

A Guidebook to the Pragmatic and Iterative Use of the

Practical, Robust Implementation and Sustainability Model (PRISM)

&

Reach, Effectiveness, Adoption, Implementation, Maintenance framework (RE-AIM)

for Planning, Implementation, and Sustainment

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The information contained is as of 2023. There have been several newer applications of iterative PRISM and RE-AIM. This resource will be periodically updated.

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Preface

This guidebook introduces Iterative PRISM and RE-AIM (1). It explains how to use the Practical, Robust Implementation and Sustainability Model (PRISM) and the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) Framework in an iterative manner to provide real time feedback on issues and progress in a given study, program, intervention, or project (hereafter referred to as project), throughout the three project phases of Planning, Implementation, and Sustainment. This guide provides direction and all the associated resources, measures, and materials in one place to successfully use Iterative PRISM and RE-AIM during all or a select set of phases of planning, implementation, or sustainment. Throughout this guide, we discuss possible ways in which Iterative PRISM and/or RE-AIM can be operationalized depending on the project. This method can be used to satisfy many needs throughout the phases of a project.

Sections of the Guidebook

Section One

Introduction to PRISM and RE-AIM

Section Two

Project Phases

Section Three

Iterative PRISM and RE-AIM

Section Four

Conclusion

Appendix

Tools and Surveys

The first section introduces PRISM and RE-AIM to orient the user to these frameworks and how to begin thinking of them through the project phases and iteratively. The second section explains the project phases of Planning, Implementation and Sustainment and when to use PRISM and RE-AIM in each phase iteratively. Section three explains each step of iterative PRISM and RE-AIM, how to use what tools when, how to incorporate a team into the process, define goals and evaluate progress. Section four wraps up the main points of the guidebook. Lastly, the Appendix includes all of the iterative PRISM and RE-AIM tools and surveys. The surveys are all modifiable for individual project's Needs.

Quick Start Guide

If you want...	Go to...	Notes
To learn about, or brush up on PRISM and RE-AIM and complete the entire iterative PRISM and RE-AIM process	Section 1	Recommended to read all sections
To learn about or brush up on PRISM	Section 1.1., 1.2, 1.5, 1.7	
To learn about or brush up on RE-AIM	Section 1.1, 1.3, 1.6, 1.7	
To learn how PRISM and RE-AIM fit together	Section 1.1, 1.4	
To learn how to do iterative PRISM and RE-AIM	Section 1.3	
To only use iterative PRISM measures, templates, displays, and tools	Section 3.3 and Appendix	
To only use iterative RE-AIM measures, templates, displays, and tools	Section 3.3, and Appendix	
To learn about how to consider iterative PRISM and RE-AIM in the Planning Phase	Section 2, 2.1, and Section 3	
To learn about Implementation and how to use iterative PRISM and RE-AIM for ongoing midcourse adaptations	Section 2, 2.2, and Section 3	
To learn about Sustainment and how to use PRISM and RE-AIM	Section 2, 2.3, and Section 3	
A good example of iterative RE-AIM application	Section 3.4	
A good example of iterative PRISM and RE-AIM application	Section 3.5	
Examples of implementation strategies for PRISM	Appendix 8	
Example of implementation strategies for RE-AIM	Appendix 9	
After the above and Before you actually start, review:	Section 4	

Intended Audience

This guidebook is intended for various types of audiences including but not limited to: researchers, implementation scientists, clinicians, community leaders, practice managers, and hospital administrators, and other practice-based professionals. A diverse collaboration of expert implementation scientist, clinicians, researchers, and research assistants created this guidebook with the aim to meet the needs of the varying intended audiences.

How This Guidebook Should Be Used

This guide can be used in numerous ways to meet varying project needs. It is recommended, for best results, to use the guidebook through all phases of the project, including both the PRISM contextual domains and RE-AIM outcomes. Please note that RE-AIM and its associated outcomes are incorporated in PRISM. While comprehensive use is ideal, given the realities of most projects in terms of funding, resource, and time limitations, the choice to use select parts of either Iterative PRISM or Iterative RE-AIM for any of the three phases of planning, implementation, and/or sustainment is acceptable, depending on the project's needs and goals.

Throughout the guidebook, there are hyperlinks that connect to the corresponding more in-depth sections, tools or surveys for the given section or topic. These tools and surveys have been verified through rigorous implementation studies that worked to develop the Iterative PRISM and RE-AIM process. These tools and surveys are the latest versions that apply most broadly to a range of protocols, projects, and research studies. The tools and surveys can be used "as is," but often modifications are needed so these tools and surveys can be customized to the project's needs, or to inspire project specific tool development, action planning and evaluation (2).

The two tables below outline for PRISM (A) and RE-AIM (B) which tools and surveys correspond to (A) the different phases of the project, and the timing and frequency of tool and/or survey use within project phases.

Table P.A: PRISM tools and surveys to be used by project phase

		Phases of Implementation				
		Planning	Implementation		Sustainability	
			One Time Use	Iterative Application	One Time Use	Iterative Application
Tools to Use	Planning Phase PRISM Assessment	Appendix 1.a and 1.b				
	Implementation Phase PRISM Assessment		Appendix 2.a and 2.b	Appendix 2.a and 2.b		
	Sustainment Phase PRISM Assessment				Appendix 3.a and 3.b	Appendix 3.a and 3.b
	PRISM Enhancement Strategies	Appendix 8	Appendix 8	Appendix 8	Appendix 8	Appendix 8

What this guide is NOT

This guide is not a comprehensive summary of dissemination and implementation research. It is also not a compendium of the latest conceptual issues or methodological advances related to PRISM and RE-AIM. The RE-AIM website and the appendix contain continually updated key references and resources to consult if that is your goal.

About the Authors

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Section 1: Introduction to PRISM and RE-AIM

1.1 The Basics: Short History of PRISM and RE-AIM

The Reach, Effectiveness, Adoption, Implementation, and Maintenance Framework (RE-AIM) was created in 1999 by Dr. Glasgow and colleagues to identify, assess, and help with the reporting of key implementation outcomes. Those outcomes are reach, effectiveness, adoption, implementation, and maintenance (3).

In 2008, recognizing the importance context plays in effecting, defining, limiting or promoting the implementation of projects, the PRISM, or Practical Implementation Sustainability Model was created by Dr. Glasgow and colleagues. PRISM is considered the most important evolution and expansion of RE-AIM to date (4, 5).

Of all academic theories, models, or frameworks (TMF), PRISM and RE-AIM are the most utilized TMFs in the fields of behavioral health, public health, and implementation science (3). TMFs have been applied in various settings from clinical to corporate to community settings. And over the past two decades, a robust collection of pragmatic tools and supports have been created, and vetted to facilitate PRISM's and RE-AIM's ease of and directed application for all types of projects (6).



PRISM and RE-AIM are among the most utilized frameworks in the fields of behavioral health, public health, and implementation science.

RE-AIM precedes PRISM chronologically but PRISM encapsulates RE-AIM. PRISM illustrates the context (the participant, population, provider characteristics, the organizations characteristics, multilevel perspectives, resources, and external factors like policies, funding, etc.). These multilevel “pieces” of

context are referred to as contextual domains.

Meanwhile, RE-AIM focuses on the elements of the project that are happening within that context (as assessed and considered by PRISM). RE-AIM asks: Who is the project reaching (Reach)? How effective is the project (Effectiveness)? Are the setting and providers adopting and delivering the project (Adoption)? How was the project

implemented (Implementation)? Can it be maintained and if so, how (Maintenance)? Reach, Effectiveness, Adoption, Implementation, and Maintenance are referred to as RE-AIM outcomes or outcomes.



PRISM illustrates contextual domains.

RE-AIM is comprised of outcomes: Reach, Effectiveness, Adoption, Implementation and Maintenance.

Four research related developments have also occurred over the life course of these two TMFs. These developments are: (1) the use of PRISM and RE-AIM across all phases of a project (planning, implementation, and sustainment); (2) the integration of RE-AIM outcomes into existing research reporting criteria, enhancing transparency and replication efforts; (3) the increased use of qualitative and mixed methods in the comprehensive assessment of RE-AIM outcomes and PRISM contextual factors; and, (4) as described in this guidebook, the iterative use of PRISM and RE-AIM in partnership with intervention teams during implementation (7).

Additionally, PRISM and RE-AIM has come to be utilized for acknowledging and assessing adaptations (not to be confused with adoption) made to a given project. Adaptations are changes or modifications to an intervention, an implementation delivery strategy, or the context in which they occur.

PRISM and RE-AIM are among the most utilized frameworks in the fields of behavioral health, public health, and implementation science.

Adaptations are now recognized as a natural part of the implementation of any project in any given setting. No two settings or populations are the same, therefore it is safe to assume that any given project will have to change – adapt – to fit best to the given population being serviced or setting providing the services. Adaptations may be made to a project to help increase the reach or adoption of a project but at the expense of the effectiveness of that given project. Iterative PRISM and RE-AIM, described in much more detail in Section 3, helps to systematically acknowledge, plan for, and assess such adaptations made to a project. For now, it is important to understand that these two TMFs have evolved over time – now to the creation of Iterative PRISM and RE-AIM to account for adaptations (8).



PRISM
Multi-level Context Contextual
Factors = "Everything but the
intervention"

Although comprehensive use of all PRISM contextual domains and RE-AIM dimensions using multiple methods is encouraged for maximum benefit, it is recognized that outside of well-funded research studies this may not always be possible. More pragmatic use of PRISM and RE-AIM makes sense in these situations (2). Choices as to which PRISM contextual domains and RE-AIM outcomes to incorporate and assess depend on multiple factors

including resources, timeframe, partner and decision-maker priorities, and the scientific questions being studied. While it is not necessary—or in some circumstances, even possible—to assess all PRISM contextual domains and RE-AIM dimensions, we strongly recommend making a priori decisions about which will be assessed, and briefly explaining these decisions. Because PRISM encapsulates RE-AIM, PRISM will be described first briefly in section 1.2 The Basis: PRISM and more in depth in section 1.5

More in Depth: PRISM. Section 1.3 How do PRISM and RE-AIM fit together? elaborates on the relationship between the two TMFs and how to conceptualize context's role in a project's execution. Lastly, section 1.3 The Basics: RE-AIM describes a brief overview of the RE-AIM outcomes and section 1.6 More in Depth: RE-AIM expands on the RE-AIM outcomes and how and why to consider all outcomes together and not singularly.

1.2 The Basics: PRISM

PRISM addresses multilevel contextual factors important for a project's success (including RE-AIM outcomes) throughout all project stages of Planning, Implementation, and Sustainment. Context is important for understanding, evaluating, and influencing the how, why and degree of impact a project's implementation and the effectiveness it has on the target population (9). Context is often described as "everything but the intervention" (10). It encompasses the interdependent, multisectoral, multilevel, dynamic environment within which a project is implemented (7). There are nuances and challenges in applying PRISM or any other approach to context. The discussion in Section 1.4 below addresses some of these complexities and conceptual issues.



For more in depth information on PRISM go to Section 1.4

1.3 The Basics: RE-AIM

RE-AIM is a broadly applicable, multilevel implementation science TMF that focuses on multiple outcomes that together determine the 'bottom line' impact of projects or policies. It considers individual-level outcomes (reach, effectiveness, and maintenance) as well as setting and staff-level outcomes (adoption, implementation, and maintenance). The five RE-AIM dimensions to consider in translating research into action are:

Reach within the target population, with an emphasis on representativeness and equity

Effectiveness at the individual level, including any unintended consequences

Adoption by the target staff, settings, systems, and communities

Implementation fidelity, costs, and adaptations made during delivery

Maintenance of intervention effects and delivery in individuals and settings over time

The **reach** of an intervention is the absolute number and proportion of eligible individuals (e.g., clients, students, patients) who receive it, as well as their representativeness compared to the total target population who could receive it (often compared to those who are invited but decline participation). Assessment of the representativeness of those who do receive an intervention is a vital aspect of reach, revealing whether an intervention is accessible to and taken up by most eligible persons, or only a select few. Historical and current inequities in access to and delivery of evidence-based interventions demand assessment of the representativeness of those who benefit from them, as well as targeted strategies to improve absolute reach or its equity if it falls short (11). In addition to demographic characteristics, we encourage you to think about equity among dimensions of social determinants of health, health and digital literacy, health risks and living location.

The **effectiveness** dimension of RE-AIM addresses not only whether an intervention “works” and leads to targeted outcomes, but also produces generalization effects (e.g., broader outcomes including quality of life), unintended consequences, variation in outcomes across subgroups, and multilevel effects (e.g., individual-level changes catalyzing systems-level changes). Importantly, this definition of effectiveness is broader than that typically considered in most health outcomes research.

Adoption of an intervention refers to the absolute number, and proportion of 1) eligible settings and 2) staff or ‘intervention agents’ who initiate it. Additionally, adoption includes the representativeness of those settings and intervention agents, compared to all settings and staff invited who could adopt the intervention (often calculated by comparing characteristics of those invited who participate versus decline). Adoption differs from reach in that whereas reach refers to the number of individuals who receive or participate in the intervention, adoption focuses on those intervention agents and settings that participate.

Implementation is the most multi-faceted RE-AIM dimension. Originally focused on the consistency of intervention delivery, implementation not only refers to fidelity of intervention delivery (i.e., the extent to which an intervention was delivered as intended), but also includes adaptations made, as well as costs of delivery. These issues will be discussed in more detail later.

Finally, **maintenance** of an intervention refers to outcomes at a minimum of two levels. First, maintenance involves sustainment of individual-level effects of the intervention. Second, it involves setting-level sustainment of delivery of an intervention by staff, organizations, and/or systems over time (i.e., the degree to which an intervention is institutionalized as part of the organization’s usual practices or services, including whether additional adaptations are made to facilitate maintenance) (3, 7).

Table 1.A: Key Pragmatic Priorities to Consider and Answer for RE-AIM Outcomes

RE-AIM Outcomes	Key Pragmatic Priorities to Consider and Answer
Reach	WHO is (was) intended to benefit and who actually participates or is exposed to the 'project' or policy?
Effectiveness	WHAT is (was) the most important benefit you are trying to achieve and what is (was) the likelihood of negative outcomes?
Adoption	WHERE is (was) the project or policy applied? WHO applied it?
Implementation	HOW consistently is (was) the project or policy delivered? HOW will (was) it be adapted? HOW much will (did) it cost? WHY will (did) the results come about?
Maintenance	WHEN will (was) the project become operational; how long will (was) it be sustained (setting level); and how long are the results sustained (individual level)?

Adapted from (2)



Here is another video that explains how to use RE-AIM:

[How to use RE-AIM | Implementation Science - YouTube](#)



For more in depth information on RE-AIM go to Section 1.6

1.4 How do PRISM and RE-AIM fit together?

PRISM consists of two main parts:

-
1. **PRISM contextual domains**
 2. **RE-AIM outcomes**
-

At the most basic level, PRISM helps us identify and describe multilevel contextual predictors of the RE-AIM outcomes and make connections between context and critical outcomes of reach, effectiveness, adoption, implementation, and maintenance.

Below are three figures depicting PRISM. Each figure accurately displays PRISM and RE-AIM. Each figure was created to emphasize certain aspects, relationships, or issues in applying the TMFs, and they have been used in funding applications, presentations, publications, and other venues.

