ABSTRACT

A DEMENTIA EDUCATION AND ASSESSMENT PROGRAM FOR LATINOS RESIDING IN ORANGE COUNTY, CALIFORNIA:

A GRANT PROPOSAL

By

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May 2015

Since age has been identified as a leading risk factor for the development of Alzheimer’s disease and related dementias (ADRD) and as the U.S. population ages, ADRD has become a community concern. Latinos face greater risk due to systemic psychosocial stressors such as limited community-based supportive services, lack of trained bilingual health care professionals, and low quality of treatment and preventative care. The purpose of this project was to develop a dementia program targeting the underserved Latino community of Orange County, California, identify potential funding sources, and develop a grant proposal on behalf of the Orange County Vital Brain Aging Program at Hoag Memorial Hospital Presbyterian. The proposed program will increase awareness on ADRD while decreasing barriers in health care utilization through community-based education and psychosocial and cognitive assessments. The actual submission and/or funding of this grant were not requirements for the successful completion of this project.

A DEMENTIA EDUCATION AND ASSESSMENT PROGRAM FOR LATINOS RESIDING IN ORANGE COUNTY, CALIFORNIA:

A GRANT PROPOSAL

A THESIS

Presented to the School of Social Work

California State University, Long Beach

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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May 2015

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ACKNOWLEDGEMENTS

Thank you to my parents for providing me guidance since the day I was born. Their words of encouragement, support, and experience will always be remembered, recognized, and appreciated, *los quiero mucho.*

Thank you to my wife for her flexibility, support, and attentiveness as we encountered different phases of adjustment in the process of completing my MSW education.

Thank you to my thesis advisor, Dr. Steve Wilson, for his constructive and valuable feedback throughout the thesis completion process. His humor will always be remembered.

Thank you to Michaell Rose, LCSW, for facilitating the process in meeting with Dr. Junko Hara to collaborate and discuss my interest and passion to address the needs of the Latino community.

This thesis is dedicated to the Latino community of Orange County, California, *Si Se Puede!*

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CHAPTER 1

INTRODUCTION

Statement of Problem

There were over 43 million adults over the age of 65 in the United States in 2012 (Administration on Aging, 2012). This population represented 13.7% of the U.S. population or about 1 in every 7 Americans (Administration on Aging, 2012). Moreover, the older adult population is expected to double to over 92 million in 2060 (Administration on Aging, 2012). Starting at age 65, the risk of developing dementia doubles every 5 years (Centers for Disease Control and Prevention, 2013). By 85 years of age up to 50% of older adults will present signs and symptoms of dementia and Alzheimer's (Centers for Disease Control and Prevention, 2013).

According to the U.S. Census Bureau (2010a), 50.5 million or 16% of the United States population were of Latino ancestry. By 2050, Latinos will make up 29% of the United States total population and Latinos will account for 19.8% of all adults age 65 or older (U.S. Census Bureau, 2010b). Additionally, Latinos are the ethnic minority group with the largest elderly population and the group with the highest risk for Alzheimer's disease and related dementias (Weitzman, Neal, Hongtu, & Levkoff, 2008).

Alzheimer's disease and related dementias (ADRD) are among the most common and incapacitating chronic illnesses to affect older adults. Due to age being the primary risk factor for developing dementia, the number of adults living with dementia could double in the next 40 years with an increase in the number of Americans who are age 65 or older, from 40 million in 2014 to more than 88 million in 2050 (National Institute of Neurological Disorders and Stroke, 2013).

Latino families are often the primary caregivers of long-term care for their older adult Latino relatives (Weitzman et al., 2008). While older adult Latinos are more likely than other seniors to live with their families, barriers associated with language, limited access to services due to low socioeconomic status, and discrimination in health care settings have resulted in Latino families not receiving dementia support services and necessary screening assessments (Ayón, 2013; Keller, Silbergerg, Hartmann, & Michener, 2010; G. Kim et al., 2011; Walker et al., 2010). Furthermore, lack of awareness about dementia in Latino communities contributes to the stigma associated with dementia and challenges in accessing supportive services (Herrera, Lee, Nanyonjo, Laufman, & Torres-Vigil, 2009).

Statement of Purpose

Given the large number of Latinos in the United States, barriers to accessing services, and a need for increased services, the purpose of this project was to write a grant application to obtain funding for a bilingual and bicultural dementia education program to deliver culturally informed services to the underserved Latino communities of Orange County, California. The program will be based at the Orange County Vital Brain Aging Program of Hoag Memorial Hospital Presbyterian which is located in Newport Beach, California. The overarching goals of the program are to increase awareness of cognitive disorders, increase service access and utility, and improve services for Latino adults, older adults, and Latino families that are residing in Orange County, California. These goals will be accomplished through (1) provision of a Spanish language cognitive assessment and comprehensive psychosocial assessment, and (2) a community education component whereby Latino community residents and families can learn about healthy brain aging and cognitive disorders as they affect the Latino community.

Relevance to Social Work and Multiculturalism

The proposed grant is relevant to the field of social work as the grant will utilize micro and mezzo social work interventions which will include working with the individual and family system and providing community-based education. There is a growing interest in delivering culturally competent supportive services to adults with dementia and family caregivers due to older Latinos receiving lower rates of supportive services as compared to other ethnic minorities (Herrera et al., 2009). Additionally, culturally competent services have been found effective in increasing access to health care services (Coffman, Norton, & Beene, 2012).

Social workers are trained to assess and address the barriers that underserved communities face. The strengths based perspective has been utilized in the field of social work to address barriers of underserved communities. Providing community-based education has been a strength-based intervention to increase awareness on dementia while empowering the individual with dementia and their family system (Manthorpe & Iliffe, 2009).

Conceptual Definitions

Dementia: Dementia is an umbrella term for a group of cognitive disorders that is characterized by memory impairment, as well as marked difficulty in the domains of language, motor activity, object recognition, and disturbance of executive function; the ability to plan, organize, and abstract (Centers for Disease Control and Prevention, 2013).

Latino: Regardless of race, “Hispanic or Latino” is referred to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Hispanic, Latino, or Spanish culture or origin (U.S. Census Bureau, 2010a).

CHAPTER 2

LITERATURE REVIEW

This chapter will provide a literature review relevant to dementia and the Latino community. The themes included in this chapter are: understanding dementia; assessment of ADRD and preventative interventions; caregiver mental health; needs of the Latino community related to dementia; and help seeking behaviors of Latino families.

