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Making the Case for Prevention: A Toolkit

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Contents of this toolkit

Introduction

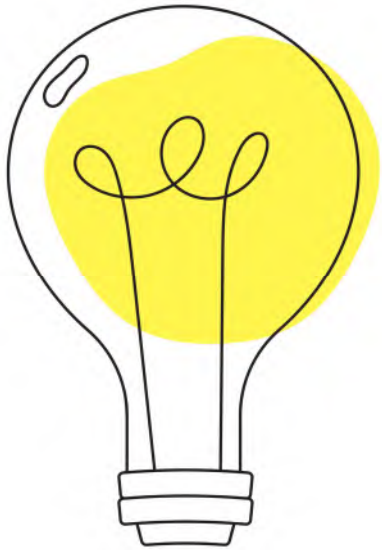
- Implementing community prevention interventions requires robust and systematic approaches to measure and value population impact effectively.
- Having an impact on the population is an important element of investing wisely in prevention. Thinking about and capturing potential population impact, can demonstrate the economic value of such interventions beyond the cost of implementing them.
- Successful preventive work starts with innovation, identifying the priorities and needs of communities and working with them to ensure investment achieves impact for communities.
- Putting the focus on inclusion health groups and the most underserved will have a positive impact on our planet and our world and huge cost savings for society.

Purpose of this Toolkit

The RE-AIM framework is designed to guide project managers and leads in planning and evaluating the impact of public health and prevention initiatives. By using the RE-AIM framework, this toolkit helps users measure, document, and demonstrate the real-world effects of their projects.

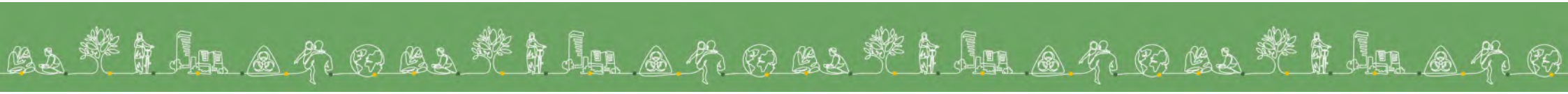
Goals of the Toolkit

- **Support Informed Decision-Making**: Provide a structured approach to assess who is reached, how effective the intervention is, and how it can be sustained.
- **Enhance Project Planning & Reporting**: Equip teams to plan interventions with measurable outcomes and communicate their value clearly to funders and stakeholders.
- **Build Evidence for Public Health Impact**: Enable projects to document population and economic impact, building a solid case for future investments in prevention initiatives.



Who is this toolkit for?

- **Project Managers & Leads in Public Health and Prevention**
- Working across the Integrated Care System (ICS), this toolkit is tailored for those responsible for planning, implementing, and evaluating health and prevention projects.
- This toolkit has been developed to support staff writing business cases to make the case for prevention and what impact it is expected to have economically and socially for the population or community.
- This toolkit can be used to think forward to appraise/plan, or look back to evaluate, prevention interventions.
- Business cases can be presented in both future and past modes to persuade decision makers to invest in prevention where there are competing choices.

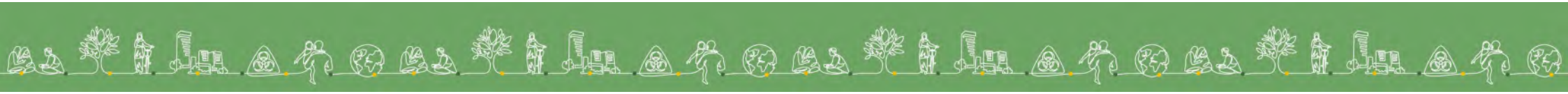


How to Use the Toolkit

- **Plan and Document Impact**: Use the RE-AIM framework to assess project reach, effectiveness, and sustainability, helping you build a strong case for your work.
- **Communicate with Funders and Stakeholders**: Present clear, structured insights on your project's value, impact, and long-term potential, ensuring alignment with organizational and funding priorities.

What is the Re-AIM framework?

- Initially developed by Russell Glasgow and colleagues, the RE-AIM framework is a particularly useful structured methodology to capture RE-AIM dimensions of preventive programmes and interventions.
- Taking a RE-AIM approach is beneficial for business cases, putting the onus on the value of the population impact compared with costs of delivery.
- This toolkit illustrates how to use RE-AIM framework to measure population impact.



