Implementing REACH with Latino Caregivers in San Diego

Southern Caregiver Resource Center

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Today we will.....

- Discuss why REACH was selected as the best fit evidence-based caregiver intervention for San Diego
- Describe the process of developing community partnerships to successfully implement, grow and evaluate an evidence-based program such as REACH
- Describe the adoption of the Promotora Model as an essential cultural adaptation made to REACH to ensure engagement of the target population
- Highlight future directions
Southern Caregiver Resource Center

- Founded in 1987
- Mission is to support family caregivers through a variety of programs including:
  - Specialized Information
  - Family Consultation/Case Management
  - Respite
  - Short-Term Counseling
  - Support Groups
  - Legal/Financial Consultation
  - Community Education and Caregiver Training
  - CALMA/CUIDAR
  - Eldercare Alternatives (on-site CG programs for employers)
Top 10 Latino/Hispanic U.S. Cities

- Hispanic/Latino Profile

• Latinos grew by 32 percent to 991,348 from 2000-2010
San Diego County Population – Expected Growth by 2050

- Hispanic: 1,881,719 (43%)
- White: 1,549,069 (36%)
- Black: 227,788 (5%)
- API: 515,261 (12%)
- Other: 181,304 (4%)
- Amer. Ind.: 15,908 (0%)

Total Population: 4,444,988
The Latino Aging-in-Place Population & ADAD Tsunami: 2000-2050

Looking ahead to 2010

Looking further to 2050

Latino aging population & ADAD tsunami

Existing services

Garrett, Valle, & Velasquez, ADAD Hispanic Prevalence Study, February 2008
Latinos caregivers had the largest improvements on measures of depression, coping, and stress – compared to Anglo caregivers - although Anglo caregivers also showed significant improvement over time.

For both groups, being in the intervention condition was superior to being in the control condition (2 brief check-in calls over 6 months).

Unique Characteristics of Population Served in San Diego

Key factors that make the Hispanic population being served through SCRC’s REACH program significant:

- Fastest growing segment of San Diego’s population
- At high risk for development of Alzheimer’s Disease and related dementias
- Communities being served border and are in close proximity to Tijuana, Mexico. San Ysidro, CA is the busiest land border-crossing in the world!
- Relatively low health literacy and socio-economic status
- Little to no conceptualization of “caregiving”
- Extremely limited culturally tailored caregiver support services targeted to this population
- Little to no knowledge of community resources available to help with a variety of needs
In 2009, SCRC was awarded a Quality Care Connections grant from the Rosalynn Carter Institute for Caregiving to implement the REACH II intervention with Hispanic caregivers in South San Diego County. The primary focus of this grant was to translate the REACH II intervention into a format that could be feasibly delivered to this unique population.
To take the REACH II intervention from “evidence to practice” with our target population, several preliminary steps needed to be taken including:

- Have outside professionals carry out an **Organizational Readiness Assessment**
- Have outside professionals carry out an organization-wide **Cultural Competence Assessment & Training**. This included generating a report to management (where we are, what we need to work on, things we should consider, etc.)
- **Establish formal partnerships**
- Form a **Community Advisory Committee**
- **Develop data collection and evaluation instruments** (i.e. assessment/reassessment instruments, data tracking instruments, development of Access database)
Partnerships are Key

REACH Team

- Southern Caregiver Resource Center – Lead Agency/Care Managers
- San Ysidro Health Center – Partner Agency/Promotoras
- La Maestra Community Health Centers – Partner Agency/Promotoras
- Dolores Gallagher-Thompson, Ph.D., Stanford University – Principal REACH Advisor/Trainer
- Veronica Cardenas, Ph.D., University of California, San Diego – Cultural Consultant/Advisor/Trainer
- Evaluation Team – RCI and UCSD Health Services Research Center
REACH Staffing

