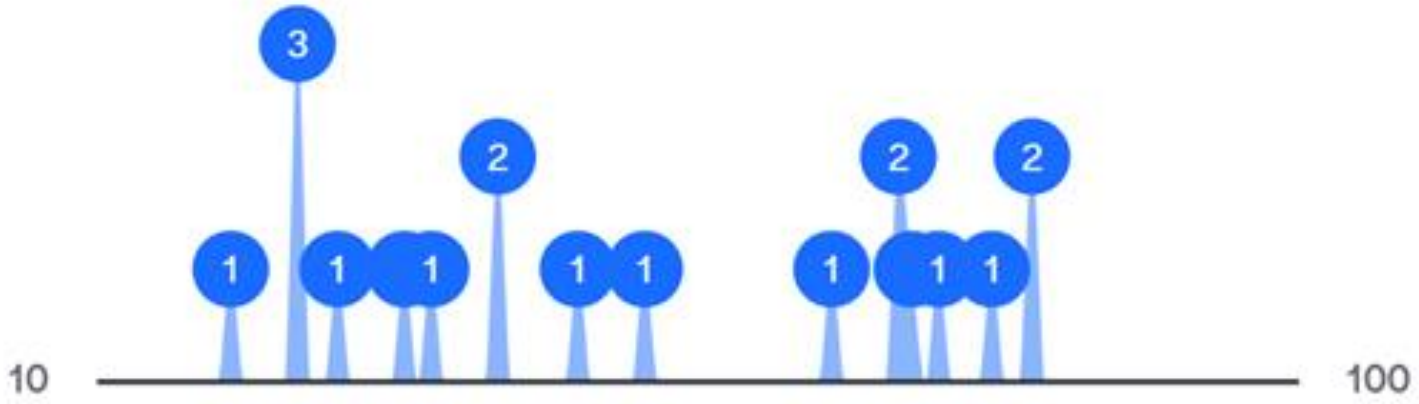
What do you think would indicate a high EFFECTIVENESS for an intervention or program? (% average body weight loss)

What do you think would indicate a high EFFECTIVENESS for an intervention or program? (% average body weight loss)



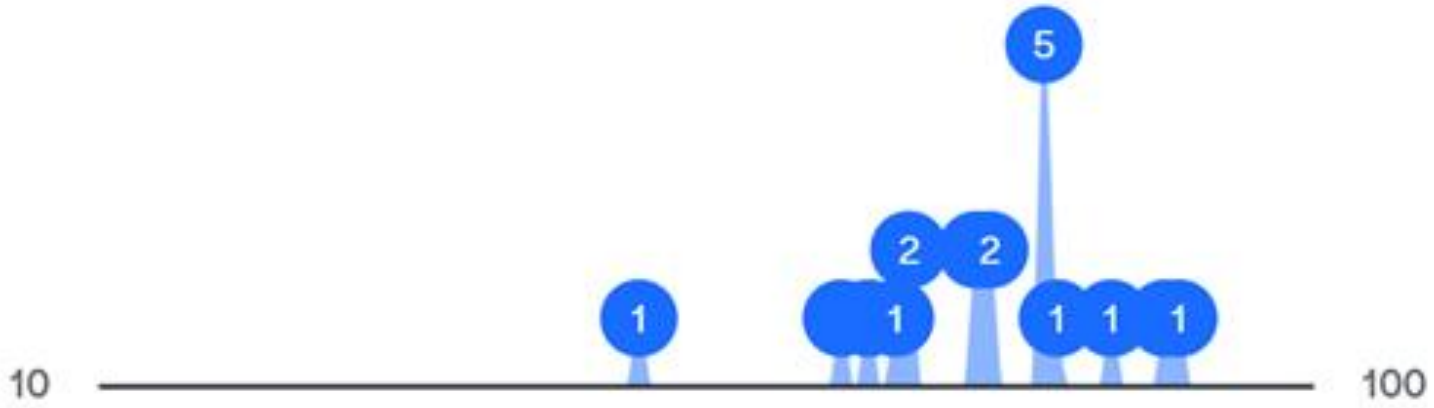
What do you think would indicate a high ADOPTION for an intervention or program? (% of eligible settings)

What do you think would indicate a high ADOPTION for an intervention or program? (% of eligible settings)



What do you think would indicate a high IMPLEMENTATION for an intervention or program? (% adherence to the protocol)

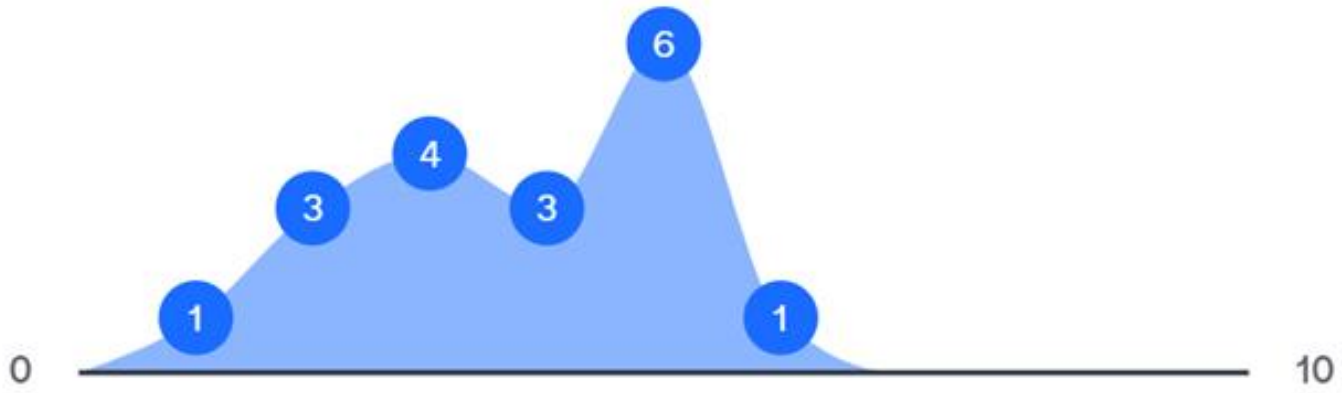
What do you think would indicate a high IMPLEMENTATION for an intervention or program? (% adherence to the protocol)