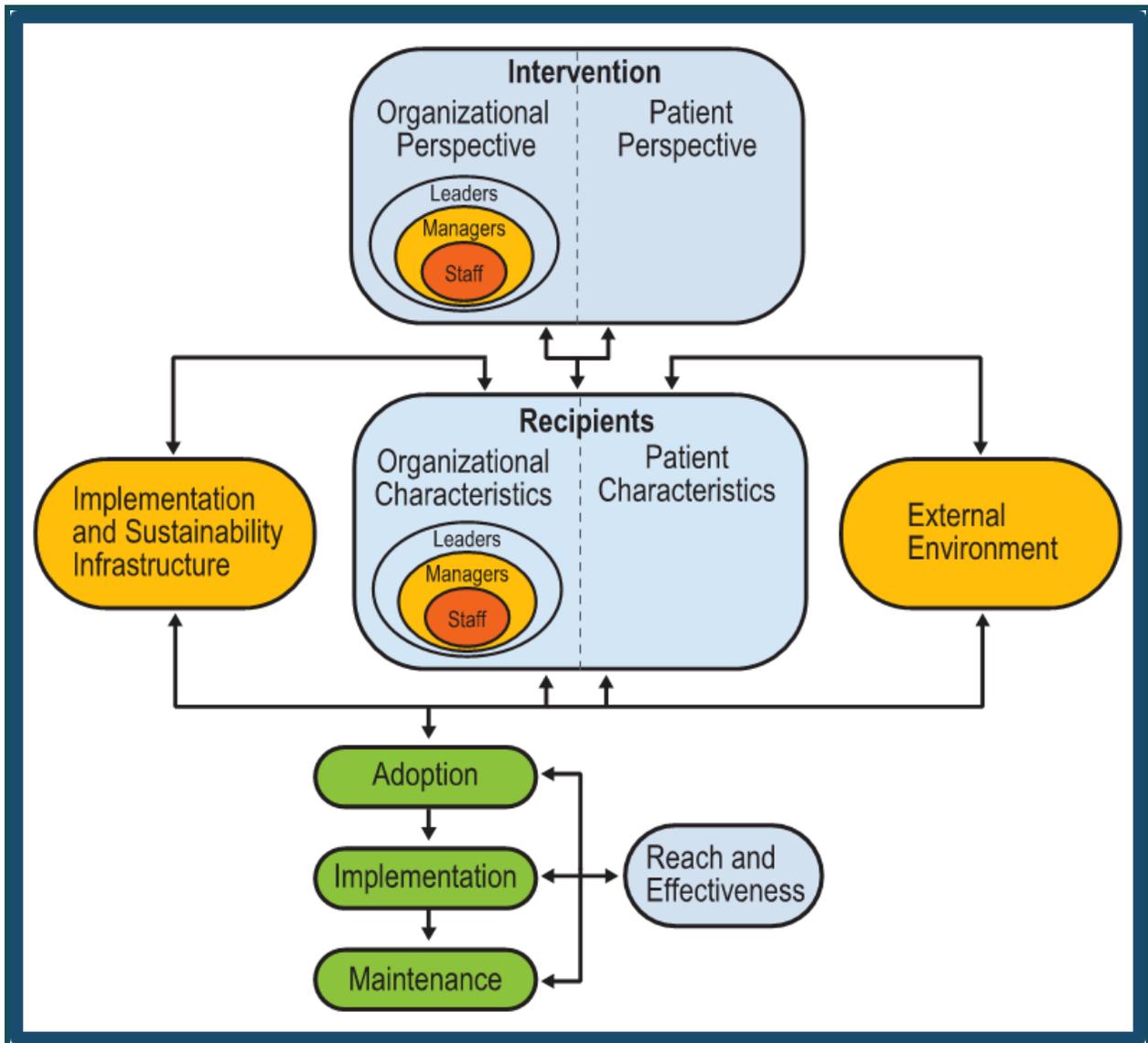


The link below is to a video explanation given by Dr. Borsika Rabin is an informative summary on how PRISM and RE-AIM work and fit together.

[Click Here](#)

PRISM Figure 1.1 is the original PRISM figure. It was designed to address and focus on health services research and healthcare settings. This figure illustrates the four multilevel PRISM domains of context, including relevant levels within them, and how they connect to RE-AIM dimensions and outcomes (4).

PRISM Figure 1.1



For more information on this framework please see this publication:
 Feldstein AC, Glasgow RE. A Practical, Robust Implementation and Sustainability Model (PRISM) for Integrating Research Findings into Practice. The Joint Commission Journal on Quality and Patient Safety. 2008 Apr;34(4):228-43.

If you are interested in applying RE-AIM, we urge you to consider using the combined PRISM and RE-AIM TMF. PRISM is an expansion of RE-AIM, and while each can be used alone or in combination with other TMFs, and the PRISM context domains and the RE-AIM outcomes are conceptually integrated. If you

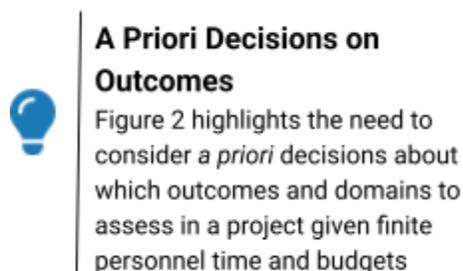
choose to use one without the other for pragmatic reasons, we recommend that briefly noting why you did not include both the RE-AIM outcomes and PRISM contextual domains.

1.5 More in Depth: PRISM

The PRISM contextual domains are multilevel and specify key aspects of context organized into four categories: perspectives on the intervention (multilevel including individual, staff, organizational and/or community perspectives); characteristics of recipients (again at the same multiple levels relevant for a given project); the implementation and sustainability infrastructure (e.g., presence of supportive resources, roles, and support systems for the project); and the external environment (e.g., policies, guidelines, regulations, incentives). PRISM provides a pragmatic way to for identify and assess key contextual factors relevant to all five RE-AIM dimensions. It helps guide determination of the “fit” of a specific project with multiple layers of context, from characteristics of individual recipients (e.g., patients or students) through organizational factors and higher-level external policies and guidelines affecting reimbursement or standards of practice (3).

The Implementation and Sustainability Infrastructure is probably the most unique domains in PRISM and is concerned with issues such as the resources and processes available to support initial implementation and sustained delivery of the project. The External Environment includes factors such as policies and regulations, financial incentives or disincentives, clinical practice guidelines, and historical considerations. All four PRISM domains are dynamic and should be assessed periodically.

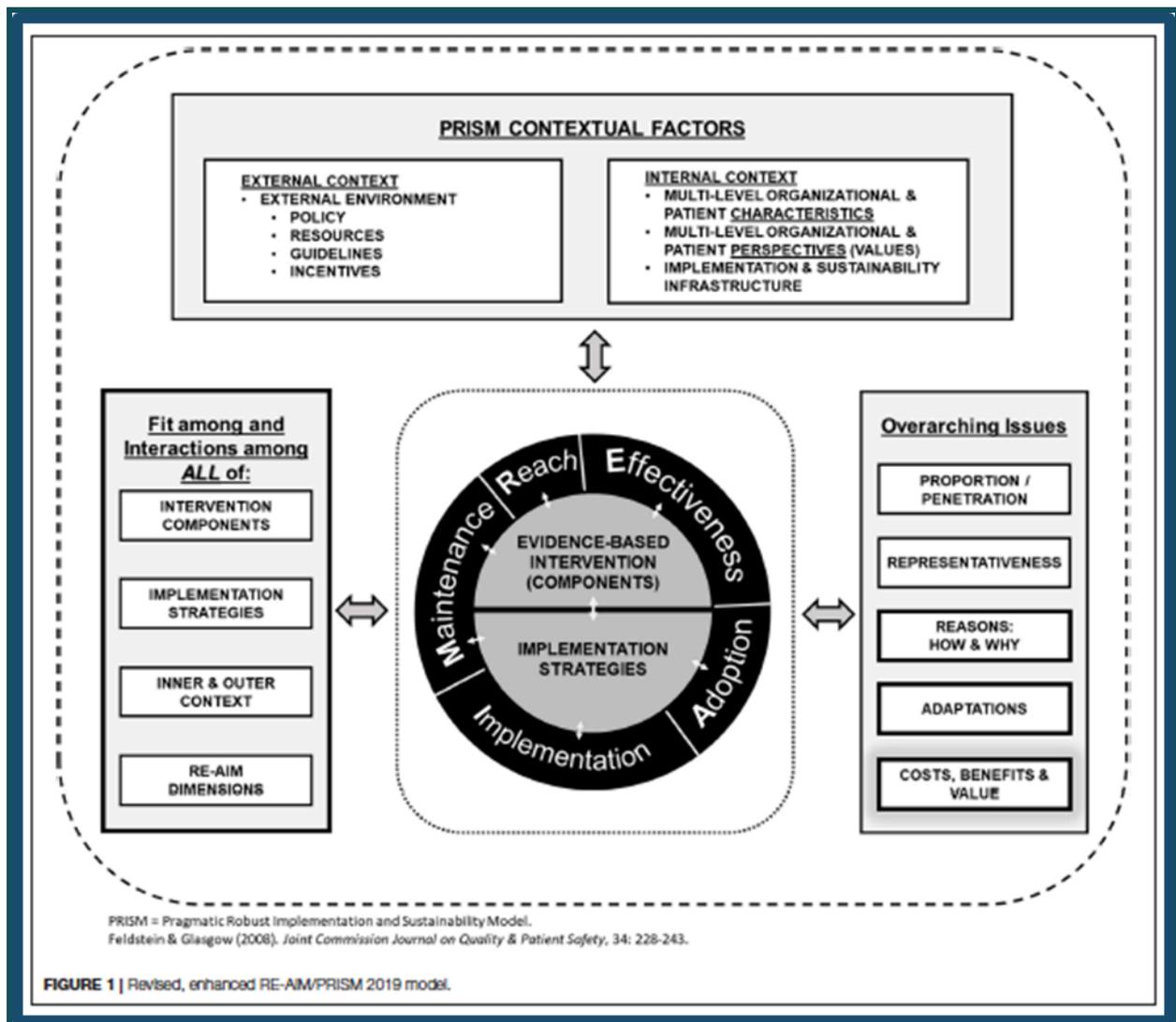
PRISM Figure 1.2 is the latest version of the PRISM figure. It was created to highlight the key current issues (the bottom left and right boxes) for implementation science, the relationship PRISM has to



RE-AIM, and key issues in understanding and applying PRISM and RE-AIM pragmatically. It includes an updated figure of RE-AIM in the center which highlights the need to consider evidence-based intervention components and implementation strategies and to consider a priori decisions about which outcomes and domains to assess in a project given finite personnel time and budgets. This figure emphasizes how RE-AIM can be used to assess

and address adaptations made in the implementation or sustainment phases of a project. It also highlights the multilevel internal and external contextual factors that influence the RE-AIM outcomes and the importance of measuring or considering costs at various institutional and team member/recipient levels (3).

PRISM Figure 1.2



For more information on this framework please see this publication:



Glasgow RE, Harden SM, Gaglio B, Rabin B, Smith ML, Porter GC, et al. RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review. *Frontiers in Public Health*. 2019 Mar 29;7(64).

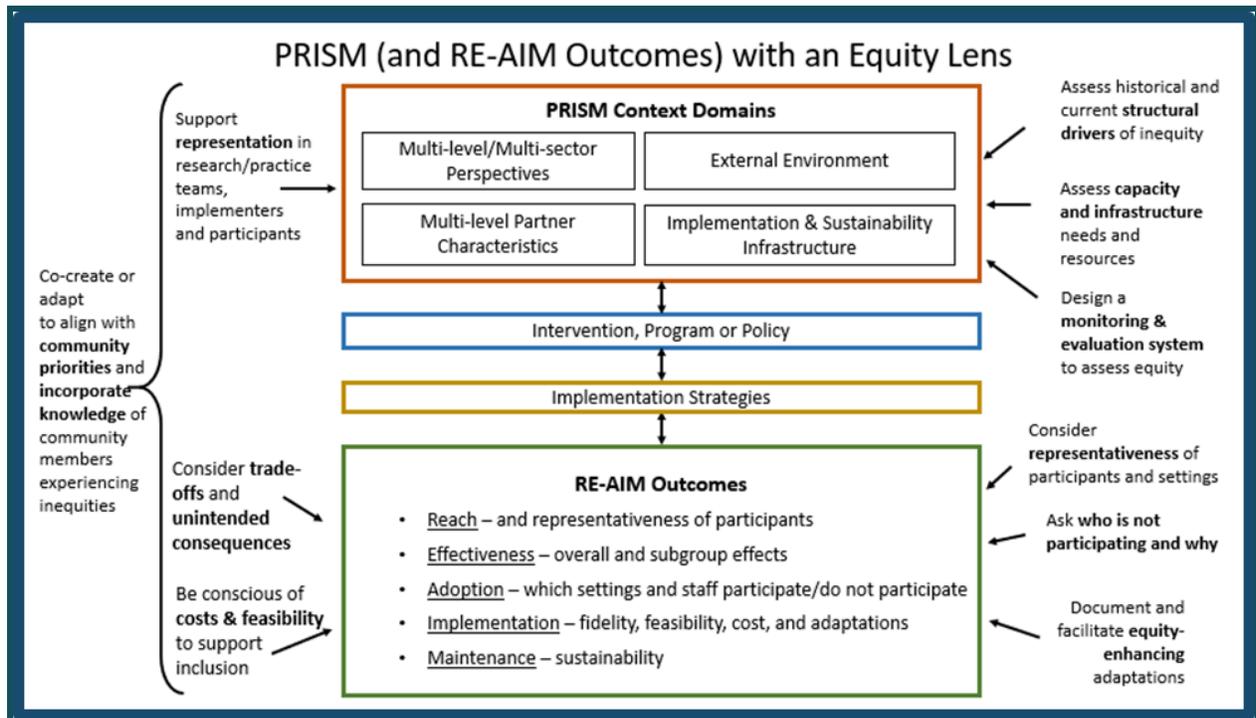
PRISM Figure 1.3 was created to highlight how PRISM and RE-AIM can be used to address issues of equity. Decades of research have documented persistent health disparities. Globally, access to evidence based interventions (EBIs) is uneven, unfair, and often unaddressed (11). Participants in traditional outcomes research are generally not representative of the broader populations who could benefit, and delivery of these interventions is often challenging in settings different from those in which they were

tested. In recent years, researchers (and funders) have embraced more proactive and action-oriented steps toward health equity, including in implementation science (12).

To facilitate addressing rather than simply identifying health disparities, the PRISM and RE-AIM TMF has evolved to emphasize both representativeness and contextual factors impeding or supporting delivery of and access to EBIs (5). Representativeness of individuals who participate in an intervention, as well as of the intervention agents, organizations, and systems that deliver it, are explicit facets of reach and adoption – and relevant to effectiveness, implementation, and maintenance as well. Recognizing social determinants of health and structural and systemic barriers to delivering and accessing EBIs requires multilevel and multi-perspective assessment of context, consistent with the goals of PRISM (3). Addressing these determinants requires engaging partners from target populations, communities, and systems with the knowledge and ability to enact strategies to eliminate these barriers. By integrating assessment of context with prioritization of representative reach, effectiveness, adoption, implementation, and maintenance, PRISM and RE-AIM provides valuable tools to researchers and practitioners pursuing health equity.

The comments on the right and left hand sides with the arrows and parentheses illustrate how the various parts of the model influence each other and specific equity issues and opportunities. For example, one of the advantages of assessing the 5 RE-AIM outcomes are that sometimes interventions intended to maximize one or two outcomes (e.g., implementation and effectiveness) may produce unintended negative consequences on others such as rates of reach and adoption- e.g., fewer settings and individuals will be able to participate.

PRISM Figure 1.3



Adapted from (13)



For more information about this figure and how it applies to and seeks to address equity please see this publication:

Fort MP, Manson SM, Glasgow RE. Applying an equity lens to assess context and implementation in public health and health services research and practice using the PRISM framework. *Frontiers in health services*. 2023 Apr 13;3:1139788.

1.6 More in Depth: RE-AIM

RE-AIM is commonly used in the planning phase or during the evaluation of a project. However, it is also useful to help monitor progress and make changes, or adaptations, to a project during the implementation and sustainment phases. When used this way, we refer to it as Iterative RE-AIM (see section five for more information). Table D below describes the dimensions, definitions, and reporting recommendations of each RE-AIM outcome.

