

Issues in Pragmatic Implementation Science: Examples from RE-AIM and PRISM



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<https://bit.ly/2BnJzuk>

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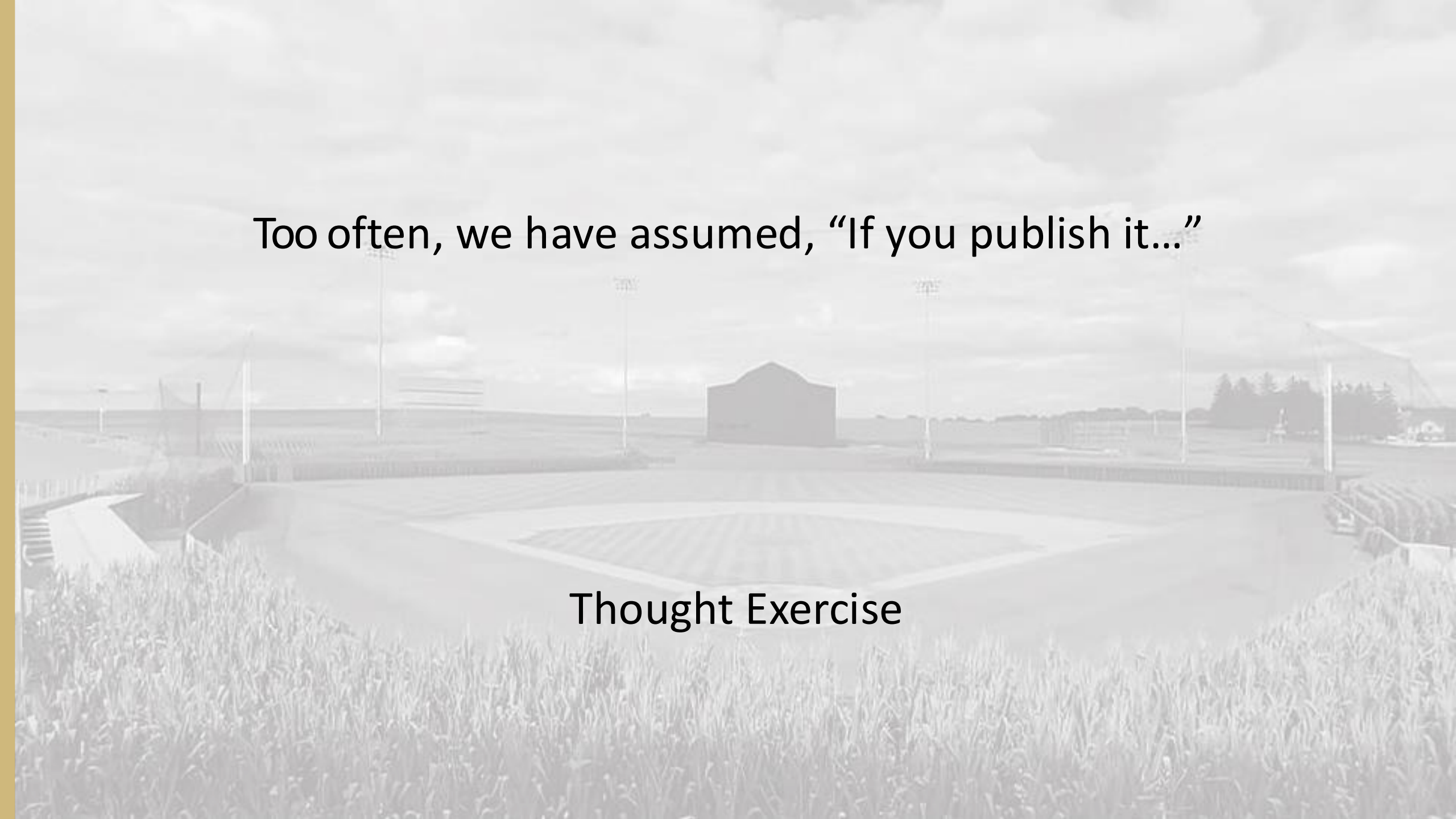
Acknowledgments:

Our Colorado Implementation Science Center,
Borsika Rabin, Katy Trinkley, Meredith Fort, Paul Estabrooks, Bryan
Ford, and the other great researchers cited throughout this talk

Plan for today: Generalizable issues in implementation science- examples from RE-AIM- PRISM

1. Public Health Need for pragmatic implementation science: Origins of RE-AIM
2. **Adaptations:** Core Functions and Forms
3. **Context:** Complexity and RE-AIM to PRISM
3. **Sustainment:** Key Drivers, including Costs
4. **Transparent reporting:** For Replication- Where Things Go Wrong
5. Making Implementation Science more **Rapid and Accessible**

General Discussion: Q&A



Too often, we have assumed, “If you publish it...”

Thought Exercise

Public Health Need Thought Exercise

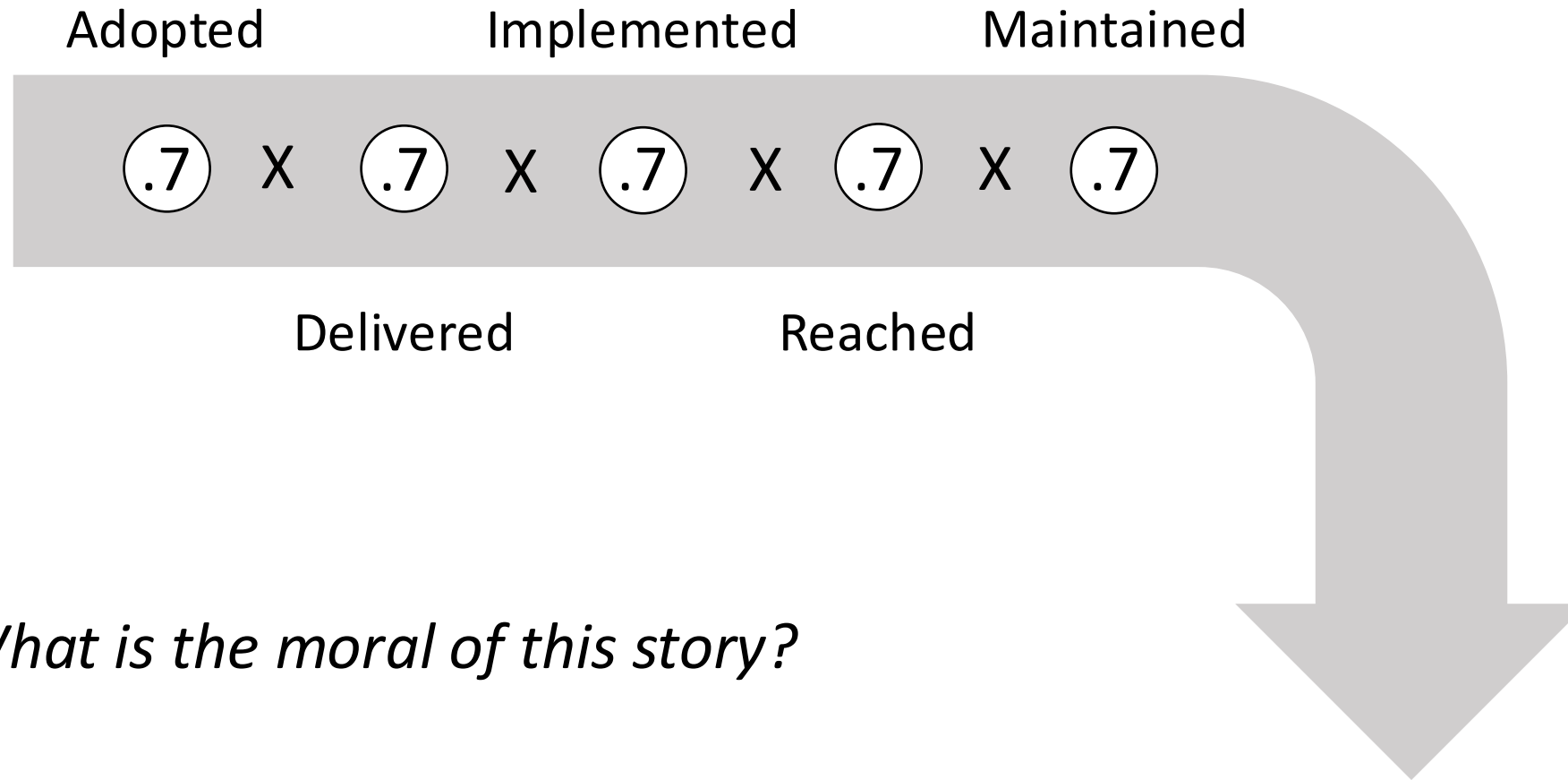
Implementing An *Evidence-Based Obesity Tx* (or Diabetes Prevention Program; or COVID-19 Vaccine) Story

Even if 100% effective...is only so good as how and whether:

- It is **adopted** widely, including in low resource settings
- Local stakeholders and delivery staff choose to deliver it
- It can be **implemented** consistently with quality
- It **reaches** intended recipients, including those at highest risk receive it
- It can be **maintained** or sustained

❖ *If we assume 70% success for each step above.....*

Generalizable Impact



Overall population benefit to target population = **17%**



It's about the
'denominator'

Research needs to
devote attention to ALL
steps in the process to
affect impact*

**All 'steps' or
dimensions are
important for
population health***

At each step, there are
both threats to and
opportunities for health
equity

***Not just
effectiveness**

Purpose and History of RE-AIM Framework

- Intended to facilitate translation of research to practice, policy and real-world application
- **Balance internal and external validity, and emphasizes multi-level participation (reach) and representativeness**
- Individual (RE) and Multi-level Setting (AIM) factors- community, organization, staff
- **Ultimate Impact depends on all elements (reach x effectiveness, etc.)**

Glasgow RE et al. RE-AIM at 20. Frontiers Public Health. 2019; 7: 64. <https://doi.org/10.3389/fpubh.2019.00064>

Glasgow et al. Amer J Public Health. 1999; 89: 1322-1327. <https://doi.org/10.2105/ajph.89.9.1322>

www.re-aim.org

Pragmatic Use of RE-AIM- What is Feasible?