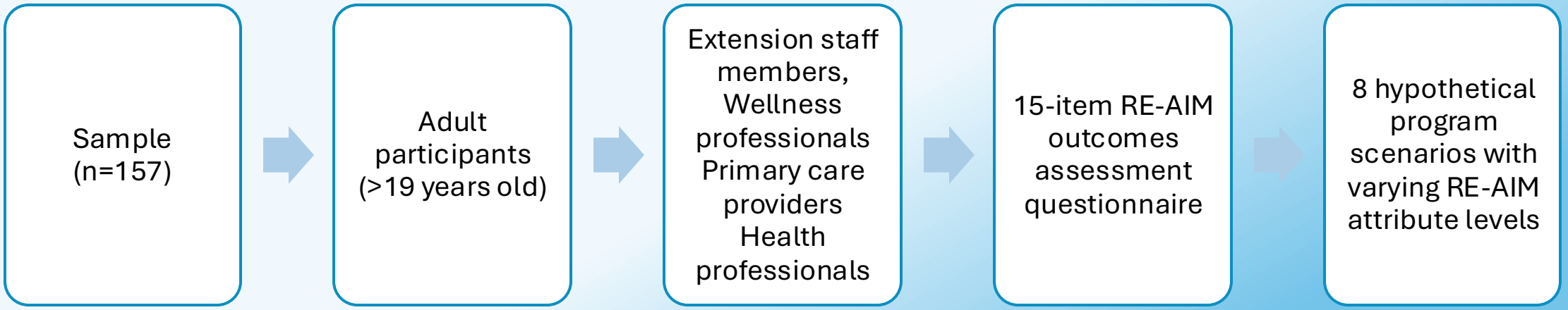
What do you think would indicate a high MAINTENANCE for an intervention or program? (years sustained after program implementation)

Join at menti.com | use code 2383 8328

What do you think would indicate a high MAINTENANCE for an intervention or program? (years sustained after program implementation)

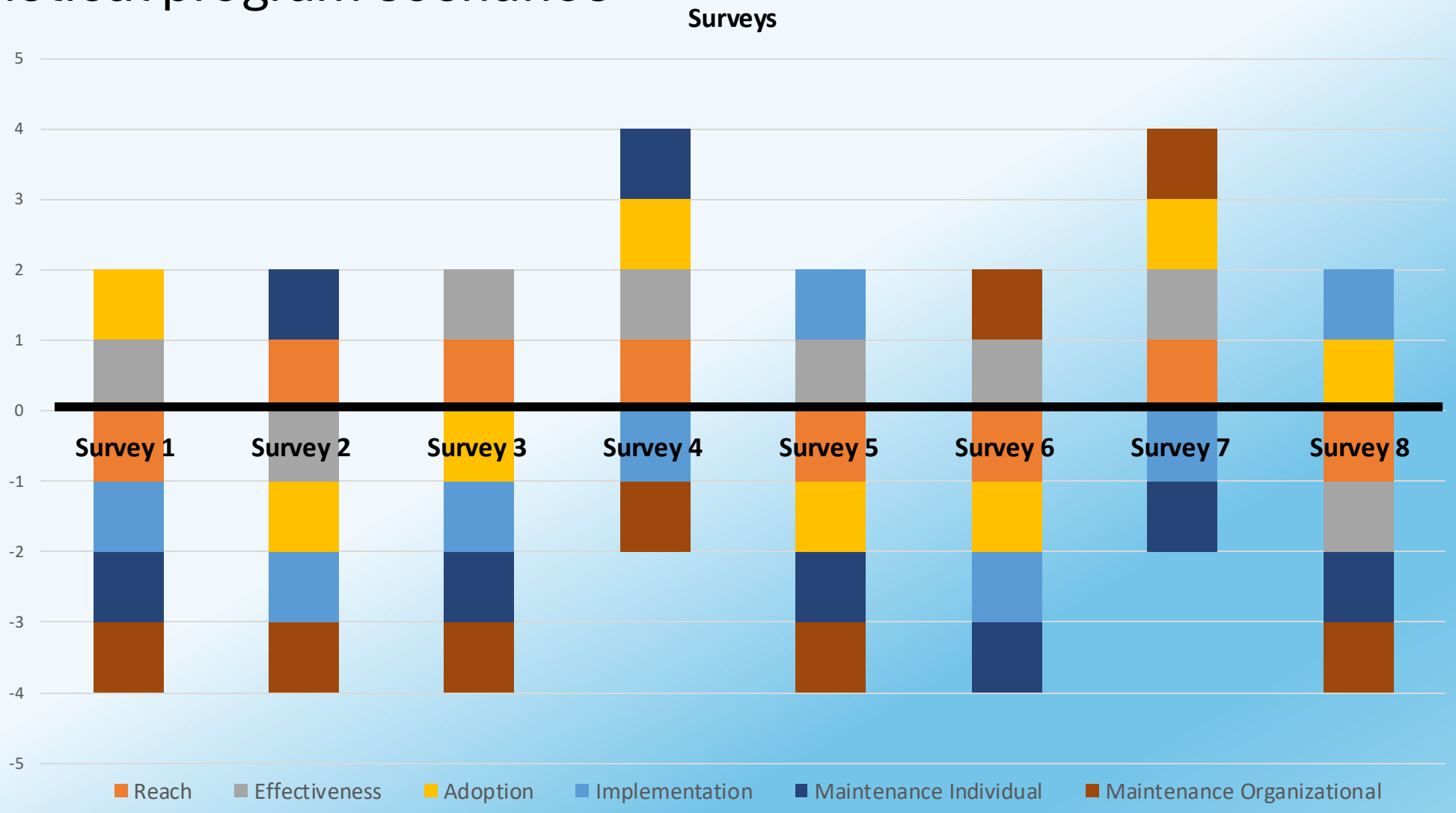


Methods


Sample (n=157)
Adult participants (>19 years old)
Extension staff members, Wellness professionals Primary care providers Health professionals
15-item RE-AIM outcomes assessment questionnaire
8 hypothetical program scenarios with varying RE-AIM attribute levels

