

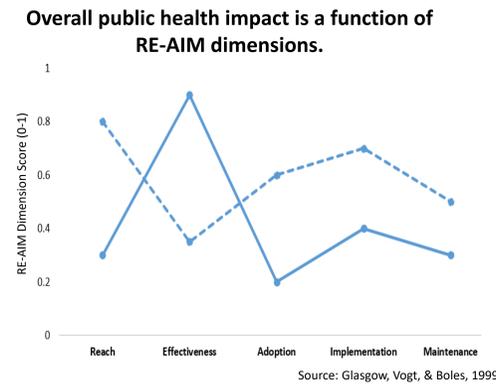
Community Prevention & Wellness Initiative

- CPWI is a strategic, data-informed, community coalition-based initiative implemented in over 80 Washington State communities across six cohorts.
- The goal of CPWI is to reduce adolescent substance use and associated risk factors in the highest need communities in Washington State.

The primary objective of this study was to determine the higher (macro) level public health impact of CPWI using the RE-AIM Framework.

RE-AIM Framework

- It emphasizes the evaluation of 5 dimensions of an initiative: **R**each, **E**ffectiveness, **A**doption, **I**mplementation, and **M**aintenance.
- The 5 dimensions of RE-AIM enhance the understanding of the “who, what, when, where, how, and why” of an intervention and help us determine the overall public health impact of a program.



Methods

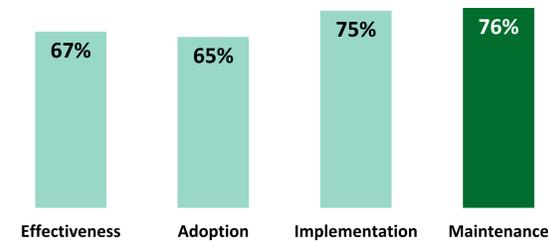
- We evaluated CPWI Cohorts 1, 2, 3, 4 along 4 RE-AIM dimensions: Effectiveness, Adoption, Implementation, and Maintenance.
- Number of communities: Cohort 1 = 19; Cohort 2 = 13; Cohort 3 = 19; Cohort 4 = 6.

Dimension	Questions	Data Source	Summary Score Criteria: High	Summary Score Criteria: Medium	Summary Score Criteria: Low
Effectiveness	Proportion of improved outcomes. (Before the intervention, CPWI communities were at significantly higher levels of substance use and risks compared to non-CPWI communities. We calculated the percentage of outcomes for which CPWI had closed the gaps in levels of substance use and risk factors at post-intervention time point)	CPWI Impact Over Time Evaluation	70% or more gaps closed	40% to 69% of gaps closed	Fewer than 40% gaps closed
Adoption	Proportion of respondents who agreed their CPWI coalition has collaborative relationships and community support.	CPWI Process Evaluation	70% or more of respondents agree that there is collaboration and support	40% to 69% of respondents agree that there is collaboration and support	Fewer than 40% of respondents agree that there is collaboration and support
Implementation	Proportion of evidence-based programs implemented in the communities.	Minerva Administrative Data	80% or more programs are evidence-based	60% to 79% of programs are evidence-based	Fewer than 60% of programs are evidence-based (DBHR minimum threshold)
Maintenance	Proportion of respondents seeking additional non-CPWI funding to implement CPWI activities.	CPWI Process Evaluation	70% or more of respondents engaged in alternate fund seeking activity	40% to 69% of respondents engaged in alternate fund seeking activity	Fewer than 40% of respondents engaged in alternate fund seeking activity

Results

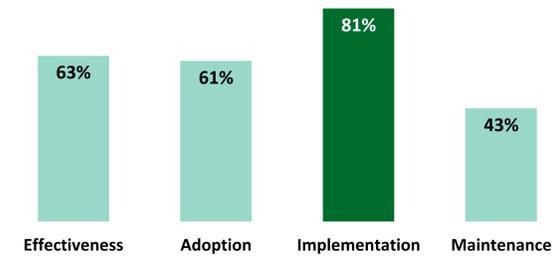
Cohort 1 Proportion Scores

High on Maintenance, Medium on Others



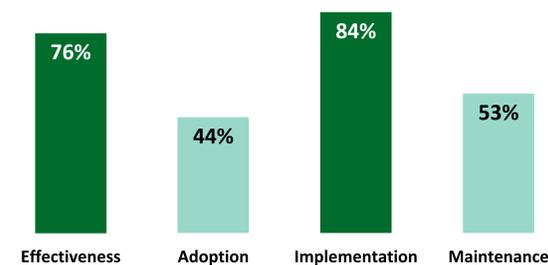
Cohort 2 Proportion Scores

High on Implementation, Medium on Others



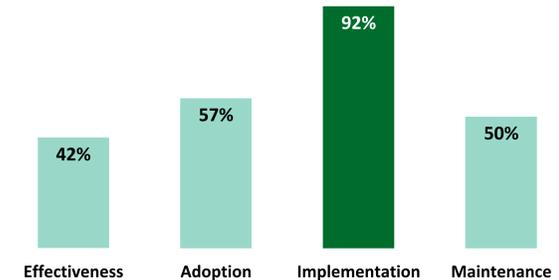
Cohort 3 Proportion Scores

High on Effectiveness/Implementation, Medium on Others



Cohort 4 Proportion Scores

High on Implementation, Medium on Others



Medium High

Discussion

- All cohorts performed very well across the 4 dimensions with summary scores ranging from medium to high within and across cohorts.
- This evaluation demonstrates that RE-AIM can be used to evaluate the public health impact of complex, multisite prevention initiatives.

Summary Scores for RE-AIM Dimensions

	Effectiveness	Adoption	Implementation	Maintenance
Cohort 1	Medium	Medium	Medium	High
Cohort 2	Medium	Medium	High	Medium
Cohort 3	High	Medium	High	Medium
Cohort 4	Medium	Medium	High	Medium

Key Successes

- Collaboration with stakeholders as equal partners in the evaluation.
- Thinking creatively about RE-AIM questions to leverage existing datasets and reports.
- Setting up summary score threshold criteria based on specific context of the project.

Key Challenges and Lessons Learned

- Managing the scope of the evaluation by creating realistic goals and timelines, and revising them as needed.
- Focusing on summary scores for overview of results; focusing on proportion scores to identify strengths and opportunities.