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

Adaptations



Adaptations Happen

(and can be bad or good, even necessary)

“Evaluating complex interventions: Confronting and guiding
(vs. ignoring and suppressing) **heterogeneity** and **adaptation**”

Brian S. Mittman, PhD Oct. 2018

Department of Research and Evaluation, Kaiser

Permanente Southern California

**See PCORI Methods Guidance; and ADAPT Guidance (Moore et
al. *BMJ* 2021;374:n1679)

Rabin, B.A., Cain, K.L., Glasgow, R.E. *Annu. Rev. Public Health* 2025. 46:16.1–16.21. doi.org/10.1146/annurev-publhealth-071321-041652

Types of Adaptations – Cultural; Resources; AND Local: ALL WITH AND *DRIVEN BY MULTI-LEVEL PARTNERS*

RE-AIM and
PRISM can
**help guide
adaptations**

Focus of Adaptation	Timing of Adaptation (point in the project)		
	Planning	During	Sustainment- Dissemination
Intervention			
Implementation Strategy			
Setting			

Rabin BA, et al. Systematic, multimethod assessment of adaptations across four diverse health systems interventions. *Front Public Health*. 2018;6(APR). [https:// doi. org/ 10. 3389/ FPUBH. 2018. 00102](https://doi.org/10.3389/FPUBH.2018.00102).

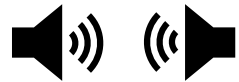
More on adaptations



Assessing Adaptations
Impact of Adaptations

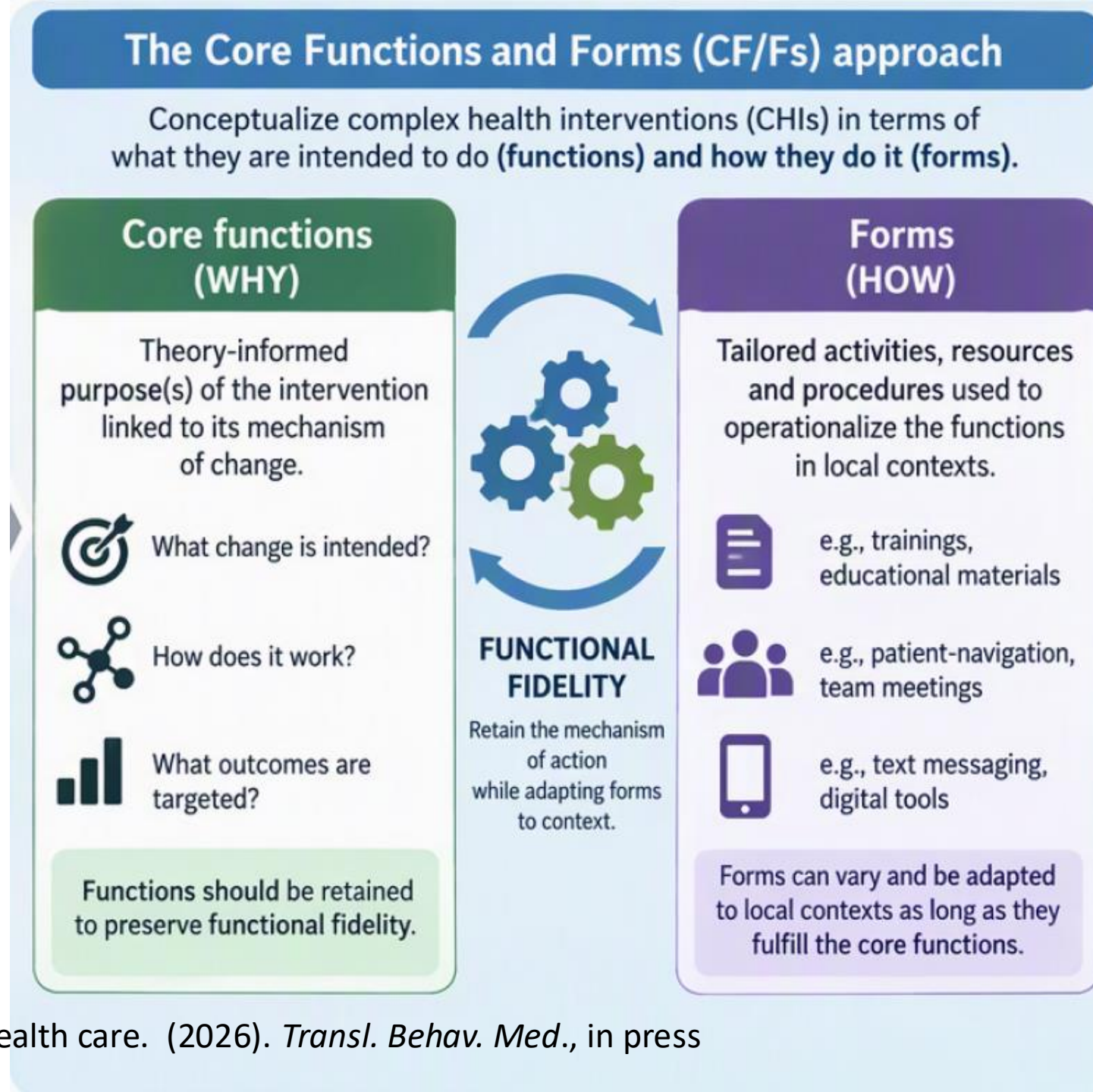


Guiding Adaptations



Fidelity vs. Adaptations Debate

Core Functions and Forms



Context is Everything

- Context is **multi-level and dynamic - not just places**, but also history and relationships (trust, workflow, etc.)
- Many frameworks; one is through the PRISM extension of RE-AIM
Outcomes: “RE-AIM in context”

Nilsen P, Bernhardsson S. Context matters in implementation science: BMC Health Serv Res. 2019;19(1):189.

Squires JE, and ICON Team. The Implementation in Context (ICON) Framework: *Health Res Policy Syst.* 2023 Aug 7;21(1):81. doi: 10.1186/s12961-023-01028-z.

Chambers, D et al. The dynamic sustainability framework. *Implement Sci.* (2013) 8:117.

Challenges in Understanding and Addressing Context

- Complexity.... “Context is everything except the intervention” (and implementation strategies)
- How to identify which are key contextual factors
- How to assess context- feasibly and repeatedly

My Aha Experiences with Context

- Series of pragmatic prevention and behavior change RTCs in different contexts- primary care, worksites, hospitals
- The same, structured interventions conducted by the same well-trained intervention staff in different settings
- Vastly different results- what was different?
..... The settings and context

What is PRISM?

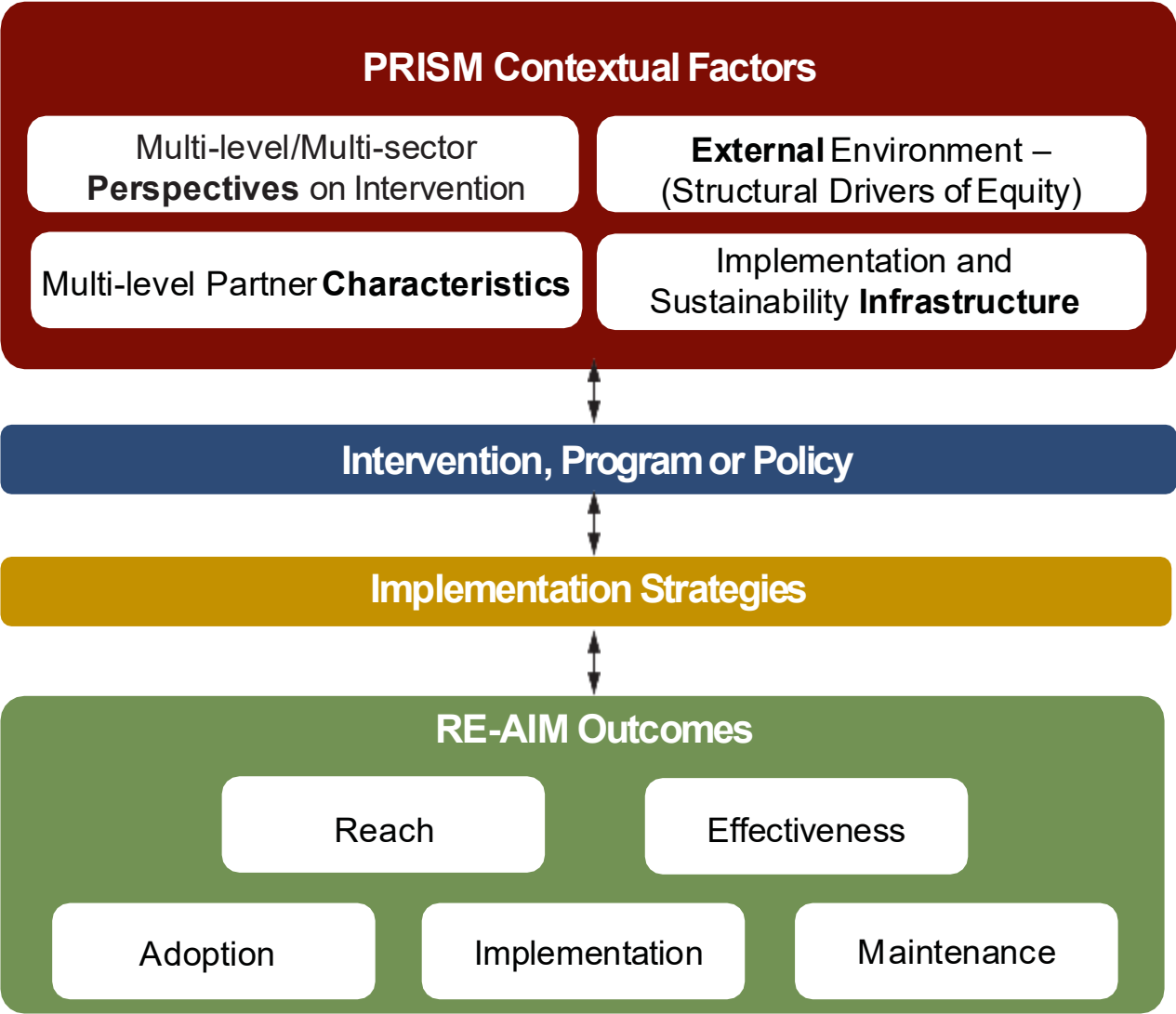
- Practical, Robust Implementation and Sustainability Model
- **Contextually expanded RE-AIM**
- Has been used as a:
 - Determinant framework
 - Process framework
 - Implementation framework
 - Evaluation framework



Feldstein AC, Glasgow RE. Model (PRISM) *The Joint Commission Journal on Quality and Patient Safety*. 2008;34(4):228-243. doi: 10.1016/S1553-7250(08)34030-6

Glasgow, R.E., Trinkley, K.E., Ford, B.S., Rabin, B.A. *Global Implementation Research and Applications*. 2024, <https://doi.org/10.1007/s43477-024-00134-6>

PRISM figure (one version)



Fort M.P, Manson S.M., and Glasgow R.E. (2023). Applying an equity lens... using the PRISM framework. *Front. Health Serv.* 3:1139788. doi: 10.3389/frhs.2023.1139788

REPEAT AFTER ME.....