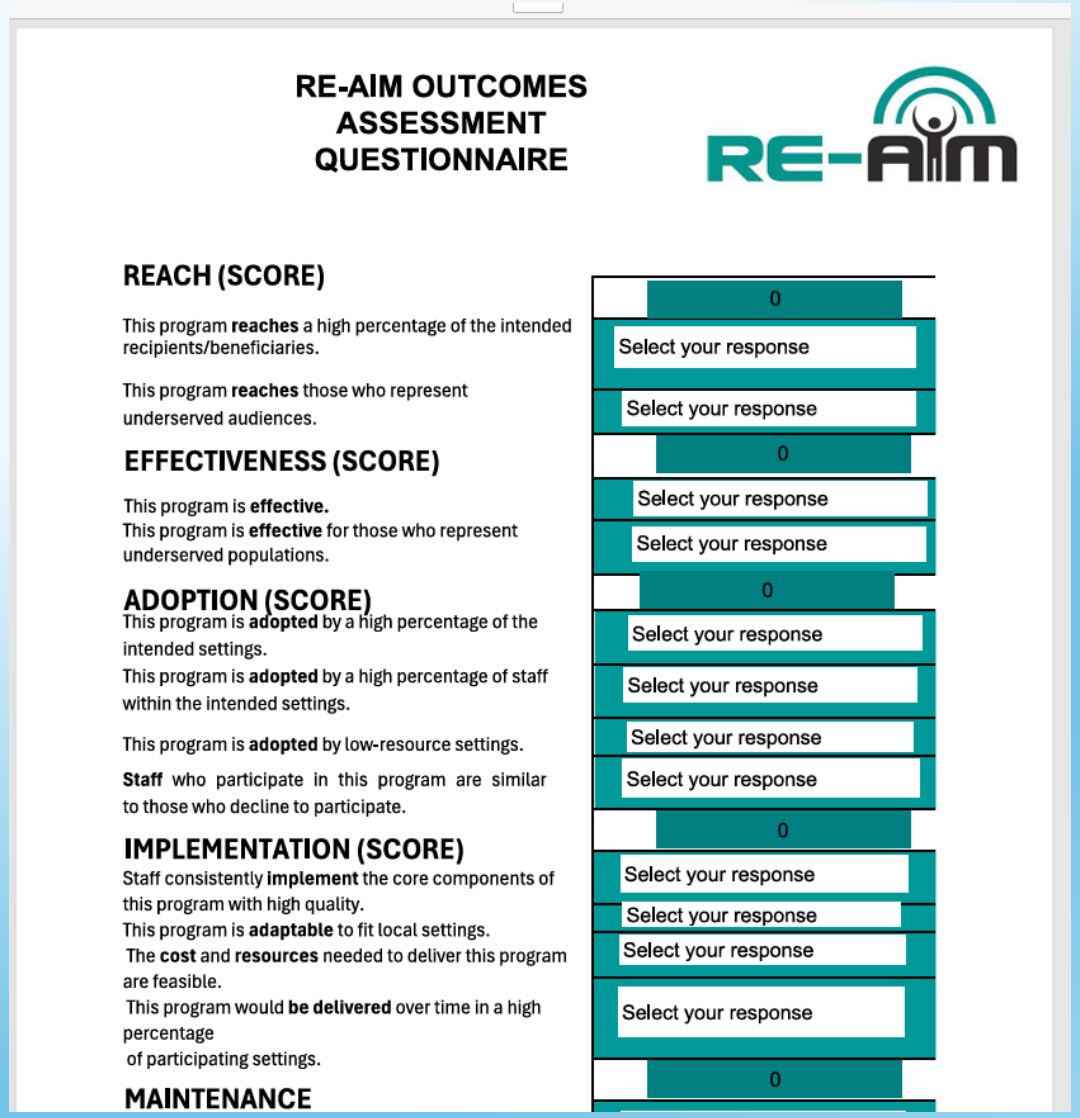
Methods

- Hypothetical program scenarios



Methods

- RE-AIM outcomes assessment questionnaire



RE-AIM OUTCOMES ASSESSMENT QUESTIONNAIRE

REACH (SCORE)

This program **reaches** a high percentage of the intended recipients/beneficiaries. — Select your response

This program **reaches** those who represent underserved audiences. — Select your response

0

EFFECTIVENESS (SCORE)

This program is **effective.** — Select your response

This program is **effective** for those who represent underserved populations. — Select your response

0

ADOPTION (SCORE)

This program is **adopted** by a high percentage of the intended settings. — Select your response

This program is **adopted** by a high percentage of staff within the intended settings. — Select your response

This program is **adopted** by low-resource settings. — Select your response

Staff who participate in this program are similar to those who decline to participate. — Select your response

0

IMPLEMENTATION (SCORE)

Staff consistently **implement** the core components of this program with high quality. — Select your response

This program is **adaptable** to fit local settings. — Select your response

The **cost** and **resources** needed to deliver this program are feasible. — Select your response

This program would **be delivered** over time in a high percentage of participating settings. — Select your response

0

MAINTENANCE

Distinguishing high and low RE-AIM outcomes

REACH

Low

- 50 participants
- 10% of the intended audience
- Groups that experience obesity-related disparities are not as likely to participate when compared to other groups.

High

- 100 participants
- 50% of the intended audience
- Good representation of groups that experience obesity-related disparities.

Distinguishing high and low RE-AIM outcomes

EFFECTIVENESS

Low

- 3% average body weight loss
- No change in quality of life
- Groups that experience obesity-related disparities don't lose as much or more weight when compared to other participants

High

- 7% average body weight loss
- Improved quality of life
- Groups that experience obesity-related disparities lose as much or more weight when compared to other participants

Distinguishing high and low RE-AIM outcomes

ADOPTION

Low

- 25% of eligible settings and 40% of staff agreed to deliver the program.
- Lower-resourced settings/staff were not as likely to agree to deliver the program when compared to higher-resourced settings and staff.

High

- 50% of eligible settings and 80% of staff agreed to deliver the program.
- Good representation of lower-resourced settings/staff agreed to deliver the program.

Distinguishing high and low RE-AIM outcomes

IMPLEMENTATION

Low

- The program was delivered with 45% adherence to the protocol.
- The program cannot be adapted to improve fit with delivery settings.
- Costs and resources needed to deliver the program were not feasible for the organization delivering the program.

High

- The program was delivered with 90% adherence to the protocol.
- The program can be adapted to improve fit with delivery settings.
- Costs and resources needed to deliver the program were feasible for the organization delivering the program.

Distinguishing high and low RE-AIM outcomes

MAINTENANCE

INDIVIDUAL

Low

- 3% average body weight loss and improved quality of life were not after the program.
- Groups that experience obesity-related disparities didn't maintained as much weight loss when compared to other participants.

High

- 7% average body weight loss and improved quality were sustained for 1-2 years following the program
- Groups that experience obesity-related disparities maintained as much or more weight loss when compared to other participants.

Distinguishing high and low RE-AIM outcomes

MAINTENANCE

ORGANIZATIONAL

Low

- The program was not sustained in the organization following the initial implementation.

High

- The program was sustained in the setting for 3 years following the initial implementation.

Results

[Age(years)]
18-39
78
40-59
54
50-69
16
70-89
5
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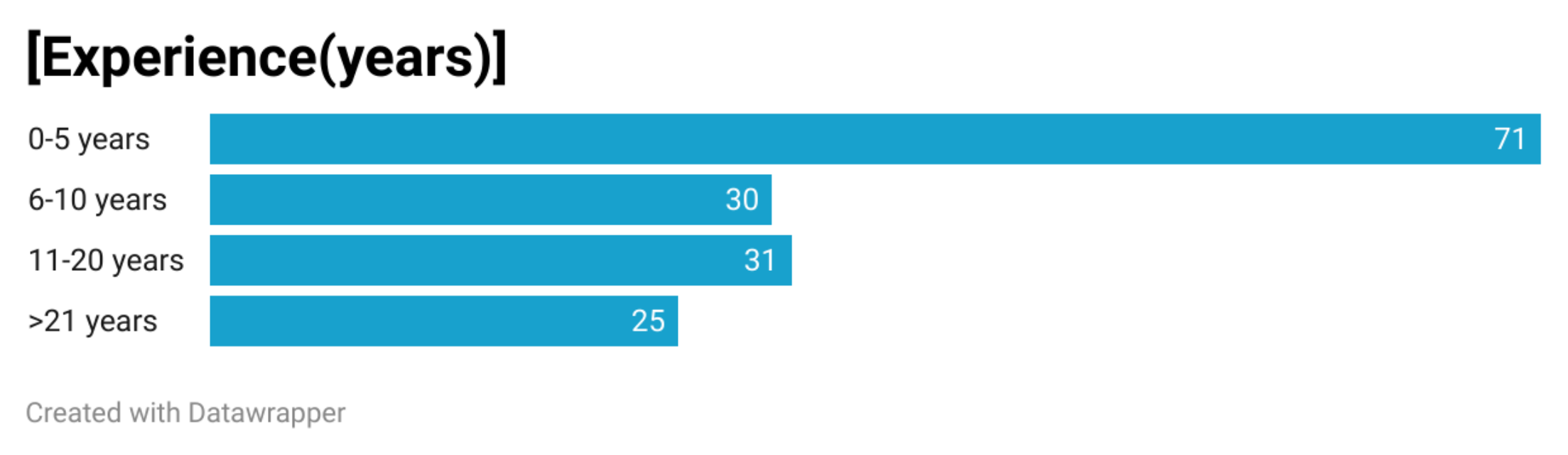
Results