Understanding Dementia, Alzheimer's Disease, and Vascular Dementia

Dementia

Dementia refers to a pattern of cognitive deficits which is characterized by impairment in memory and at least one other cognitive domain (executive functioning, language, visuospatial abilities) that is severe enough to impact behavior and interfere with social or occupational functioning (American Psychiatric Association, 2000). Dementia has recently been referred to as mild neurocognitive disorder in the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (*DSM-5;* American Psychiatric Association, 2013). Dementia may be progressive, static, or remitting, and its onset and symptoms are a result from various causes (Wierenga & Bondi, 2011). Individuals with dementia significantly consist of older adults served in various medical, residential, and home and community-based care settings (Maslow, 2011). On average, approximately one-quarter of older adults in hospital settings have dementia (Alzheimer's Association, 2014), and approximately half of all residents living in skilled nursing facilities have dementia (American Health Care Association, 2013). Furthermore, in 2009, 17% of hospice patients that were beneficiaries of Medicare had a primary diagnosis of Alzheimer's disease or non-Alzheimer's dementia (Centers for Medicare & Medicaid Services, 2013). The needs of an individual with dementia that lives at home can range from assistance with simple home maintenance, such as changing a light bulb, to greater and ongoing assistance, such as medication monitoring or preparing meals. Since approximately 70% of individuals with dementia live at home (Alzheimer's Association, 2009), there has been an emphasis on home and community-based services (Gould & Basta, 2013). The emphasis on home and community-based services is due to individuals being significantly comfortable in surroundings that are familiar, and due to home representing individuality, accomplishments, autonomy, competence, and self-esteem (Gould & Basta, 2013). Some of the benefits of early assessment and diagnosis of dementia include longer periods of quality of life and savings in hospital in-patient and residential care costs (Chrisp, Tabberer, Thomas, & Goddard, 2012).

Alzheimer's Disease

Alzheimer's disease is a progressive neurodegenerative disorder and it is characterized by memory loss, cognitive deficits, and behavioral changes. The disease results in destruction of the regions of the brain responsible for memory, learning, and higher executive functioning (Carter, Resnick, Mallampalli, & Kalbarczyk, 2012). Alzheimer's disease is the most prevalent dementia which accounts for 60 to 80% of dementia cases that become reported (Alzheimer's Association, 2014). Although Alzheimer's disease was first identified more than 100 years, information about the physiologic changes that trigger the disease is minimal, and the availability of current treatments are unable to slow or reverse the damage (Carter et al., 2012). Identifying individuals that are at high risk for the development of Alzheimer’s disease is an important goal because understanding the biological and cognitive processes occurring at the initial stage can contribute to the development of advanced therapeutic interventions for disease prevention or treatment (Khachaturian et al., 2008). Episodic memory has been found to be the first cognitive function to decline during the preclinical onset of Alzheimer’s disease (Bondi et al., 2008). Declines in other cognitive abilities such as executive functioning, processing speed, attention, and semantic knowledge may contribute to early identification of Alzheimer’s disease (Albert et al., 2011; Bondi et al., 2008), and such domains are primarily assessed during neuropsychological evaluations (Rabin et al., 2012). Age and gender are predominant risk factors for the development of Alzheimer’s disease (Viña & Lloret, 2010). Given women having a higher longevity than men, it is impossible to know if men that have died would have developed Alzheimer’s disease at the equivalent rate of women (Carter et al., 2012).

Vascular Dementia

Vascular dementia is the second most common type of dementia and occurs after a stroke (Alzheimer’s Association, 2014; Perez, Heim, Sherzai, Jaceldo-Siegl, Sherzai, 2012). The pervasiveness of vascular dementia in the United States is also expected to increase as the population continues to grow and age (Perez et al., 2012). Vascular dementia is a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving brain cells of vital oxygen and nutrients (Alzheimer’s Association, 2014). Due to major brain blood vessels being blocked following strokes, changes in thinking skills sometimes suddenly occur (Alzheimer’s Association, 2014).

The symptoms of vascular dementia vary based on the severity of the blood vessel damage and the affected brain region (Alzheimer's Association, 2014). Memory loss may or may not be a significant symptom depending on the brain area in which blood flow was reduced, and as with Alzheimer's disease, age is a major risk factor for vascular cognitive impairment or dementia (Alzheimer's Association, 2014).

Assessment of Alzheimer's Disease and Related Dementias

Clinical Dementia Rating

The Clinical Dementia Rating (CDR) is a numeric scale which was developed to assess the severity of dementia (Morris, 1993). The CDR is a 5-point scale in which CDR-0 does not indicate a cognitive impairment. The additional four points are for various stages of dementia severity which include: CDR -0.5 indicates very mild dementia, CDR-1 indicates mild, CDR-2 indicates moderate and CDR-3 severe (Morris, 1993). This clinical assessment tool can be administered by a physician or a trained non-physician health professional and has been found effective in assessment of dementia (Han et al., 2013).

Short Portable Mental Status Questionnaire

Developed in 1974, the Short Portable Mental Status Questionnaire (SPMSQ) is also a practical, short, and reliable instrument to assess for the presence of cognitive impairment (Pfeiffer, 1975). The test consists of a 10-item questionnaire that examines the orientation to person, place, time, and situation (Campbell, Perkins, Hui, Khan, & Boustani, 2011). The number of questions answered incorrectly determines the severity of the cognitive impairment, and it is scored as follows: 0-2 errors, indicates there is no impairment; 3-4, indicates mild cognitive impairment; 5-7, indicates moderate impairment; and 8-10, indicates severe impairment (Pfeiffer, 1975).

The Mini-Mental State Examination

The Mini-Mental State Examination (3MS) is a 100-point instrument that is used for the assessment of several dimensions of cognition. The 3MS includes the Mini-Mental State Examination (MMSE) and adds items to better assess memory, verbal fluency, similarities, and delayed recall (Teng & Chui, 1987). This tool has been found effective in the assessment of cognitive functioning among adults and older adults (Stewart et al., 2013).

Mini-Cog

The Mini-Cog is comprised of a three-item recall to assess memory and a clock-drawing for the assessment of executive functioning. The clock-drawing test is assessed as normal (2 points) or abnormal (0 points). Mini-Cog scores range from 0 to 5, with scores from 0 to 2 considered impaired and scores from 3 to 5 considered not impaired (Borson, Scanlan, Chen, & Ganguli, 2003; Scanlan & Borson, 2001). Although the Mini-Cog consist of a three-item recall assessment, the test has been found effective in the screening and diagnosis of a cognitive impairment or dementia (Holsinger et al., 2012; Riley McCarten et al., 2012).

Two-Item Functional Memory Screen

The two-item functional memory screen (MF-2) allows for participants and informants to provide information related to memory problems and its effect on functioning (Holsinger et al., 2012). The questions for the MF-2s are: "During the past 12 months, have you noticed a decline in your memory such that you have trouble remembering where you put things, remembering to take your medications, or remembering to pay bills?” and “During the past 12 months, have you had problems with your memory or thinking that interfere with your ability to do things that you regularly do such as taking care of your home, managing your checkbook, or keeping up with TV programs?” The questions to the informant are parallel but are developed to ask the informant about the participant’s memory. The screening results are positive when the participant answers yes to both questions as this indicates that the participant does not have a cognitive impairment (Holsinger et al., 2012).