- PRISM contains RE-AIM (they are not different or competing frameworks)
- PRISM contains RE-AIM (is the contextually expanded RE-AIM)
- PRISM Includes RE-AIM

SYSTEMATIC REVIEW

Open Access



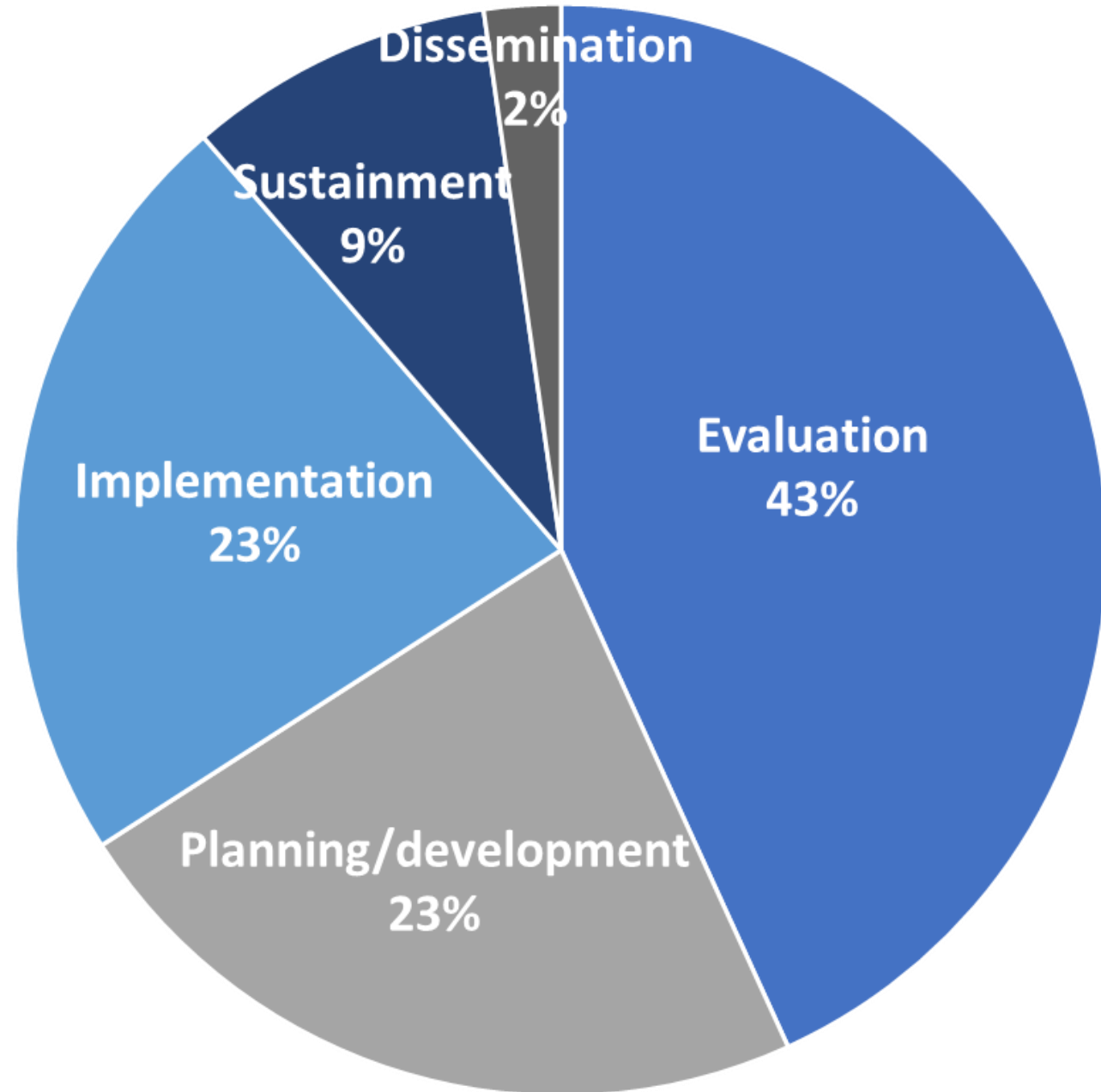
A citation analysis and scoping systematic review of the operationalization of the Practical, Robust Implementation and Sustainability Model (PRISM)

Borsika A. Rabin^{1,2,3*} , Julie Cakici^{1,2,4}, Caitlin A. Golden⁵, Paul A. Estabrooks⁶, Russell E. Glasgow³ and Bridget Gaglio⁷

Original reference: Feldstein, AC, & Glasgow, RE. PRISM for integrating research findings into practice. *Jt Comm J Qual Patient Saf.* (2008) 34:228–43. doi: 10.1016/S1553-7250(08)34030-6

Results

How/when has PRISM been used?



180 total articles reviewed:

Increasing # publications per year:

2 in 2009

31 in 2019

Key Findings

1. PRISM has been primarily used in **outpatient clinical settings** and in the **US**
2. It has been used to study a **variety of issues and conditions** using a wide range of **experimental designs** and often using **mixed methods**
3. Most studies have reported on **half or more of the PRISM domains**

Most frequently assessed were **Organizational Perspectives** on the Program/Intervention, and **Implementation and Sustainability Infrastructure**

4. PRISM contextual components were most frequently operationalized using **qualitative methods**
5. **Implementation** and **Maintenance** were most reported RE-AIM outcomes

Sustainment



Reflections on Sustainment

- If settings adopt an EBI, can they implement it with quality?
- If participants come, will they engage?
- If they engage, will all benefit?
- LAST FRONTIER- IF all of the above are met, can the program be sustained without research support?

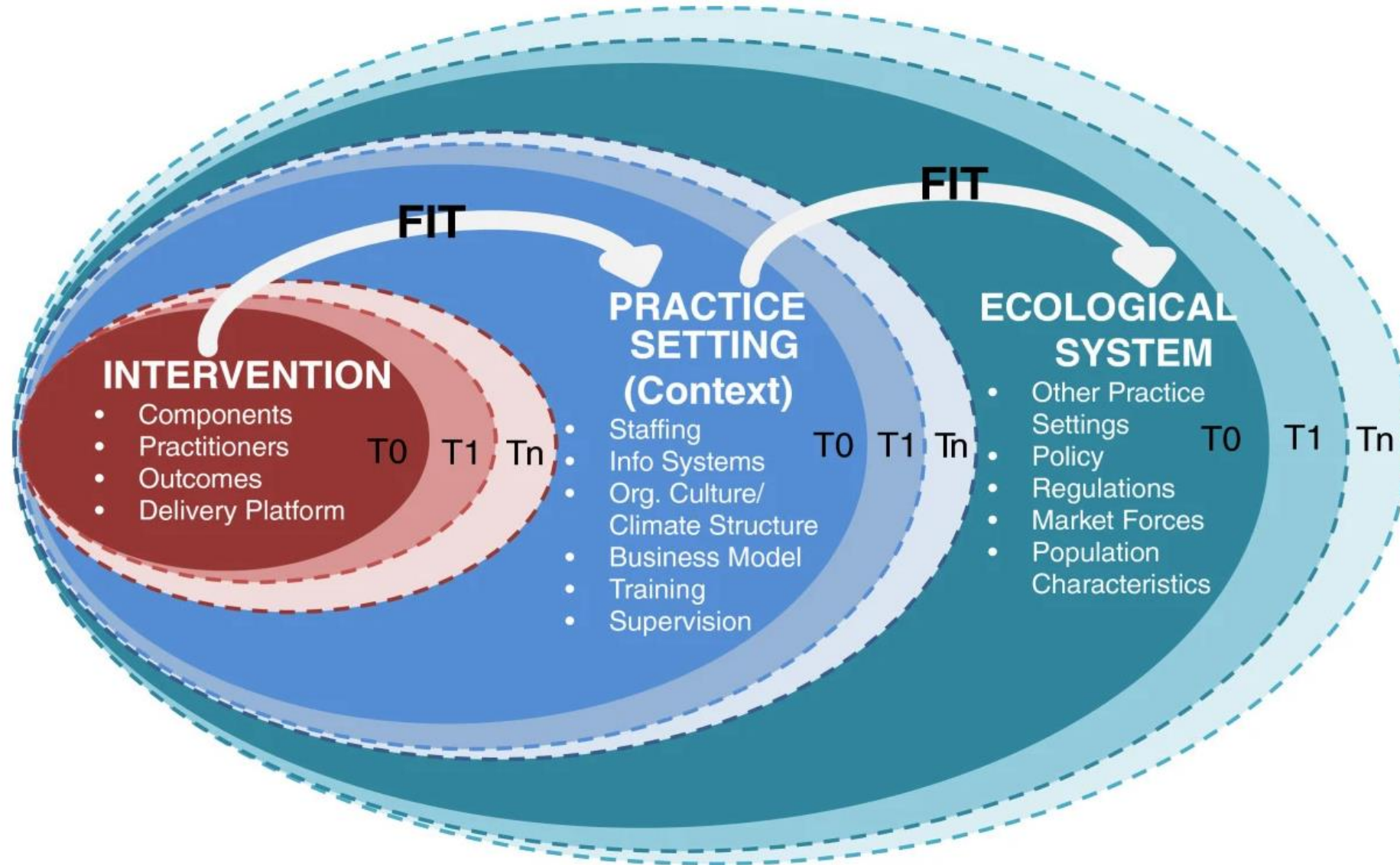


Malone, S. et al. (2024). Shorter versions of the Program Sustainability Assessment Tool (PSAT) and Clinical Sustainability Assessment Tool (CSAT).