[Experience(years)]
0-5 years
71
6-10 years
30
11-20 years
31
>21 years
25
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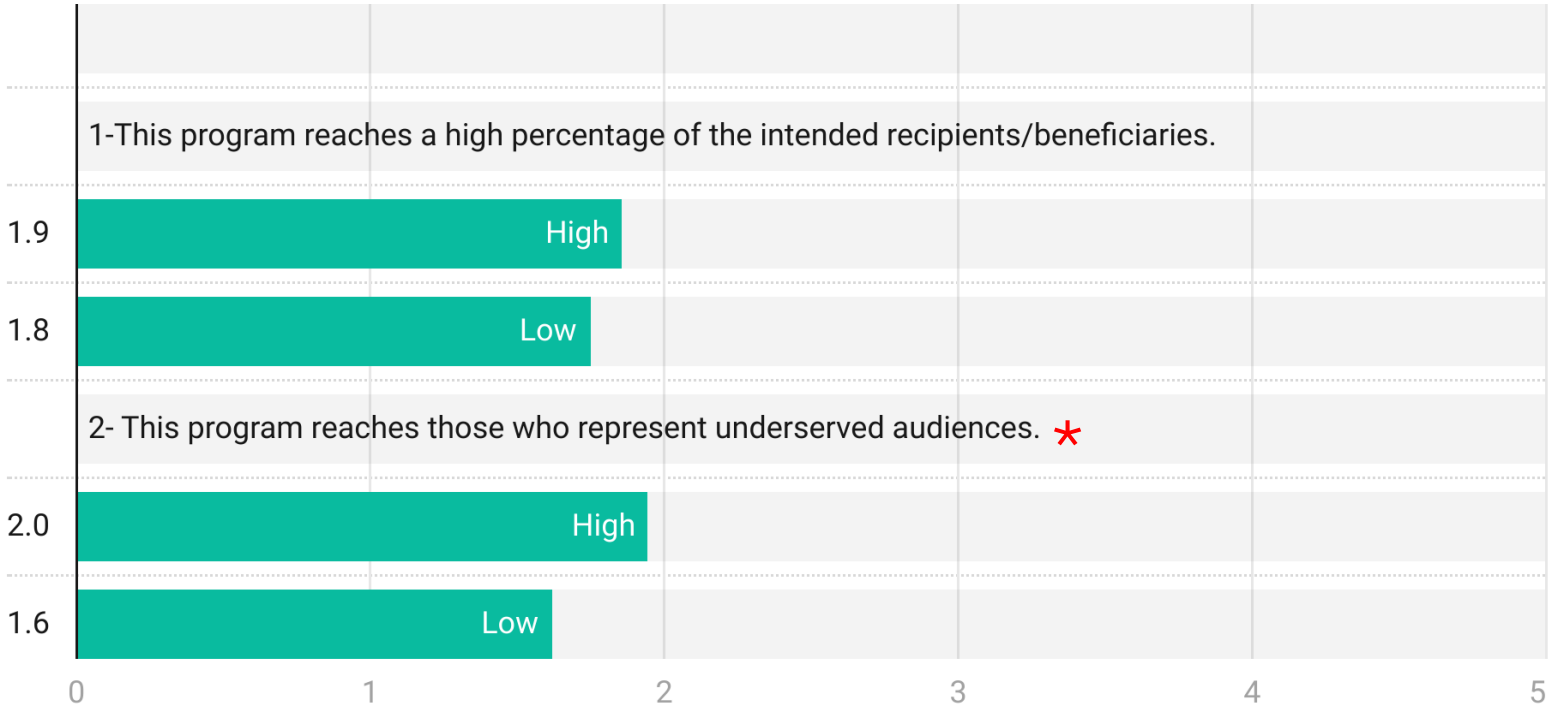
REACH



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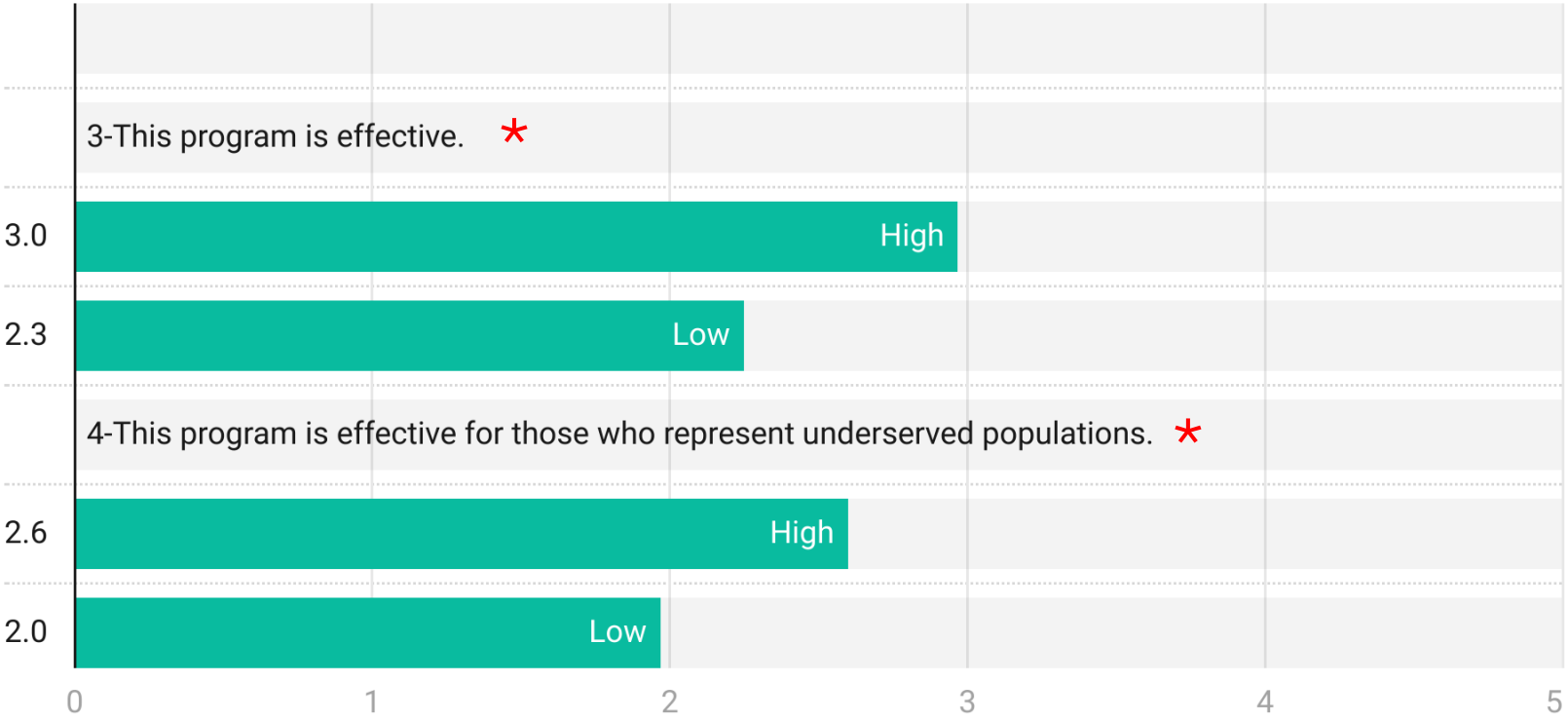
EFFECTIVENESS