Dementia Preventative Interventions

Given the current increase and prevalence of dementia among older adults and limited effective pharmacological treatments, the identification of preventative treatments and interventions is an area of interest in health care (Bowes, McCabe, Wilson, & Craig, 2011). Change in lifestyle practices among older adults that include an increase of engaging in physical activities can potentially reduce the risk of cognitive impairment and dementia (Bowes et al., 2011). Additionally, the utilization of games such as dominoes and darts as form of physical activity has been positively associated to provide cognitive stimulation (Bowes et al., 2011).

Good relationships have been correlated with physical, psychological, and cognitive well-being and longevity (Charles & Mavadadi, 2004). Older adults having exposure to an enriched environment, which is defined as a combination of opportunities that allow for completion of physical and learning activities and social interaction, may produce structural and functional changes in the brain (Brown et al., 2003). Furthermore, a supportive environment for individuals with dementia has been reported to reduce behaviors that are challenging while promoting positive mental status and well-being (Slaughter & Hayduk, 2012). Additionally, when older adults in their environment are provided with privacy, balance between activities and rest, social opportunities, safety, and meaningful activity and roles, they are able to have positive outcomes as it relates to their disability (Slaughter & Hayduk, 2012).

Individuals with a good support system are significantly less likely to demonstrate cognitive decline when compared to individuals that exhibit isolative behaviors or are lonely (Riastu, 2011). Active social networks which can include friends, family, or community members have been found as a preventative and protective factor for cognitive function (Crooks, Lubben, Petitti, Little, & Chiu, 2008). The self-esteem and sense of belonging of individuals with dementia has been found to improve when support systems and social resources are available (Alma et al., 2009). Additionally, social resources are effective for family caregivers as social resources can provide informational guidance and support (Alma et al., 2009). Furthermore, strong family cohesion, defined as effective involvement or bonding within the family, can allow older adults to have their psychosocial stressors addressed, and families that have a strong family cohesion follow-through with provided recommendations associated to health and mental health services (Ta, Holck, & Gee, 2010).

Regular activity such as physical exercise can also be beneficial in decreasing the risk of dementia. Exercise can directly benefit brain cells due to an increase of blood and oxygen flow (Alzheimer's Association, 2014). In exploration of 24 longitudinal studies that included 1,378 patients with dementia, it was concluded that there is evidence supporting the hypothesis that physical activity can delay the onset of dementia

(Aarsland, Sardahaee, Anderssen, & Ballard, 2010). Furthermore, programs that promote increase of physical activity among adults to lower the risk of dementia have been recommended as a preventative measure (Aarsland et al., 2010; Centers for Disease Control and Prevention, 2013).

Engagement with Latinos

Services that are culturally competent and attend to cultural context and values are effective (Griner & Smith, 2006). There are various Latino values that have been identified that impact the thoughts, beliefs, and behaviors of the individual (Añez, Silva, Paris, & Bedegral, 2008). The following concepts have been identified as being significant among Latinos: *familism* (family orientation), *personalismo* (preference for relationships with individuals rather than with institutions), *respeto* (respect), *confianza* (trust and intimacy in a relationship), *fatalism* (fatalism), *controlarse* (self-containment), and *aguantarse* (being able to deal with stressful events or situations). In working with the Latino population and community, a positive interpersonal relationship is developed when values are present and validated (Añez et al., 2008). In particular, *personalismo*, *respeto*, and *confianza* are found to be imperative in the therapeutic rapport building process (Antshel, 2002; Bracero, 1998; Falicov, 1998; LaRoche, 2002; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Furthermore, the use of motivational interviewing principles to assess client's adherence to *personalismo*, *respeto*, and *confianza* in the early stages of treatment has been found to represent interventions that are culturally congruent, decrease ambivalence, and strengthen the therapeutic relationship (Añez et al., 2008). Motivational interviewing is a client-centered counseling approach that uses interventions that facilitate change in health-related behaviors among ambivalent individuals (Miller & Rollnick, 1991).

Caregiver Mental Health

The stress process model suggests that caregiving is fundamental to many dyadic relationships, and when a member of a dyad develops dementia, the relationship shifts from an equal exchange of assistance, to an increase of burden on the caregiver (Bainbridge, Krueger, Lohfeld, & Brazil, 2009; Pioli, 2010). A stressor that is often experienced by caregivers is “relational deprivation” or the “deprivation of intimate exchange” in which as dementia progresses, there is a decrease of closeness in the relationship and loss of support (Fauth et al., 2012). Caregivers have reported a significant loss of closeness or decrease of relationship quality when comparing pre- versus post-dementia onset (Netto, Jenny, & Philip, 2009). The loss of intimacy in a dyad relationship is associated with an increase of depression amongst caregivers (Fauth et al., 2012). The association between poor self-reported physical and depression has also been found to be prevalent among dementia caregivers (Cucciare, Gray, Azar, Jimenez, & Gallagher-Thompson, 2010; J.S. Kim & Lee, 2003).

Caregivers of individuals with dementia often experience stressful circumstances and events during their role of caregiving due to factors such as role conflict and strain (McLennon, Habermann, & Rice, 2011). The risk for mortality has been greater among caregivers as compared to the risk of non-caregivers (Schulz & Beach, 1999). A decrease in mental health status as a result of stress or depression and other health related problems also affects caregivers of spouses with dementia (Mills et al., 2009). Furthermore, caregivers have also reported less participation of healthy behaviors, experiencing disabling physical conditions, and poor health based on self-report (Schubert et al., 2008). Lastly, family caregivers of individuals with dementia are more likely to rate care more emotionally stressful than family caregivers with a non-dementia family member, and financial hardship, sleep disturbance, and physical strain have also been reported in the caregiving role (Alecxih, 2012).

The sociocultural stress and coping model indicates that ethnicity and culture may have an important role in the stress and coping process (Aranda & Knight, 1997). The sociocultural stress and coping model hypothesizes that culture can have a valuable impact on well-being through its influence on the appraisal and the perception of social support (Aranda & Knight, 1997). Latinos are recognized for their *familismo* which is defined as family solidarity, family integration, and intergenerational solidarity (Ruiz, 2012). Given that *familismo* is central to the Latino family system, Latino caregivers are at risk for developing physical and mental health problems due to the increase of impaired functioning and chronic illness experienced by their older adult relatives (Herrera et al., 2009). Additionally, with less financial resources than the general United States population, Latino family caregivers frequently perform work outside the home to be able to follow-through with their caregiving role (Herrera et al., 2009). Although *familismo* creates a sense of obligation in Latino adult children towards their parents, multiple issues such as intergenerational conflict, family stress, and geographical distance, may result in family members not being able to meet the expected traditional caregiving role for the family's elderly (Min & Barrio, 2009). Although Latino families maintain contact with aging relatives, families have reporting having difficulties in being able to provide instrumental support to older adults for critical problems that influence activities of daily living (Dietz, 2001).