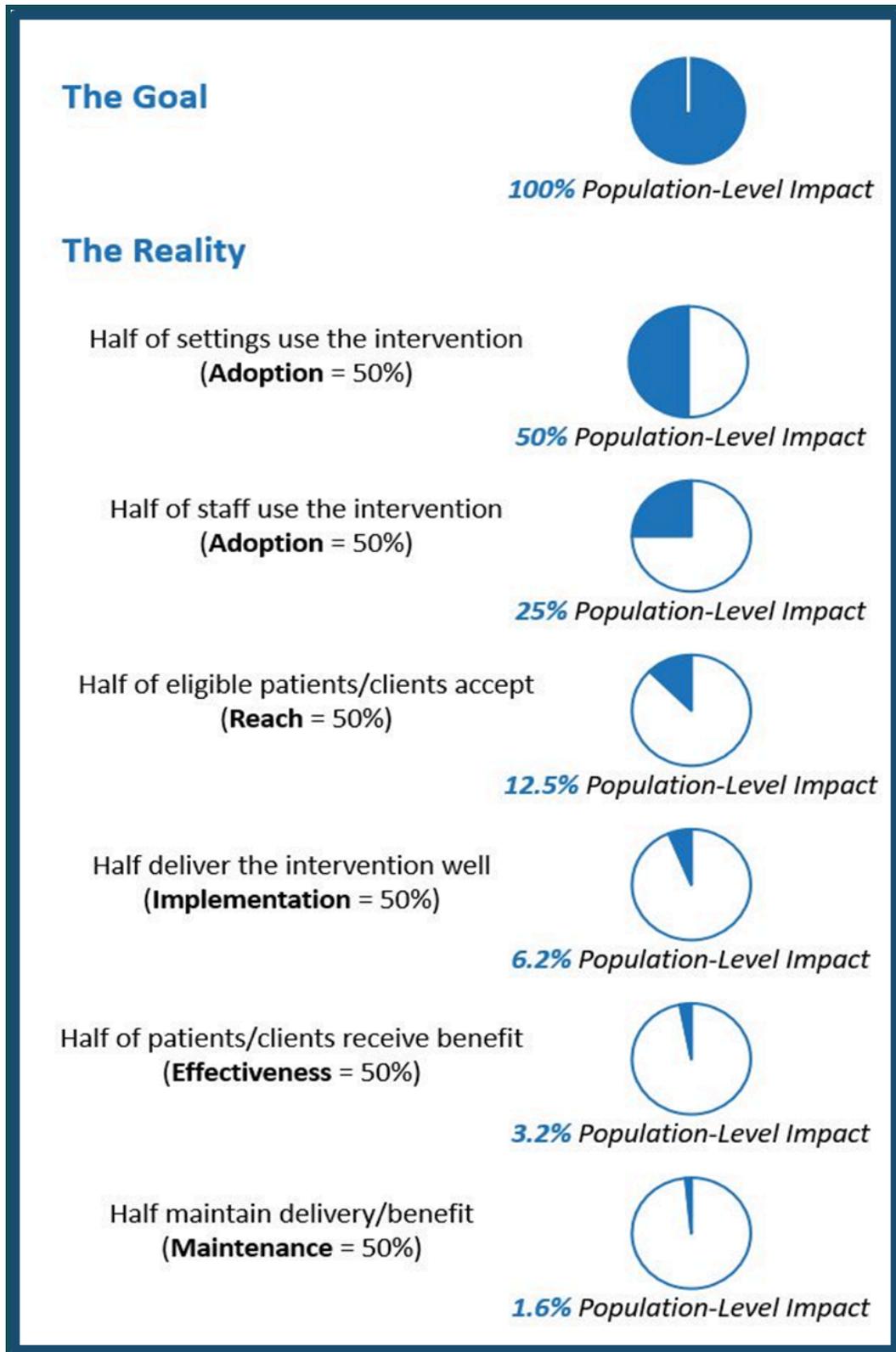
While it is not always possible given project constraints to utilize PRISM and RE-AIM, it is encouraged to at least consider, or ideally use, all of the RE-AIM outcomes. The RE-AIM outcomes most often used by researchers and reported in the literature are Reach, Effectiveness, and Implementation. Adoption and Maintenance are less frequently addressed. However, all five RE-AIM dimensions are important in understanding the impact of an evidence-based project or policy. The consequences of ignoring RE-AIM outcomes and focusing solely on demonstrations of intervention efficacy and effectiveness become clear with the thought experiment illustrated in [Figure 4](#).

Table 1.B: RE-AIM Dimensions and Pragmatic Questions

RE-AIM Dimension and Pragmatic Questions	Technical Definition	Reporting Recommendations
<p>Reach (Individual level):</p> <p><i>WHO is intended to benefit and who actually participates or receives the intervention?</i></p>	<p>The absolute number, proportion, and representativeness of individuals who receive the intervention, and the reasons why</p>	<ul style="list-style-type: none"> · Percentage of eligible individuals who participate based on a valid denominator · Characteristics of individuals who participate compared to non-participants · Any exclusion criteria used · Qualitative results explaining the above findings
<p>Effectiveness (Individual level):</p> <p><i>WHAT is the most important benefit you are trying to achieve and what is the likelihood of negative or unintended outcomes?</i></p>	<p>The effects of the intervention on intended outcomes, as well as potential negative effects, heterogeneity, quality of life, and economic outcomes, and the reasons why</p>	<ul style="list-style-type: none"> · Primary and secondary outcomes · Broader outcomes (e.g., quality of life, unintended consequences) · Attrition · Differential results by subgroups · Qualitative results explaining the above findings
<p>Adoption (Staff/setting/system/community levels):</p> <p><i>WHERE is the intervention delivered and WHO implemented it?</i></p>	<p>The absolute number, proportion, and representativeness of intervention agents, settings, and systems that initiate the intervention, and the reasons why</p>	<ul style="list-style-type: none"> · Percentage of staff/settings/systems approached that agreed to implement the intervention · Characteristics of those who agreed to implement versus those who did not, at each level · Any exclusion criteria used · Qualitative results explaining the above findings
<p>Implementation (Staff/setting/system/community levels):</p> <p><i>HOW consistently was the intervention delivered, how was it adapted, how much did it cost, and WHY did the results come about?</i></p>	<p>Fidelity to the intervention as it was intended to be delivered, adaptations made, costs, and the reasons for results</p>	<ul style="list-style-type: none"> · Consistency and adherence to intended intervention delivery (including across staff/settings/systems) · Adaptations made to the intervention and implementation, including type, timing, and reasons · Costs of implementing the intervention · Qualitative results explaining the above findings
<p>Maintenance (Individual and staff/setting/system/community levels):</p> <p><i>HOW LONG did the results last and HOW LONG was intervention delivery sustained?</i></p>	<p>Length of time that effectiveness results are sustained, and the extent to which the intervention becomes institutionalized with continued delivery</p>	<ul style="list-style-type: none"> · Assessment of outcomes at time points after the funded project/initiative · Individual-level: assess long-term individual effectiveness outcomes, including attrition, and heterogeneity in effects · Staff/Setting/System/Community level: Sustainment of intervention delivery at time points after the funded project/initiative ended · Heterogeneity in sustainment across staff/settings/systems · Adaptations made after the project or initiative ending · Qualitative results explaining the above findings – including degree of alignment with long-term staff/setting/system goals and priorities

Adapted from (2)

Figure 1.4



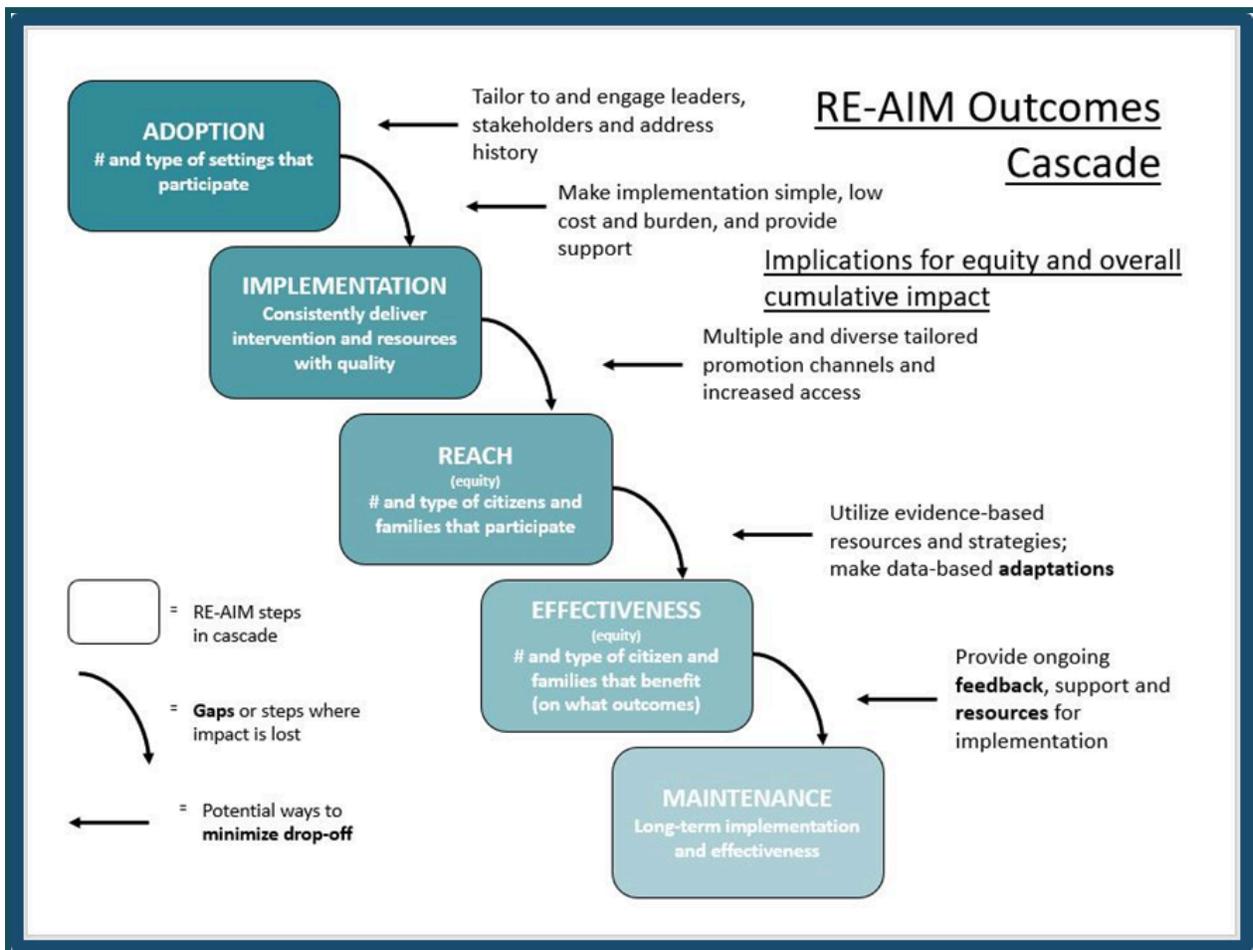
Adapted from (7)

As depicted in Figure 1.4 and elaborated on in Figure 1.5, the population-level impact of an intervention depends on much more than its effectiveness alone. With limited reach, adoption, implementation, and maintenance, the impact of even the most effective intervention is reduced at each step, constraining the potential of any project or policy to achieve population-level impact.

If a project is not fully and representatively adopted across organizations and staff, then its reach is drastically reduced. If it is implemented inconsistently or poorly, its effectiveness may be compromised. If its implementation costs are prohibitive, it may not be maintained over time, decreasing its ongoing reach.

If any dimension is limited, the cascading impact of the project or policy drops drastically. As illustrated in Figure 1.5, there are ways and opportunities to intervene within each step in the cascade to address drop off of settings and patients and reduce inequities.

Figure 1.5: RE-AIM Outcomes Cascade



Adapted from (7).



For more information on this framework please see this publication:

Studs CR, Glasgow RE. The RE-AIM framework: evolutions and applications in health psychology. Sage Handbook of Health Psychology. 2nd ed: SAGE Publications. 2024.

RE-AIM is a helpful TMF to assess the impact of projects by considering their reach, effectiveness, adoption, implementation, and maintenance. Over more than two decades of use, several issues in its application have been identified, summarized in Table 1.C. We encourage new and ongoing users of RE-AIM to familiarize themselves with these issues and access additional resources available at www.re-aim.org to inform their use of the TMF.

Table 1.C:

Lessons Learned Since the Introduction of RE-AIM
Some dimensions are reported more frequently than others (i.e., reach, effectiveness, and implementation versus adoption and maintenance)
Few reports address the representativeness components of reach and adoption
Confusion between reach (individual patient or client level) and adoption (staff, setting, and systems levels) is common
Some misconceptions exist regarding use of the TMF (e.g., that it can only be used for evaluation; that it only applies to dissemination research)

1.7 Additional PRISM and RE-AIM resources



For more information on PRISM, RE-AIM, and for more references please refer to:

<https://RE-AIM.org>
<https://prismtool.org>

RE-AIM Resources and tools on www.re-aim.org

Direct link to these resources here: [Resources and Tools – RE-AIM](#)

- Educational materials including explanatory videos for those learning about PRISM and RE-AIM
- Guidance for those applying PRISM and RE-AIM
- Interactive tools for exploring and using PRISM and RE-AIM
- Curated up-to-date bibliography of PRISM and RE-AIM publications
- Example grant applications using PRISM and RE-AIM
- Updated slides, figures, tables, and templates free for public use
- Links to trainings and webinars
- Registration for RE-AIM listserv updates

Section Summary

1. PRISM illustrates multilevel contextual factors that are important and defining to a project's implementation (including RE-AIM outcomes) throughout all project stages of Planning, Implementation, and Sustainment.
2. PRISM and RE-AIM can be used across all phases of a project, from planning through implementation, to sustainment. They can also be used iteratively to evaluate and assess an intervention's progress during the implementation and sustainability phases.
3. RE-AIM is a multi-level implementation science framework that focuses on essential project elements that can improve the successful reach, effectiveness, adoption, implementation, and maintenance of projects.
4. PRISM is an expansion of RE-AIM, and while each can be used alone or in combination with other frameworks, they are conceptually integrated. If choosing to use one without the other for pragmatic reasons, we recommend that authors briefly note why they chose not to include both the RE-AIM outcomes and PRISM contextual factors.

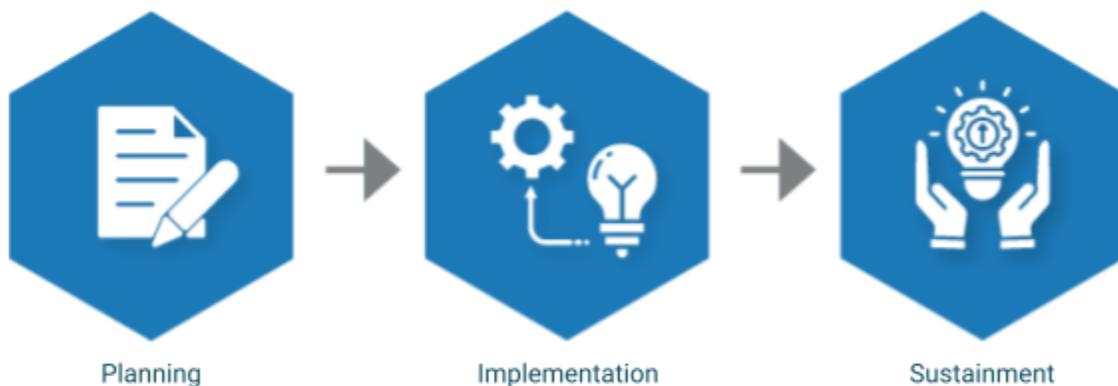
Section Two: Project Phases

The phases of a project include: **Planning**, **Implementation**, and **Sustainment**. What phase your project is in will determine what tools you will use from this guidebook. Whenever possible, we encourage use of these approaches across all three phases.