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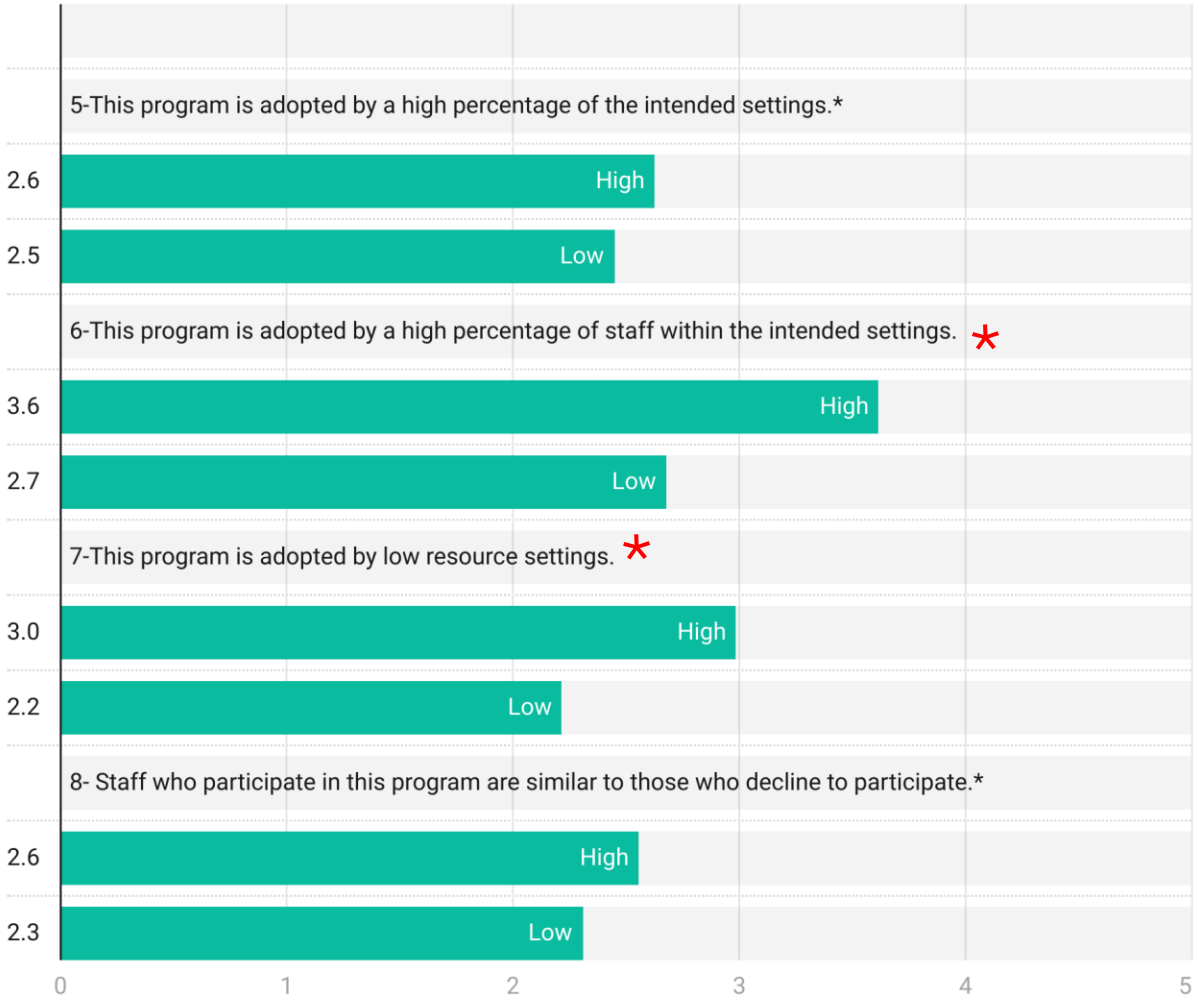
ADOPTION