Best Practices in Working with Caregivers

Since multiple Latino family members may be involved in providing care to a family member with dementia (Robinson et al., 2011), family therapy can be useful in decreasing conflict and burden associated with caregiving (Qualls & Noecker, 2009). Family therapy can provide an opportunity for discussions surrounding caregiving roles and caregiving family decisions (Qualls & Noecker, 2009). Additionally, family therapy can allow clinicians to assess the impact of family conflict caused by the patient's symptoms and ensures appropriate referrals that address family-focused presenting problems are provided (Qualls & Noecker, 2009). Lastly, the coping skills that are discussed in family therapy can be used by every participating family member, and the family member with dementia should always be an area of clinical attention during family sessions (Robinson et al., 2011).

Psychoeducational-skill building and psychotherapy are evidence-based treatment modalities that focus on reducing distress and improving social functioning of family members that are caring for a relative with significant cognitive or physical impairments (Gallagher-Thompson & Coon, 2007). Psychoeducational-skill building focuses on increasing the caregiver's knowledge of the diagnosis (e.g., Alzheimer's disease or dementia) and teaching caregivers coping skills that can allow them to manage emotional and/or behavioral problems (Gallagher-Thompson & Coon, 2007). Psychoeducation can include behavior or mood management skills, problem solving skills, and/or skills for environmental modification (Gallagher-Thompson & Coon, 2007). Skill building, however, can include psychological-emotional support and education regarding caregiving or information on community resources (Gallagher-Thompson & Coon, 2007). Psychotherapy includes implementation of individual or group therapy interventions (Gallagher-Thompson & Coon, 2007). Behavior therapy, cognitive therapy, and cognitive-behavioral therapy (CBT) are theories that can be utilized in the therapeutic relationship in working with caregivers (Gallagher-Thompson & Coon, 2007). Providing individual CBT is found to be effective among caregivers that are experiencing significant depressive symptoms, and group CBT-based interventions can be used in treatment for caregivers that are highly stressed but not clinically depressed (Gallagher-Thompson & Coon, 2007).

Music therapy has also been an effective intervention that addresses the mental health needs of caregivers. Music interventions have been utilized to share experiences and life events, acknowledge and accept personal losses, and develop self-care skills (Brotons & Marti, 2003). Caregiver interventions have included singing, listening to music, music relaxation exercises, musical games, and songwriting (Brotons & Marti, 2003). The combinations of psychoeducation and music therapy interventions are effective in working with caregivers that have a family member with Alzheimer's disease or a related dementia (Klein & Silverman, 2012). Psychoeducational interventions include a discussion on effective coping skills, the importance of coping skills, and encouraging caregivers to discuss and share their coping skills (Klein & Silverman, 2012). Furthermore, music therapy interventions include songwriting that can allow caregivers to incorporate coping skills within their lyrics (Klein & Silverman, 2012). The results of implementing psychoeducational and music therapy interventions have been consistent with results of traditional talk therapy interventions (Klein & Silverman, 2012; Silverman, 2008).

Benefits of Receiving Mental Health Services

Providing emotional support to adults newly diagnosed with dementia or mild levels of cognitive impairment is important to allow the individual to learn positive coping skills (Cheston & Jones, 2009). Providing group psychotherapy as a mode of intervention has been effective in reducing depressive symptoms for those with a mild level of dementia (Cheston & Jones, 2009). Cognitive Stimulation Therapy (CST) which is a brief group intervention for adults with dementia can have outcomes associated with increase in cognitive and quality of life, and improved communication between clients and their health care provider (Spector, Gardner, & Orell, 2011). Lastly, integrated healthcare services that include medical screening, psychosocial assessments and interventions, and increased socialization skills found in supportive services can allow caregivers to receive support in their caregiving role (Kupprat, Dayton, Guschlbauer, & Halkitis, 2009).

Since Latino families are the primary caregivers of older adult Latinos with dementia or a cognitive impairment (Weitzman et al., 2008), providing mental health services and education to the family system can improve familial interpersonal relationships and communication (Gelman, 2010; Kurz, Wagenpfeil, Hallauer, Schneider-Schelte, & Jansen, 2010). Furthermore, among Latino families, it is expected for the elderly to be respected and cared for (Ruiz, 2012). Given *familismo* being central in Latino families, taking into consideration the needs of Latinos diagnosed with dementia and their family caregivers is becoming increasingly important (Gelman, 2010). Caring for an elderly person with dementia imposes a heavy strain on the family system and puts family caregivers at risk of psychological and physical morbidity (Kurz et al., 2010). Psychosocial interventions that are aimed at improving the emotional and physical health of caregivers have been found to be effective in reducing caregiver stress and increasing access to social services (Gelman, 2010; Kurz et al., 2010). Furthermore, receiving individual or group treatment modalities has been found to improve problem solving skills and positive communication between adults with dementia and their family system (Kurz et al., 2010). Lastly, family therapy is a preferred treatment modality when Latinos do seek mental health services (Bermúdez, J., Kirkpatrick, D., Hecker, L., & Torres-Robles, 2010).

Depression and Diabetes as Risk Factors in Latinos

There are many risks factors associated with the development of dementia; however, depression and diabetes are risk factors that are prevalent among Latinos (Gao et al., 2013; Parikhl et al., 2011). Depression and cognitive impairments are among the most important mental health challenges in later life with depression also being a major risk factor for incidence of dementia (Gao et al., 2013). Depression and cognitive impairments have severe consequences, including a decrease in quality of life, functional impairment, increased use of health and mental health services, and high risk for mortality (Gao et al., 2013). Latinos also experience a greater number of depressive symptoms as compared to non-Latinos (Liang, Xu, Quiñones, Bennett, & Ye, 2011). Moreover, Latinos concerned about discrimination are twice as likely to self-report depressive symptoms and individuals with concerns about access to medical care have a higher likelihood of experiencing symptoms of depression (Leung, LaChapelle, Scinta, & Olvera, 2014).

