



ADVANCING TENNESSEE

Mission Possible: RE-AIM for FCS Impact

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Using the RE-AIM Framework

Set Priorities, Strengthen Programs, Engage Stakeholders

RE-AIM stands for Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM, 2014). It is a program planning and evaluation framework that was originally developed for consistent reporting of research results (National Council on Aging and Center for Healthy Aging, n.d). Today, I am presenting a modified version of this framework to help you build on your highly-successful FCS programs.

Reach

Reach is the number, proportion, and representativeness of program participants.

- Who is our target population?
- What are the best ways to reach our target population?
- Who is willing to participate?

Effectiveness

Effectiveness (or Efficacy) is the program impact; the outcomes that are achieved.

- How do we know this program is effective?
- What outcomes are we targeting?
- What impact do we intend on the economy and/or quality of life?

Adoption

Adoption is the number, proportion, and representativeness of people and sites implementing the program.

- How do we develop support to encourage adoption?
- How do we encourage program adoption in other sites?

Implementation

Implementation refers to how well (and how consistently) the program is conducted.

- How do we describe this program's overall quality?
- How do we ensure this program is delivered consistently?

Maintenance

Maintenance can be viewed as (1) how the program is institutionalized and (2) how the clients benefit long-term.

- How do clients maintain changes six months after our last contact?
- How do we incorporate this program so that it is delivered over the long-term?



Big Idea 1

RE-AIM represents five dimensions (Reach, Effectiveness, Adoption, Implementation, and Maintenance). It has been successfully used to inform the selection of evidence-based programs.



Big Idea 2

RE-AIM has been employed by those working in aging, cancer screening, dietary change, chronic disease self-management, and worksite health programs, to name a few.

RE-AIM Overview

Key Questions and Answers

What fields are using RE-AIM?

RE-AIM has been employed by those working in aging, cancer screening, dietary change, chronic disease self-management, and worksite health promotion among others (RE-AIM, 2014).

How long has RE-AIM been used?

The first paper outlining the RE-AIM framework was published by Glasgow, Vogt, and Boles in 1999: *Evaluating the public health impact of health promotion interventions: The RE-AIM framework*. According to the RE-AIM (2014) website, maintained by Virginia Tech, 25 manuscripts have been published the first six months of 2014 using RE-AIM.

What resources are available?

Go to <http://www.re-aim.hnfe.vt.edu/index.html> to access these resources:

- Self-rating quiz
- Calculations (for reach, adoption, and impact)
- Measures and checklists
- Online module training

Setting Priorities

Consider All Issues – One at A Time!

While RE-AIM is a useful framework, it needs to be applied to a program or intervention. Extension professionals often regard setting program priorities as a daunting challenge!

A couple of techniques for setting priorities, developed by J.J. Hanlon (National Assoc. of County and City Health Officials, 1996), have always been useful to me. Try these out in your FCS leadership teams and county advisory groups to see how they work for you! This discussion assumes you have a list of potential program priorities generated from Census data, advisory groups, and other needs assessment activities.

Size and Seriousness

First, consider the size of the population affected in terms of percentage. You might ask the group to agree on a percentage or poll each person individually and average their answers. Write the percentage beside each issue. Then, write the ranking beside each issue with 100% being ranked 1, 99% being 2, the next lowest percentage being 3, etc.

Now, consider the seriousness of each issue. If we do nothing about this issue, what will happen to the economy? How will doing nothing affect quality of life? What will happen to the environment if we ignore this issue? Rank the issues according to seriousness with the most serious being 1, the next most serious being 2, etc. You may ask the group to agree on a ranking, or you may average individual rankings.

Finally, add the two numbers (size ranking and seriousness ranking) together for the final ranking. The lowest score is the highest program priority.

PEARL Test

The PEARL Test has been used extensively in public health programs, including Tennessee's County Health Councils. Use the PEARL Test questions to think through issues and set priorities.

Propriety: Is a program for this issue suitable? Can the issue be solved through education (since education is the business of Extension)?

Economics: Does it make economic sense to address this problem? Are there economic consequences if a program is not conducted?

Acceptability: Will this program be accepted in the community? Can any barriers to acceptability be overcome?

Resources: Do we have what we need to conduct the program?

Legality: Do current laws allow program activities to be implemented?



References

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