An introduction to the RE-AIM Framework

RE-AIM stands for:

Reach **E**ffectiveness **A**doption **I**mplementation **M**aintenance

- RE-AIM is a planning and evaluation framework www.re-aim.org
- It was developed to make research findings more generalisable through application of specific and standardised ways of measuring key factors
- It facilitates **translation** of evidence into practice

RE-AIM – A pragmatic framework

Dimension	Definition
Reach	Who are you targeting? Who wants to take up the intervention?
Effectiveness	What positive change or outcomes are you likely to see?
Adoption	Where will the intervention be delivered and by whom?
Implementation	How is the intervention delivered across settings?
Maintenance	Can the intervention be sustained beyond initial investment?

How to Use This Toolkit

Reference

www.re-aim.org

General Step-by-Step Guide

1- Start with the Basics - Review the RE-AIM framework overview to understand the five key dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance.

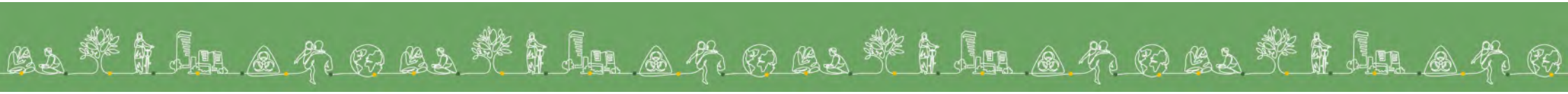
2- Set Up Your Project Outline - Identify your project goals and objectives, focusing on the population you aim to reach and the expected outcomes.

3- Complete the RE-AIM Table Use the RE-AIM table to describe your project under each dimension. Refer to the provided guidance and prompts for each section.

4- Incorporate Economic and Cultural Impacts Consider the financial and cultural impact of your project. Use the NESTA Cultural Change Framework to explore additional impacts.

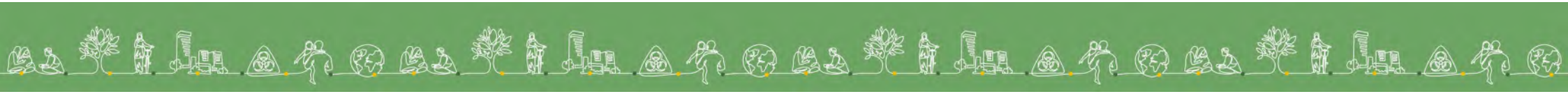
5- Review & Refine Use the completed example in the appendix to check your work and ensure each section is filled with clear, actionable insights.

6- Share and Apply Present the completed toolkit to stakeholders, funders, or team members to communicate your project's value and potential impact.



How to use the RE-AIM framework

- The following sections will give you some questions to consider when planning arguments around making the case for a prevention project to each of the five RE-AIM dimensions.
- Take some time to familiarise yourself with these questions and consider how to answer.
- You can use the planning tool found on the RE-AIM website. https://re-aim.org/wp-content/uploads/2023/12/planning-tool-pdf.pdf
- There is a worked example at the end of the slide deck



Brief guideline for filling RE-AIM table

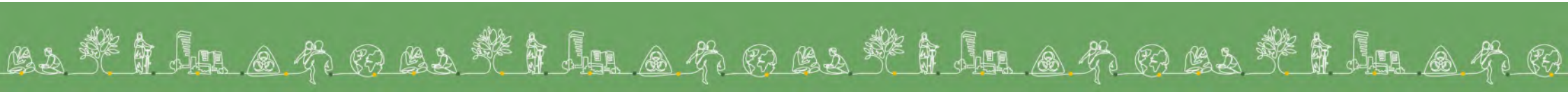
Project	REACH	EFFECTIVENESS	ADOPTION	IMPLEMENTATION	MAINTENANCE
Project name	Describe who was reached by the intervention and any particular successes or challenges in reaching underserved groups.	Summarize observed improvements or impacts, such as better mental health outcomes or increased financial stability for participants	Explain how the intervention was adopted by different partners and any adaptation required for successful uptake	Detail the process, including adaptations made, challenges encountered, and strategies that contributed to smooth implementation	Discuss any ongoing or planned measures to sustain the intervention, including efforts to secure future funding or integrate into standard operations

Dimension 1 - REACH

- Reach refers to the absolute number, proportion, and representativeness of individuals who participate in your project.
- Think about ***who*** you are targeting and ***why*** and ***how*** you will go about this.