Among older adults, diabetes is one of the most prevalent occurring diseases (Parikh et al., 2011), and Latinos are a group that has a high risk in developing diabetes (Centers for Disease Control and Prevention, 2013). The Centers for Disease Control and Prevention (2013) have reported that diabetes is also a risk factor in developing dementia and cognitive decline. Among the Latino population in the United States, diabetes is the fifth leading cause of death (Centers for Disease Control and Prevention, 2013). The prevalence of diabetes among the Latino community is due to insufficient diabetes education and lack of access to preventive care and services (Coffman et al., 2012). The number of older adults with diabetes and with dementia-related conditions is also expected to increase (Maslow, 2011). Without access to diabetes preventative education and services, Latinos who represent a significant segment of the United States population, are at risk for increased morbidity and mortality (Long et al., 2012). Lastly, providing culturally competent care and education for Latinos with diabetes is crucial, however, there continues to be a low percentage of health care providers that are trained in the Latino language and culture (Long et al., 2012).

Needs of Latinos Related to Dementia

Latino often experience health disparities in the United States which can have serious public health implications (Coffman et al., 2012). Health disparities are often explained as gaps in the quality of health and health care that mirror the differences in socioeconomic status, racial and ethnic background, and education level (National Institute of Allergy and Infectious Diseases, 2013). Ruiz (2012), in her qualitative study of 24 older adult Latinos age 55 and above, found that older adults present with needs related to accessing health and caregiving support. Additionally, although family members are a strong support system to Latino older adults, family members are often not able to provide their older adult relative with support due to families not seeing supportive health care services as culturally competent (Ruiz, 2012).

Families face difficulties as they cope in the caregiving of a family member with ADRD. Support groups aimed to support and assist families have emerged but attend mostly to the Anglo middle class population of the United States (Reynoso-Vallejo, 2009), and support groups in Latino communities have not increased (Sorkin, Pham, & Quyen, 2009). Interventions that take into consideration the diversity among Latino groups are recommended and when support groups and services are "culturally competent," which is referred to being conducted in Spanish and the culture of the Latino communities being taken into consideration, caregivers and family members are more likely to utilize the services and participate in groups (Reynoso-Vallejo, 2009).

Need for Culturally Informed Services

The Latino service underutilization historically received attention in the mental health field where it was initially blamed on factors within Latino groups such as mistrust of Anglo professionals, reliance on the family to address and solve the problems, and even preferring to receive help from indigenous folk healers and medicine over formal services (Organista, 2009). Systemic barriers, however, have been identified in regards to the reason for health care underutilization among racial and ethnic communities such as the Latino community (Organista, 2009). Utilization of culturally competent biopsychosocial assessments and interventions have emerged to address the needs of the

Latino community while considering their culture, value system, and validating the psycho-historical barriers regarding access to health and mental health services (Organista, 2009). Culturally competent biopsychosocial assessments, treatment planning, and interventions have been effective in addressing health and mental health needs of Latinos (Organista, 2009).

Latino individuals have also been viewed as seeking help from a crisis-oriented perspective because of their lack of knowledge regarding available services; therefore, education that is provided through the culturally pre-existing social support networks has been recommended (Delgado, 2007). Interventions that are culturally competent and provide bilingual and bicultural staff are likely to increase service utilization among ethnic minorities (Organista, 2009). The Latino community has been receptive to programs such as classes or support groups that address stigmas of mental health problems, facilitate empowerment, and encourage personal responsibility for change (Bledsoe, 2008; Chang, Natsuaki, & Chih-Nan, 2013; Organista, 2009).

Latino communities and families are highly homophilous, and communities that are highly homophilous have been found to have limited social networks, due to the significant implication in the delivery of information, access to services, limited ability to mobilize, and advocate for change (McPherson, Smith-Lovin, & Cook, 2001). Due to Latino communities having limited social services, Latino families are less likely to obtain assistance and proper assessment and intervention related to dementia services (Herrera et al., 2009). Community-based services that increase awareness regarding health and mental health services have been effective in Latino communities (Haack, Gerdes, & Lawton, 2014). The utilization of traditional Latino values such as *personalimiso* and *respeto* has been found to be culturally appropriate and allows the individual and family system to be at ease (Haack, Gerdes, Cruz, & Schneider, 2011). *Respeto* allows for the respect to be maintained among the extended family unit while being conscious on the level of courtesy that is required in a social situation (Calzada, Fernandez, & Cortes, 2010). The term *personalismo* refers to the development of relationships made through personal and effective bonds (Inclan, 1990) and a cultural concept that focuses on the personal quality of interactions (Comas-Diaz, & Griffith, 1988).

Ethnic minorities such as Latinos have a higher occurrence and prevalence of Alzheimer's disease and related dementias (Cabo & Manly, 2009; Weitzman et al., 2008). Additionally, Latinos with dementia have had unequal access to resources that promote healthy cognitive aging and that can address the risk factors of developing dementia (Cabo & Manly, 2009). There are also racial, ethnic, and socioeconomic disparities that exist in the use of healthcare amongst middle aged adults and throughout their lifespan (Walker et al., 2010). Some of the disparities being experienced by the Latino community and adults with dementia have included poor access to health care due to difficulty understanding benefits of health insurance, higher out-of-pocket costs, poor access to transportation services, and insufficient community resources (Cabo & Manly, 2009; Walker et al., 2010). At least one-quarter of older adults living in low-income communities could be uninsured at some point during the years prior to being eligible for Medicare (Kaiser Family Foundation, 2009). Latinos immigrating to the United States and adjusting to a new country also experience psychosocial stressors (G. Kim et al., 2011). These stressors are a result of changes in social status, familial conflict, intergenerational differences in acculturation, and the availability of community support and services (G. Kim et al., 2011).

Individuals with limited English proficiency often receive poor quality of care in health care settings (G. Kim et al., 2011). Initial assessments to determine cognitive functioning and rule out dementia have also been found to be inaccurate due to the assessments not being conducted in Spanish, thus, leading to poor intervention and treatment planning (Cabo & Manly, 2009; G. Kim et al., 2011). Latinos with limited English proficiency have a lack of primary source of care, longer waits in medical settings, and difficulty getting information and advice by telephone due to not being able to express their needs and concerns as a result of their limited English proficiency (G. Kim et al., 2011). There is also a limited number of culturally and linguistically competent professionals in the health care system and interpreters are often unavailable or poorly trained which prevents Latino families in being able to access care and receive effective care (Ayón, 2013). Language barriers have also resulted in Latinos not being able to thoroughly communicate about the details of a condition or situation to a primary care physician, not understanding the provided treatment recommendations, and Latinos not feeling comfortable to follow-up on necessary clarification regarding their health and mental health care (August, Nguyen, Ngo-Metzger, & Sorkin, 2011; Kanter et al., 2009). Latino families that have a family member with dementia have also reported feeling discriminated in health care settings based on their race and ethnicity, health insurance benefits, and due to not speaking the English language (Keller et al., 2010; Reynoso-Vallejo, 2009).

