**Goal Setting using the Iterative RE-AIM Approach to Enhance Implementation, Maintenance, and Adoption/Dissemination of the Program**

1. Review the preliminary ratings and discuss with the team which dimension of RE-AIM has the potential for most impact and feasibility to be addressed.
2. I**dentify ONE to TWO RE-AIM dimensions** that have the most potential for high impact and are feasible.
3. Brainstorm about **TWO to THREE strategies** **per selected RE-AIM dimension** that you can commit to undertake in the next few weeks to enhance the selected dimensions. See also example strategies on next page.
4. Identify metrics you will use assess the use of the strategies and their impact.

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| **Dimension** | **Strategies to Plan, Design and Enhance Implementation, Maintenance, and Adoption/Dissemination of the Program** | **Action steps/Who – By When** |
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**Iterative RE-AIM Approach to Enhance Implementation, Maintenance, and Adoption/Dissemination of Your Program**

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| **Dimensions** | **Questions to Ask** | **Strategies to Enhance Implementation, Maintenance, and Adoption/Dissemination** |
| Reach (individual level) | * What percentage of the target population would come in contact with your program?
* Will you reach the most needy?
* Will research participants reflect the targeted population?
 | * Formative evaluation with potential users and nonusers
* Small-scale recruitment studies to enhance methods
* Identify and reduce participation barriers
* Use multiple channels of recruitment
* Modify recruitment materials and strategies as needed
 |
| Effectiveness (individual level) | * Will the intervention likely affect key targeted outcomes?
* What unintended adverse consequences may occur?
* How will impact on quality of life be assessed?
 | * Incorporate tailoring to individuals
* Reinforce messages via repetition, multiple modalities, social support and systems change
* Consider stepped care approaches
* Solicit feedback and modify program based feedback iteratively
* Evaluate adverse outcomes and quality of life for program revision and cost-to-benefit analysis
 |
| Adoption (setting or organizational level) | * What percentage of target settings and organizations will use the program?
* Do organizations include high-risk or underserved populations?
* Does program fit with organizational goals and capacities?
 | * Conduct formative evaluation with adoptees and non‑adoptees
* Recruit settings that have contact with the target audience
* Develop recruitment materials outlining program benefits and required resources
* Engage with organizational decision makers throughout the program implementation
* Provide data that demonstrates the reach, effectiveness, and ease of delivery
* Provide various cost options and customization of the intervention
 |
| Implementation (setting or organizational level) | * Can different levels of staff successfully deliver the program?
* What proportion of staff within a setting will agree to program delivery?
* What is the likelihood that various components will be delivered as intended?
 | * Provide delivery agents with training and technical assistance
* Provide clear intervention protocols
* Consider automating all/part of the program
* Monitor and provide staff feedback and recognition for implementation
 |
| Maintenance (individual and setting levels) | * Does the program produce long-term individual behavior change?
* Will organizations sustain the program over time?
* What are characteristics of persons and settings showing maintenance?
 | * 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
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Klesges LM, Estabrooks PA, Dzewaltowski DA, Bull SS and Glasgow RE. Beginning with the application in mind: Designing and planning health behavior change interventions to enhance dissemination. *Annals of Behavioral Medicine*. 2005 May;*29(2)*:66-75.