REACH questions to consider

1. Which **members of your population** are you particularly trying to target with your project? For example, is your project looking to target older people? Young people/school age people?
2. Why is your project targeting **this particular section** of the population?
3. What **existing data** do you already hold or have access to about the population? The following resources could help you get a greater understanding of the population you are trying to reach:
    1. The census: https://www.ons.gov.uk/census
    2. Fingertips: https://fingertips.phe.org.uk/
    3. The Joint Strategic Needs Assessment https://beta.southglos.gov.uk/health-and-social-care/health-services/jsna/
4. Are their particular members of your target population that may especially benefit most from your project? For example, people from different ethnic backgrounds or socioeconomic backgrounds.
5. How will you **reach and communicate** with these groups?
6. What might be the barriers for the population to engage with your project? Think about the timing of your project, where it might be held, how will people get there if it's an in-person project, what equipment might they need if it is a digital project, what costs might they incur to engage with the project.



Dimension 2 - EFFECTIVENESS

- Effectiveness or efficacy relates to outcomes related to the individuals taking part in the project.
- This could also include any negative outcomes that might arise to taking part in the project alongside economic outcomes and any impact on quality of life for individuals.

EFFECTIVENESS questions to consider

1. Has a similar project previously been evaluated by another team/organisation/service to draw upon existing knowledge?
2. What are you hoping to achieve for the individuals with your project?
    a. What is the **main** outcome?
    b. Are there any other outcomes?
3. How are you going to measure this outcome? Think about your population and what difficulties they might have in providing feedback.
    a. Will you ask people to complete a validated or a bespoke questionnaire before and after the intervention?
    b. Will you ask people to provide you with qualitative verbal feedback?
    c. Will you collect case studies about individuals' outcomes as a result of the project?

Dimension 3 - ADOPTION

- Adoption refers to the number, proportion and representiveness of settings and those delivering the programme (or not).
- It can be thought of as *reach* at the organisational, setting, or intervention delivery agent level.
- Getting this bit ‘right’ will enable smoother implementation of the project.

ADOPTION - questions to consider

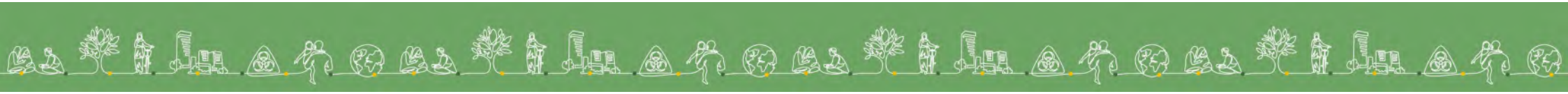
1. How many settings are you planning to implement your project?
    a. How might they differ and how might this impact on outcomes? E.g size, location, accessibility
2. **Who is delivering the programme**? E.g. is it your own organisation or is it another delivery partner such as a Voluntary Community Social Enterprise (VCSE) organisation?
    a. Who are the main stakeholders you need on board to ensure the project is adopted?
3. What might be the barriers and challenges for the project to be adopted? Think about the **resources and expertise** available to deliver the project.
    a. How might these be overcome? For example, do you need to train people to deliver the project?
4. What wider **system challenges** might you envisage that could hinder adoption?
    a. How might these be overcome?

Dimension 4 - IMPLEMENTATION

Implementation is taking a closer look at how the project was actually delivered compared to how it was initially planned.

IMPLEMENTATION - questions to consider

1. Who have you involved to help and maximise implementation of your project?
2. How have you **supported delivery partners** to implement the project? E.g. through the provision of guidelines or training.
3. What adaptations or changes were made in the delivery of the project and why?
4. What percentage of the process objectives were achieved?
5. Were there any changes to the timeline of the project? And why?
6. What are the costs implications attached to any changes in delivery?



Dimension 5 - MAINTENANCE

- Maintenance can refer to both the organisational and individual level.
- At the **organisational** level, maintenance refers to how the project has been mainstreamed or institutionalised as part of ‘business as usual’.
- At the **individual** level maintenance refers to the long-term effect of the project on individuals six months after the most recent contact.