Latino families have been found to experience high levels of discrimination in the provision of health care services (Ayón, 2013). Discriminatory factors such as racial profiling, family disintegration due to fear of deportations also contribute to the barriers in accessing health care assistance and dementia preventative services (Ayón, 2013; Schrauf & Iris, 2011). Latino older adults have also reported not feeling comfortable to receive dementia preventative treatment and services due to a belief that health care providers would provide discriminatory services or that services would not be inclusive of Latino cultural values (Gelman, 2010; Reynoso-Vallejo, 2009). This discrimination which is experienced by Latinos places their physical health, mental health, cognitive function, and general well-being in jeopardy (Ayón, 2013; Gelman, 2010). As a result of the discrimination being experienced, Latinos have been shown to have higher rates of a depressive disorder than Whites (Jimenez, Cook, Bartels, & Alegria, 2013).

Given that Latinos are the largest and fastest-growing minority group in the United States, assessment of implicit and explicit bias against both Latinos and African Americans among experienced primary care providers has been explored (Blair et al., 2013). Explicit bias is measured by asking primary care providers to report on their own feelings and beliefs (Bobo, 2001). Implicit bias, however, is done in a conscious and unconscious manner such as facial expression, body language, and tone of voice of the health care provider (Greenwald, Poehlman, Uhlmann, & Banaji, 2009). Biases in health care settings have been found to have a negative effect on the outcome of delivery of services as implicit bias may impair the continuum of information and decrease the patient's receptiveness to follow-through with the provided treatment recommendations (Beach et al., 2005).

Social Support: A Strength in Latino Communities

The strengths-based perspective has been utilized in social work through its emphasis on change and empowerment, focus on strengths, resiliency, and on its focus in allowing the individual, family, or community system to be the expert on the presented problem (Douglas, McCarthy, & Serino, 2014). Understanding the strengths of the Latino community is imperative to address psychosocial stressors. A strength that is found in Latino community is the social support network (Ayón & Naddy, 2013). Natural support systems are more prevalent in the Latino community as opposed to formal helping relationships that consist of public social agencies and professionals (Ayón & Naddy, 2013). Natural support systems include nuclear and extended family members, friends, and community neighbors (Ayón & Naddy, 2013). Latino social networks are able to provide the individual and family system with resources that can meet the family's basic needs such as food, financial support, and transportation (Haxton & Harknett, 2009). Social contacts within the support network may also provide emotional support, advice, and instrumental assistance for pregnant women, new mothers, single parents, and the elderly (Ayón & Naddy, 2013; Ornelas, Perreira, Beeber, & Maxwell, 2009).

Help Seeking Behaviors of Latino Families

Latino families have been described as being cohesive and conscious towards the needs of the family, and Latinos are more likely to emphasize the group over the individual (Bermúdez et al., 2010). Regarding Latino's perception on familial support, Latinos view family members as dependable and they depend on the family for necessary emotional support (Bermúdez et al., 2010). The nuclear and extended family may also not be differentiated, and *la familia* can be everyone in which they relate to as family (Bermúdez et al., 2010). Latino families may also obtain advice or assistance from informal sources, which may result in Latino families obtaining professional help for a family member as a last choice (Min & Barrio, 2009). Assessing the beliefs, perceptions, and preferences of older adults and their family can be effective as such qualities can be utilized during group or family centered treatment and can allow for the delivery of culturally competent services with the individual or family system (Min & Barrio, 2009).

The perceptions individuals have regarding health and illness is impacted based on the cultural context of the individual as culture determines the thought process, access, and utilization of health care services (Felicity, 2010; Waldstein, 2010). Older Latinos have been found to utilize their behavioral beliefs due to historical cultural traditions, having familiarity with such methods, having knowledge about how to use them, and being comfortable with their behavioral belief systems (Rogers, 2010). Additionally, traditional methods have provided Latinos with relief without negative side effects and working more efficiently or faster than conventional methods (Rogers, 2010). Traditional methods among Latinos have included usage of herbs, teas, and utilization of *curanderas* (Rogers, 2010). Conventional care is referred to medicine and technology, and usage of health care professionals (Rogers, 2010). The beliefs about healthcare determines the types of care utilized and the ways in which they are utilized, and having an understanding on the beliefs among the Latino community can reduce health disparities and allow for the development of services that are culturally competent (Rogers, 2010). Additionally, when clinicians understand the beliefs and behaviors of the targeted community, it allows for the needs of older adults to be met (Rogers, 2010).

Cultural and religious values influence casual illness beliefs. Religion, whether being measured by frequency of prayer or religious participation (Pew Hispanic Center & Pew Forum on Religious and Public Life, 2006), or subjective statements about the meaning of religion and practices (Florez et al., 2009), is significant in the Latino culture. A significant proportion of Latinos engage in prayer, and God is an active, intimate, presence in daily life (Florez et al., 2009). Moreover, spirituality and religion can be critical on the overall mental health and health outcomes of Latinos (Applewhite, Biggs, & Herrera, 2009). Religious values can also contribute to the beliefs Latinos have regarding mental illness and the recognition of illness (Caplan et al., 2011). Relevant to religious values, *curranderismo* is the most common healing practices in the Latino culture (Tafur, Crowe, & Torres, 2009). *Curranderismo* is Latino folk medicine with association to spiritual healing, preserving harmony, and balancing nature (Tafur et al., 2009). Health care providers have been recommended to discuss the belief system of the patient and family to increase patient and family treatment compliance, thus, allowing health care providers to appropriately assess potential mental health risk factors (Caplan et al., 2011).

Conclusion

Some of the benefits surrounding early preventive assessment and diagnosis of dementia have included longer periods of quality of life (Chrisp et al., 2012), development of advanced therapeutic prevention and intervention (Khachaturian et al., 2008), and improved physical, psychological, and cognitive well-being (Charles & Mavadadi, 2004). Latinos have utilized services when the services and interventions are culturally competent (Reynoso-Vallejo, 2009), and culturally competent biopsychosocial assessments and treatment plans have been able to address the health and mental health needs of the Latino community (Organista, 2009). Moreover, when programs provide bilingual and bicultural staff, there is an increase in service utilization among ethnic minorities, such as Latinos (Organista, 2009). Additionally, within the Latino community, community-based services that increase awareness regarding health and mental health services have been effective (Haack et al., 2014). There continues to be a limited number of professionals that are culturally and linguistically competent in the health care system which has resulted in Latino families not receiving comprehensive care due to interpreters that are limited in availability and due to staff that are poorly trained to work with the Latino community (Ayón, 2014). The development of community-based services and cognitive assessments is an area of further implementation due to low levels of awareness regarding dementia among the Latino community (Herrera et al., 2009), dementia-related conditions being expected to increase (Maslow, 2011), and Latinos representing a large number of the U.S. population which have an increased risk of morbidity and mortality surrounding dementia-related conditions (Long et al., 2012; Maslow, 2011).