Additionally, the guidebook can help you decide if Iterative PRISM and RE-AIM are appropriate for your project. [Figure 2.2](#), [Figure 2.3](#), and [Figure 2.4](#) break down the three implementation phases, including whether Iterative PRISM and RE-AIM are appropriate in each phase.

While originally described as an “evaluation model” (14), RE-AIM has been successfully applied at all stages of implementation, including intervention development, implementation planning, active implementation, and sustainment. Consideration of all RE-AIM dimensions informs designing for dissemination, equity and sustainability, a process of determining the needs and preferences of consumers (e.g. patients), community and clinical partners, in all stages of a program (15). The ongoing assessment of RE-AIM outcomes (or even initial estimation of likely results) and PRISM contextual domains can support active implementation, decisions about adaptations, communication with partners, and strategies for sustainment (16). These applications highlight the value of PRISM and RE-AIM as a process, determinant, and evaluation TMF that can be used from the earliest phases of intervention development through sustainment of intervention delivery (3, 9, 16, 17).

Figure 2.1: Project Phases

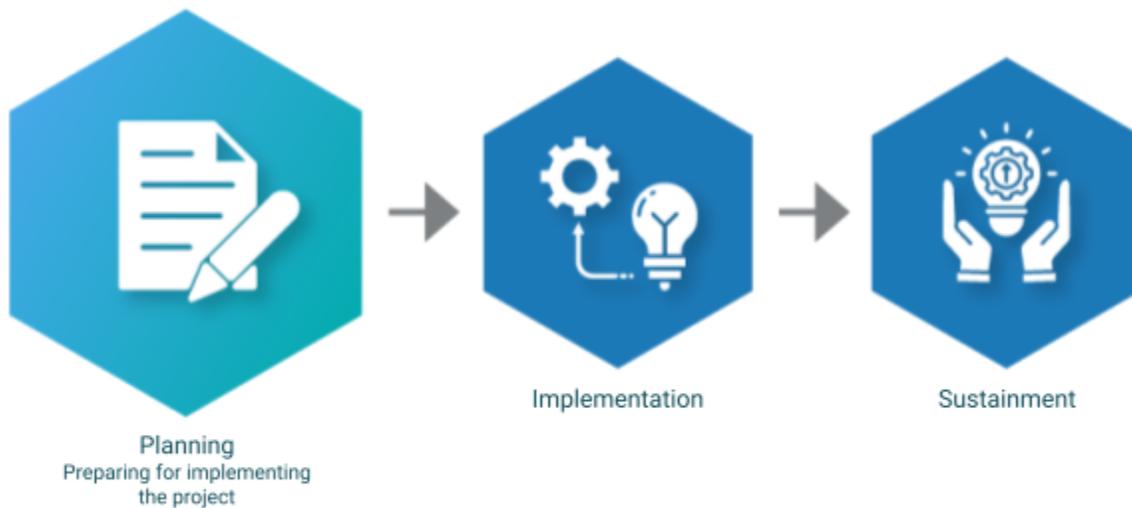


2.1 Planning

The planning phase occurs before implementation. This phase involves assessment of the contexts, leadership, staff, participants, and recipients to inform implementation planning. The PRISM and RE-AIM Pre-Implementation tools inquire into the key domains (e.g., the “fit” of the intervention with the setting, staff, and community; the resources available to support intervention delivery) to inform planning for implementation.

Two assessments—one for PRISM and one for RE-AIM—are provided in the appendix for use for the planning phase. We strongly encourage these to be used together.

Figure 2.1: Planning Phase of Project



See appendix 1 for the Planning Phase Prism Assessment

See appendix 4 for the Planning Phase RE-AIM Assessment

2.2 Implementation

The implementation phase is where most of the work happens. This is when project delivery begins in one or more setting, taken up (or not) by staff, and provided to recipients. The implementation phase is also known as the midstream or implementing phase. During this phase, adaptations to the original project or implementation plans occur very frequently. A balance is needed between preserving fidelity to the project's original intent, key functions, or goals and its implementation and guiding appropriate adaptations to improve the fit with your setting, culture, resources, and clientele.

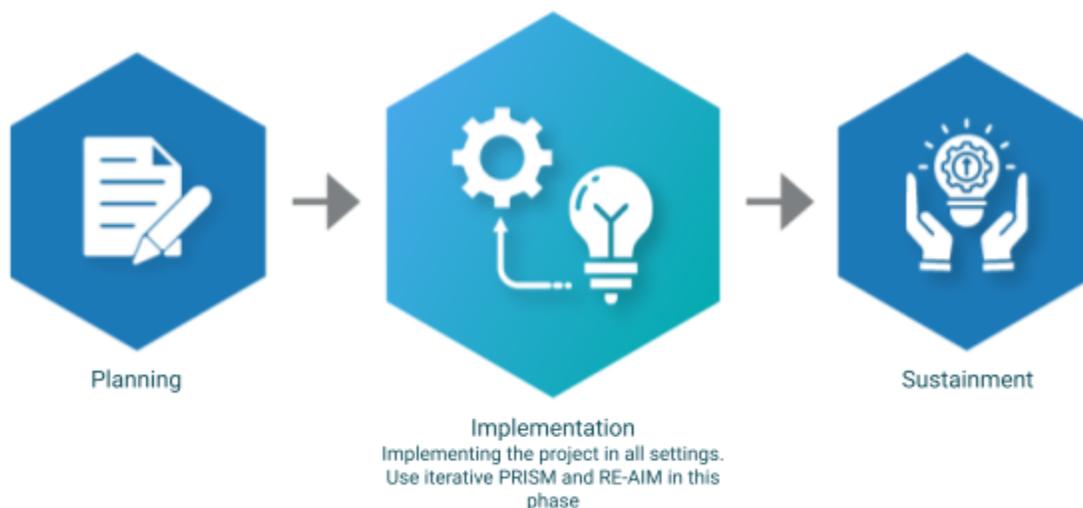
Iterative use of PRISM and RE-AIM can occur multiple times during this phase to help periodically assess progress, measure outcomes and context, and direct next steps in implementation (e.g., adaptations to the project or its delivery, use of implementation strategies to reduce barriers to specific outcomes).

Iterative use of PRISM and RE-AIM can occur multiple times during this phase to help periodically assess progress, measure outcomes and context, and direct next steps in implementation (e.g., adaptations to the project or its delivery, use of implementation strategies to reduce barriers to specific outcomes).

Two assessments—one for PRISM domains and one for RE-AIM outcomes—are provided in the appendix for use during the implementation phase. We strongly encourage these be used together, but in some projects, using only PRISM assessments or only RE-AIM assessments may be appropriate. In addition, these same assessments can be used for Iterative PRISM and RE-AIM (discussed in more depth below).

In addition, these same assessments can be used for Iterative PRISM and RE-AIM (discussed in more depth below).

Figure 2.3: Implementation Phase of Project





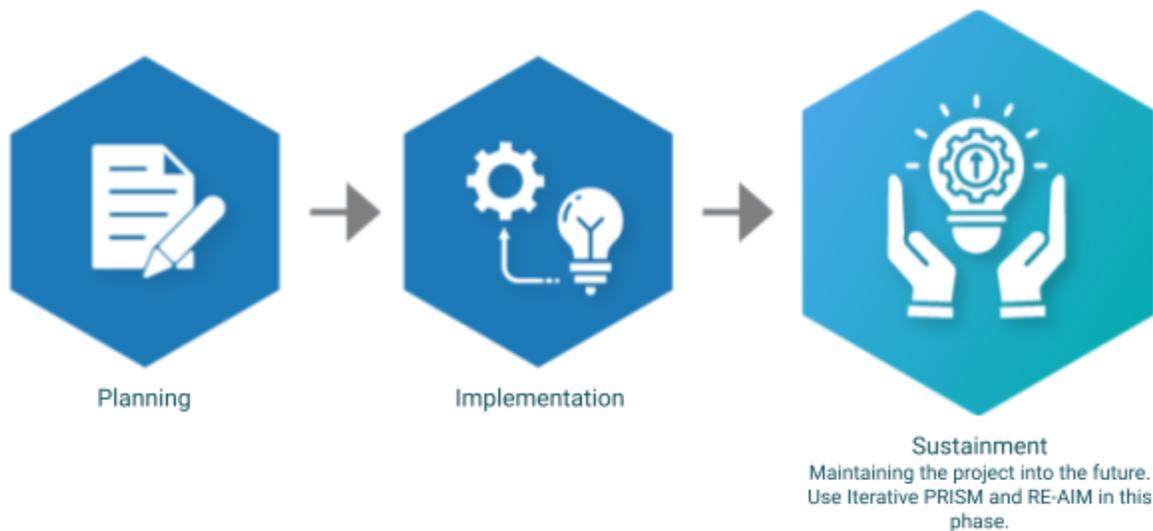
See appendix 2 for the Implementation Phase Prism Assessment
See appendix 5 for the Implementation Phase RE-AIM Assessment

2.3 Sustainment

The sustainment phase is when you maintain implementation into the future for at least one year. During this phase, the team continues to work at, adapt, and improve intervention implementation to meet their needs and goals while also maintaining fidelity. Iterative use of PRISM and RE-AIM can occur during this phase to help measure changes in context and RE-AIM outcomes to guide additional adaptations or implementation strategies needed—or to determine that implementation should end (e.g., if new evidence has emerged against the project, or if population needs have changed).

Two assessments—one for PRISM and one for RE-AIM—are provided in the appendix for use before and during the sustainment phase. We strongly encourage these be used together. In addition, these same assessments can be used for Iterative PRISM and RE-AIM (discussed in more depth below).

Figure 2.4: Sustainment Phase of Project



See appendix 3 for the Sustainment Phase Prism Assessment

See appendix 6 for the Sustainment Phase RE-AIM Assessment

Section Summary

1. The lifecycle of a project consists of three phases: **Planning, Implementation, and Sustainment**
2. The **Planning Phase** is when to plan for implementation, taking into consideration all key players, context, resources, and other elements available for the implementation of a project.
3. The **Implementation Phase** is when the project is implemented in the given settings. The iterative application of PRISM and RE-AIM can be used during this phase to evaluate and assess progress and adaptations.
4. The **Sustainment Phase** is for maintaining the project into the future. Iterative PRISM and RE-AIM can be used during this phase to help assess and evaluate the sustainability of an intervention.

Section Three: Iterative PRISM and RE-AIM

3.1 What is Iterative PRISM and RE-AIM?

Iterative PRISM and RE-AIM is a structured approach to guide the goal setting and monitoring of progress for a project as a new approach, guideline, or evidence-based intervention is implemented. The structured approach allows for assessment of progress at regular intervals. It also establishes ongoing meaningful engagement of the implementation team, including keeping all members of the team on the same page and focused on the implementation goals set by the team. A strength of Iterative PRISM and RE-AIM is that it acknowledges that adaptations occur naturally in a project as new approaches, guidelines, or evidence-based projects are implemented in various contexts and settings. Adaptations are changes or modifications to an intervention, an implementation delivery strategy, or the context in which they occur.

Iterative PRISM and RE-AIM

It is a structured way to:



- Guide the implementation of interventions
- Assess progress over time
- Evaluate adaptations and make modifications as the team wants and needs
- Bring and keep the team on the same page

The Iterative PRISM and RE-AIM process guides teams in: (1) determining which PRISM context domains and RE-AIM outcomes are most important at given stage/state/phase of a project (while acknowledging that needs and context may change), (2) assessing progress for these prioritized domains and/or outcomes, and (3) identifying implementation adjustments and adaptations (i.e., goals and action plan) to improve progress for the prioritized domains and outcomes. Key components in this new application of PRISM and RE-AIM include strong

partnership with implementation teams who set priorities for the PRISM domains and RE-AIM outcomes, measures that allow for the rapid and reliable assessment of PRISM domains and RE-AIM outcomes, and a well-defined collaborative goal setting and action planning process based on emerging data.

Adaptations have a better chance of improving the outcomes of a project if (a) they are implemented deliberately and systematically with the input of all key project implementers; (b) they are guided by a TMF such as PRISM and/or RE-AIM; and (c) they are made based on emerging data.



Adaptations

Adaptations have a better chance of improving the outcomes of a project if they are implemented deliberately and systematically with the input of 1) all key programs implementers and if they are based on 2) a framework such as PRISM or RE-AIM; and 3) emerging data rather than haphazard

A major limitation of many academic TMF is that they work much more slowly than needed for real world settings, rapidly changing situations, and participants. In addition, rarely are TMFs used throughout a project or proposal but more so for only planning or evaluation. Iterative PRISM and RE-AIM provide a solution for these issues. Using the directions and materials in this guide should help you to iteratively speed up the feedback, goal setting, and improvement process during the entire life course of your project.



It is important to note that Iterative PRISM or Iterative RE-AIM can be used either together or separately depending on the needs, funding, time, and resources available to the project.

It is important to note that Iterative PRISM and Iterative RE-AIM can be used either together or separately depending on the needs, funding, time, and resources available to the project.

Methods and resources are available to guide the repeated assessment, prioritization, and planning efforts needed to optimize EBI implementation by those involved (1, 18).

This brief animated video explains Iterative RE-AIM in another way:
https://www.youtube.com/watch?v=kIADINCa_yU

Please refer to these publications for more information on Iterative RE-AIM:



Glasgow RE, Battaglia C, McCreight M, Ayele R, Maw A, Fort MP, et al. Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions. 2022 Oct 17;2.

Glasgow RE, Battaglia C, McCreight M, Ayele RA, Rabin BA. Making Implementation Science More Rapid: Use of the RE-AIM Framework for Mid-Course Adaptations Across Five Health Services Research Projects in the Veterans Health Administration. *Frontiers in Public Health*. 2020 May 27;8.

3.2 When and Why Should You Use the Iterative PRISM and RE-AIM?

Iterative PRISM and RE-AIM can be used during the planning, implementation, and/or sustainment phases of a project.

Until recently, neither PRISM and RE-AIM nor most other implementation science TMFs have been used very often to guide changes during the implementation phase of a project. Our team has had success doing so. Traditional outcomes research requires strong fidelity in intervention delivery, expecting that the intervention was delivered according to plan. However, project delivery outside (and sometimes inside!) of highly controlled research trials routinely involves adaptation—planned or unplanned modifications to the

content or delivery of a project to “make it work” (19). Adaptations have typically been ignored or underreported—but to understand the ramifications of adaptations (both positive and negative), they must be acknowledged, expected, and assessed.

Iterative PRISM and RE-AIM help to assess, and plan for the adaptations of any project. Iterative PRISM and RE-AIM can help you address emerging issues and changing priorities during implementation and as a result make the project more effective and efficient.

Even with perfect planning, unforeseen obstacles to project implementation can occur. Iterative PRISM and RE-AIM provide a consistent and structured approach to address these as they arise.



