

Evidence-Based Caregiver Support

How can we promote the health and well-being of caregivers?

- Translate research into practice, implementing evidence-based caregiver interventions in real-world settings.
- In 1987, The Rosalynn Carter Institute for Caregiving (RCI) was established in Americus, Georgia. RCI establishes local, state and national partnerships committed to building quality long-term, home and community-based services that provide recognition and support for America's family and professional caregivers.
- The RCI website www.rosalynncarter.org provides a resource center on evidence-based interventions for caregivers. (Click on the Caregiver Resources tab at the top of the home page.) These resources are continually updated and improved and can serve as a starting point for identifying effective interventions that should be considered for implementation.
- Elements that make caregiver programs effective are that they result in:
 - Improved caregiver knowledge, skills, morale and health
 - Reductions in depression, injury, ill-health, loss of income and social isolation.
- These are ultimately more important criteria than simply being evidence-based. Evidence-based programs may not be effective in practice for many reasons, including;
 - Poor implementation
 - Inadequate follow-up
 - Poor staff training
 - Providing the intervention at too low a dose.
- Based on over a decade of research on interventions for family caregivers, the critical factors associated with successful outcomes are:
 1. Contact with a helper over time.
 2. Contact with a helper who has specific intervention protocols to follow.
 3. Interventions and care plans tailored to the caregiver's specific needs.
 4. Multi-component interventions that include a combination of knowledge, skill building, problem-solving, and counseling.
 5. Interventions with higher intensity.
 6. Using a combination of home-visiting, telephone follow-up, internet and tele-health technology to deliver.
 7. Programs developed and implemented locally and involving agency collaboration.

Source: www.rosalynncarter.org/what_makes_caregiver_programs_effective/

- Innovations Clearinghouse on Family Caregiving is a newly created section of Family Caregiver Alliance's website, www.caregiver.org. Here you will find extensive information about evidence-based interventions, emerging practices, model programs, tools and multimedia, as well as policy and advocacy.

Source: http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2319

- Tools and multimedia resources found on this site are grouped into the following topic areas: Education and Training; Assessment; Respite; Driving; Transitional Care; Difficult Behaviors; and End of Life.

Source: http://caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2324&chcategory=52

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- In 2007, the Centers for Disease Control and Prevention forged a partnership with Kimberly-Clark Corporation to promote the health and well-being of caregivers, identifying this as a public health policy issue of utmost urgency.
- This partnership and RCI are promoting use of the RE-AIM Framework, a model that specifies key steps involved in successful application of evidence-based programs and policies.
- The five core elements of the RE-AIM Framework are:

<p>Reach: The extent to which a program attracts its intended audience.</p>	<p>Overall question: How do we reach the targeted population?</p>	<p>Questions to promote Reach:</p> <ul style="list-style-type: none"> • What percentage of the target population will participate? • How might we address the most common barriers to participation? • How can our program reach those most in need?
<p>Effectiveness: The extent to which program outcomes are achieved</p>	<p>Overall question: How do we know our program is effective?</p>	<p>Questions to promote Effectiveness:</p> <ul style="list-style-type: none"> • Are we achieving the outcomes we had set? • Is our program equally effective for minorities? • How confident are we that our intervention is being implemented without adverse consequences?
<p>Adoption: The extent to which intended settings, such as community-based organizations and clinics, are involved in a program?</p>	<p>Overall question: How attractive is our program to different settings?</p>	<p>Questions to promote Adoption”</p> <ul style="list-style-type: none"> • What percentage of appropriate settings do we estimate will participate in our program? • How do we develop organizational support to deliver our intervention? • How does our program align with the mission of our target delivery settings? • What are the benefits to the target settings of participating in our program?
<p>Implementation: The extent to which different components of a program or policy are delivered as intended, also including the time and cost of program delivery.</p>	<p>Overall question: How do we ensure that the program is delivered consistently?</p>	<p>Questions to promote Implementation”</p> <ul style="list-style-type: none"> • Which program components will be most challenging to deliver as intended? • Can staff with different sets of expertise implement the program so that it is delivered consistently? • What parts of the program can be omitted or adapted, without compromising efficacy, and which cannot?
<p>Maintenance: The extent to which the program continues to be effective over time for participants; and, is continued or modified by adopting settings.</p>	<p>Overall question: How do we incorporate the program so it is delivered over the long term?</p>	<p>Questions to promote Maintenance:</p> <ul style="list-style-type: none"> • Does the intervention produce lasting effects (1-2 years or longer) in participants? • Can organizations sustain the program over time-even after initial funding and enthusiasm are gone?

Source: <http://cancercontrol.cancer.gov/IS/reaim/index.html>