Implementation Science Communications (2024) 5:113 <https://doi.org/10.1186/s43058-024-00656-y>

Shelton, R. C., Chambers, D. A., & Glasgow, R. E. (2020). *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.00134>

Dynamic Sustainability Framework



Thoughts about types of ***strategies and approaches needed*** for successful sustainment:

1. **Conceptual (or at least logic) *model***
2. **Plan for sustainment from the beginning- '*Fit to Context*'**
3. ***Iteration, Adaptation* (and modeling)**
4. **Significant and ongoing community and implementation partner engagement**
5. **Efficient, low to moderate cost intervention and implementation strategies**

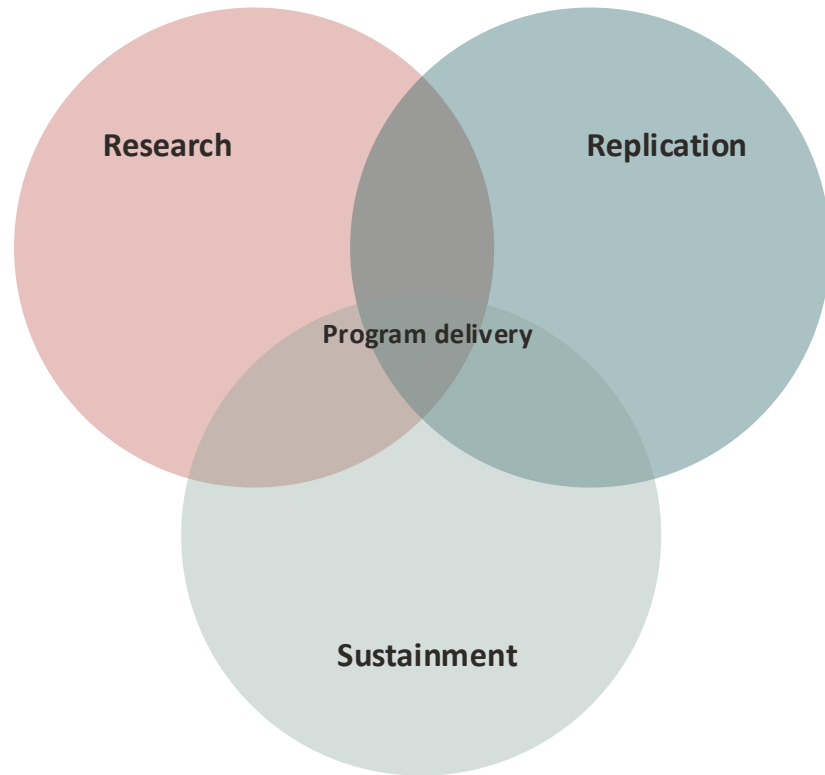
- Ideally, ALL of above – *In a way that is aligned*

Why Should You Cost Your Implementation?

- Often the first and *key question potential adopting settings will ask*
- Decision-makers want to know what it will cost them to implement: Replication costs
- Is itself a key outcome- both Proctor et al. and RE-AIM outcomes
- Cost is a *key determinant of adoption, implementation (success and adaptations, sustainment and dissemination*
- More and more costing guidance, resources, and examples

What Does Engagement Cost?

Creel et al. (2026): tracking partner engagement costs across four pragmatic studies in Colorado



\$50–\$100

per hour paid to partners as incentives

≈ Half

of total cost was partners' unpaid opportunity cost: their time

"Applying a financial cost to time is a societal value judgment and does not imply anything about the relative importance of member contributions from different partners."

Creel et al., 2026

Discuss: if we priced engagement honestly, what would change in a practicum budget?

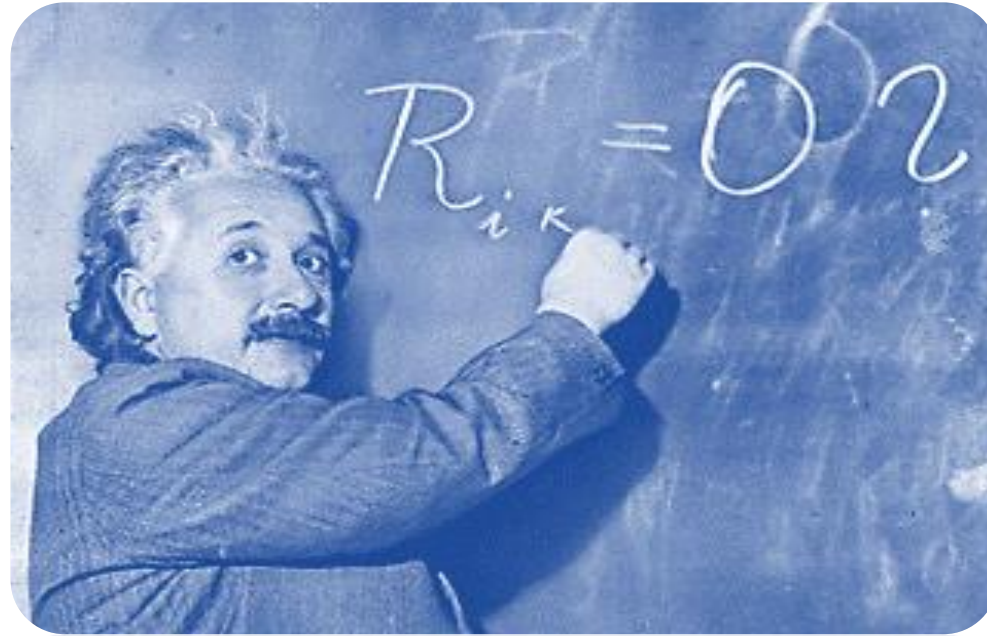
Engagement spans research, replication, and sustainment, so its costs extend past the study.

Creel LMC, et al. (2026). The Costs of Partner Engagement in Research (2026): *Journal of Clinical and Translational Science*. Jul 8;10(1):e118. doi: [10.1017/cts.2026.10784](https://doi.org/10.1017/cts.2026.10784)

More Speculative- My Opinions and Directions

Transparent Reporting of What Matters

- Sharing of:
 - Assumptions
 - Multi-level inclusion, exclusions, participation
 - Representativeness of outcomes- across all factors (e.g., All 5 RE-AIM)
- Learning from Challenges- nothing works as planned
- Major issue in Replication: Is it failure to replicate...or
 - Differences in context or reporting, including above issues



*“The significant problems we face cannot
be solved by the same level of thinking
that created them.”*

Albert Einstein

Expanded CONSORT Figure

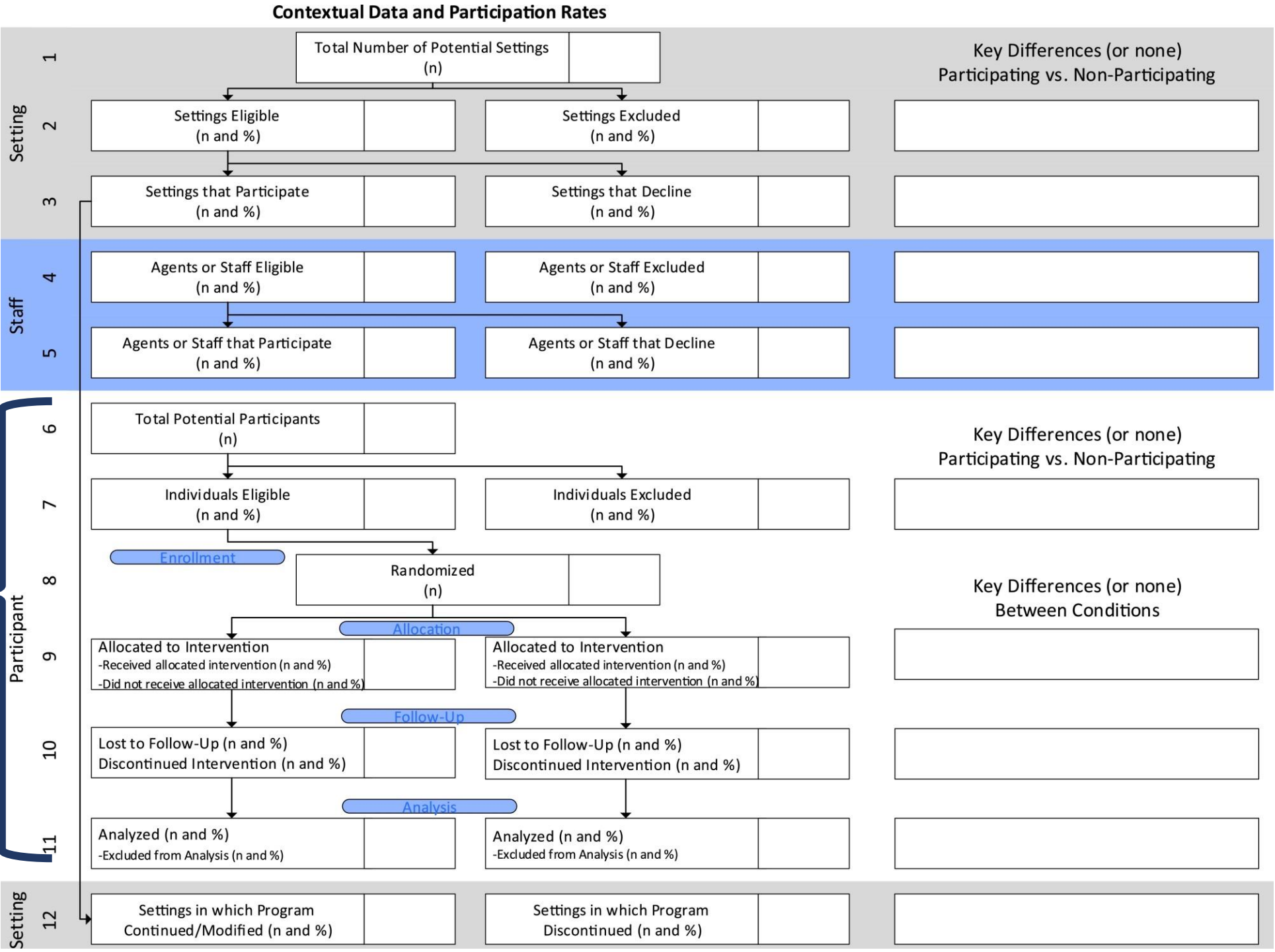
<https://shorturl.at/tuD56>

Glasgow, R.E., Huebschmann, A.G., Brownson, R.C. (2018). *American Journal of Preventive Medicine*, 55(3), 422- 430.

