

# “Applying the *Value of Respite Model* as a framework for future respite research and evaluation”

Kim E. Whitmore, PhD, RN, CPN

Assistant Professor

Marquette University College of Nursing

ARCH Research Consultant & Family Caregiver

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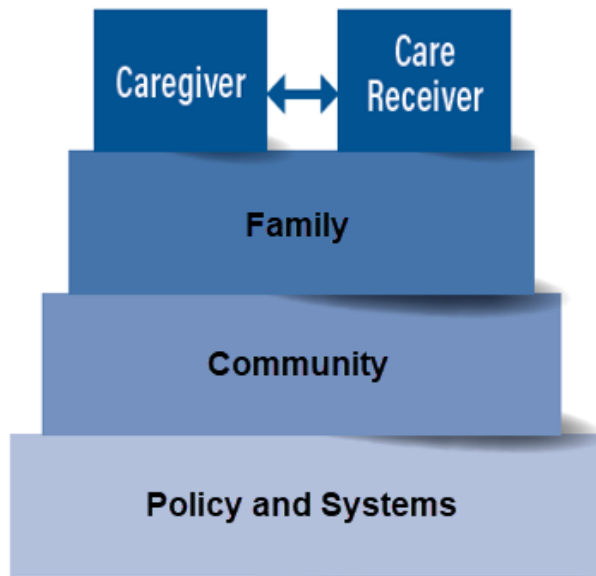


# What is Respite?

- The ARCH Expert Panel on Respite Research defines respite as “planned or emergency care that provides a family caregiver some time away from caregiver responsibilities, *and results in some measurable improvement* in the well-being of the caregiver, care receiver, and/or family system.”

# ARCH Committee for Advancement of Respite Research (CARR) Work Groups

- Define and measure the value of respite
- Recommend the use of common data elements (CDE) for respite-related research
- Expand culturally appropriate respite-related research with historically underrepresented populations
- <https://archrespite.org/research/respite-research-consortium/#CARR>

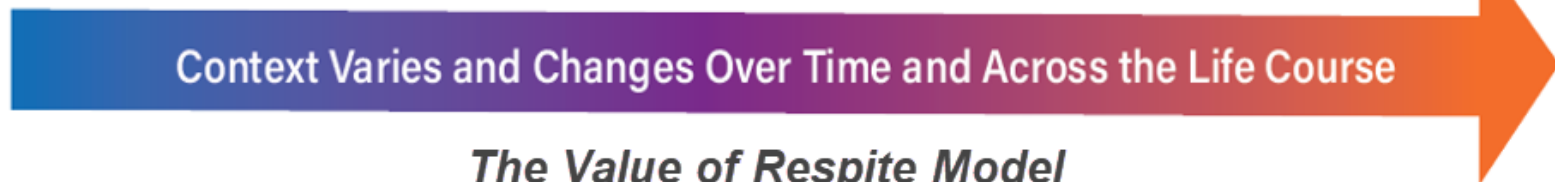


Health and well-being  
(physical, mental, social,  
spiritual, and financial)

Quality of life  
(individual and family)

Societal outcomes

Cost of care  
(direct and indirect)



*The Value of Respite Model*



# Common Data Elements

- Standardized, precisely defined question that is paired with a set of specific allowable responses, that is then used systematically across different sites and studies to ensure consistent data collection (NIH)

# Benefits of CDEs

- Allows data to be collected in the same way across multiple research studies
- Allows for more meaningful comparison of data across and between studies, between study populations across age, disability, and culture, and over time
- Increases statistical power when data is aggregated from multiple sources

# Discussion

- Opportunities to apply the model as a framework for future research and evaluation
- NCPPC Program Evaluation
- *Frontiers in Health Services* Special Issue “Breaks that Benefit”
- [IDD PCORI Funding Opportunity](#)

# Contact Information

Kim E. Whitmore, PhD, CPN, RN  
Assistant Professor  
Marquette University College of Nursing  
[Kimberly.Whitmore@marquette.edu](mailto:Kimberly.Whitmore@marquette.edu)



Jill Kagan, MPH  
Director  
ARCH National Respite Network and Resource Center  
[jkagan@archrespite.org](mailto:jkagan@archrespite.org)