Project Phases

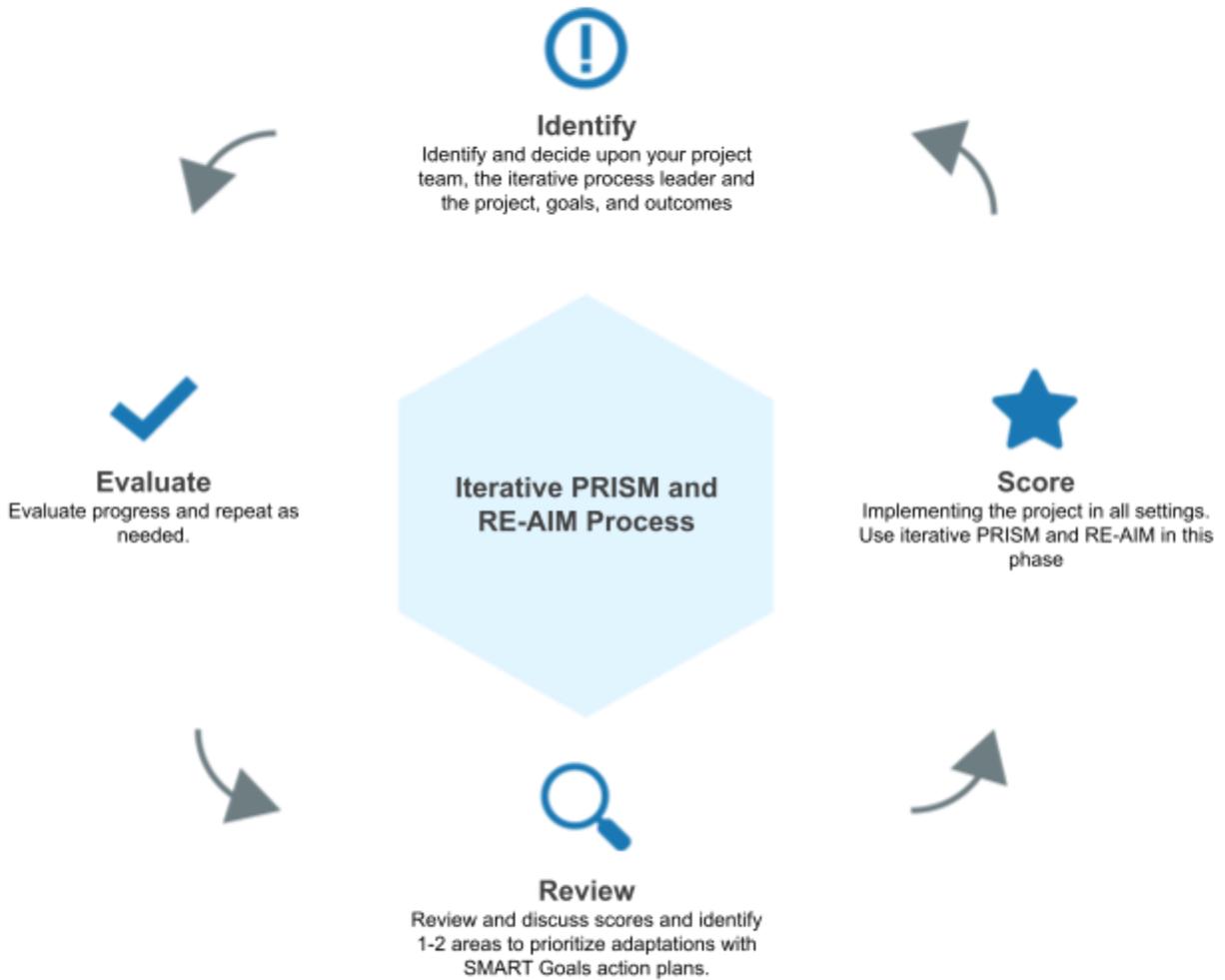
Iterative PRISM and RE-AIM can be used during the implementation and sustainability phases of a project. It is best used for projects that will last several months or more to have time to complete all of the steps to benefit your program

3.3 How do you use Iterative PRISM and RE-AIM?

The PRISM and RE-AIM evaluation tools (Appendices 1-6) can be used for Iterative PRISM and RE-AIM. Figure 10 and the text below explain the use of these tools in an iterative fashion to facilitate the evaluative process during the Implementation and Sustainment phases.

Iterative PRISM and RE-AIM contains a four-step process: Identify, Score, Review and Evaluate. These steps are pictured in Figure 3.1 and explained further below.

Figure 3.1: Four-Step Process of Iterative PRISM and RE-AIM



For a streamlined version of this iterative PRISM and RE-AIM Four Step Process, including questionnaires and strategies, please visit PRISM webtool here: <https://prismtool.org>

3.3.a Identify

- Identify and decide who is on the team. This should include all key implementers of the project and decision makers concerning adoption and sustainment. It is often helpful to include a patient, family member or community leader, but this is not required.
- Identify/designate a process coordinator (coach or facilitator) who will be responsible for guiding the team through the steps of Iterative PRISM and RE-AIM, manage the distribution and collection of the mini- surveys, and present results.
- Identify or review the PRISM contextual domains and RE-AIM goals and outcomes of the current project (e.g. to reach at least 30% of the target population; to have participants lose at least 7 pounds; to reduce disparities in quality of life). For greater representation from your team, it is important to ensure everyone on the team is on the same page about what the priorities are, the status of the project as well as their individual roles. However, not every situation is perfect and if one individual in the team disagrees, that is ok.
- Distribute this list of specific goals to all for use when doing ratings below.

3.3.b Score

- Distribute the survey (s) (Appendices 1-6) to each person on the team to obtain their individual perception of the importance of each identified RE-AIM outcome or PRISM contextual domains at that point in time and the progress currently being made in those outcomes and domains. Individual scores should be based on any objective data if available (e.g., such as enrollment records for reach; weights in the health record; or quality ratings for implementation) and estimates (subjective) when such data are not available.
- Team members independently and confidentially complete and return the scored survey to the project coach at that meeting or within 2-3 days.

Tools for Score

Appendices 1-6 contain the PRISM and RE-AIM surveys that can be used iteratively as presented in Table 3.A. These can be used as they are, or modified with project specific language to fit your project's needs.

The designated coach gathers the surveys, aggregates the scores, and creates a visual representation of the 'gap' between the importance at that stage of the project and progress of each dimension. This person is also responsible for prompting any team members that have not returned scores.

Table 3.A: Tools to Use per Phase

Phase	Iterative PRISM	Iterative RE-AIM
Planning	See Appendix 1: Planning Phase PRISM Assessment	See Appendix 4: Planning Phase RE-AIM Assessment
Implementation	See Appendix 2: Implementation Phase PRISM Assessment	See Appendix 5: Implementation Phase RE-AIM Assessment
Sustainment	See Appendix 3: Sustainment Phase PRISM Assessment	See Appendix 6: Sustainment Phase RE-AIM Assessment



For a survey tabulation tool, visit the RE-AIM.org website to download that tool:

<https://re-aim.org>

Survey Feedback Display options

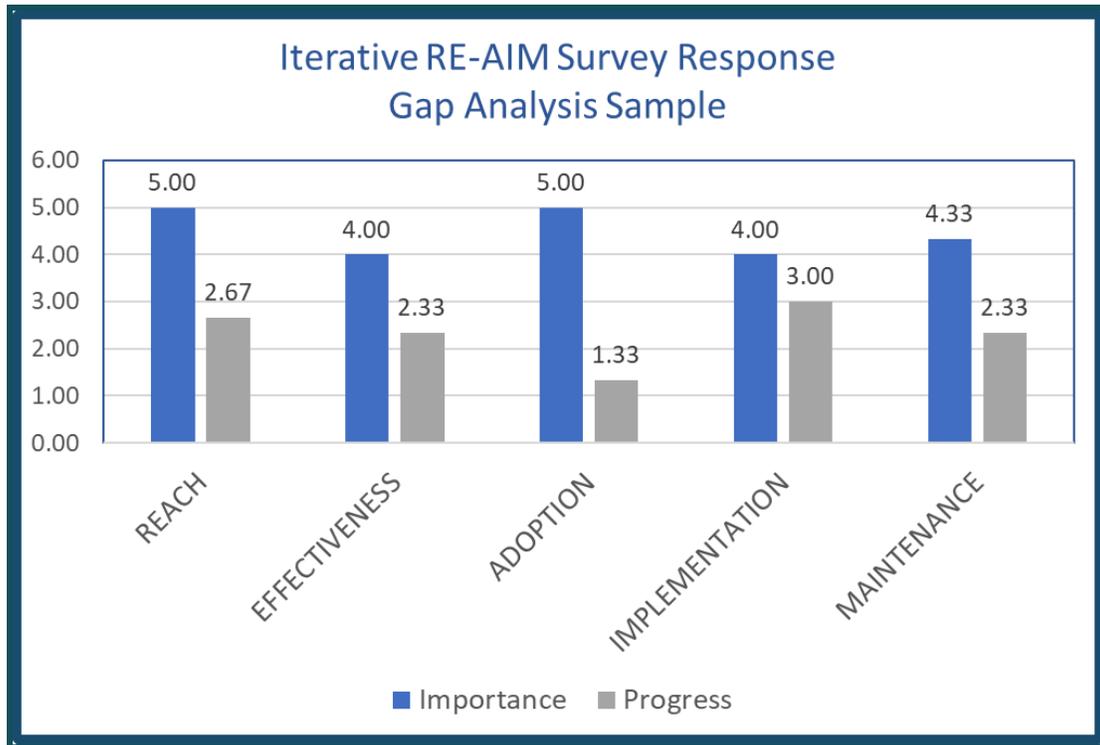
The results from the surveys can be reviewed in tabular or graphical formats. Team coaches are responsible for summarizing the results in a manner that is best for their team. Below are examples of how the survey feedback can be displayed graphically.

Survey feedback option 1: Gap Analysis

The gap analysis display (Figure 3.2 below) shows the results of the importance and progress of RE-AIM domains surveys. This type of graphical representation can be used for the PRISM contextual domains as well. The blue bar is the average team rating of the importance of each RE-AIM outcome. The grey bar shows the average team rating for how well the team thinks progress is being made in those same outcomes. The difference between the importance and progress shows the team in which dimensions progress has been made (if compared to results from a previous iterative RE-AIM survey), where improvements can be made, and gives a starting point to develop SMART goals to address the discrepancies (more on this in section 3.3.c).

Figure 3.2 shows an example of a 'Gap Analysis' first used by Glasgow et al. 2022 (1). It compares and shows the 'gap' between rated importance and current progress on each of the 5 RE-AIM outcomes. Specific survey questions on both importance and progress were asked (see Appendix 13). You will note that these questions are only for the RE-AIM dimensions (not PRISM domains) and are condensed and slightly different than the ones in earlier Appendices which assess status at one point in time. In the current iPRISM webtool, slightly different questions are asked regarding progress but the issues are the same, and it does not ask about importance which is assessed in other sections on PRISM.

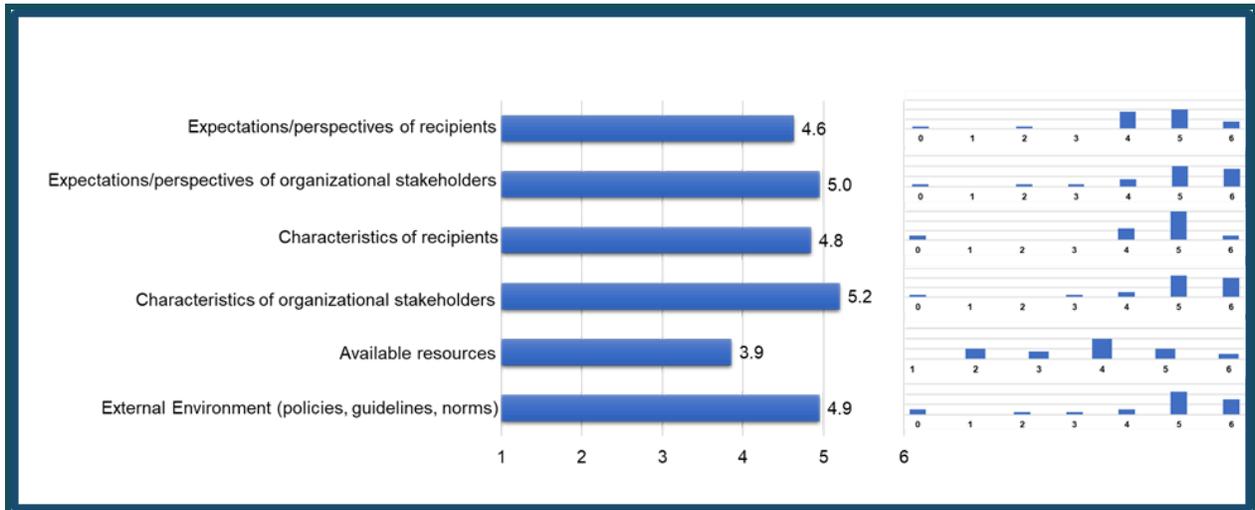
Figure 3.2: Survey Feedback Option 1 Gap Analysis of RE-AIM Outcomes



Survey feedback option 2: Variability Display

The variability display shows not only the average team ratings of the importance and progress of each PRISM contextual domains and RE-AIM outcome but also the distribution of responses amongst the team members by role- the smaller figures in the right of the figure. This shows the level of agreement/disagreement on the importance and progress of the implementation or sustainment of the project from different advantage points. This display helps teams better understand view points of the project and how it is going depending on the role of folks and where and how they interact with the project. Given this information, this should help teams make better tailored SMART goals to address discrepancies (more on this in section 3.3.c).

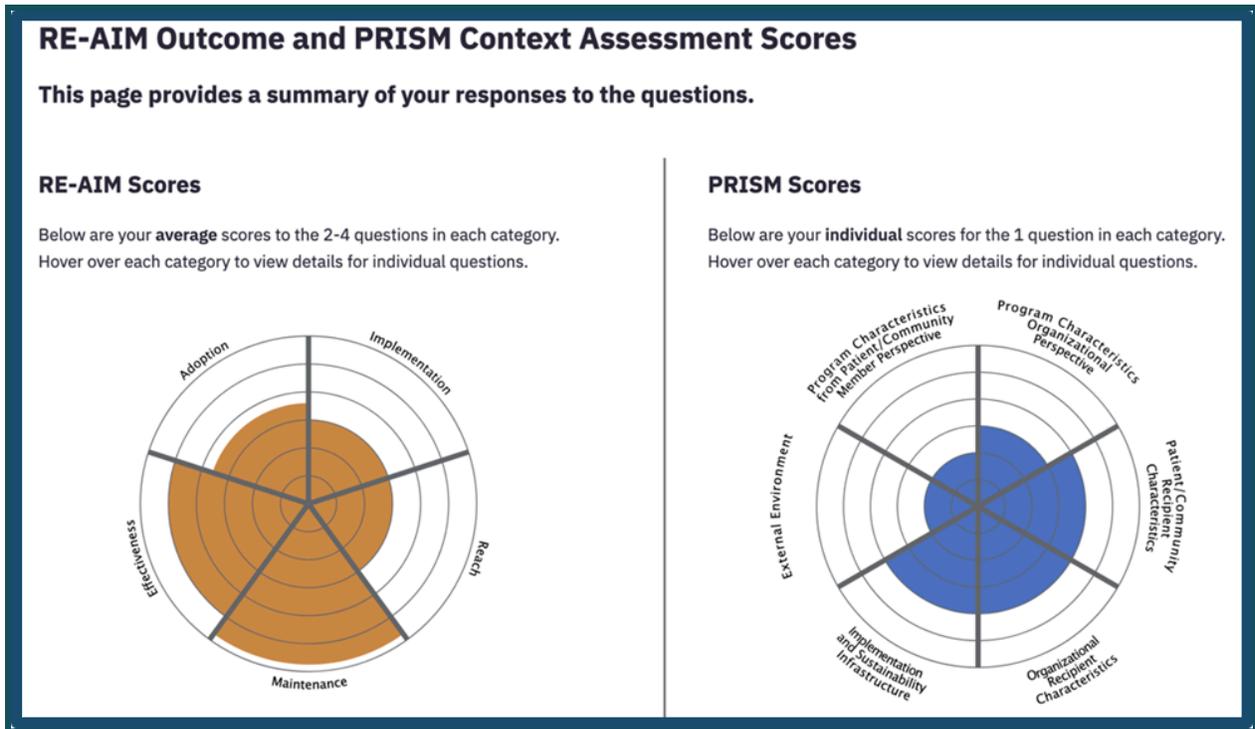
Figure 3.3: Survey Feedback Option 2 Variability Display



Survey feedback option 2: Radar Plot

The radar plot shows the results on either or both PRISM contextual domains and RE-AIM outcome scores in a more visual manner from either an individual or team. The fuller the slice indicates a better outcome. The importance results would be one radar plot and the progress results would be another radar plot displayed side by side to show the discrepancies. Figure 3.4 below shows the results of progress made for the RE-AIM outcomes (on the left) and PRISM contextual domains (on the right) at one point in time. Additionally, this figure shows an individual's results and not that of a team.

