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Round Table Presentation 396, Thursday, Nov 3, 1:35-2:20 pm

Evaluation of a Multi-Site Caregiver Training Program in Rural Arkansas: Challenges and Lessons Learned

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In 2009, the University of Arkansas for Medical Sciences Reynolds Institute on Aging received a grant from Donald W. Reynolds Foundation to replicate the program that already existed in the Senior Health Center in Northwest Arkansas. The program contains a formal curriculum for both paraprofessionals and family members and is designed to educate four levels of caregiving. The training starts with 25 hours and builds up to 116 which include the course on Alzheimer’s Disease and Dementia. Once completing the training, the caregiver is eligible to become certified nurse assistant. The program was implemented in four communities of rural Arkansas over three year period of time. To learn more about the program, follow the link, <http://arcaregiving.org>

We developed a comprehensive evaluation plan based on the Logic model that encompasses four sites over three year’s period (see Logic model Flowchart)

We organized our presentation on evaluation of the program around following areas:

A) CHALLENGES EXPERIENCED
B) LESSONS LEARNED

C) FUTURE CHALLENGES IN EVALUATION
D) QUESTIONS ABOUT IMPACTS OF THE PROGRAM

A) CHALLENGES EXPERIENCED

1. Defining scope of evaluation, or what needed to be evaluated, a training program itself or the entire project at the local and state level. It is important for us to evaluate the impacts of the program to assist with sustainability.

2. Defining and tracking activities to be accomplished (site selection, space renovation, hiring and orientation of staff, ordering supplies and equipment, marketing, student recruitment, teaching, evaluation of quality of classes and students’ satisfaction with classes).

3. Determining the data collection methods and how to track the data to the Logic model. We developed different collection instruments.

4. Understanding the language of evaluation and transferring it to implementation, so all sites can follow the same procedures and processes.

5. Ensuring that terminology used was consistent across the sites and people involved in the project.

6. Tracking the budgeting at the several levels: local, state, and University of Arkansas for Medical Sciences.

7. Making revisions in the program at different sites, based on the results of the process evaluation, and not taking anything out form the mission and vision of the program.

Now, we are at the third year of the program with all four sites being operational.

At this time, we are answering the following EVALUATION QUESTIONS:

* How many classes and family workshops were conducted at each site?
* How many students graduated at each site, and how many people attended family workshops?
* How satisfied are students with classes and family members with family workshops?
* Are there differences among sites in numbers of students recruited, quality of classes, graduation rates and attrition rates? Why?

B) LESSONS LEARNED

1. Communication between local site personnel, the project coordinator, and evaluation team has been crucial for the program implementation.

2. Systematic evaluation of the original program was needed before implementing the program in other locations.

3. Different environmental factors at each site (culture, location, program team involvement in local communities, marketing strategies) might influence the short, medium, and long term outcomes of the program. We have learned that number of students enrolled, students’ progression in class levels, graduation and attrition rates, and participation in family workshops differ across sites.

 4. Sustainability problems are addressed differently at different sites. Different partners, community resources, and involvement of program’s staff in local communities might result with different impacts of the program.

C) FUTURE CHALLENGES IN EVALUATION

1. Evaluation of the value and impacts of the program on different levels.

2. Financial support for evaluation of impacts on the local and state level.

We believe that the program will have Impacts on different levels:

* Older adults cared for by trained certified caregivers and families (quality of their lives, level of stress, health, and cost of care)
* Graduates of the program (working in caregiver field, opportunity to advance in careers such as certified nurse assistant, nurses, physical therapists, etc.)
* Local communities and state of Arkansas (discharges from nursing homes, percent of elderly staying at home).
* Economy of local communities and state of Arkansas in terms of new jobs and cost of care for elderly
* Hospital practices (toward trained caregivers)
* Health policy (payment source for trained caregivers)

D) QUESTIONS ABOUT IMPACTS OF THE PROGRAM

* How do we measure if older adults are staying at home?
* How to determine the impact on economy in terms of new jobs created and cost of care for elderly in their homes?
* How many of elderly are being discharged to home from nursing homes because of the availability of trained caregivers?
* What is the true cost and benefit of the program at the local and state level?
* How to provide financial resources for our future evaluation?