<https://doi.org/10.1016/j.amepre.2018.04.044>

“Original”
CONSORT criteria
are found here

Version 2.0 in press



RE-AIM Outcomes Cascade

ADOPTION

and type of settings that participate

IMPLEMENTATION

Consistently deliver
intervention and resources
with quality

REACH

(equity)
and type of citizens and
families that participate

EFFECTIVENESS

(equity)
and type of citizen and
families that benefit
(on what outcomes)

MAINTENANCE

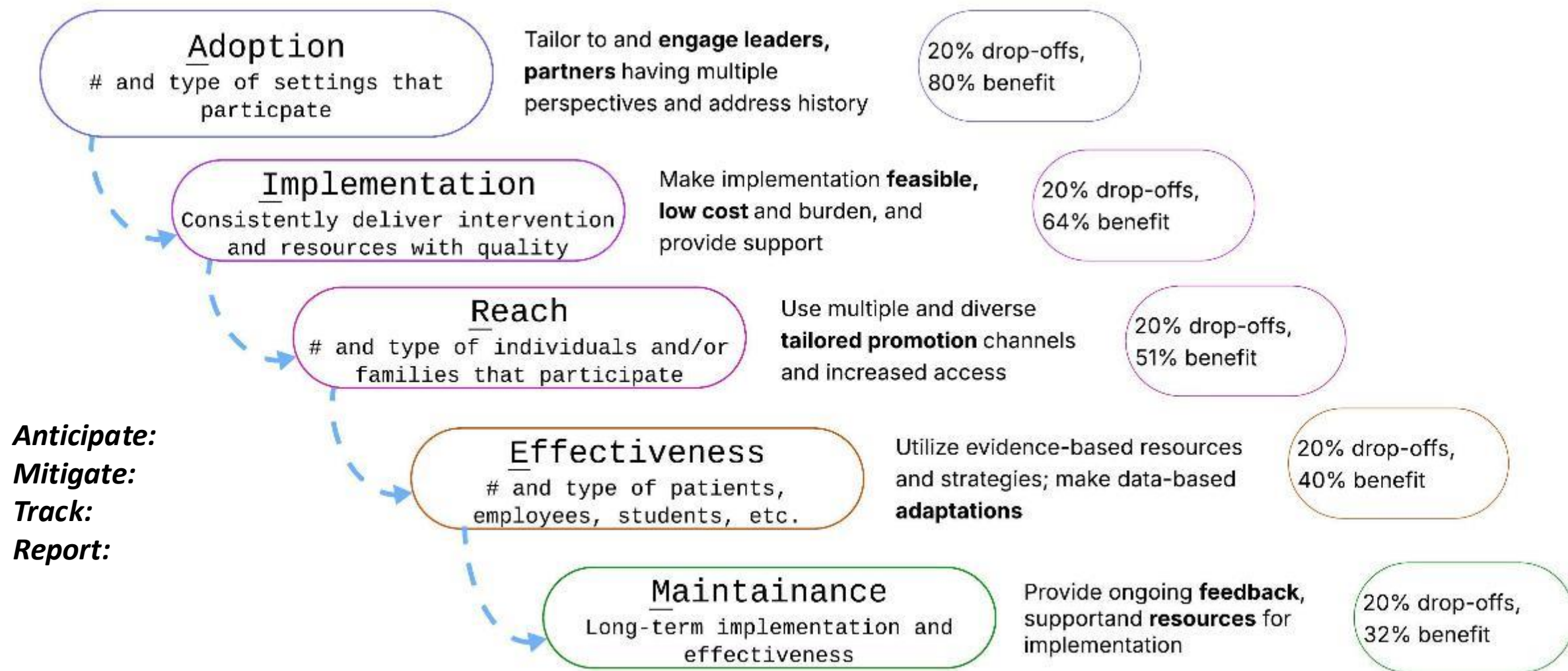
Long-term implementation
and effectiveness

Consider Issues and Actions to prevent,
minimize, and report ***‘drop off’ and inequities***
at each step

Perez Jolles, M., Fort, M. P., & Glasgow, R. E. (2024). *International Journal for Equity in Health*.

23:41 <https://doi.org/10.1186/s12939-024-02130-6>

Value of Pragmatic Descriptive and Tracking Data on Where Things Go Wrong – the RE-AIM Cascade



Issues in Evidence-Based Research: *Evidence on What?*

Pragmatic and Implementation Criteria, Often Ignored

- Participant **representativeness**
- **Setting and staff** representativeness
- **Multi-level context**
- **Adaptation/change** in intervention and implementation strategies
- **What matters** to participants, stakeholders, and public health
- What **outcomes for whom** over **what time** period (sustainment trajectory)
- **Reasons for participation and drop out**

Bottom line question: What works for whom, under what conditions, for what outcomes, how does it work, and how much does it cost? Can it be replicated?

Intended to facilitate
transparency and translation
of research to practice, policy
and population impact

Balances **internal and
external validity**

RE-AIM
**Purpose and
Uses**

Multi-level:
Adoption vs. Reach
**Representativeness for all
dimensions**

**Ultimate Impact depends on
all elements (reach x
effectiveness, etc.)**



How Can PRISM (and other D&I Science Frameworks) Help Address Context, Equity, and Population Impact?

Broaden Focus on All Steps and Outcomes
Necessary for
Population and Equity
Impact

Focus Attention on
Issues of
Representation and
Representativeness*

Address Systems Issues
and Unintended
Consequences

Understand Context
and Guide Tailoring and
Adaptation to Context*
and Population

Methods and tools:
Integrate with other
frameworks including
those on equity

Current and Future Directions

The Need for Speed- learning health systems
Truly embedded into practice, workflow, EHR, etc.

Making Implementation Science more accessible

Norton, W. E, et al.(2023). Advancing rapid cycle research. *Journal of the National Cancer Institute*.

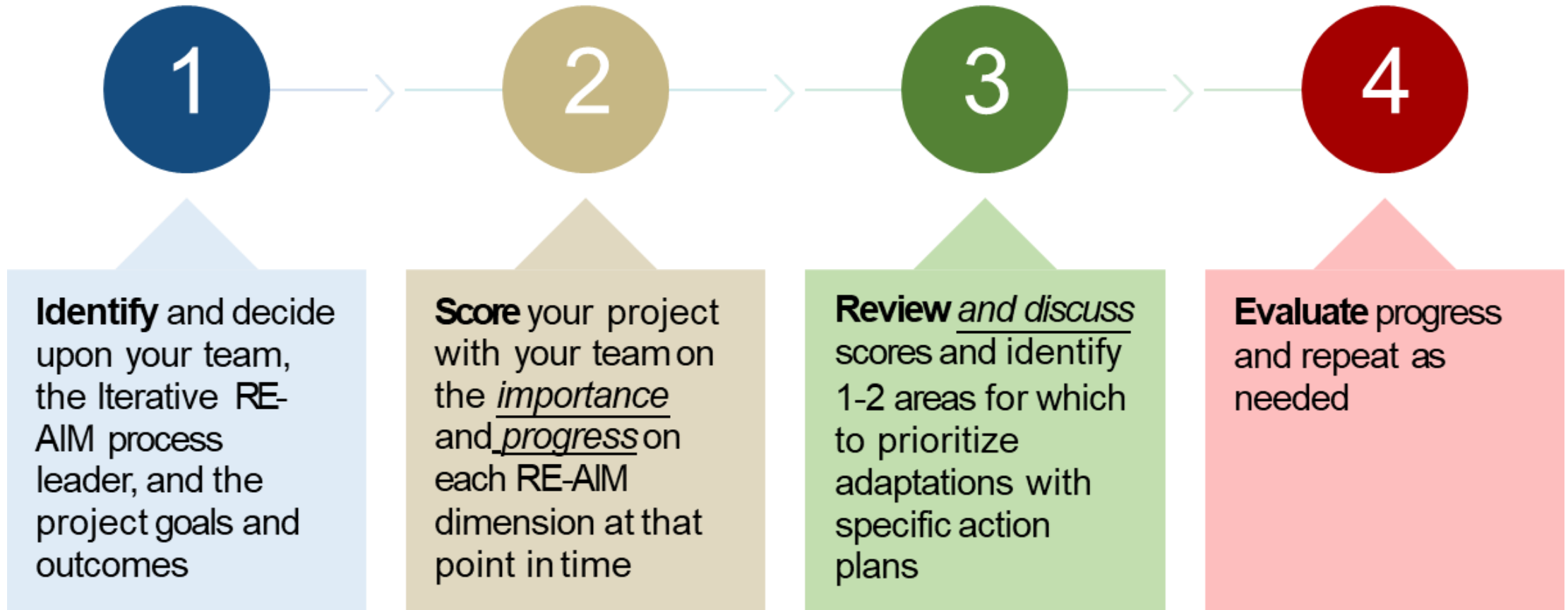
<https://doi.org/10.1093/jnci/djad007>

Trinkley, K. E., et al. (2023). Electronic Health Record-Driven Learning Health Systems: Case Studies, Challenges and Recommendations. *JMIR Preprints*. 13/12/2023:55472. <https://doi.org/10.2196/preprints.55472>

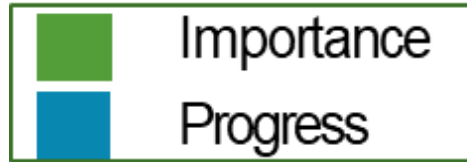
The Need for Speed: Rationale for Iterative RE-AIM

- D&I frameworks are often cited
 - But frequently NOT used throughout a project lifecycle
 - Almost always for planning or evaluation
- RE-AIM has been used most for evaluation, but also successfully for planning
- Neither RE-AIM (or PRISM) nor most other D&I models have been used **iteratively to guide adaptations** at key points
- A major limitation to D&I models and methods is that they are much **slower than needed by partners**

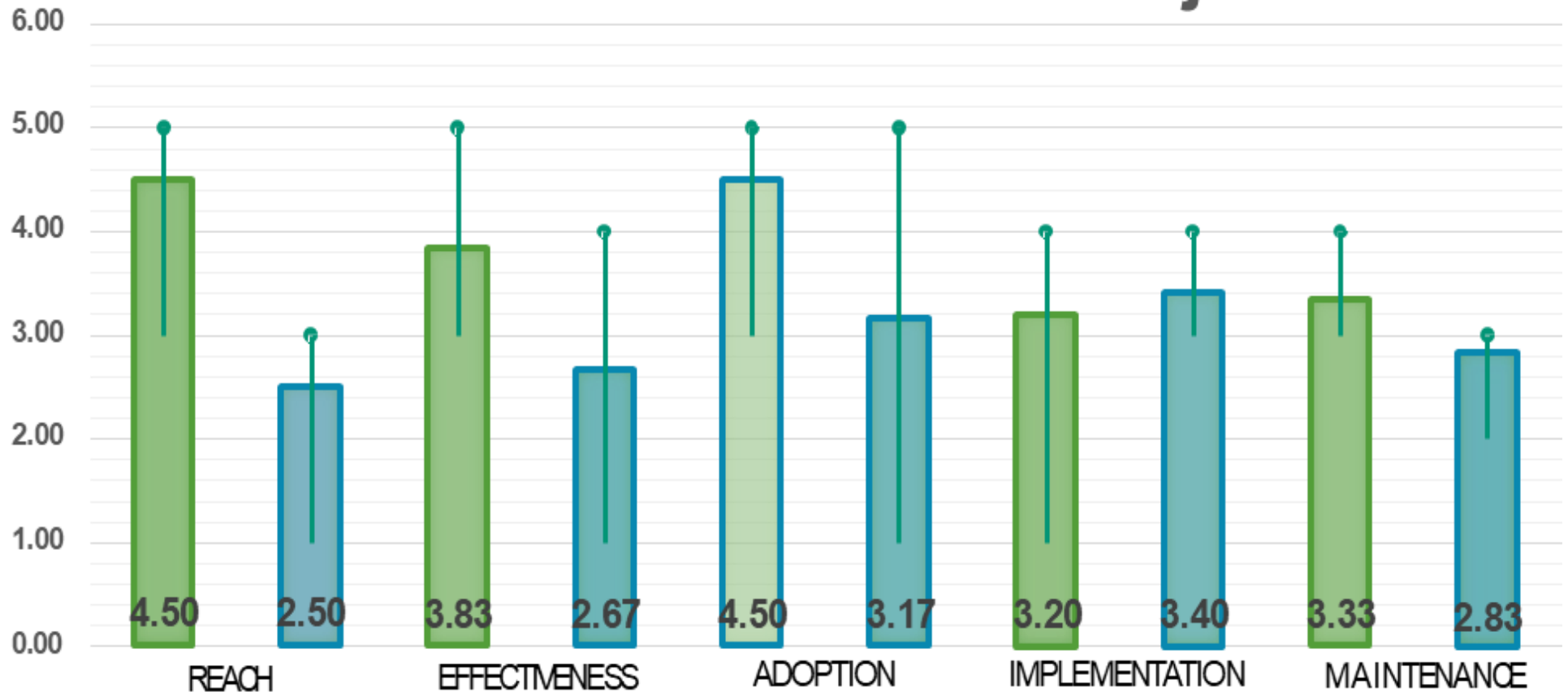
How do you use iterative RE-AIM (or PRISM)?