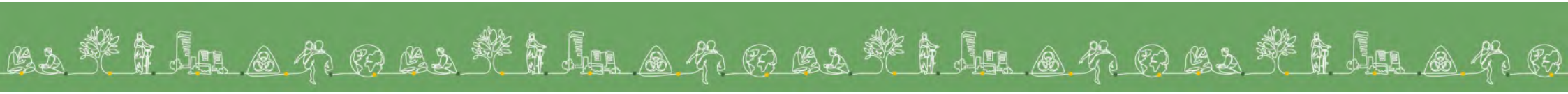
MAINTENANCE - questions to consider

ORGANISATIONAL LEVEL

1. What are the potential barriers and challenges of maintenance for this project? Consider cost, complexity of the project, expertise etc.
2. How might the mission of project and organisation be aligned to ensure continued maintenance of the project?

INDIVIDUAL LEVEL

1. How might resources be developed so individuals can continue using them after engagement with the project has ended?
2. How might individuals continue to support one another after engagement with the project (if applicable)?



Economic Impact of Public Health Interventions

Economic impact

- Demonstrates value of targeted financial investment by showing how much the community has been impacted by and benefited from the investment in prevention
- **Social Return on Investment (ROI)**: https://neweconomics.org/2024/04/reclaiming-our-regions Calculate the financial return of each pound spent on your intervention
- **Cost Savings**: Estimate how preventive measures reduce future costs, such as decreased healthcare expenses or fewer emergency services and referrals.
- **Cost-Effectiveness and Cost-Benefit Analyses (CEA & CBA)**: Use these methods to quantify the financial impact, comparing costs with outcomes to make a strong business case.

What we need to calculate ROI

1. Understand Your Project Costs

2. Track Benefits and Savings

Avoided Costs: How does your project reduce the need for expensive services, like hospital visits, social care, or emergency interventions?

Improved Outcomes: How does it help people stay healthier, safer, or more engaged (e.g., better school attendance, fewer crises)?

3. Collect Data Before and After (if applicable)

4. Measure Long-Term Impacts

5. Include Feedback from People and Partners

6. Use Local or National Benchmarks

Example: Return on Investment
Family Link Worker (FLW)

Step 1: Define Costs

The total budget over 4 years includes:

- **6 FLWs**: £403,697
- **2 Senior FLWs**: £171,127
- **Support Budget**: £62,676

Total Cost:

£403,697 + £171,127 + £62,676 = **£637,500**

Example: Return on Investment
Family Link Worker (FLW)

Step 2: Identify Benefits (Monetary Gains or Savings)

The benefits from FLW implementation include cost savings and avoided costs:

1. **Reduced Demand on Social Care Services**
2. **Reduced School Exclusions**
3. **Improved School Attendance**
4. **Fewer Safeguarding Incidents/Referrals**
5. **Reduced Need for EHCPs**

Estimate specific financial values for each benefit using local or national benchmarks

Example: Return on Investment
Family Link Worker (FLW)

Step 3: Calculate ROI

Use the formula:

$$ROI(\%) = \left(\frac{\text{Total Benefits} - \text{Total Costs}}{\text{Total Costs}} \right) \times 100$$

Example (hypothetical values):

- **Estimated Total Benefits Over 4 Years**: £1,500,000
- **Total Costs**: £637,500
- ROI Calculation:

$$ROI(\%) = \left(\frac{£1,500,000 - £637,500}{£637,500} \right) \times 100 = 135\%$$

This means the FLW program generates **£1.35** in benefits for **every £1 spent**.

Examples of Economic impact:
Return on Investment (ROI) for Public Health Interventions

Category	Care setting	Intervention	ROI per £1 spent
Housing	Home	A scheme to adapt 100 000 homes where a serious fall is otherwise likely to occur	£ 34.80
Exercise	Community	An initiative to train healthcare professionals to provide brief physical activity advice	£ 23.70
Exercise	Community	Birmingham City Council providing free leisure services to residents	£ 20.70
Mental Health	Community and Transport Systems	A suicide and self-harm prevention scheme that included restricting access to means, making transport safer, and reducing harmful drinking	£ 19.60
Housing	Home	A scheme that adapted 100 000 homes to provide more warmth to residents likely to require treatment because of excess cold	£ 17.10

Return on Investment (ROI) is a simple way to measure the financial benefit of an intervention compared to its cost. It tells you how much money is gained or saved for every £1 spent. For instance, £1 spending for a scheme to protect serious fall in UK will pay off £34.80.