Figure 3.4: Survey Feedback Option 3 PRISM and RE-AIM Radar Plot



3.3.c Review

- Convene the project team to review the survey results. Discuss each of the PRISM contextual domains and the RE-AIM outcomes and how and why the importance and progress scores may differ. The team discussion and reflections should focus on reasons for the present results and also why there may be differences on ratings of different team members on a given dimension.
- Identify one or two (no more) PRISM and/or RE-AIM dimensions to address for the next period of time. Usually, these will be the dimensions with the largest gap between importance and progress. Have the team take into consideration the feasibility and impact of proposed action plans.
- For these areas you want to improve, consider what types of strategies or adaptations might address them. Find examples of PRISM and RE-AIM strategies in Appendices 8 and 9.
- Develop a specific action plan as a team (Appendix 10) for each PRISM and/or RE-AIM dimension selected for improvement.
- Decide upon a timeline for implementing the action plan before meeting to evaluate their impact (dependent on overall project timeline, but typically 1-2 months).

Setting SMART Goals

Table 3.B provides an example of how five different projects set Specific, Measurable, Attainable, Relevant, Time-based (SMART) goals and action plans for specific RE-AIM Dimensions.

Table 3.B: Examples of SMART Goals set by Projects

Project Name	RE-AIM Dimension Focus	SMART Goals and Action Plans
Patient-Reported Health Status Assessment	Reach Adoption	<ol style="list-style-type: none"> 1. Conduct workflow assessments to learn where it would fit and how 2. Perform chart review to learn about actions taken after decline status note in the EMR
Multimodal Pain	Effectiveness Adoption	<ol style="list-style-type: none"> 1. Effectiveness: summarize feedback from semi-structured interviews with providers and review for opportunities to improve project sessions; share the feedback with operational partners 2. Adoption: inform providers of the upcoming sessions; 3. Engage/re-engage with project community, clinical, and research partners for assistance and guidance
Community Transitions	Reach	<ol style="list-style-type: none"> 1. Conduct in-services with community hospital to educate about the project enrollment criteria 2. Interview other investigators about how they approach REACH in their projects 3. Consider giving out Veterans project cards pro-actively 4. Review and revise project exclusion criteria
Advanced Care Coordination	Reach	<ol style="list-style-type: none"> 1. Schedule and conduct educational in-services in participating community hospitals. 2. Project social worker to identify best practices of approach at each participating community hospital
Rural Transitions	Reach Maintenance	<ol style="list-style-type: none"> 1. Review existing literature and plan to collect and analyze real-time return on investment-type data 2. Access operational data and performance measures to compare with project outcomes 3. Discuss with site champions about what leadership and community, clinical, and research partners need to sustain the project



See appendix 7 for a blank version of this table

See appendices 8 and 9 for examples of PRISM and RE-AIM strategies

See appendix 10 for more in depth SMART goals worksheet

3.3.d Evaluate

- After the specified period, often 1-2 months from implementing the action plan, project leads and coach should meet to evaluate how successful the adaptations and actions plans have been. This might include collecting quantitative data or talking to people involved to get qualitative data (e.g., interviews, informal debriefs).
- Based on this decide when to conduct the next round of Iterative PRISM and RE-AIM if you think there is a reasonable chance that the project context will have changed evaluations. Note that while it is helpful to have most of the same raters and implementers throughout the project, you may want to have the raters include only the active implementers during middle phases of the project.

3.4 Iterative RE-AIM Example: Hospital Based Point of Care Lung Ultrasound

Project Overview

This year long lung ultrasound (LUS) implementation project utilized Iterative PRISM. It used the RE-AIM domains of Reach, Adoption and Implementation as to iteratively assess the progress of implementation and the contextual domains of PRISM to guide interview questions designed to evaluate the dynamic determinants of LUS implementation. LUS is a type of chest imaging that is performed at the bedside by a treating clinician. In contrast to traditional chest imaging, it doesn't require a technologist to acquire the images or a radiologist to interpret them. This project was conducted in an academic medical center in response to the COVID pandemic. The goal of the project was twofold: 1) quickly implement LUS among hospitalist clinicians for patients hospitalized with COVID, 2) conserve personal protective equipment and reduce COVID exposure required for other chest imaging modalities. The implementation team developed an operational dashboard that displayed Reach and Adoption data pulled from the EHR that was automatically updated every 48 hours, allowing the implementation team to make adaptations to implementation strategies throughout the implementation period based on real time quantitative data of RE-AIM outcomes. Interviews of hospitalists were performed during implementation to understand barriers of LUS implementation and adapt strategies to overcome them.

Identify

The baseline rate of LUS use in the intervention setting was low having the research team focus on Reach and Adoption primarily. The goal of the project was to see how many eligible patients would receive the LUS intervention (Reach) and to see

Project/Setting: Hospital	
Health Topic	Point of care lung ultrasound (LUS)
Team members involved (# and Type)	- 4 hospitalist implementors - 86 hospitalists eligible for adoption
Number of iterations	24: Twice monthly over a period of 12 months
RE-AIM Dimensions most frequently selected	Reach Adoption

what proportion of hospitalists would take up LUS as part of their clinical care (Adoption).

Implementation was evaluated by evaluating adaption to implementation strategies and fidelity of LUS.

Given this project was a pragmatic application of RE-AIM and a short-term pilot study, Effectiveness and Maintenance were not evaluated (1).

Score and Review

RE-AIM Outcomes	Data collected for Score	Frequency of Data Review
Reach	<p>Use of a dashboard in the EMR allowed for low burden iterative evaluations of quantitative measures of Reach. Patients demographics including race and ethnicity were displayed on the RE-AIM dashboard, allowing for frequent monitoring of disparities in implementation</p> <p>Results of the data pull were not scored in the manner discussed in the guidebook. Rather counts of LUS completed, on what which patients, and by which clinicians were collected.</p>	<p>The data automatically updated every 48 hours.</p> <p>The team met twice monthly and held open discussions.</p>
Effectiveness	Not evaluated because of the pragmatic application and short-term pilot constraints.	N/A
Adoption	<p>Three prong approach:</p> <ol style="list-style-type: none"> 1) Review of RE-AIM dashboard displaying how many and which hospitalists were ordering and interpreting LUS 2) "On the ground feedback." General observation and casual conversation by the implementation team with participating colleagues about the adoption and implementation facilitators and barriers of the intervention 3) Semi – Structured interviews with participating hospitalists to understand barriers to adoption 	<ol style="list-style-type: none"> 1) Every other week 2) Intermittent throughout study period

RE-AIM Outcomes	Data collected for Score	Frequency of Data Review
Implementation	<p>Three prong approach:</p> <p>1) Review of the imaging archive and clinical notes in the EHR to understand the quality of image acquisition, image interpretation and clinical decisions using LUS</p> <p>2) "On the ground feedback." General observation and casual conversation by the implementation team with participating colleagues about barriers to implementation</p> <p>3) Semi – Structured interviews with participating colleagues to understand barriers to implementation and possible strategies to overcome them</p>	<p>1) Weekly or every other week data pulls</p> <p>2) Every other week</p> <p>3) Intermittent throughout study period</p>
Maintenance	<p>Was not a primary outcome evaluated given the short-term pilot constraints of the project. But the dashboard facilitated maintenance post completion of the intervention. The team pulls data a year past the end of grant funding.</p>	Yearly

Evaluate

The implementation team met at meetings every other week. During these meeting the team discussed the most recent RE-AIM dashboard data as well as any barriers to implementation that had been revealed through interval interviews or field notes. All team members shared their thoughts on the ongoing data and possible adaptations to implementation strategies. Selection of implementation strategies were made through consensus of all team members. Through this iterative use of PRISM, the research team developed and deployed six implementation strategies during the implementation phase.

Key Adaptations and Implementation Strategies	<ol style="list-style-type: none"> 1. Reminder emails sent to hospitalists about use of LUS for COVID patients 2. Creation and implementation of a new policy mandating proceduralist hospitalists become credentialed in LUS 3. Creation of new opportunity for ordering of LUS imaging study to be performed by the procedure services instead of the hospitalist 4. Introduction and implementation of LUS teleguidance software for remote supervision to increase the efficiency of implementation efforts 5. Distribution of educational materials about the advantages of LUS in COVID patients 6. Intensity accountability of credentialing mandate for proceduralists and De-implement implementation strategy number 1
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For more information on the Iterative RE-AIM application in this project please see this reference:

Maw A, Morris MA, Glasgow RE, Barnard J, P. Michael Ho, Ortiz-López C, et al. Using Iterative RE-AIM to enhance hospitalist adoption of lung ultrasound in the management of patients with COVID-19: an implementation pilot study. *Implementation Science Communications*. 2022 Aug 12;3(1).



Glasgow RE, Battaglia C, McCreight M, Ayele R, Maw A, Fort MP, et al. Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions. 2022 Oct 17;2.

For more information on the findings and for the interview guide please see this reference:

Maw AM, Morris MA, Barnard JG, Wilson J, Glasgow RE, Huebschmann AG, Soni NJ, Fleshner M, Kaufman J, Ho PM. Multi-level stakeholder perspectives on determinants of point of care ultrasound implementation in a US academic medical center. *Diagnostics*. 2021 Jun 28;11(7):1172.

Adapted from (1)

3.5 Iterative PRISM and RE-AIM Example: Hypertension Control in Guatemala

Project Overview

The hypertension control study in Guatemala focused mostly on the PRISM contextual domains and on the Implementation outcome of RE-AIM. The project took places in five departments (provinces) and 36 districts in Guatemala. PRISM and RE-AIM were utilized for planning and evaluation and assessment of contextual domains and outcomes at multiple time points.

Identify

The implementation team did not do formal identification or prioritization of PRISM domains or RE-AIM outcomes with community and intervention members.

Project/Setting: Guatemala (24-26)	
Health Topic	Hypertension control
Team members involved (# and Type)	- Ministry of Health staff - Research project staff: 3 MDs, local-level evaluators
Number of iterations	Quarterly for Implementation (primary focus)
RE-AIM Dimensions most frequently selected	Implementation and Context (relevant to PRISM)

Rather, the team did a needs assessment (20) of their sites and identified domains and outcomes that

prioritized needs such as monitoring availability of medications. Also prioritized was the implementation outcome assessed through the delivery of five implementation strategies and the assessment of the contexts of delivery on regular intervals. Reach was considered but recognized as having natural limitations (as an example: fewer men patients participated than women) that the implementation team would be unable to overcome without drastically changing the intervention. Effectiveness would be measured by the number of patients that received the intervention compared to census data. Adoption and Maintenance were given because the intervention was being administered through the Ministry of Health which guaranteed the adoption by clinics and sites.

Score, Review

The implementation team developed various tracking forms to assess the Implementation outcome. Local-level project evaluators used forms to capture key contextual domains within their assigned sites. Example of items captured are: availability of medication, blood pressure monitors, and staff turnover.

PRISM Domains	Data Collected for Score	Frequency of Data Review
Project characteristics from the perspective of the patients or community members	Project specific forms filled out by local implementers	Monthly Meetings
Project characteristics from the perspective of the organizational (setting) community, clinical, and research partners	Project specific forms filled out by local implementers	Monthly Meetings
Recipient characteristics – patients of community members	Project specific forms filled out by local implementers	Monthly Meetings
Recipient characteristics – organizational (setting) community, clinical, and research partners	Facilitated by the Ministry of Health	NA
Implementation and Sustainability Infrastructure	Facilitated by the Ministry of Health	NA
External Environment	Project specific forms filled out by local implementers	Monthly assessments discussed at monthly meetings
RE-AIM Outcomes	Data Collected for Score	Frequency of Data Review
Reach	Data review of patients receiving intervention	Monthly Meetings
Effectiveness	Data review of patients receiving intervention	Monthly Meetings
Adoption	Facilitated by the Ministry of Health	NA
Implementation	Project specific forms filled out by local implementers	Monthly assessments discussed at monthly meetings
Maintenance	Facilitated by the Ministry of Health	NA

Evaluate

At the monthly meetings, the research team reviewed and discussed the data informing Reach and Effectiveness outcomes. They discussed changes in Implementation that were required to improve Reach and Effectiveness of the hypertension control project. The team also discussed issues with medication availability, and staff turnover that had Reach and Effectiveness implications.

For more information on the Iterative PRISM and RE-AIM application in this project please see this reference:

Glasgow RE, Battaglia C, McCreight M, Ayele R, Maw A, Fort MP, et al. Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions. 2022 Oct 17;2.

For more information on the project specific forms please see these references:

Figueroa JC, Paniagua-Avila A, Sub Cuc I, Cardona S, Ramirez-Zea M, Irazola V, et al. Explanatory models of hypertension in Guatemala: recognizing the perspectives of patients, family members, health care providers and administrators, and national-level health system stakeholders. BMC Public Health. 2022 Dec 12;22(1).



Paniagua-Avila A, Shelton RC, Guzman AL, Gutierrez L, Galdamez DH, Ramirez JM, et al. Assessing the implementation of a multi-component hypertension program in a Guatemalan under-resourced dynamic context: An application of the RE-AIM/PRISM extension for sustainability and health equity. 2023 Jan 17;

Fort MP, Paniagua-Avila A, Beratarrechea A, Cardona S, Figueroa JC, Martinez-Folgar K, et al. Stakeholder Engagement in the Translation of a Hypertension Control Program to Guatemala's Public Primary Health Care System: Lessons Learned, Challenges, and Opportunities. Global Heart [Internet]. 2019 Jun 1;14(2):155–63. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S2211816019300808>

Hernández-Galdamez D, Mansilla K, Ana Lucía Peralta, Rodríguez-Szaszdi J, Juan Manuel Ramírez, Roche D, et al. Monitoring Study Participants and Implementation with Phone Calls to Support Hypertension Control During the COVID-19 Pandemic: The Case of a Multicomponent Intervention Trial in Guatemala. Global heart. 2021 Nov 24;16(1):77–7.

Adapted from (1, 21-24)

3.6 Iterative PRISM and RE-AIM Summary

The Iterative PRISM and RE-AIM process consists of four steps: Identify, Score, Review and Evaluate. The Identify step is done in the beginning and Score, Review, and Evaluate steps can be repeated several times throughout the course of a project as needed. This process facilitates team identification discussions, and action planning around adaptation to projects, and assessment of project goals to better implement the project and reach the intended population.

In addition to the Iterative PRISM and RE-AIM process, an assessment of the process can also be included at the project closeout to assess how effective the Iterative RE-AIM process was to help the team determine modifications needed to future use of Iterative PRISM and Re-AIM.



See appendix 11 for the assessment of iterative PRISM and RE-AIM process

Section Summary

1. Iterative PRISM and RE-AIM is a structured process to help address, assess, and plan for adaptations in an intervention
2. Adaptations to an intervention are to be expected and Iterative PRISM and RE-AIM helps guide those adaptations
3. Iterative PRISM and RE-AIM consists for four steps:
 - i. **Identify** the Iterative PRISM and RE-AIM team leader and the PRISM domains and/or RE-AIM outcomes deemed most relevant to the intervention delivery by the team and/or community advisors.
 - ii. **Score** the PRISM domains and/or RE-AIM outcomes using the accompanying surveys in the appendix
 - iii. **Review** the scores of the surveys as a team and identify strategies and action plans for one or two of the PRISM and/or RE-AIM domains.
 - iv. **Evaluate** the adaptations and action plans frequently – ideally every one to two months
4. Score, Review and Evaluate **can be repeated several times** throughout the course of a project as needed.
5. An additional Evaluation step can also be included at the project closeout to assess how effective the Iterative PRISM and RE-AIM process was.

Section Four: Summary

This guidebook describes the development and evolution of the Practical, Robust Implementation and Sustainability Model (PRISM) and the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) TMF and provides guidance on how to use them to plan, implement, and sustain use of evidence-based projects to maximize their impact. PRISM and RE-AIM provide an intuitive, structured approach that can be used to increase the impact of interventions beyond traditional efficacy and effectiveness outcomes. By defining reach, effectiveness, adoption, implementation and maintenance as outcomes crucial for population-level impact, PRISM and RE-AIM takes a broader view of how interventions should be planned and evaluated, relying on multilevel and multi-perspective data.