Sample “Gap” Analysis



Patient Reported Health Status Assessment Project



Recent Directions: Iterative PRISM

- To ***increase accessibility*** and use by diverse groups
- Use for (choice of- or we recommend longitudinally): ***Planning; guiding implementation adaptations; or sustainment***
- **One option:** Automated, real time data collection, **web-based assessment**, analysis and feedback
- IF YOU TRY IT..... Please use “***YOUR PROGRAM NAME TEST***”



Purpose of Iterative PRISM

- **Simplify and increase accessibility of implementation science - using PRISM**
 - For diverse researchers and implementation teams
 - Support rapid learning health systems
- **Guide and prompt users to iteratively**
 - Assess context
 - Align project with context
 - Assess progress on key outcomes
 - Develop feasible and impactful strategies/adaptations
 - Create action plans

Trinkley KT, et al. *Acad Med*. 2022;97:1447 (primary care & cardiology decision aid)
Maw A, et al. *Implement Sci Commun*. 2022;3:89 (hospital based EHR dashboard)



prismtool.org

What is the Stage of Your Program?

I am...

... planning a program



**... implementing a
program**



... sustaining a program

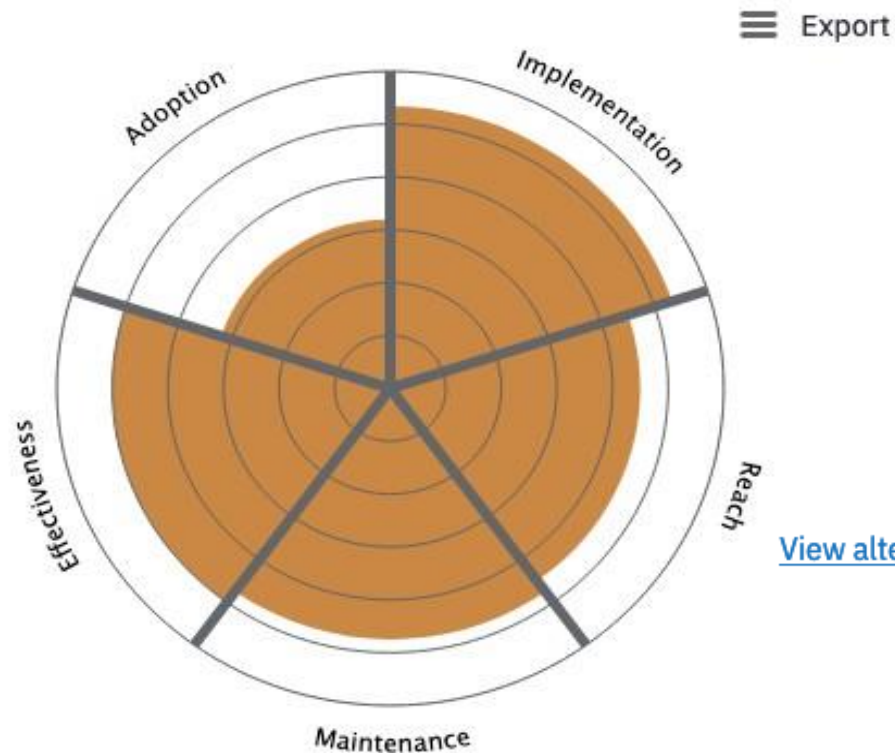


Graphical display of responses

RE-AIM Scores

Below are your **average** scores to the 2-4 questions in each category.

🖱️ **Hover** over each category to view details for individual questions.

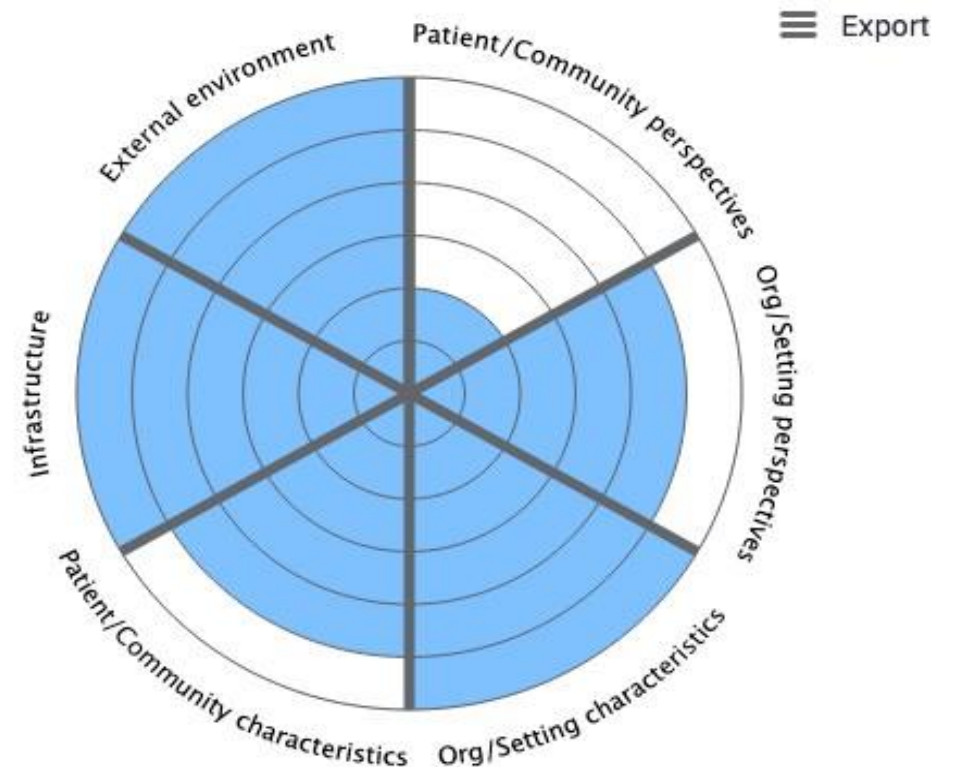


[View alternative displays of your results](#)

PRISM Scores

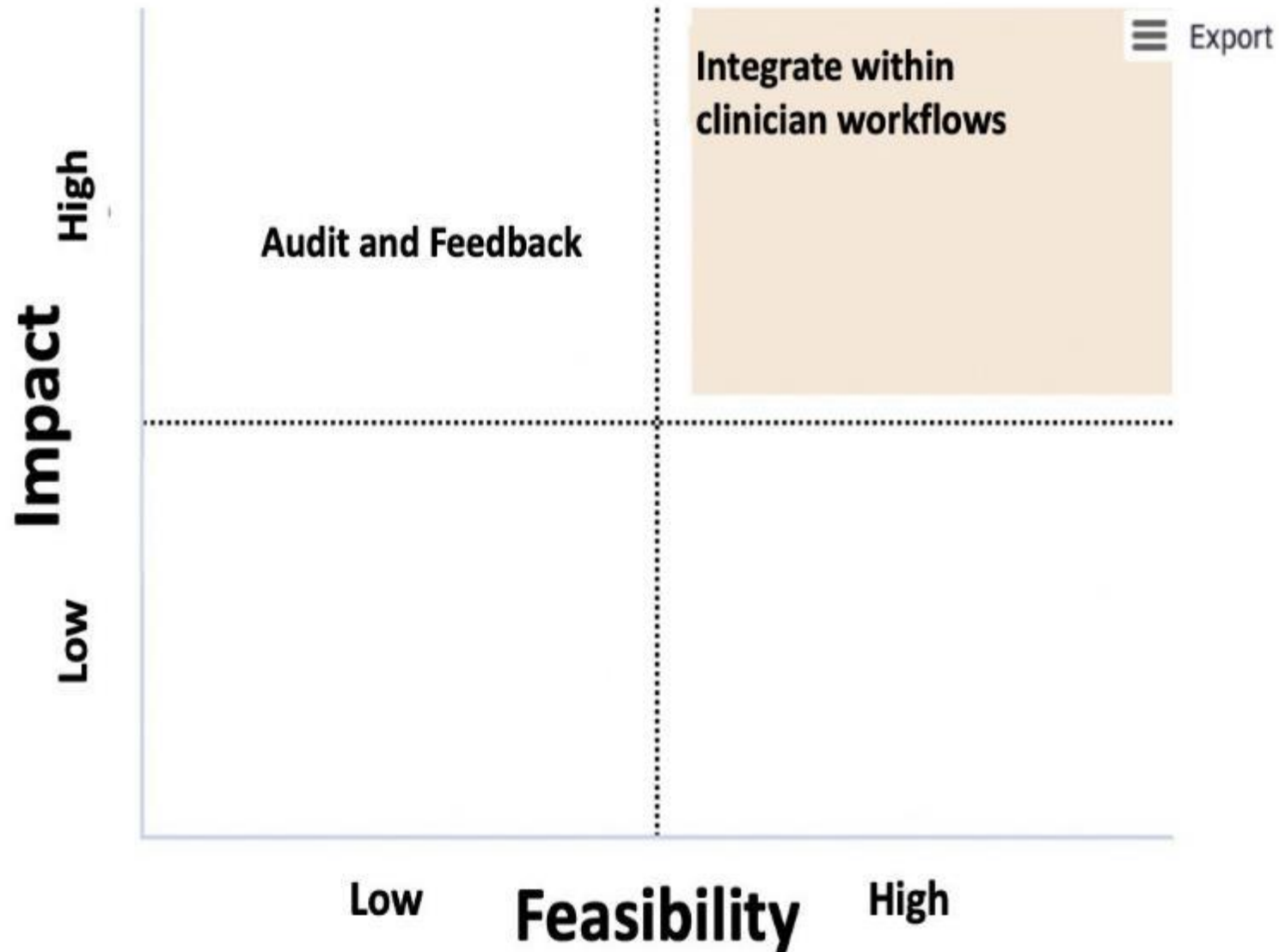
Below are your **individual** scores for the 1 question in each category.

