

## POLICY AND RE-AIM

# Influencing Policy and Legislation

### HOW TO USE THIS TEMPLATE

Glasgow (2006) and Jilcott et al. (2007) propose using the RE-AIM process to evaluate and plan policy efforts. However, their use of the RE-AIM framework focuses mainly on policy creation and analysis, not policy-education models (in other words, the policy, not the policymaker is the central unit of analysis). Below are two outlines: Glasgow's suggestion for the policy analysis using RE-AIM, as well as what it might look like from a policy-education lens.

For our purposes with evaluation, we may wish to use both of these models, depending on the programmatic focus and intended result of policy efforts.

### STANDARD RE-AIM POLICY MODEL

When is RE-AIM applicable to policy (Galsgow, 2006):

- Planning and writing new policies
- Comparing policy alternatives
- Considering policies relative to other alternatives
- Evaluating the impact of specific policies
- Reviewing the literature on policy impact



### Questions when planning and evaluating policy with the RE-AIM framework (Jilcott et al., 2007):

- Whose health is to be improved as a result of the policy?
- What organizations or governing body is responsible for passing or adopting policy?
- Who is responsible for adhering to or complying with the policy?
- What organization, institution, or governing body is responsible for enforcing the policy?

NOTE: This Standard RE-AIM model below assesses actual **policy, not the policymaker**, as the central focus of evaluation.

### Standard RE-AIM Policy Analysis Model

RE-AIM Level (Jilcott et al., 2007)	Definition	Measurables/Methods
<b>Reach</b>	Definition: The absolute number, proportion, and representativeness of individuals affected by the policy, or whose health is to be improved as a result of policy.	-Demographics: Descriptives of target audience of policy (who will be affected?), how representative is the target audience (does it reach those who are at greatest risk?), does the policy have the potential to equally or differentially affect people of different ages, genders, incomes, racial/ethnic backgrounds, or resource levels? (data tracking; document review; research-based assessment of population of interest)
<b>Effectiveness /Efficacy</b>	Definition: The change in proximal, or temporally appropriate outcomes and any adverse impacts	<p>- Track short term effects of policy - these are likely to be smaller in scope (for example, in a policy to improve sidewalk access to boost health outcomes you might measure how many sidewalks were repaired after 1 year of the policy. Likely you would not see broad sweeping changes in health of residents after 1 year) (data tracking; document review)</p> <p>- Track long term effects of policy (temporally appropriate): After 5 years observe/inquire about health behavior changes on the part of those impacted by the policy (interviews with people affected by policy; questionnaires on health behavior change)</p> <p>- Monitor economic conditions (cost of policy development/implementation etc.) to ascertain whether policy cost-efficiently improves health outcomes over time (data tracking; interviews; document review)</p> <p>- Evaluate potential changes in negative, unintended consequences of policy (research-based assessment of potential negative outcomes)</p>
<b>Adoption</b>	Definition: The absolute number, proportion, and representativeness of organizations, institutions, or governing bodies that pass or decide to implement a policy that includes the allocation of resources for enforcement if applicable.	<p>- Assess size/representation of adopting organization (e.g. legislature) that will decide to enact policy (demographic data review)</p> <p>- Assess political climate/other competing demands/outside factors that may influence the adoption of a policy (interviews with policy leaders; data tracking; document review)</p> <p>- Assess financial resources, staff time, infrastructure variables that may impact adoption of</p>