Importantly, PRISM and RE-AIM are not static. (Glasgow et al., 2020; Glasgow et al., 2019; Holtrop et al., 2021; Shelton et al., 2020). Over the past decade, a major development was the more consistent integration of the PRISM context domains with the RE-AIM outcomes. Other advances in content include an increased emphasis on adaptations and cost as important facets of implementation, and increased prominence of the centrality of health equity across RE-AIM outcomes, along with social and structural determinants included in PRISM domains.

Resources

Supporting users of PRISM and RE-AIM is a high priority, and multiple freely available resources (many distributed via www.re-aim.org) are frequently updated to support use of this TMF.

This guidebook recommends use of PRISM and RE-AIM together; however, in certain applications, it may be reasonable to only use one or the other, or only certain domains and outcomes from each (2).

Additionally, teams can develop creative ways to collect data, such as the EMR data collected in example 1 to assess Reach, rather than relying on more burdensome data collection approaches. Pragmatic and rapid data collection methods can save both time and resources by systematically focusing the team, time, and resources on the PRISM domains and RE-AIM outcomes identified as priorities at any given time point throughout the 3 phases of implementation.

We encourage users to apply Iterative PRISM and RE-AIM to focus on two key areas: 1) equity – both representativeness of outcomes and representation of all voices of all vested parties; and 2) multiple perspectives in doing these rating and throughout the project. Most importantly, iterative PRISM and RE-AIM provides a structured way to identify key issues that need attention; support the team in discussing these key issues; hear each other and consider varying perspectives; and generate a plan that resonates with all partners.

Despite these expansions and new directions, applying PRISM and RE-AIM is not without challenges. These include the lack of consistent widely available characteristics on which to assess representativeness; until recently, a lack of validated survey items; and the complexity of analyzing data at three or more socio-ecologic levels. Despite hundreds of studies using RE-AIM, there are currently no quantitative norms available to judge, for example, a “good” or “poor” level of reach for a given situation. And although it is clear that the RE-AIM outcomes are not independent, a detailed understanding of their interrelationships—as well as the associations of different PRISM context domains to RE-AIM outcomes—has not yet been attained (25). A final challenge is accessing rapid, reliable, and valid measures of RE-AIM outcomes and PRISM context domains for use in pragmatic, time-sensitive situations. This guidebook addresses this challenge and provides the most current versions of the tools created by interventions utilizing iterative PRISM and RE-AIM.

In the future, PRISM and RE-AIM will continue to evolve. Health professionals, clinicians and clinical staff, implementation scientists, researchers, community members and others can apply the PRISM and RE-AIM TMF to expand the traditional focus on individual-level effectiveness outcomes and make significant contributions to speeding the translation of research to practice. The challenges described in applying PRISM and RE-AIM also offer important opportunities for future research, and we call on the interested to bring their skills, knowledge, and insights to join these efforts. Please give us your feedback by visiting www.re-aim.org.

Section Summary

1. RE-AIM/PRISM is not static. A major development was the integration of PRISM contextual domains with RE-AIM outcomes, defining four domains of context that influence RE-AIM outcomes. Adaptations to an intervention are to be expected and Iterative PRISM and RE-AIM helps guide those adaptations.
2. The Iterative PRISM and RE-AIM approach guides assessment and prioritization of PRISM contextual domains and RE-AIM outcomes, followed by adjustments in implementation to meet prioritized goals. Score, Review and Evaluate **can be repeated several times** throughout the course of a project as needed.
3. This guidebook recommends that completing iterative PRISM and RE-AIM together, however, for pragmatic reasons and as explained in the examples in the previous section, it is possible to only use PRISM or RE-AIM or even only certain domains or outcomes from either.

Appendix

Appendix 1.a: Planning Phase PRISM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the PRISM framework that you heard about.

Area 1: Project characteristics from the perspective of the patients or community members

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the expectations/ perspectives of the intended patients or community members?	○	○	○	○	○	○

Area 2: Project characteristics from the perspective of the organizational (setting)

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of organizational (setting) community, clinical, and research partners - all members of the delivery team.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	○	○	○	○	○	○

Area 3: Recipient characteristics - patients or community members

This domain is concerned with the characteristics of the patient or community member recipients of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who will be eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the characteristics of the intended patients and/or community members?	○	○	○	○	○	○

Area 4: Recipient characteristics - organizational (setting) community, clinical, and research partners

This domain is concerned with the characteristics of the organizational community, clinical, and research partners of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who are involved with decision making or delivering the project and consider these recipients at multiple levels.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the characteristics of the organizational community, clinical, and research partners?	○	○	○	○	○	○

Area 5: Implementation and Sustainability Infrastructure

This domain is concerned with the implementation and sustainability infrastructure for the project that is being developed, or implemented, or sustained/scaled.

Think about a diverse set of resources and structures that might influence the success of the initial project or continuing in the future.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	○	○	○	○	○	○

Area 6: External environment

Think about a diverse set of resources and structures that might influence the success of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	○	○	○	○	○	○

Appendix 1.b: Planning Phase PRISM Assessment

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the expectations/ perspectives of the intended patients or community members?	○	○	○	○	○	○
How well does your project as currently planned align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	○	○	○	○	○	○
How well does your project as currently planned align with the characteristics of the intended patients and/or community members?	○	○	○	○	○	○
How well does your project as currently planned align with the characteristics of the organizational community, clinical, and research partners?	○	○	○	○	○	○
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	○	○	○	○	○	○
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	○	○	○	○	○	○

Appendix 2.a: Implementation Phase PRISM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the PRISM framework that you heard about.

Area 1: Project characteristics from the perspective of the patients or community members

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/perspectives of the intended patients or community members?	<input type="radio"/>					

Area 2: Project characteristics from the perspective of the organizational (setting)

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of organizational (setting) community, clinical, and research partners - all members of the delivery team.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/perspectives of the organizational (setting) community, clinical, and research partners?	<input type="radio"/>					

Area 3: Recipient characteristics - patients or community members

This domain is concerned with the characteristics of the patient or community member recipients of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who will be eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of your patients and/or community members?	○	○	○	○	○	○

Area 4: Recipient characteristics - organizational (setting) community, clinical, and research partners

This domain is concerned with the characteristics of the organizational community, clinical, and research partners of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who are involved with decision making or delivering the project and consider these recipients at multiple levels.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your current project align with the characteristics of the organizational community, clinical, and research partners?	○	○	○	○	○	○

Area 5: Implementation and Sustainability Infrastructure

This domain is concerned with the implementation and sustainability infrastructure for the project that is being developed, or implemented, or sustained/scaled.

Think about a diverse set of resources and structures that might influence the success of the initial project or continuing in the future.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	<input type="radio"/>					

Area 6: External environment

Think about a diverse set of resources and structures that might influence the success of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	<input type="radio"/>					

Appendix 2.b: Implementation Phase PRISM Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/ perspectives of the intended patients or community members?	<input type="radio"/>					
How well does your project currently align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	<input type="radio"/>					
How well does your project align with the characteristics of your patients and/or community members?	<input type="radio"/>					
How well does your current project align with the characteristics of the organizational community, clinical, and research partners?	<input type="radio"/>					
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	<input type="radio"/>					
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	<input type="radio"/>					

Appendix 3.a: Sustainment PRISM Impact Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the PRISM framework that you heard about.

Area 1: Project characteristics from the perspective of the patients or community members

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the expectations/ perspectives of the intended patients or community members to support future success?	○	○	○	○	○	○

Area 2: Project characteristics from the perspective of the organizational (setting)

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of organizational (setting) community, clinical, and research partners - all members of the delivery team.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners to support future success?	○	○	○	○	○	○

Area 3: Recipient characteristics - patients or community members

This domain is concerned with the characteristics of the patient or community member recipients of the project that is being developed, or implemented, or sustained/scaled. Think about recipients who will be eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of your patients and/or community members to support future success?	○	○	○	○	○	○

Area 4: Recipient characteristics - organizational (setting) community, clinical, and research partners
 This domain is concerned with the characteristics of the organizational community, clinical, and research partners of the project that is being developed, or implemented, or sustained/scaled. Think about recipients who are involved with decision making or delivering the project and consider these recipients at multiple levels.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your current project align with the characteristics of the organizational community, clinical, and research partners to support future success?	○	○	○	○	○	○

Area 5: Implementation and Sustainability Infrastructure

This domain is concerned with the implementation and sustainability infrastructure for the project that is being developed, or implemented, or sustained/scaled. Think about a diverse set of resources and structures that might influence the success of the initial project or continuing in the future.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce future success?	○	○	○	○	○	○

Area 6: External environment

Think about a diverse set of resources and structures that might influence the success of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms) to support future success?patients or community members?	<input type="radio"/>					

Appendix 3.b: Sustainment PRISM Impact Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the expectations/perspectives of the intended patients or community members to support future success?	<input type="radio"/>					
How well does your project align with the expectations/perspectives of the organizational (setting) community, clinical, and research partners to support future success?	<input type="radio"/>					
How well does your project align with the characteristics of your patients and/or community members to support future success?	<input type="radio"/>					
How well does your current project align with the characteristics of the organizational community, clinical, and research partners to support future success?	<input type="radio"/>					
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce future success?	<input type="radio"/>					
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms) to support future success?	<input type="radio"/>					

Appendix 4.a: Planning Phase RE-AIM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the RE-AIM framework that you heard about.

Area 1a: Adoption

The number and percent of those settings (e.g., clinics, schools) and staff invited that agree to participate in a project.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by a high percentage of the intended settings?	<input type="radio"/>						

Area 1b: Adoption Representativeness

Considers if those settings and staff with the fewest resources and serving socially and economically disadvantaged clientele participate as much as other settings.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by settings with few resources and that serve socially and economically disadvantaged populations?	<input type="radio"/>						
How likely is it that a high percentage of staff will participate in your project?	<input type="radio"/>						
How likely is it that staff who participate in your project will be similar to those who decline?	<input type="radio"/>						

Area 2: Implementation

Implementation describes how the project is delivered and is concerned with fidelity to core functions (or components), adaptations to the project, and the costs and resources required at the staff level.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that staff will consistently deliver the core functions (or components) of your project with high quality?	<input type="radio"/>					
How likely is it that your project will be adapted as needed to fit your setting?	<input type="radio"/>					
How likely is it that the costs and resources needed to deliver the project are feasible for your setting?	<input type="radio"/>					

Area 3a: Reach

Number and percent of those who participate of those who are invited or eligible (i.e., intended Veterans or recipients).

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will reach a high percentage of its intended recipients (e.g. patients, employees, students)?	<input type="radio"/>					

Area 3b: Reach Representativeness

Who is intended to benefit and who actually participates, including the extent to which there are equity concerns related to participation.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will equitably Reach the intended recipients, including populations that are socially and economically disadvantaged	<input type="radio"/>					

Area 4a: Effectiveness

Whether the project is achieving its goals and its impact on your key outcomes. Effectiveness also includes the project's impact on quality of life and any negative effects.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will be effective?	<input type="radio"/>					

Area 4b: Effectiveness Representativeness

The variability in outcomes across participants, including the extent to which there are equity concerns.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will be effective for intended recipients that are socially and economically disadvantaged?	<input type="radio"/>					

Area 5a: Maintenance (SETTING LEVEL)

The extent to which a project continues to be delivered (with appropriate adaptations as needed) to become part of the routine organizational practices, at a minimum follow-up of one year and preferably two or more years.

	not at all	slightly	somewhat	moderately	largely	completely
How likely it is that your project will continue to be delivered over time in a high percentage of participating settings?	<input type="radio"/>					
How likely is it that your project can be adapted as needed so that it continues to produce high quality results?	<input type="radio"/>					

Area 5b: Maintenance (INDIVIDUAL LEVEL)

The extent to which the project effectiveness is sustained over time.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	<input type="radio"/>					

Area 5b: Maintenance Representativeness

The extent to which the project effectiveness is sustained over time for economically disadvantaged participants.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	<input type="radio"/>					

Appendix 4.b: Planning Phase RE-AIM Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by a high percentage of the intended settings?	<input type="radio"/>						
How likely is it that your project will be adopted by settings with few resources and that serve socially and economically disadvantaged populations?	<input type="radio"/>						
How likely is it that a high percentage of staff will participate in your project?	<input type="radio"/>						
How likely is it that staff who participate in your project will be similar to those who decline?	<input type="radio"/>						
How likely is it that staff will consistently deliver the core functions (or components) of your project with high quality?	<input type="radio"/>						
How likely is it that your project will be adapted as needed to fit your setting?	<input type="radio"/>						
How likely is it that the costs and resources needed to deliver the project are feasible for your setting?	<input type="radio"/>						

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will reach a high percentage of its intended recipients (e.g. patients, employees, students)?	<input type="radio"/>						
How likely is it that your project will equitably Reach the intended recipients, including populations that are socially and economically disadvantaged?	<input type="radio"/>						
How likely is it that your project will be effective?	<input type="radio"/>						
How likely is it that your project will be effective for intended recipients that are socially and economically disadvantaged?	<input type="radio"/>						
How likely it is that your project will continue to be delivered over time in a high percentage of participating settings?	<input type="radio"/>						
How likely is it that your project can be adapted as needed so that it continues to produce high quality results?	<input type="radio"/>						
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	<input type="radio"/>						

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	<input type="radio"/>						

Appendix 5.a: Implementation Phase RE-AIM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the RE-AIM framework that you heard about.

Area 1a: Adoption

The number and percent of those settings (e.g., clinics, schools) and staff invited that agree to participate in a project.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
To what extent is the project being adopted by a high percentage of the intended settings?	<input type="radio"/>						

Area 1b: Adoption Representativeness

Considers if those settings and staff with the fewest resources and serving socially and economically disadvantaged clientele participate as much as other settings.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
To what extent is the project being adopted by settings with few resources and that serve socially and economically disadvantaged participants?	<input type="radio"/>						
To what extent does a high percentage of staff participate in your project?	<input type="radio"/>						
To what extent are staff who participate in the project similar to those who decline?	<input type="radio"/>						

Area 2: Implementation

Implementation describes how the project is delivered and is concerned with fidelity to core functions (or components), adaptations to the project, and the costs and resources required at the staff level

	not at all	slightly	somewhat	moderately	largely	completely
To what extent is the staff consistently delivering the core functions (or components) of your project with high quality?	<input type="radio"/>					
To what extent is the project being adapted as needed to fit your site?	<input type="radio"/>					
To what extent are the cost and resources needed to deliver the project feasible for your site?	<input type="radio"/>					

Area 3a: Reach

Number and percent of those who participate of those who are invited or eligible (i.e., intended Veterans or recipients).

	not at all	slightly	somewhat	moderately	largely	completely
To what extent is your project reaching a high percentage of the intended participants (e.g. patients, employees, students)?	<input type="radio"/>					

Area 3b: Reach Representativeness

Who is intended to benefit and who actually participates, including the extent to which there are equity concerns related to participation.

	not at all	slightly	somewhat	moderately	largely	completely
To what extent is your project equitably reaching the intended participants that are socially and economically disadvantaged?	○	○	○	○	○	○

Area 4a: Effectiveness

Whether the project is achieving its goals and its impact on your key outcomes. Effectiveness also includes the project's impact on quality of life and any negative effects.

	not at all	slightly	somewhat	moderately	largely	completely
To what extent is your project effective?	○	○	○	○	○	○

Area 4b: Effectiveness Representativeness

The variability in outcomes across participants, including the extent to which there are equity concerns.

	not at all	slightly	somewhat	moderately	largely	completely
To what extent is your project effective for participants who are socially and economically disadvantaged?	○	○	○	○	○	○

Area 5a: Maintenance (SETTING LEVEL)

The extent to which a project continues to be delivered (with appropriate adaptations as needed) to become part of the routine organizational practices, at a minimum follow-up of one year and preferably two or more years.

	not at all	slightly	somewhat	moderately	largely	completely
How likely it is that your project will continue to be delivered over time in a high percentage of participating settings?	o	o	o	o	o	o
To what extent will your project continue to be adapted as needed so that it continues to produce high quality results?	o	o	o	o	o	o

Area 5b: Maintenance (INDIVIDUAL LEVEL)

The extent to which the project effectiveness is sustained over time.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	o	o	o	o	o	o

Area 5b: Maintenance Representativeness

The extent to which the project effectiveness is sustained over time for economically disadvantaged participants.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	○	○	○	○	○	○

Appendix 5.b: Implementation Phase RE-AIM Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely	N/A
To what extent is the project being adopted by a high percentage of the intended settings?	<input type="radio"/>						
To what extent is the project being adopted by settings with few resources and that serve socially and economically disadvantaged participants?	<input type="radio"/>						
To what extent does a high percentage of staff participate in your project?	<input type="radio"/>						
To what extent are staff who participate in the project similar to those who decline?	<input type="radio"/>						
To what extent is the staff consistently delivering the core functions (or components) of your project with high quality?	<input type="radio"/>						
To what extent is the project being adapted as needed to fit your site?	<input type="radio"/>						
To what extent are the cost and resources needed to deliver the project feasible for your site?	<input type="radio"/>						

	not at all	slightly	somewhat	moderately	largely	completely	N/A
To what extent is your project reaching a high percentage of the intended participants (e.g. patients, employees, students)?	o	o	o	o	o	o	o
To what extent is your project equitably reaching the intended participants that are socially and economically disadvantaged?	o	o	o	o	o	o	o
To what extent is your project effective?	o	o	o	o	o	o	o
To what extent is your project effective for participants who are socially and economically disadvantaged?	o	o	o	o	o	o	o
How likely it is that your project will continue to be delivered over time in a high percentage of participating settings?	o	o	o	o	o	o	o
To what extent will your project continue to be adapted as needed so that it continues to produce high quality results?	o	o	o	o	o	o	o
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	o	o	o	o	o	o	o

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	<input type="radio"/>						

Appendix 6.a: Sustainment Phase RE-AIM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the RE-AIM framework that you heard about.