🖱️ **Hover** over each category to view details for individual questions.



Prioritize strategies

Prismtool.org



The **best** strategies to implement are in the upper right corner



These are low impact, but likely to be implemented

Increasing Accessibility: Support for Rapid and Rigorous Pragmatic Research



8 Essential Components

Define the Problem Tips	▼
Engagement Tips	▼
Costing Tips	▼
Intervention Co-Design Tips	▼
Implementation Strategy Tips	▼
Pragmatic Pilot Trial Tips	▼
Sustainment Tips	▼
Dissemination & Scale Tips	▼

The Rapid and Rigorous Patient-centered Program

The R2P2 Method

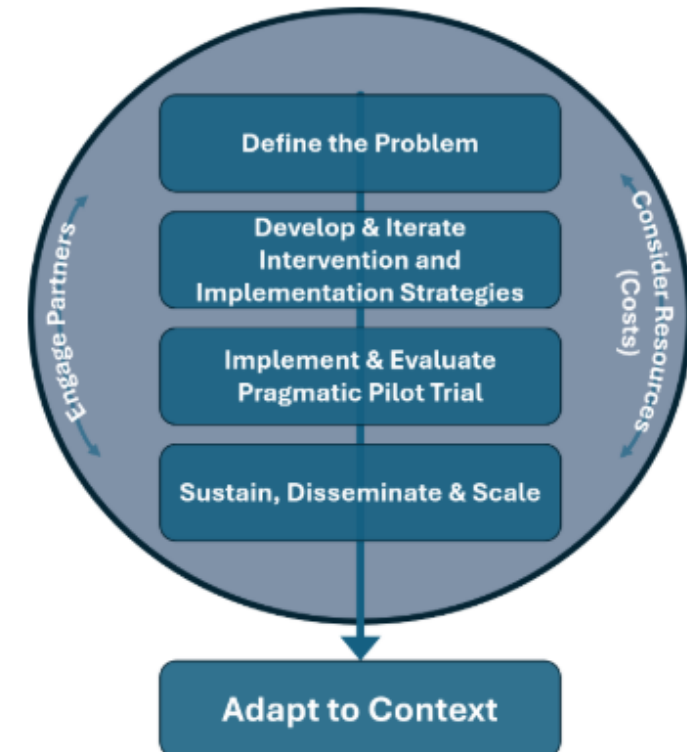
Rapidly and Rigorously Adapt a Program to Context

Here's what you get:

1. **Tip sheets** highlighting 8 Essential Components of rapid and rigorous pragmatic implementation programs.
2. **Worksheets** to help you operationalize each of the components.
3. **Detailed guidance** to let you dig deeper into concepts important to you or your work.
4. **Connection to external resources** for more comprehensive work.

These essential components may be familiar to you. In R2P2, we aim to take these concepts in an applied way to make them easier to do rapidly while maintaining as much rigor as possible. Even if you are familiar with them, explore the content within to find faster ways to actualize these components.

R2P2 Conceptual Model: Rapidity through pragmatic approaches





8 Essential Components

Define the Problem Tips



Engagement Tips



Costing Tips



Intervention Co-Design
Tips



Implementation Strategy
Tips



Pragmatic Pilot Trial Tips



Pragmatic Pilot Trial Detailed
Guidance

Sustainment Tips



Dissemination & Scale
Tips



Conduct a Pragmatic Intervention Pilot - Detailed Guidance

A rapid and rigorous test of an intervention working with patients, staff, settings, and conditions that are like those intended to use the intervention every day

Review the guidance organized by the elements below. Being clear on these details from the outset will limit future setbacks.

We recommend using the Prioritization Check-in and the worksheet to help teams gather and reconcile the information quickly and clearly.

Tip Sheet (PDF) [↗](#)

Worksheet (PDF) [↗](#)

Detailed Guidance (PDF) [↗](#)

Now that you have developed your intervention rapidly and with strong engagement, you need to test it rapidly and rigorously using pragmatic research methods.

Pragmatic pilot trials test whether an intervention can work under real-world conditions using usual staff, settings, and systems/workflows. The guidance below contains 7 elements highlighting the most important design considerations and tradeoffs, organized to support clear decision-making without requiring that every element be addressed in every study. Using this Detailed Guidance will help you prioritize implementation elements and give you guidance to effectively design and test your pragmatic pilot trial.

We recommend that you view the brief video and then complete the Prioritization Check-In to help you and your team decide which of these 7 elements are most important for your project.

Evolution of RE-AIM -> PRISM: Lessons Learned



One of the most widely used frameworks.

Adds Context to RE-AIM outcomes.

Expanded the original model to focus on adaptations and sustainability.

Emphasize qualitative methods to understand “how” and “why.”

Capture costs.

Understand and address health equity issues.

Encourage pragmatic and iterative use.

Package for use by non-researchers.

Integrate with other models.

And Remember:

All Models (and Methods) Are Wrong...
Some Are Useful

*“To every complex question,
there is a simple answer...
and it is wrong.”*

~H. L. Mencken



Generalizable issues in implementation science

1. Public Health Need for pragmatic implementation science: Origins of RE-AIM
2. **Context:** Complexity and RE-AIM to PRISM
3. **Adaptations:** Core Functions and Forms
4. **Sustainment:** Key Drivers, including costs
5. **Transparent reporting:** For replication-Where things go wrong
6. Making Implementation Science more **rapid and accessible**

Other Current and Future Issues in Implementation Science

Implementation Strategies- implementation mapping; fit to context

Mechanisms- how and why do results come about

AI- uses and abuses in implementation science

Let's Talk





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UNIVERSITY OF COLORADO
CHILDREN'S HOSPITAL COLORADO

COISC3

Thank you

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<https://bit.ly/2BnJzuk>

Future Directions for PRISM Research and Practice

1. Development and validation of:

More quantitative survey measures of PRISM.

Interview guides and recommended probes for qualitative research...*available soon at re-aim.org website.*

2. **It is not necessary to use all PRISM components (or RE-AIM outcomes)**

When not feasible, authors should briefly and transparently state why certain components were not used or why PRISM was only used at one time point

3. Investigation of **relationships**:

Within and between PRISM domains,

Among RE-AIM outcomes, and

With other implementation, service, and clinical outcomes

The Future of Pragmatic and D&I Research

Risks, Challenges and Opportunities: Will the Field Adapt or Calcify?

- **Accessibility** of D&I models, methods, tools, and measures
- Risk of being irrelevant to healthcare and real-world decisions
- Premature, **non-critical acceptance** of early (small group opinion) efforts as gold standard
- **Addressing all** of: multi-level partners, engagement, trust, and equity, at speed of health systems and in rapidly changing context
- **Integration** with AI, learning health systems, precision public health, healthcare policy

Importance of Different and *Multiple* Types of Evidence

- More than the RCT
- Biomarker and disease outcomes, but also
- Quality of life and ‘measures that matter’- participant priorities
- Implementation and intermediate outcomes
- Behavioral observations- increasingly possible to collect and analyze
- Multi-level- individual, ‘delivery agent’, setting, system, policy
- Reach, Representativeness, and Costs

- **Long term maintenance* (sustainment)
- **Replication*

Brownson RC et al. Revisiting concepts of evidence in implementation science. *Implementation Sci* **17**, 26 (2022).

<https://doi.org/10.1186/s13012-022-01201-y>

Glasgow RE. What types of evidence are most needed to advance behavioral medicine? *Ann. Behav. Med.* (2008) 35:19–25. DOI 10.1007/s12160-007-9008-5



D&I Models Webtool

Explore D&I TMFs

Plan

Select

Combine

Adapt

Use

Assess

Assess

In this section of the webtool you can learn key strategies on how to select and use assessment instruments for D&I TMFs, view all assessment instruments included in this webtool, and search assessment instruments using a keyword or criteria you set including linking them with key constructs from D&I TMFs. You can find a diverse set of instruments including quantitative measures and qualitative assessments.

[Guidance To Select And Use D&I Assessment Instruments](#)

View guidance to select and use assessment instruments. **WE RECOMMEND** that you start here.

[View Characteristics For D&I Assessment Instruments](#)

Review the characteristics (metadata) for the D&I assessment instruments used in the webtool.

[Explore D&I Assessment Instruments](#)

Review and choose among available D&I Assessment Instruments using specific criteria and/or by D&I TMF constructs. Already now which assessment instruments you want or the constructs you want to assess? Start [HERE](#).