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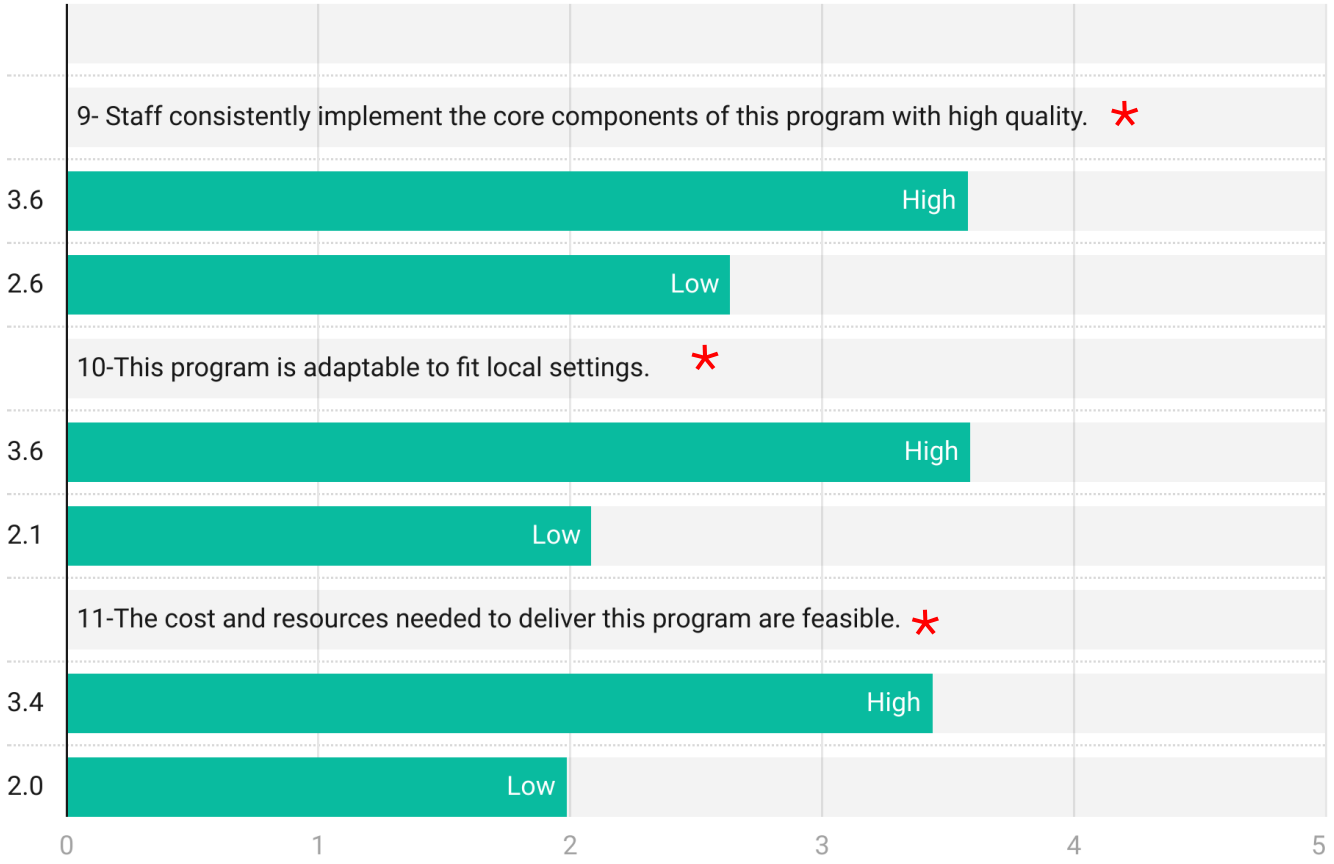
IMPLEMENTATION



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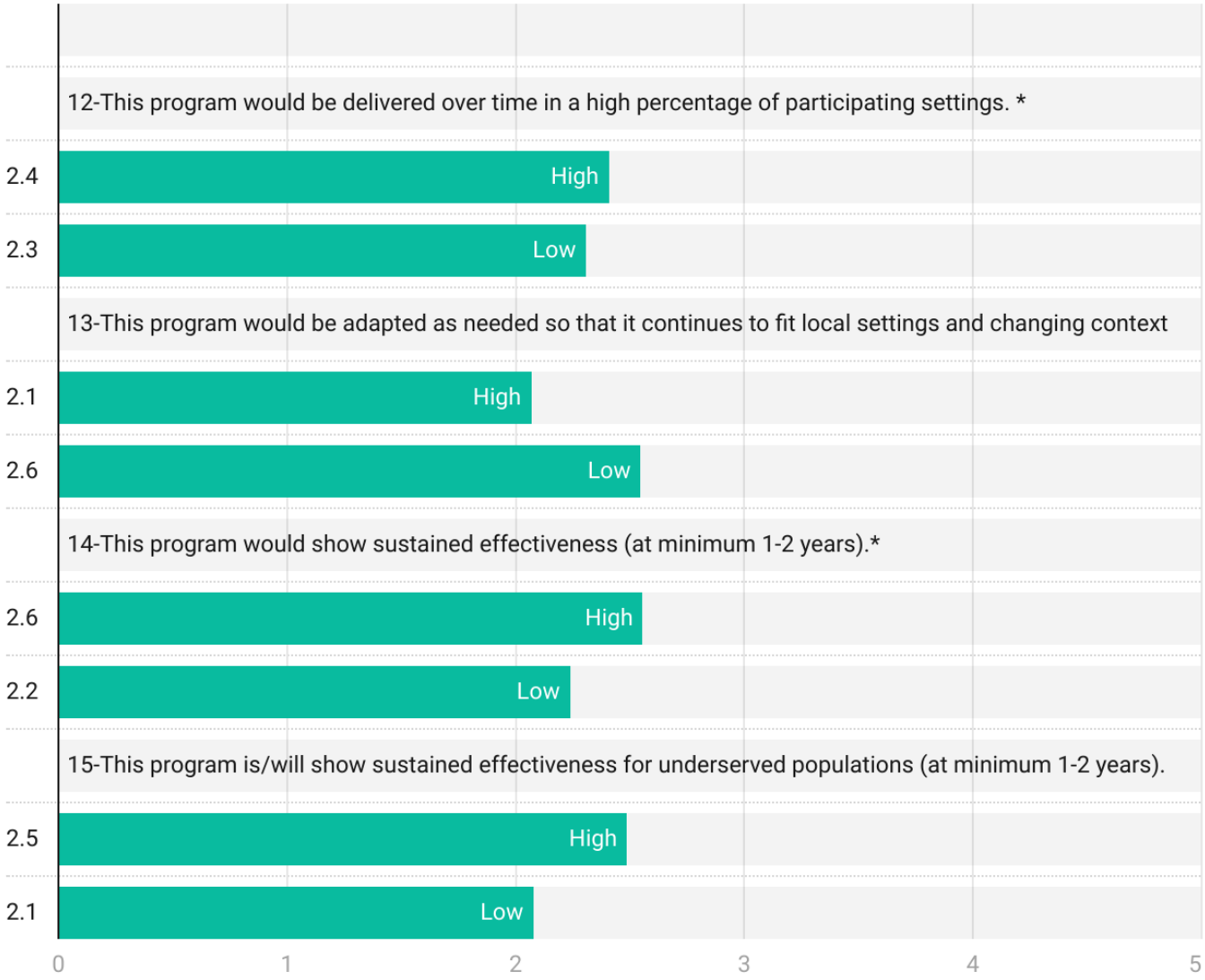
MAINTENANCE



