



Evaluation of Health Promotion Projects by Using RE-AIM Framework

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Purpose:

- Using the RE-AIM framework to evaluate the public health impact of different health promotion programmes funded by the Health Care and Promotion Fund (HCPF).

About the RE-AIM framework :

- US researcher funded by National Institutes of Health in 1999.
- Original developers: Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Glasgow RE, Vogt TM, Boles SM. Am J Public Health. 1999 Sep;89(9):1322-7. Review.
- Over 100 studies adopting the RE-AIM framework to undertake health promotion evaluations have been published in diverse fields e.g. aging, dietary change, physical activity, medication adherence, health policy, worksite health promotion, women's health, smoking cessation, weight loss and diabetes prevention.
- Official website of the RE-AIM framework is under National Cancer Institute for public access at <http://cancercontrol.cancer.gov/is/ream/index.html>

5 dimensions of public health impact :

- R**each the target population
- E**ffectiveness or efficacy
- A**doption by target settings or institutions
- I**mplementation, consistency of delivery of intervention
- M**aintenance of intervention effects in individuals and settings over time

Scoring system :

- Impact Score on each dimension ranges from 0 to 1.
- Increasingly accepted notion of a multiplicative model to assess the overall Public Health Impact = R x E x A x I x M
- If a project has a zero value on any dimension, the overall public health impact will be zero. The maximum overall impact is 1.

Criteria for higher weighting of projects supported by the HCPF :

- Reach - extensive reach of participants representing the planned target group.
- Efficacy / Effectiveness - demonstration of significant health status improvement.
- Adoption - propagation to non-local settings ; publication in peer-reviewed scientific journals with high impact factors.
- Implementation - effective solutions to the challenges.
- Maintenance - informed the formulation of health policy.

Evaluation questions based on the RE-AIM framework for projects supported by the HCPF :

A. Reach (Individual Level) - the absolute number or proportion, and representativeness of individuals who were willing to participate in your project.

- A1. What were the characteristics of the proposed target participants (e.g. clients/carers/staff)?
- A2. How many people in total (e.g. clients/carers/staff) participated in your project?
- A3. How did the actual participants differ (e.g. number, characteristics) from the target participants?

B. Efficacy or Effectiveness (Individual Level) - the impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.

- B1. Did you try to evaluate the impact of your project?
- B2. What is the impact of your project? (i) Knowledge gained (ii) Behaviours changed (iii) Health status improved and (iv) others.

C. Adoption (setting and organizational level) - the absolute number, proportion and representativeness of settings and intervention agents (people who delivered your project) who were willing to initiate the programme.

- C1. To your best knowledge, how many organisations have adopted your project or components of your project?
- C2. Did any partnership(s) form in your project?
- C3. Has the project, its services or results been disseminated beyond the initial project scope?

D. Implementation (setting and organizational level) - How closely the actual implementation met the planned criteria to assure maximum reach and effectiveness?

- D1. How closely the actual implementation met the planned criteria?
- D2. Were there any barriers (internal and external) identified for the implementation of your project strategies?
- D3. What solutions did your project develop in response to problems/challenge, if any? e.g. availability, accessibility and affordability of health promotion material, etc.

E. Maintenance (Individual or setting level) - the extent to which a programme or policy becomes institutionalised or part of the routine organizational practices and policies. At individual level, maintenance has been defined as the long-term effects of a programme on outcomes after 6 or more months following the most recently conducted intervention.

- E1. Has your project been incorporated in the core business of the agencies/organisations?
- E2. Did new structures and processes emerge to enable the ongoing health promotion interventions?
- E3. Have funding or supports been sought or secured from other sources to continue or extend your project?