- Help us expand the new **Assess** section of the **D&I Models in Health Webtool**

- Submit D&I Instruments

- Looking for qualitative, quantitative, and mixed-methods tools
- Submit instruments via our submission form
- Review process guided by transparent selection criteria

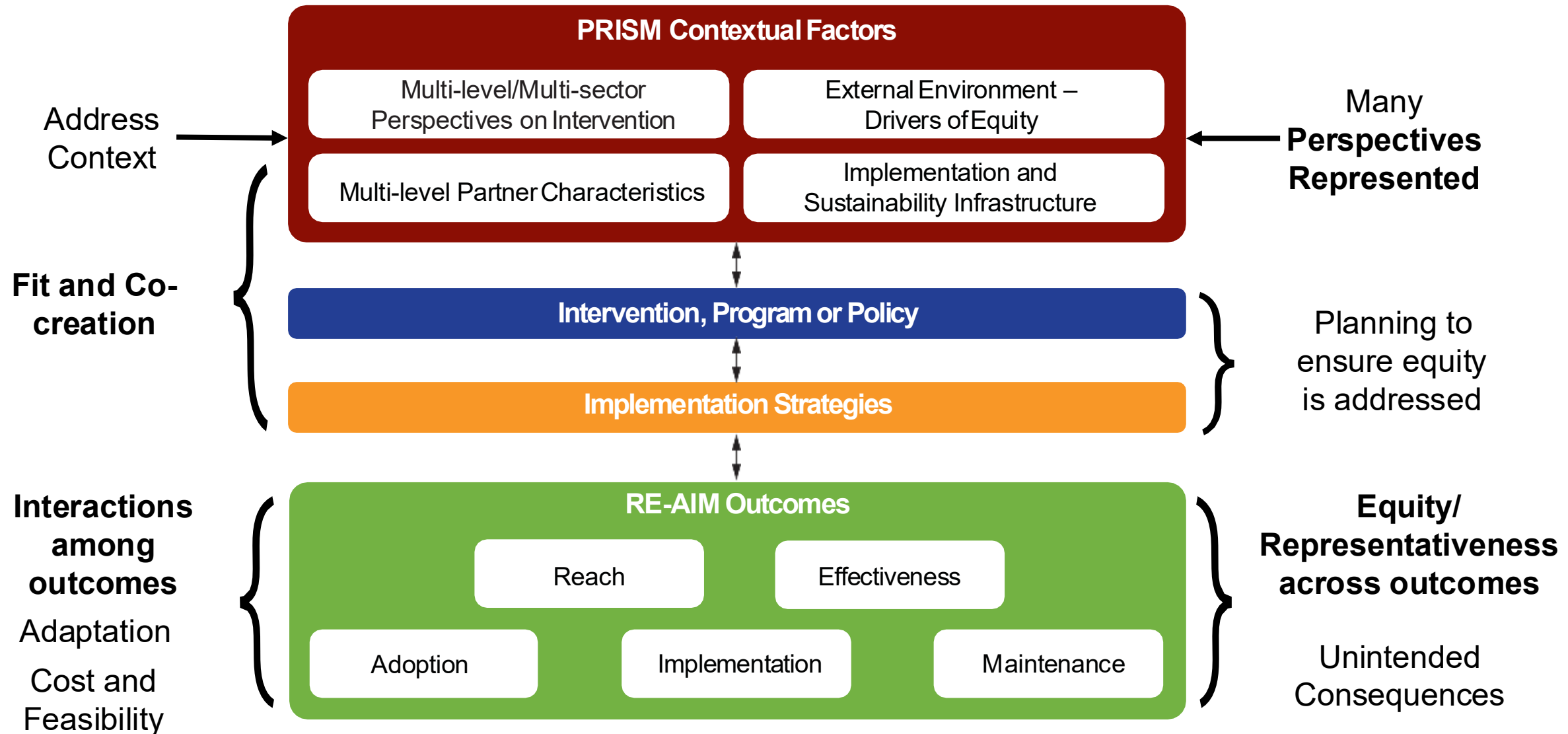
- Review and Rate Existing Instruments

- Easy way to share your feedback on instruments
- Comments will be reviewed and approved by our team

Check out the webtool here:

<https://dissemination-implementation.org/tool/assess/>

Using PRISM (and its RE-AIM Outcomes) to Maximize Impact



EXAMPLE: Use of PRISM *for Planning, Tailoring, and Evaluation of weight loss and hypertension control program in community health centers*

Intervention = culturally adapted **web-based intervention and digital follow-up support**

Population: 71% African American; 12% Spanish speaking; 54% < \$25k income

Designing for Reach, Adoption, Implementation and Equity using PRISM:

- **Representation and Engagement** of clinic staff, decision makers and patients in planning and evaluation to address **Context**
- Addressed **Reach and Implementation** by brief low-cost intervention, no added clinic visits, minimal burden on staff and patients
- Evaluated **representativeness** of results across all RE-AIM dimensions

Use of PRISM Framework *for Planning and Tailoring of weight loss and hypertension control in FQHCs (cont.)*

- **Focused on Adaptations** to local low-resource settings and African American population; *no staff expertise required, use of graphics, low-literacy and culturally appropriate materials, participant choice of follow-up modalities*
- Evaluated multiple **(RE-AIM) implementation outcomes** with focus on reach, equity and population impact

RESULTS:

- Intervention produced high reach (60% of patients) and modest (but **significantly more**) **weight loss and BP reduction than usual care**
- Outcomes were generally **robust and no moderation effects** of race, educ., income or gender

WE HAVE SCALED OUR OWN FIELD. WHAT COULD GO WRONG?

TOPIC NEUTRAL, SETTING NEUTRAL

Our methods can spread good ideas, and bad ones

Advance implementation and solve real problems

Or widen health inequities

Or expand low-value and harmful care

Or marginalize communities and research partners

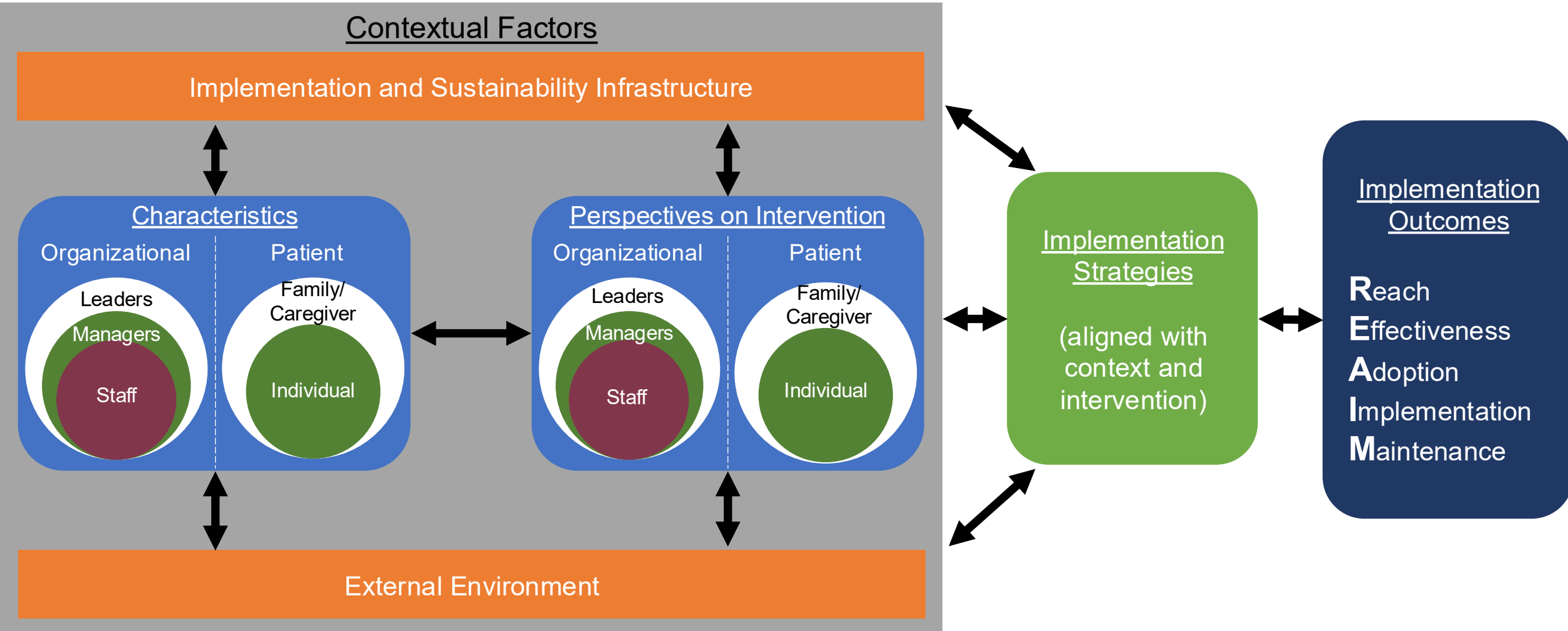
Same methods.
Good ideas.
Bad ideas.



Bryan J Weiner
@bjweiner

I'm often asked: how much evidence does an intervention need to be ready for implementation? Short answer: Enough to get past study section. Long answer: [#impsci](#) is evidence-agnostic. Equally applicable to innovations, best practices, and good ideas. Bad ones too, unfortunately.

9:14 AM · Jul 13, 2020 · [TweetDeck](#)





Also chapters on PRISM and RE-AIM in P. Nilsen forthcoming book



- Brief explainer videos
- FAQ's and examples
- Guidance on application
- Searchable list of 700+ article abstracts
- Calculators, checklists, tools
- Recommended slides
- Webinars, upcoming events, blogs

Glasgow et al (2019). RE-AIM Planning and Evaluation Framework: 20-Year Review. *Front Public Health*, 7, 64. doi:10.3389

Holtrop et al. (2021) Understanding and applying the RE-AIM framework *J Clinical Translat Sci*, page 1 of 10. doi: 10.1017/cts.2021.789

Special issue *Front Public Health*- 13 articles <https://www.frontiersin.org/research-topics/10170/>

A Guidebook to the Pragmatic and Iterative Use of the

Practical, Robust Implementation and Sustainability Model (PRISM)

and

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

for Planning, Implementation, and Sustainment

Rebekah Gomes, Cathy Battaglia, Meredith Fort, Anna Maw, Marina McCreight,
Borsika Rabin, Elise Robertson, Christina Studts, Katy Trinkley, Russell Glasgow

For the Colorado Implementation Science Center in Cancer Control

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Purposes:

- Briefly discuss key conceptual issues in PRISM and RE-AIM
- Provide guidance, examples, and recommendations for pragmatic use of these frameworks
- Provide survey items for different project phases and tables of strategies to enhance RE-AIM outcomes

<https://tinyurl.com/4fmvf7kr>

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The 5 Rs to Enhance Pragmatism and Likelihood of Translation

Research that is:

- Relevant
- Rapid and Recursive
- Redefines Rigor
- Reports Resources Required
- Replicable



Peek, C.J, et al. (2014). The 5 Rs: An Emerging Bold Standard for Conducting Relevant Research in a Changing World. *Annals Of Family Medicine*, 12(5), 447-55. doi:10.1370/afm.1688

deGruy, F.V, et al. (2015). A plan for useful and timely family medicine and primary care research. *Family Medicine*, 47(8), 636-42.

Key Functions of Iterative RE-AIM Strategy Bundle

1. Education on key issues and dimensions in RE-AIM (or PRISM) so team members have a **conceptual understanding** of and can utilize the RE-AIM dimensions to set priorities and evaluate progress
2. Obtain **independent input and perspectives** from each team member; then summarize results in **visual displays**
3. Team analyzes, **reflects on, and discusses progress** and priorities at that time point*
4. Specify **1–2** team RE-AIM **priority areas and adaptations** for next implementation period*
5. **Implement and evaluate** the delivery and impact of adaptations
6. Learn from iterations and **repeat as appropriate** over time

Comparison of Two Different Types of Programs