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Results

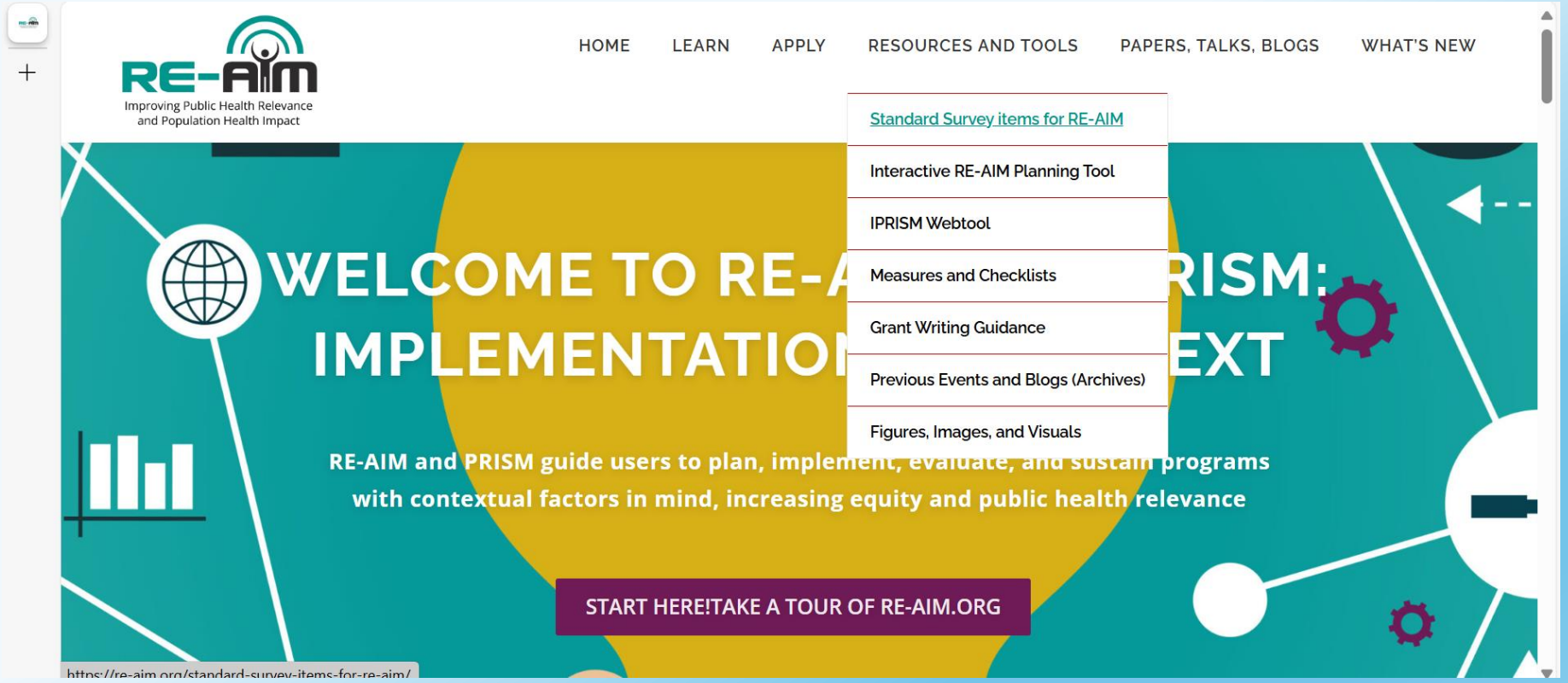
- Overall, the RE-AIM Outcomes Assessment questionnaire effectively predicted a preference for programs with high-level characteristics across the RE-AIM dimensions, compared to those with lower-level characteristics.

Points to think about

How this 15-item instrument could be used in other program evaluations?

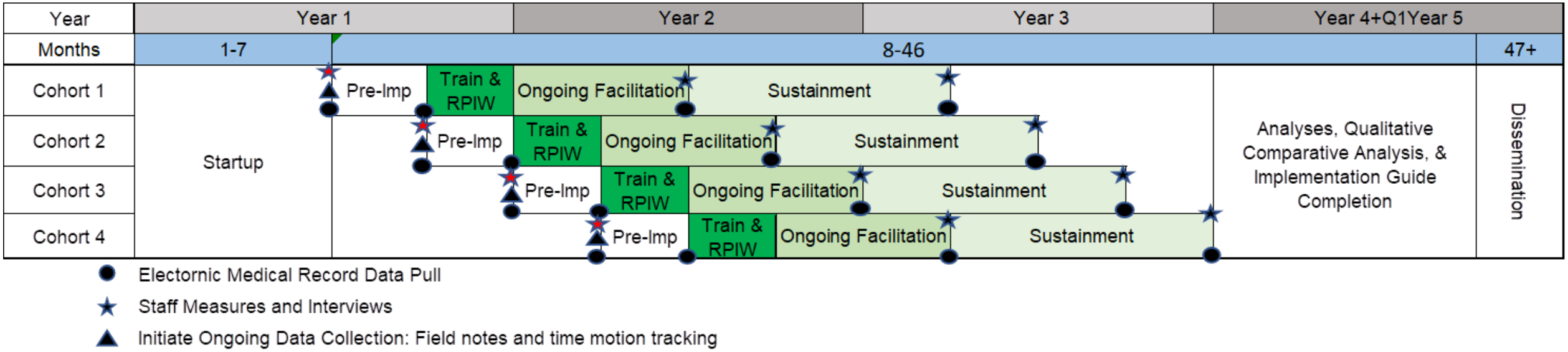
How these findings could be translated into practical recommendations for researchers and public health practitioners?

Where can I find the RE-AIM assessment questionnaire?



Practical, Robust, Implementation and Sustainability Model
PRISM

Parent Project Overview



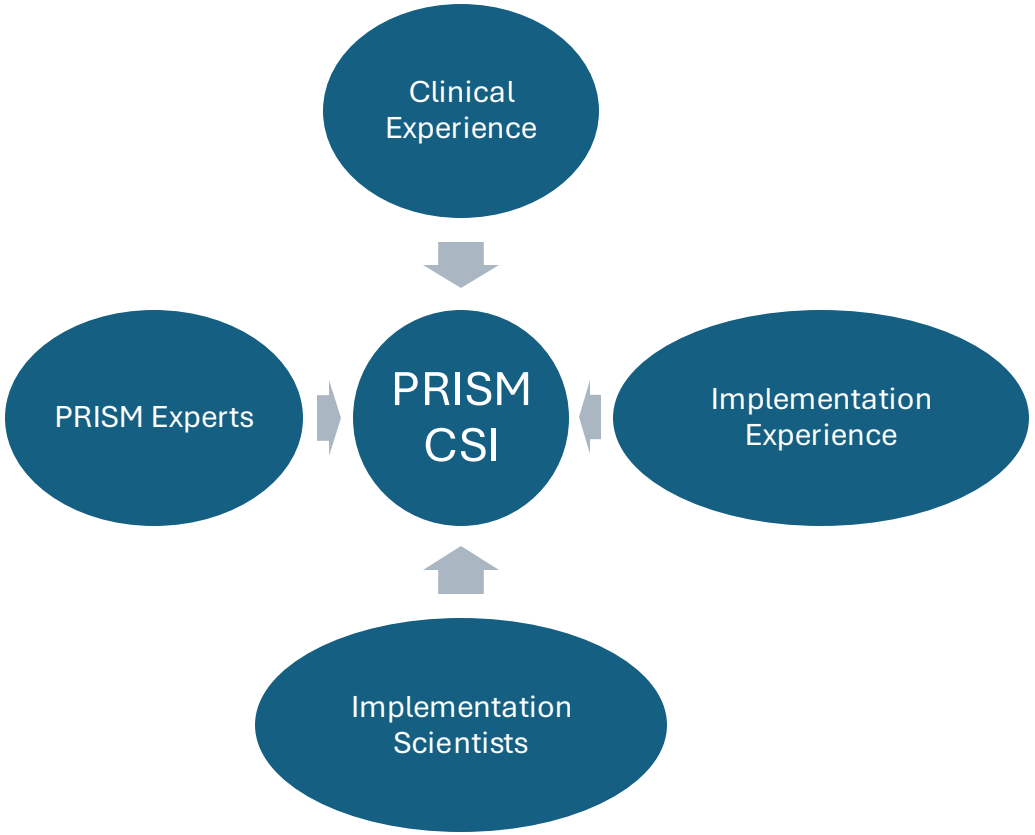
Pittman, J. O. E., Lindamer, L., Afari, N., Depp, C., Villodas, M., Hamilton, A., Kim, B., Mor, M., Almklov, E., Gault, J., & Rabin, B. (2021). Implementing eScreening for Suicide Prevention in VA Post-9/11 Transition Programs using a Stepped-wedge, Mixed-method, Hybrid Type-II Implementation Trial: A study protocol. *Implementation Science Communications*, *2*(1), 1-13.

