**Respite Provider Recruitment and Training Project**

**6-MONTH EVALUATION WORKSHEET**

The purpose of this worksheet is for your team to discuss your progress at 6-months into the project. Please discuss the following questions as a team and have one member of your team send a copy of your completed worksheet to Kim Whitmore **no later than August 15, 2022** at [Kimberly.whitmore@marquette](mailto:Kimberly.whitmore@marquette). Additionally, please provide a few days/times in August (at least 3 times) that you (and any members of your team that you would like present) are available for a 60-minute meeting with Dr. Whitmore to discuss your progress.

**General Info**

1. What State are you representing?
2. Lead contact person name and email:
3. Names of those involved in completing this worksheet:

**6-Month Data (January - June 2022)**

* + 1. **RECRUITMENT**. Please describe how successful you think your current recruitment efforts have been. What strategies have worked best for you? What strategies have not worked?
    2. **TRAINING.** Please describe any feedback you have received from participants or partners about the training.
    3. If you currently have a respite provider **REGISTRY**, how many people have been added between January and June 2022?
    4. Do you know how many people who have completed your training or are on your registry have **ACTIVELY PROVIDED** respite care between January and June 2022? If so, please describe.
    5. If there are specific **TARGET POPULATIONS** or underserved groups you hope to reach (i.e. rural communities, Native American, Spanish-speaking, etc…), please provide any current data on the number of people from your target populations that have been trained or were added to your registry between January and June 2022.
    6. Please describe **ANY OTHER DATA** that you have collected related to recruitment or training between January and June 2022.
    7. Please describe any **BARRIERS** you experienced that may have limited your success? Consider both internal organizational barriers as well as external barriers.

**Revised Goals**

Please review your goals that were established at the beginning of the project and update, as needed.

* + 1. How many total people do you hope will be **ENROLLED** in the training?
       - At 6-months into the pilot project:
       - At 12-months (end of pilot):
       - At 6-months after the pilot:
    2. How many total people do you hope will have **COMPLETED** the training?
       - At 6-months into the pilot project:
       - At 12-months (end of pilot):
       - At 6-months after the pilot:
    3. How many new people do you hope will join the **REGISTRY** (if applicable)?
       - At 6-months into the pilot project:
       - At 12-months (end of pilot):
       - At 6-months after the pilot:
    4. How many new people do you hope are actively **PROVIDING** respite care?
       - At 6-months into the pilot project:
       - At 12-months (end of pilot):
       - At 6-months after the pilot:

**RE-AIM Framework**

We will be discussing the following together during your evaluation consultation meeting. Please feel free to make any notes that you feel will help you prepare for the conversation.

* The five steps to translate research into action are:
* [**Reach**](https://www.re-aim.org/about/what-is-re-aim/reach/) the target population
* [**Effectiveness**](https://www.re-aim.org/about/what-is-re-aim/effectiveness-or-efficacy/) or efficacy
* [**Adoption**](https://www.re-aim.org/about/what-is-re-aim/adoption/) by target staff, settings, or institutions
* [**Implementation**](https://www.re-aim.org/about/what-is-re-aim/implementation/) consistency, costs and adaptions made during delivery
* [**Maintenance**](https://www.re-aim.org/about/what-is-re-aim/maintenance/) of intervention effects in individuals and settings over time
* **Reach**
  + The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program.
  + [*How do I reach the targeted population with the intervention?*](https://www.re-aim.org/about/what-is-re-aim/reach/improving-reach/)
  + Are there specific target populations or underserved groups you hope to reach (i.e. rural communities, Native American, Spanish-speaking, etc…)
  + Set goal for number of people you want: to complete training, add to registry, work as respite provider
  + What are potential barriers to participation in the training?
  + How can you minimize or introduce methods to address these barriers in order to enhance participation?
  + Were there differences in individual evaluation outcomes or course completion rates between groups?
  + How well did your recruitment strategy work? What strategies worked best?
  + How much time did you spend tailoring recruitment materials for your audience?
  + What did you learn during recruitment? How could you have reached more people?
* **Effectiveness**
  + The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.
  + [*How do I know my intervention is effective?*](https://www.re-aim.org/about/what-is-re-aim/effectiveness-or-efficacy/improving-effectiveness/)
  + What impact did the intervention have on program participants? (improved knowledge and confidence)
  + Are there differences in those who participated in the training program compared to those who didn’t participate or didn’t complete the training?
  + What impact did the intervention have on organizational outcomes? (number trained, number on registry, number providing respite care)
  + Were there any unintended consequences (positive or negative)?
  + What are some ways you know the intervention is working? What informed your decision?
  + If you could change one thing about the intervention right now, what would that be and why?
  + What surprised you about the outcomes of the intervention?
* **Adoption**
  + The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program.
  + [*How do I develop organizational support to deliver my intervention?*](https://www.re-aim.org/about/what-is-re-aim/adoption/improving-adoption/)
  + What are potential and actual barriers to implementing the recruitment and training program? How can you overcome theses barriers?
  + How easy was it for your agency to participate in the program?
  + Were the materials provided easily replicated/adapted for your setting?
  + Describe how well you felt equipped to deliver the program based on the training you received? What could be improved?
* **Implementation**
  + At the setting level, implementation refers to the intervention agents’ fidelity to the various elements of an intervention’s protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients’ use of the intervention strategies.
  + [*How do I ensure the intervention is delivered properly?*](https://www.re-aim.org/about/what-is-re-aim/implementation/improving-implementation/)
  + What are actual and potential barriers/competing demands of staff who are going to be implementing the intervention?
  + How does this work fit into the organizational environment or individual job duties?
  + Did all staff/programs implement the program consistently/as intended?
  + What adaptations have you made? (will need to track these throughout project)
  + Did your organization use all components of the program (recruitment and training program)
  + What costs were involved to implement the program (time or money)? How do these costs compare to other programs in your organization?
* **Maintenance**
  + The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies 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.
  + What did you like best and least about the program?
  + What is the likelihood that you would continue with this intervention?
  + What aspects would you be interested in continuing or modifying?
  + To what extent do you feel the intervention is integrated into the operations of your organization? What needs to happen to further integrate it?
  + What are the actual or potential barriers to continuing to support this program?
  + 6 months after the pilot:
    1. Are you still using the program?
    2. Did you make any modifications?
    3. Do you anticipate continuing to use the program?
    4. Are your training and registry numbers still increasing?
    5. Do you have a plan for sustainability? What resources are available to support the program in the future?

**Individual-Level Impact**

* Reach and efficacy are individual-levels of impact whereas adoption and implementation are organizational-levels of impact. Maintenance can be both an individual- and an organizational-level of impact. It is pertinent to evaluate both levels because each provides valuable independent information of intervention impact.
* Take, for example, a school-based intervention that has a large impact in terms of reach and efficacy at the individual-level but is only adopted, implemented, and maintained at a small number of organizations with specific resources that are not available in typical “real-world” schools.

**Institutional- or Setting-Level Impact**

* If only the individual dimensions of the framework were used to evaluate the intervention described here, it would be concluded that the intervention has a large potential for impact. In reality, this intervention has little hope of resulting in a large public health impact because it could not be adopted, implemented, and maintained in real-world settings.
* This is also true of the converse situation where an intervention has systemic organizational adoption, implementation, and maintenance, but little reach, efficacy, or maintenance at the individual-level. Again, if only one level was assessed (i.e., the organizational level), the impact of the intervention would be considered large even though there is no individual-level reach, efficacy, or maintenance.

*\*Information from* [*https://www.re-aim.org/about/what-is-re-aim/*](https://www.re-aim.org/about/what-is-re-aim/)

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