

Caring of Caregivers Organically (CoCO): Health Education for Latinas Caring for a Family Member with Alzheimer's Disease or Related Dementia

Background and Purpose: Latinos have a 1.5 times greater chance of having Alzheimer's disease or related dementia (ADRD) as compared to their non-Latino White counterparts. Higher prevalence is attributed to having longer life spans and more health-related risk factors such as diabetes, high blood pressure and obesity. Those who assume caregiving for persons with ADRD are also affected. It is crucial to consider the caregiver's health and well-being as they may forgo their own health to maintain the health and well-being of their family member. Affected by higher levels of caregiver burden and lower general health as compared to non-Latino Alzheimer's caregivers, Latinos are at larger disadvantage, considering the already existing health disparities in the community. Latino Alzheimer's caregivers experience more bodily pain and somatic symptoms than non-Hispanic White caregivers. The rise in stress-induced cortisol caregivers may experience can result in diminished cognitive function, higher prevalence of obesity particularly in Latinas as compared to Whites, inflammation and hyperinsulinemia, and when paired with little or no time for exercising and preparing healthy meals, may easily amount to unfavorable health outcomes.

Methods: Data were obtained from a mixed methods study that used focus groups of caregivers and other stakeholders to adapt a culturally responsive health education intervention. Participants (n = 20) for the adapted intervention pilot were randomized into the intervention or control group. The *Promotoras de Salud* peer educator model was used to carry out the intervention. Feasibility and acceptability were measured using qualitative data collected during a final focus group and a satisfaction questionnaire. Using T-tests, pretest and post-test data collected were analyzed to compare changes in health-related self-efficacy (measured on Chronic Disease Self-Efficacy Scales), health behaviors (measured on Family Habits Scale), caregiver burden (measured on Zarit Burden Interview), and depressive symptoms (measured on CES-D).

Results: Phase I and II have rendered an 8-week adapted intervention for Latinas that care for a family member/loved one with ADRD. Phase III (pilot) of the study is underway at the recruitment stage currently.

Conclusions and Implications: Although there has been some recent support for ADRD family caregivers, there are few established evidence-based, culturally responsive interventions for Latino families. With the expected exponential growth of the Latino population and prevalence of ADRD, targeting health/healthcare disparities and supporting protective cultural factors is crucial for improving health and mental health outcomes of these caregivers. Findings support social work by providing a beginning understanding of the unique caregiving experiences of Latina ADRD family caregivers. The next step will be to develop strategies that improve their quality of life. Towards that end, the pilot-study will offer preliminary data to help determine if health education with the use of *promotoras* for Latina ADRD family caregivers is a viable, cost-effective, and sustainable means of intervening with this highly vulnerable population.

Objectives:

Participants will be able to describe some necessary elements of an adapted health education intervention for Latina ADRD family caregivers.

Participants will examine some of the elements of culture and experiences of burden of Latinas caring for a family member with ADRD.

Participants will be able to compare and contrast this health education adaptation process to populations they may be working with in the community or teaching about in the classroom.