Project Goals

- To describe the PRISM contextual survey instrument development and preliminary psychometric and pragmatic properties.

- Provide an example of how the survey was used to rapidly quantify contextual domains and inform implementation and sustainment efforts in VA healthcare settings

PRISM Context Survey Instrument (PCSI) Development



PRISM Domain	# of Items	Scoring
Organizational Perspective	5	1 – 5 Likert Scale ; 1 reverse scored
Organizational Characteristics	6	1 – 5 Likert Scale ; 1 reverse scored
Patient Perspective	5	1 – 5 Likert Scale ; 2 reverse scored
Patient Characteristics	3	1 – 5 Likert Scale ; 2 reverse scored
Implementation and Sustainability Infrastructure	5	1 – 5 Likert Scale ; 1 reverse scored
External Environment	5	1 – 5 Likert Scale ; 2 reverse scored

PRISM CSI
Pre-Implementation Version

Program/Intervention: Organizational Perspective

1. My site is ready to support the implementation of eScreening.
2. eScreening fits with the priorities at my site.
3. There are no advantages to using eScreening compared to standard of care at my site. (reverse code)
4. eScreening is compatible with my workflow.
5. eScreening is user friendly.

Program/Intervention: Patient Perspective

6. The plan for eScreening implementation aligns with the needs and preferences of Veterans at my site.
7. eScreening will negatively impact care for Veterans at my site. (reverse code)
8. eScreening will equally benefit patients irrespective of factors related to disparities (e.g. comorbidities, race/ethnicity, social needs, literacy, transportation or other challenges).
9. It will be easy for Veterans to access eScreening (i.e. log in and credential)
10. Answering questions with eScreening will be too difficult for Veterans. (reverse code)

Implementation and Sustainability Infrastructure

11. There is organizational support for the implementation of eScreening at my site.
12. My site lacks the resources needed for successful implementation. (reverse code)
13. The proposed plan for training and support for the implementation of eScreening is adequate.
14. There is someone at my site whose specific job responsibility includes implementing, evaluating, and reporting on eScreening.

Participant Frequency by Role

Role	Frequency	Percent	Site (role frequency)
Internal Facilitator	1	3.4	B1(1)
Facility Level Leadership	1	3.4	D2(1)
Service Level Leadership	4	13.8	A2(1) B2(2) D1(1)
Front Line Supervisor	4	13.8	A2(1) B1(1) C2(1) D2(1)
Front Line Clinician	15	51.7	A1(3) B1(2) B2(1) C1(5) C2(2) D1(1) D2(1)
Front Line Support Staff	4	13.8	B1(2) C2(1) D1(1)

Note. A1=urban site cohort 1; A2=rural site cohort 1; B1= urban site cohort 2; B2=rural site cohort 2; C1=urban site cohort 3; C2=rural site cohort 3; D1=urban site cohort 4; D2=rural site cohort 4.

Descriptive Statistics of the PRISM CSI

PRISM Domain	N	Minimum	Maximum	Mean	Standard Deviation
Organizational Perspectives on Intervention/Strategies	23	3.20	5.00	4.13	0.57
Patient Perspectives on Intervention/Strategies	29	3.00	4.80	3.83	0.52
Implementation and Sustainability Infrastructure	28	2.60	5.00	3.82	0.56
Organizational Characteristics	28	3.33	5.00	4.08	0.48
Patient Characteristics	29	2.33	4.33	3.62	0.52
External Environment	27	3.00	5.00	3.86	0.51

Psychometric Statistics

Internal Consistency

- Patient Characteristics (α = 0.53)
- Patient Perspectives (α = 0.60)
- Organizational Characteristics (α = 0.68)
- Implementation Infrastructure (α = 0.73)*
- Organizational Perspective (α = 0.70)*
- External Environment (α = 0.82)*

Concurrent Validity

Correlation with Weiner (2017) scales

- feasibility (r = 0.70, p < .001)
- acceptability (r = 0.71, p < .001)
- appropriateness (r = 0.80, p < .001)

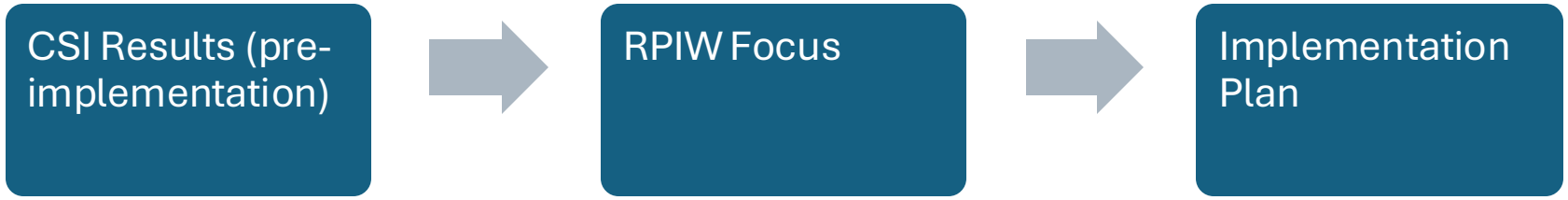
- Cronbach alphas of:
  - 0.50 – 0.69 = minimal/emerging
  - 0.70 -- 0.79 = adequate
  - 0.80 -- 0.89 = good

- Pearson's r of > 0.70 = excellent

Pragmatic Characteristics

- Cost (free = excellent)
- Language (readability 11.4 grade level = good)
- Assessor Burden (little to no training required = Excellent)
- Length (>10 items but ≤50 = Good)

Practical use examples in the parent study



Example 1: Low scores on the implementation and sustainability infrastructure

- Concerns about Staff shortages and existing demands
- Restructuring frequency of meetings, on-demand troubleshooting, value data to advocate

Example 2: Low Scores on the patient perspective domain

- Concerns about equitable access to technology for rural Veterans
  - VA program to access tablets
- Veteran fears about how data may be used
  - Outreach strategy for education

Discussion

- Other potential uses
- Limitations/Next Steps
- Differences between PRISM CSI and other PRISM RE-AIM tools.