DATA ELEMENTS

#1 Use data already available under ACL programs.
- Demographic data for caregivers and care receivers
- Care recipient needs
- Caregivers self-assessment data (burden; stress; sleep missed; somatic conditions; etc.)
- Unduplicated count of those served; number of trainings
- Simplify to allow sharing administrative data across programs

#2 Measure number of caregivers able to find and use respite.
- Identify barriers to locating and utilizing respite; document respite opportunities across age and condition (by groups); document how groups are being reached

#3 Identify important data elements that give a more complete picture and that guide program development, monitor quality assurance, and be used to advocate and guide policy.
- Numbers served; paid versus unpaid services; which populations are most-served and which under-served; document how respite hours are used; document stress-level reductions; percent of vouchers used and unused (and why); quality of life following respite; employment status of caregivers

#4 Focus on caregiver as client.
- Measure social isolation; interpersonal relationships; someone from South Carolina mentioned using a scale already in existence (Burns, I think)
- Search for other caregiving tools
- Search for an existing caregiver tool (I found these links which look promising.)
  And
  https://www.caregiver.org/caregivers-count-too-s4-assessment-tool-examples

#5 Measure collaboration.
- Find ways to demonstrate that coalitions and planning groups work in ways that help achieve collective goals.
10-11-17, National Conference, Exercise led by Ray Kirk and Casandra Firman