CHAPTER 3

METHODS

Identifying and Selecting Potential Funding Source

Utilizing the California State University, Long Beach librarian, the World Wide Web, Long Beach Non Profit Library, federal, state, and local foundations, private foundations, and Grants.gov the author of this grant explored and identified potential funding sources. Key words for Internet searches included *underserved Latinos*, *Alzheimer's funding*, *dementia and Latinos*, *aging Latinos and memory*, and *dementia funding*. The geographical area was limited to Orange County, the service area of the Orange County Vital Brain Aging Program within the Neurosciences Institute at Hoag Memorial Hospital Presbyterian located in Newport Beach, California. The author of this grant consulted with staff from the Mental Health Center and Orange County Vital Brain Aging at Hoag Memorial Hospital Presbyterian and discussed potential funding sources. After a search of Grants.gov, California Department of Aging, and other sites using relevant search terms was unsuccessful, several private foundations were searched which included The Geoffrey Beene Foundation and The Rosalinde and Arthur Gilbert Foundation. The Weingart Foundation, however, was a foundation congruent with this grant.

The Geoffrey Beene Foundation implemented The Geoffrey Beene Foundation Alzheimer's Initiative in efforts to address Alzheimer's disease through its focus on increasing knowledge regarding Alzheimer's disease which includes gender differences and stages of the disease, process of early diagnosis, and preventative care (Geoffrey Beene Foundation, 2012). The Geoffrey Beene Foundation Alzheimer's Initiative was not coherent with the values, goals, and objectives of this grant as it is focused in funding research scientists as opposed to funding community-based programs and services that can increase service utilization among underserved communities (Geoffrey Beene Foundation, 2012).

The Rosalinde and Arthur Gilbert Foundation has an emphasis in providing opportunities in the areas of health, education, economic, and cultural opportunities to communities in California and Israel (The Rosalinde and Arthur Gilbert Foundation, 2014c). An area of dedicated support is diabetes prevention, Alzheimer's disease research, and caregiver support (The Rosalinde and Arthur Gilbert Foundation, 2014c). The Rosalinde and Arthur Gilbert Foundation was not selected due to the Foundation providing funding that focus on Alzheimer's disease research as opposed to community-based services (The Rosalinde and Arthur Gilbert Foundation, 2014b). Additionally, The Rosalinde and Arthur Gilbert Foundation provide funding to service providers that are located in Los Angeles County and Israel (The Rosalinde and Arthur Gilbert Foundation, 2014a). The program is planned to be implemented in Orange County which will not meet the geographic requirement.

It was determined that the values, goals, and objectives of the Weingart Foundation were compatible with those of this grant. The Foundation has a value system related to improving health, human services, and education to communities, and priority is significantly provided to low-income and underserved communities of Los Angeles

County and Orange County (Weingart Foundation, 2014c). The overarching goals of the program are to increase awareness of cognitive disorders, increase service access and utility, and improve services for all Latino adults, older adults, and families of Latino clients experiencing symptoms of dementia that reside in Orange County.

The program meets the values, goals, and objectives of the Foundation as the community-based program will provide services to the Latino underserved community of Orange County while including a focus on human services through providing comprehensive psychosocial assessment and appropriate service linkages to Latino participants and families. Community-based education will also be provided to allow Latino community members and families to learn about caregiver stress, coping skills, preventative measures, and education on Alzheimer's disease and related dementias. Additionally, since Latinos are underserved in health care services due to barriers associated to low socioeconomic status, language, and discrimination (Ayón, 2013; G. Kim et al., 2011; Keller et al., 2010; Walker et al., 2010), this grant will meet the priority criteria as the Foundation provides priority to underserved and low-income communities (Weingart Foundation, 2014c).

The Weingart Foundation

The Weingart Foundation provides grants that improve services in the areas of health, human services, and education for people and communities in need (Weingart Foundation, 2014c). The mission statement of the Foundation is to build a better America by offering constructive assistance to people in need, thereby helping them to lead more rewarding, responsible lives (Weingart Foundation, 2014b). Priority is given to underserved communities in efforts to increase access to services, and the Weingart

Foundation focuses in supporting non-profit agencies in Orange County and its surrounding areas which is where the Orange County Vital Brain Aging Program at Neurosciences Institute of Hoag Memorial Hospital Presbyterian is located (Weingart Foundation, 2014c).

The Foundation is able to offer grants of up to $200,000 for core support, capital support, capacity building, and program support (Weingart Foundation, 2014c). Core support will be considered as such type of support provides assistance to organizations that operate effectively and serve the needs of poor and underserved communities (Weingart Foundation, 2014c). To start with the application process, a letter of inquiry must first be submitted (Weingart Foundation, 2014a), and if the letter of inquiry meets the Foundation's values and mission, the applicant is provided with further information regarding submission of a formal application (Weingart Foundation, 2014a).

Target Population

The target population will be all Latino adults, older adults, and Latino families living in Orange County, California. In 2010, there were 1,012,973 Latinos in Orange County, California or 33.7% which makes Latinos the largest ethnic community in Orange County (U.S. Census Bureau, 2010b). Furthermore, by 2015 it is projected that there will be more than 54,000 adults 55 years and older that will have Alzheimer's disease and related dementias in Orange County, and Latinos will account for a high percentage due to risks associated to increased life expectancy, lower educational level, and high rates of vascular disease risk factors such as diabetes (Centers for Disease Control and Prevention, 2013; Orange County Alliance for Community Health Research, 2013).

Needs Assessment for the Actual Grant

A review of current literature on the need for culturally competency programs addressing the needs of Latinos and barriers the Latino individual, family, and community face were explored. Exploration of literature allowed the author to understand the goals of a program that can be developed targeting the needs of the Latino community with regards to dementia education and supportive services. Information was also gathered from the websites of the Administration on Aging, the Alzheimer's Association, Orange County Vital Brain Aging, and the U.S. Census Bureau.

To develop the education program for the Orange County Vital Brain Aging Program within the Neurosciences Institute at Hoag Memorial Hospital Presbyterian, data sources from the U.S. Census Bureau, the Orange County Vital Brain Aging Program, and The Mental Health Center at Hoag were reviewed to better understand the communities served by Hoag Memorial Hospital Presbyterian. Information was utilized from the California and local Departments of Aging, as well as community-based services and agencies working specifically with the Latino community. Data sources from community-based services and agencies working respectively with the Latino community will be used for program planning, implementation, and service delivery in supporting the identified needs of the Latino community.