		policy on the part of governing body/institution (interviews with policy leaders; data tracking; document review)
<b>Implementation</b>	Definition: Applying the policy as planned, adequately enforcing it, and ensuring ongoing and consistent compliance with the core components of the policy.	- Determine multiple factors necessary for success of application, enforcement, and ongoing support of policy and track any changes/barriers in those factors (i.e. time limited funding, political climate shifts, lack of enforcement due to organizational/bureaucratic hurdles) (document review; data tracking)
		- Track consistency of policy enforcement - is the policy differentially enforced? How does this influence the overall outcomes on the people the policy impacts? (interviews with policy enforcers, document review)
		- Complete cost/benefit analysis of policy implementation costs vs benefit of health outcomes due to policy change (data tracking; research-based assessment of health outcomes)
<b>Maintenance</b>	Definition: The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Maintenance in the RE-AIM framework also has referents at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact.	- Assessment of policy reinventions, variations in policy interpretation and implementation over longer-term
		- Assessment of proposed health outcomes of people who were impacted by policy change (Questionnaires, interviews, with individuals to assess behavior changes)
		- Determine sustainability of policy with regard to any cost, environmental, political, or negative effects (data tracking; document review)

### POLICY EDUCATION RE-AIM MODEL

NOTE: The Policy Education RE-AIM Model assesses the **policy maker, not the policy** as the central focus in evaluation. This model is likely to have similarities to the “Educating Practitioners” level of assessment, because policymakers are treated as the main audience of interest.

<b>Policy Education Model Application of RE-AIM</b>		
<b>RE-AIM Level</b>	<b>Definition</b>	<b>Measurable/Methods</b>
<b>Reach</b>	Definition: The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative	- Sample Demographics: Numbers and demographics of policy makers and implementers who participate in policy education opportunity (educational seminar, meeting, programmatic effort, etc), their organizational affiliation

		<ul style="list-style-type: none"> <li>- Collective representation of wider "policy" community: Are those most need of the information there at the table?</li> <li>-Depth of engagement: Tracking attendance and engagement in program activities (one time event vs ongoing effort)</li> </ul>
<b>Effectiveness/ Efficacy</b>	<p>Definition: The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.</p>	<ul style="list-style-type: none"> <li>- Change in content knowledge re: health and wellness</li> <li>- Change in understanding of how content knowledge might influence potential future policy creation and decision-making</li> <li>- Change in use of evidence-informed knowledge in decision-making</li> <li>- Level of understanding on the part of participants of potential negative consequences of health policies</li> </ul>
<b>Adoption</b>	<p>Definition: The absolute number, proportion, and representativeness of settings and intervention agents who are willing to initiate a program.</p>	<ul style="list-style-type: none"> <li>- Percent of policymakers (from the "policy arena" of interest) who adopt change into their policy creation and decision-making as a result of policy education efforts</li> <li>- Level of representation of those who adopt change vs those who do not - what are qualitative differences between those who do and those who do not adopt?</li> <li>- Reflections from policymaker participants in success of using new health content knowledge in new policy creation and policy discussions (including passing program information on to colleagues/others)</li> </ul>
<b>Implement- ation</b>	<p>Definition: At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol. This includes consistency of delivery as intended and the time and cost of the intervention.</p>	<ul style="list-style-type: none"> <li>-Track number of policy recommendations and legislative proposals that infuse health content principles as a result of programmatic effort</li> <li>- Qualitative analysis of legislative hearings related to health policies to ascertain infusion of health content knowledge into policy discussions</li> <li>- Legislative/policy document review for programmatic content information</li> </ul>
<b>Maintenance</b>	<p>Definition: The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Maintenance in the RE-AIM framework also has referents at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact.</p>	<ul style="list-style-type: none"> <li>- Sustainability of any newly created health policies (consistency of funding/support)</li> <li>- Legislative/policy document review or analyze existing data of infusion of programmatic health content in years after initial policy education effort</li> <li>- Percent of families/children affected by specific health policy change that was informed by programmatic health content</li> </ul>

## RESOURCES

- Glasgow, R. (2006) Planning for and Evaluating the Impact of Public Health Programs and Policies: Applying RE-AIM to Dissemination Issues. Presentation for CDC in Atlanta GA.
- Jilcott, S., Ammerman, A., Sommers, J., & Glasgow, R. E. (2007) Applying the RE-AIM Framework to Assess the Public Health Impact of Policy Change. *Annals of Behavioral Medicine*, 34(2), 105-114.