Key Personnel

- **Program Director - SCRC**
- **Promotoras – 4 FTE**
  - 2 from San Ysidro Health Center
  - 2 from La Maestra Community Health Centers
- **Care Managers – 2 FTE (SCRC)**
  - Bilingual/Bicultural Masters level clinicians
Key Adaptations to REACH
Community Advisory Committee Input

- Create new Spanish title (CUIDAR)
- Revise REACH II materials (i.e. Caregiver Guide)
  * Make examples relevant to San Diego Latino population (e.g., Mexican border community)
  * Improve titles for individual topic areas
  * Improve pictures and illustrations
- Use Promotoras as community outreach staff, educators and liaisons – generate referrals to program
Promotora Model

- *Promotora/Promotor* – Community Health Educator; Community Lay Person

- First used in Latin American Countries in the early 1960s

- U.S. began to adopt the Promotora model in the early 1970s to help bridge the gap between high service need and low service utilization among Latinos

- Currently, an increasing number and diversity of programs use promotoras and several research trials are testing the use of this model to improve other health outcomes (e.g., depression in older adults)
CUIDAR Promotora Model

- CUIDAR Promotora Characteristics and Roles
  - Bilingual/bicultural
  - Resides in the community
  - Educates the public via oral presentations, health fairs, one-on-one outreach and written literature on Alzheimer’s Disease/dementia and caregiver stress
  - Identifies and refers caregivers to CUIDAR program
  - Plays the role of advocate, educator, mentor, outreach worker and role model
CUIDAR Promotora Model

- **Promotora Training**
  - SCRC’s services
  - Administrative protocols/procedures (ex: referral protocols)
  - Other San Diego services for older adults & caregivers
  - Alzheimer’s Disease/Dementia and related cultural myths (i.e. witchcraft, “punishment”)
  - Caregiver stress
  - REACH model and eligibility criteria
  - Monthly meetings and regular in-services
Outreach to Service Use
REACH: July 2009 – November 2010

General Outreach
N = 2,342

Referrals
N = 309

Assessments
N = 150

REACH Interventions
N = 81
(Approximately 3% of Outreach Contacts!)

R. Velasquez, 2010
C.U.I.D.A.R.
Cuidadores Unidos Inspirados en Dar Amor

- REACH topic areas covered in Home Visits and Notebook
  - Family Life
  - Home Safety
  - Social Support
  - Managing Caregiver Stress
  - Pleasant Activities
  - Health/Medical Practices
  - Understanding Caregiver Feelings
  - Communicating with loved one
  - Managing loved one’s difficult behavior
CUIDAR RESULTS: Depression

Pre (n=28) vs Post (n=18)

CESD (average)
CUIDAR RESULTS: Burden

Zarit (average)

Pre (n=27)
Post (n=14)
CUIDAR RESULTS: Additional Data

- 28 clients completed CUIDAR program during RCI funding period
- CESD scores ranged from 3 to 38 at Assessment and 1 to 11 at Reassessment
- Zarit scores ranged from 3 to 16 at Assessment and 1 to 12 at Reassessment (4 question short ZBI)
- Average age of clients was 52 years old. Age range was 18 to 72 years old.
- 96% of clients were female; 4% were male
CUIDAR RESULTS: Additional Data

Upon completing the CUIDAR intervention:

- 100% of clients reported they know where to get help when they need it
- 96% of clients reported they are more comfortable seeking help
- 96% of clients reported they are better able to handle their caregiving situation
- 100% of clients reported they were satisfied with the CUIDAR program
Sustainability

- County of San Diego Behavioral Health Services, Mental Health Services Act, Prevention and Early Intervention (MHSA, PEI)
  - “REACHing Out to Hispanic Caregivers of Alzheimer’s Patients”
  - Target region: South Bay area of San Diego County
  - Small Group and In-Home – REACH I and REACH II Interventions (CALMA & CUIDAR)

- Development Work/Fundraising

- Advocacy with potential funding sources (i.e. for continual growth/expansion of program)
MUCHAS GRACIAS!

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