* Table from Iacobucci 2024

Introduction – Thinking about culture change

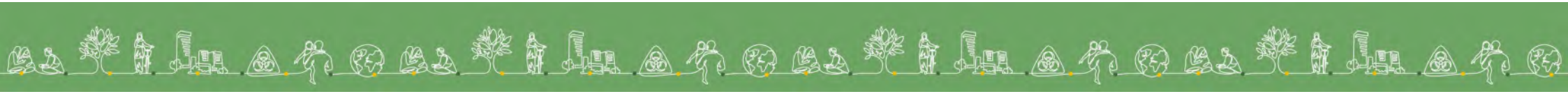
- A preventive health and social care system requires innovation and change in the way systems implement prevention projects.
- Innovation agency NESTA, developed a framework for organisations to assess cultural change impact.
- The Cultural Change Impact Framework (download here: https://www.nesta.org.uk/blog/developing-impact-framework-cultural-change-government/) can be systematically aligned with the RE-AIM framework.

The Culture Change Impact Framework

The Cultural Change Impact Framework (download from here: https://www.nesta.org.uk/blog/developing-impact-framework-cultural-change-government/) is designed to encompass various context-based elements crucial for cultural assessment.

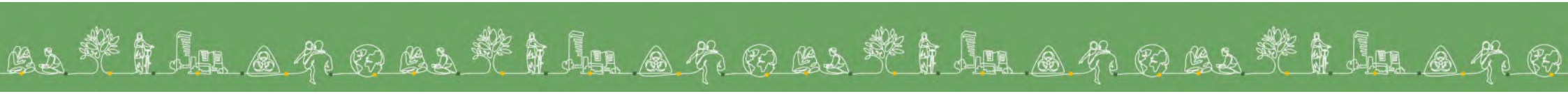
- Attitudes (mindset/approach)
- Abilities (skills/agency)
- Behaviour (action)
- Discourse (language)
- Roles (functions)
- Relationships (interactions)
- Environment (incentives)
- Outputs (production)
- Ripple Effects

- The framework focuses on **key elements** where cultural change may take place at each of the levels.
- It might be that not all the levels are applicable or that some may be more important for some projects than others.
- Use this framework iteratively to log evidence and reflections of changes throughout the life of your project from planning through implementation to evaluation.
- The following provides questions for reflection for each dimension of the framework.



CULTURE CHANGE – Questions to consider

KEY ELEMENT	KEY QUESTIONS
1. Attitudes: (mindset or approach)	What changes in thinking, values, understandings do you want to make with your project?
2. Abilities: (skills and agency)	What new skills and competencies are you hoping you and others will gain from the project?
3. Behaviour (action)	What changes in behaviour and ways of working are you hoping to achieve?
4. Discourse: (language used)	How might you need to change the way information is communicated to reach particular members of the population?
5. Roles (functions)	How might roles and responsibilities need to change to implement your project?
6. Relationships: (interactions)	What changes do you want to see in relationships with other networks, organisations, services and partners?
7. Environment: (incentives)	How might the wider environment (structures, procedures, accountability)change?
8. Outputs: (production)	What new initiatives, products, strategies or even projects do you hope will be produced as a result of your project?
9. Ripple effects	What longer-term impact do you hope to achieve with your project?



Resources and References

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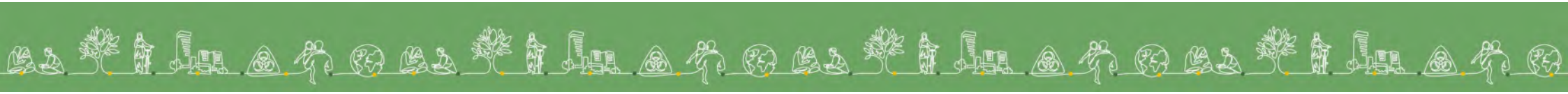

RE-AIM – A worked example

The Project: Evaluating the impact of a 12-week community-based physical activity programme for inactive adults with long-term conditions (Bird et al 2019)

Reach	• Continued promotion of the programme, using a variety of media, including via GP practices was key to recruiting participants • Collecting demographic data showed the programme was reaching the targeted population
Effectiveness	• Outcome measure data showed significant increases in physical activity, strength and grip after participants took part in the programme • Participants reported positive changes in outlook and perceptions of their health and wellbeing
Adoption	• Engaging early with GP practices, identifying internal champions within referring teams and having an expert GP talk about the programme were all activities that increased adoption
Implementation	• The support and guidance from the exercise specialists was key to changes in outcomes • Programme sessions were adapted in light of participant feedback
Maintenance	• Participants said they would continue activity after the 12-week programme • A subsidised programme (low cost to the participant) would be welcomed • Referrers need to continue to refer to the programme