Area 1a: Adoption

The number and percent of those settings (e.g., clinics, schools) and staff invited that agree to participate in a project.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by a high percentage of new settings?	<input type="radio"/>						

Area 1b: Adoption Representativeness

Considers if those settings and staff with the fewest resources and serving socially and economically disadvantaged clientele participate as much as other settings.

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by new settings with few resources and that serve socially and economically disadvantaged populations?	<input type="radio"/>						
How likely is it that a high percentage of staff will participate in your project going forward?	<input type="radio"/>						

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that staff who participate in your project in new settings will be similar to those who decline?	o	o	o	o	o	o	o

Area 2: Implementation

Implementation describes how the project is delivered and is concerned with fidelity to core functions (or components), adaptations to the project, and the costs and resources required at the staff level

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will reach a high percentage of its intended recipients (e.g. patients, employees, students) in the future?	o	o	o	o	o	o
How likely is it that your project will be adapted as needed to fit your setting in the future?						
How likely is it that the costs and resources needed to deliver the project will be feasible for your setting in the future?						

Area 3a: Reach

Number and percent of those who participate of those who are invited or eligible (i.e., intended Veterans or recipients).

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will reach a high percentage of its intended recipients (e.g. patients, employees, students) in the future?	○	○	○	○	○	○

Area 3b: Reach Representativeness

Who is intended to benefit and who actually participates, including the extent to which there are equity concerns related to participation.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will equitably reach the intended recipients (e.g., patients, workers, students, community members), including populations that are socially and economically disadvantaged in the future?	○	○	○	○	○	○

Area 4a: Effectiveness

Whether the project is achieving its goals and its impact on your key outcomes. Effectiveness also includes the project's impact on quality of life and any negative effects.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will be effective in the future?	○	○	○	○	○	○

Area 4b: Effectiveness Representativeness

The variability in outcomes across participants, including the extent to which there are equity concerns.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will be effective for intended recipients that are socially and economically disadvantaged in the future?	<input type="radio"/>					

Area 5a: Maintenance (SETTING LEVEL)

The extent to which a project continues to be delivered (with appropriate adaptations as needed) to become part of the routine organizational practices, at a minimum follow-up of one year and preferably two or more years.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will continue to be offered over time in a high percentage of participating settings in the future?	<input type="radio"/>					
How likely is it that your project can be adapted as needed so that it continues to produce high quality results in the future?	<input type="radio"/>					

Area 5b: Maintenance (INDIVIDUAL LEVEL)

The extent to which the project effectiveness is sustained over time.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	○	○	○	○	○	○

Area 5b: Maintenance Representativeness

The extent to which the project effectiveness is sustained over time for economically disadvantaged participants.

	not at all	slightly	somewhat	moderately	largely	completely
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	○	○	○	○	○	○

Appendix 6.b: Sustainment Phase RE-AIM Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be adopted by a high percentage of new settings?	<input type="radio"/>						
How likely is it that your project will be adopted by new settings with few resources and that serve socially and economically disadvantaged populations?	<input type="radio"/>						
How likely is it that a high percentage of staff will participate in your project going forward?	<input type="radio"/>						
How likely is it that staff who participate in your project in new settings will be similar to those who decline?	<input type="radio"/>						
How likely is it that staff will continue to deliver the core functions (or components) of your project with high quality?	<input type="radio"/>						
How likely is it that your project will be adapted as needed to fit your setting in the future?	<input type="radio"/>						
How likely is it that the costs and resources needed to deliver the project will be feasible for your setting in the future?	<input type="radio"/>						
How likely is it that your project will reach a high percentage of its intended recipients (e.g. patients, employees, students) in the future?	<input type="radio"/>						
How likely is it that your project will equitably reach the intended recipients (e.g., patients, workers, students, community members), including populations that are socially and economically disadvantaged in the future?	<input type="radio"/>						

	not at all	slightly	somewhat	moderately	largely	completely	N/A
How likely is it that your project will be effective in the future?	<input type="radio"/>						
How likely is it that your project will be effective for intended recipients that are socially and economically disadvantaged in the future?	<input type="radio"/>						
How likely is it that your project will continue to be offered over time in a high percentage of participating settings in the future?	<input type="radio"/>						
How likely is it that your project can be adapted as needed so that it continues to produce high quality results in the future?	<input type="radio"/>						
How likely is it that will your project show sustained effectiveness (at minimum 1-2 years)?	<input type="radio"/>						
How likely is it that your project will show sustained effectiveness over time (at a minimum 1-2 years) for socially and economically disadvantaged participants?	<input type="radio"/>						

Appendix 7: SMART Goal Action Plan Template

RE-AIM Dimension	SMART (Specific, Measurable, Attainable, Relevant, Time-based) Action Plan
<p>Reach</p> <p><i>Participation rate and representativeness of participants among eligible patients</i></p>	
<p>Effectiveness</p> <p><i>Primary outcomes and unintended consequences; impact on health equity</i></p>	
<p>Adoption</p> <p><i>Decision to participate by settings and staff</i></p>	
<p>Implementation</p> <p><i>Delivery fidelity and consistency; appropriate adaptations; costs</i></p>	
<p>Maintenance</p> <p><i>Sustainability for both setting and staff</i></p>	

Appendix 8: Examples of Strategies to Enhance PRISM Categories

PRISM category	Possible strategies to improve
Patient/Community Perspective of Project Characteristics	<ul style="list-style-type: none"> ● Change how the project is framed or presented ● Adapt the project (or guideline) to patients/community recipients ● Create and communicate a relative advantage of using this project compared to alternatives (e.g., time saved, quality of life) ● Provide opportunities for patients to make positive steps regardless of stage of change ● Reduce barriers to using or accessing the project (e.g., complexity, high costs)
Organizational Perspective of Project Characteristics	<ul style="list-style-type: none"> ● Adapt the project (or guideline) to the setting ● Integrate as part of standard workflows ● Create and communicate a relative advantage of using the project compared to alternatives (e.g., time saved, alignment with business imperative) ● Engage implementation partners to increase project alignment with perspectives and priorities of opinion leaders in your setting ● Reduce barriers to staff using or accessing the project (e.g., complexity, high costs)
Patient/Community Recipient Characteristics	<ul style="list-style-type: none"> ● Adapt the project activities to fit the priorities, preferences, culture, demographic, historical and other characteristics of your participants (e.g., patients/community recipients) ● Provide training, technical assistance, or other support to patient/community recipients to increase demand and skills in engaging with the project ● Engage those who are directly or indirectly impacted for advice, especially those groups who have historically experienced inequities ● Conduct pilot tests of activities and materials with representativeness of key groups
Organizational Recipient Characteristics	<ul style="list-style-type: none"> ● Change modifiable aspects of the setting to fit the project needs ● Engage organizational champions and leaders who can communicate the project and expectations to participants ● Provide training, technical assistance, and other support to staff ● Adapt the project to fit the priorities, preferences, culture, workforce, historical and other characteristics of your organization and staff
Implementation & Sustainability Infrastructure	<ul style="list-style-type: none"> ● Establish the project as part of standard processes and procedures (e.g., supervision, coordination, delivery) ● Use audit and feedback or some type of automated periodic data reporting to monitor and encourage uptake, implementation and sustainability ● Engage leadership and others for ongoing support (e.g., commitment, resource allocation) ● Invest in capacity building efforts (e.g., train the trainer)
External Environment	<ul style="list-style-type: none"> ● Align with reimbursement metrics and policies ● Refer patients or recipients of the project to key community resources (e.g., WIC, YMCA, Quitline) ● Create alignment with public health priorities (e.g., Healthy people 2030), policy statements and regulatory issues ● Engage key players (e.g., law enforcement, community advocates, policy makers)

Appendix 9: Examples of Strategies to Enhance RE-AIM Outcomes

RE-AIM Dimensions	Possible Strategies to Improve
Reach <i>Individual level</i>	<ul style="list-style-type: none"> ● Formative evaluation with potential users and nonusers ● Small-scale recruitment studies to enhance methods ● Identify and reduce participation barriers ● Use multiple channels of recruitment
Effectiveness <i>Individual level</i>	<ul style="list-style-type: none"> ● Incorporate tailoring to individuals ● Reinforce messages via repetition, multiple modalities, social support and systems change ● Consider stepped care approaches ● Evaluate adverse outcomes and quality of life for project revision and cost-to-benefit analysis
Adoption <i>Setting or organizational level</i>	<ul style="list-style-type: none"> ● Conduct formative evaluation with adoptees and non-adoptees ● Recruit settings that have contact with the target audience ● Develop recruitment materials outlining project benefits and required resources ● Provide various cost options and customization of the intervention
Implementation <i>Setting or organizational level</i>	<ul style="list-style-type: none"> ● Provide delivery agents with training and technical assistance ● Provide clear intervention protocols Consider automating all/part of the project ● Monitor and provide staff feedback and recognition for implementation
Maintenance <i>Individual and setting levels</i>	<ul style="list-style-type: none"> ● Minimize level of resources required ● Incorporate “natural environmental” and community supports ● Conduct follow-up assessments and interviews to characterize success at both individual and setting levels ● Consider incentives and policy supports

Appendix 10: RE-AIM Action Plan Template

RE-AIM Dimension	Circle one REACH EFFECTIVENESS ADOPTION IMPLEMENTATION MAINTENANCE	
Goal	In one sentence, state your SMART (Specific, Measurable, Attainable, Relevant, and Time-based) goal.	
Action Plan and Timeline	Action Plan List the steps necessary to achieve your SMART goal.	Timeline List when each action step should be completed.
Team	Who will be responsible for achieving this goal? Who will support each action step?	
Obstacles	What are the potential barriers to achieving this goal?	

Appendix 11: Assessment of Iterative PRISM and RE-AIM Process

Thank you for participating in the PRISM assessment and feedback process.

Please help us to evaluate this process by answering a few questions. Your feedback will be used to make the process more useful and will be kept confidential.

Section 1: Initial results of the action plans developed:

The action plans you developed are listed below.

Action Plan 1

Strategy:

To enhance RE-AIM dimension:

To what extent did you implement this plan?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
To what extent did you modify it from what was initially planned?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
How much impact did it have on improving (key RE-AIM target)?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
Comments on action plan (e.g., impact on other outcomes, reasons for variability, lessons learned)						

Action Plan 2

Strategy:

To enhance RE-AIM dimension:

To what extent did you implement this plan?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
To what extent did you modify it from what was initially planned?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
How much impact did it have on improving (key RE-AIM target)?	0 = not at all /none	1 = a little	2 = some	3 = a fair amount	4 = quite a bit	5 = a lot
Comments on action plan (e.g., impact on other outcomes, reasons for variability, lessons learned)						

Section 2: Confidential reactions to the assessment and feedback process:

As you remember, the process consisted of two main components: 1) completion of the survey questions and 2) the follow-up discussion based on the feedback you provided.

The PRISM assessment and feedback process (i.e., completing the survey and having the follow-up discussion to review results):

Provided a way to hear everyone's perspective	1 = strongly disagree	2 = somewhat disagree	3 = somewhat agree	4 = strongly agree
Facilitated discussion among the implementation team	1 = strongly disagree	2 = somewhat disagree	3 = somewhat agree	4 = strongly agree
Allowed me to share key challenges and concerns regarding the implementation in our facility	1 = strongly disagree	2 = somewhat disagree	3 = somewhat agree	4 = strongly agree
Was helpful to identify strategies to Address key challenges and Concerns	1 = strongly disagree	2 = somewhat disagree	3 = somewhat agree	4 = strongly agree
Please provide additional comments you would like to share about the PRISM assessment and feedback process.				
Please provide suggestions to improve the PRISM assessment and feedback process				

Appendix 12: RE-AIM Dimensions Table

Cross cutting Issue	RE-AIM Dimension				
	<u>Reach</u>	<u>Effectiveness</u> - primary dv -generalization	<u>Adoption (ML)</u> -Macro -Organizational. -Local setting -Staff	<u>Implementation</u> -Fidelity	<u>Maintenance</u> -Setting(s) -Staff -Individual
Key 'Principle'					
Percent participating (or meeting goal)					
Representativeness and Equity (unintended consequences)					
Why and How (qualitative)					
Adaptations					
Costs					
Key PRISM Context factors					
Temporal patterns					

Appendix 13: Iterative RE-AIM Survey for Gap Analysis

Thank you for participating in this survey for our [Intervention/Project Name].

To begin, the survey will first ask you a few questions about how the [Intervention/Project Name] does on various aspects of the RE-AIM framework that you heard about.

Area 1: Reach

Participation rate and representativeness of participants among eligible patients.

	not at all	slightly	somewhat	moderately	largely	completely
How important is Reach to this project, at this time?	<input type="radio"/>					
How satisfied are you with progress to date on Reach?	<input type="radio"/>					

Area 2: Effectiveness

Primary outcomes and unintended consequences; impact on health equity

	not at all	slightly	somewhat	moderately	largely	completely
How important is Effectiveness to this project, at this time?	<input type="radio"/>					
How satisfied are you with progress to date on Effectiveness?	<input type="radio"/>					

Area 3: Adoption

Decision to participate by settings and staff

	not at all	slightly	somewhat	moderately	largely	completely
How important is Adoption to this project, at this time?	<input type="radio"/>					
How satisfied are you with progress to date on Adoption?	<input type="radio"/>					

Area 4: Implementation*Delivery fidelity and consistency; appropriate adaptations; costs*

	not at all	slightly	somewhat	moderately	largely	completely
How important is Implementation to this project, at this time?	<input type="radio"/>					
How satisfied are you with progress to date on Implementation?	<input type="radio"/>					

Area 5: Maintenance*Sustainability for both setting and staff*

	not at all	slightly	somewhat	moderately	largely	completely
How important is Maintenance to this project, at this time?	<input type="radio"/>					
How satisfied are you with progress to date on Maintenance?	<input type="radio"/>					

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