CHAPTER 4

GRANT PROPOSAL

The following is a grant proposal to the Weingart Foundation for implementing a component within the community assessment services of the Orange County Vital Brain Aging Program. The component will consist of a program that will target the underserved Latino community of Orange County, California to increase awareness regarding cognitive disorders and available services. Latino adults, older adults, and families of Latino clients experiencing symptoms of dementia will be the target population. The grant writer was not able to obtain the specific application guidelines from the Foundation as the Foundation required a letter of inquiry to first be submitted to obtain the application guidelines. Elements typically required in a grant have been included in this section. The components are history and goals of the organization, detailed description of the program, program budget, target and action plan of project, and expected results.

History and Goals of the Organization

The Orange County Vital Brain Aging Program is made possible by a grant to Hoag's Hospital Neurosciences Institute in which the goal of the program is to help the community maintain a healthy brain. To allow the Orange County Vital Brain Aging Program to meet their goal, education, risk factor management, prevention, and timely intervention against cognitive decline is provided (Orange County Vital Brain Aging

Program, 2014). Hoag Neurosciences Institute started the Orange County Vital Brain Aging Program in 2010 to address community fears related to dementia and the aging community. The Orange County Vital Brain Aging Program is composed of public education, community assessment service, and physician education. Public education is aimed at providing lecture series, cognitive exercise classes, and educational information that is available on their website. Community assessment services provide cognitive assessments, education, and triage to ensure that participants receive the necessary ongoing care. Physician education provides assessment tools and education to physicians to improve service delivery with respect to cognitive assessment and treatment (Orange County Vital Brain Aging Program, 2014).

This proposal has placed importance in implementing a component within the community assessment services of the Orange County Vital Brain Aging Program. The community assessment services have been able to provide cognitive assessments with utilization of the MCI Screen which is a highly accurate, computer aided assessment technology to determine cognitive functioning. The assessment provides an opportunity for community members to receive necessary triage services to neuro-cognitive specialists as necessary. The educational classes which aim at increasing awareness regarding healthy brain aging, risk factors, and preventative measures are currently only being provided in English. Since the assessments and educational classes have been delivered in English, the targeted population has been non-Latino English speaking community members of Orange County. The Latino community of Orange County which is the largest ethnic community in Orange County (U.S. Census Bureau, 2010b), and who have the highest prevalence of Alzheimer’s disease and related dementias (Cabo

& Manly, 2009; Weitzman et al., 2008), have not been able to access and utilize the comprehensive services that are available at the Orange County Vital Brain Aging due to unavailable staff that can provide bicultural and bilingual services and education.

The program has identified the significant need for the development of a program that can specifically target and render services to the Latino community of Orange County, California. This has been identified through review of current literature documenting the risk factors that Latinos face in developing ADRD and through identification of low levels of awareness of ADRD with respect to accessing and utilizing assessments, education, and supportive services based on consultation with staff from the Orange County Vital Brain Aging.

Detailed Description of the Program

Project Purpose, Goals, and Objectives

The purpose of this grant is to help fund a dementia program for the Orange County Vital Brain Aging Program at the Neurosciences Institute of Hoag Memorial Hospital Presbyterian in Newport Beach, California that will address the needs of the underserved Latino communities of Orange County, California. The program will be part of the Orange County Vital Brain Aging Program community assessment service which focuses on community-based education, cognitive assessments, and linkage based on identified needs. Given the number of Latinos in the United States, barriers to accessing services, and a need for increase of services, the overarching goal of the program is to increase awareness of cognitive disorders, increase service access and utility, and improve services for Latino adults, older adults, and families of Latino clients experiencing symptoms of dementia residing in Orange County, California. This will be accomplished through (1) the provision of the Spanish language cognitive assessment and comprehensive psychosocial assessment, and (2) a community education component whereby Latino community residents and families can learn about healthy brain aging, ADRD, coping skills, and resources.

Measurable Goals and Objectives

Goal #1. Increase awareness on ADRD, coping skills, and resources among the Latino community.

Objective: At the conclusion of the 12-month time frame, it is estimated that 24 community-based education classes will be conducted in which approximately 700 Latino community members will attend. At least 80% of the participants will have increase knowledge about ADRD, coping skills, and resources by the end of the educational class as measured by a pre- and post-survey.

Goal #2. Increase number of cognitive screenings and comprehensive psychosocial assessments among the Latino community to decrease barriers in health care utilization.

Objective: At the conclusion of the 12-month time frame, it is estimated that 780 Latinos will have received a cognitive screening and comprehensive psychosocial assessment. At least 70% of participants will have been linked to an ongoing health care provider that can monitor ongoing symptoms of ADRD as measured by a pre- and post-questionnaire.

Purpose of the Cognitive Assessment and Comprehensive Psychosocial Assessments

The purpose of the cognitive assessments is to allow Latino community members to be able to receive necessary triage and linkage to health care professionals that can provide continuity of care associated to healthy brain aging and best-practices in delaying the development of ADRD. Considering the low levels of awareness regarding dementia within the Latino community (Herrera et al., 2009), the cognitive screenings will allow the social worker to provide linkage services to the participants to a health care provider that can address their healthy brain aging, provide ongoing preventative care, and assess and monitor for risk factors. The MCI Screen which is a highly accurate, computer aided assessment technology to determine cognitive functioning (Orange County Vital Brain Aging Program, 2014), will be utilized by the social worker.

The comprehensive psychosocial assessment will also provide the social worker with a framework to assess immediate needs that may require the participant to receive brief treatment and linkage. Utilizing the psychosocial framework in assessment while considering the cultural and psycho-historical stressors and barriers Latinos face in accessing and utilizing health care services can allow clinicians to improve delivery of services while addressing the participant's psychosocial stressors (Organista, 2009). In the process of completing the comprehensive psychosocial assessment, the social worker will also be able to utilize critical social work skills consisting of normalizing the participant's experience, reframing, emotional support, psychoeducation, and active and reflective listening.

Purpose of the Community-Based Education

The community-based education classes will provide educational information on topics related to caregiver stress, preventative measures, coping skills, and an overall understanding on ADRD. The Latino community has responded well to community-based classes that decrease stigma surrounding mental health while increasing empowerment through the delivery of educational content (Haack et al., 2014; Organista, 2009;). Since caregiving and stress will be discussed, Latino families will benefit from the community-based education as Latino families are the primary caregivers of adults with dementia (Weitzman et al., 2008) and community-based education has been found to provide caregivers with an increase in socialization (Kupprat et al., 2009). Lastly, the community-based education will be innovative as the Orange County Vital Brain Aging Program at this time does not have community-based education and services that tailor and target the Latino community.

Statement of Need

ADRD have been prevalent within the Latino community for which Latinos have been documented to receive unequal access to resources that promote healthy brain aging and dementia preventative services (Cabo & Manly, 2009; Weitzman et al., 2008). Furthermore, there are also racial, ethnic, and socioeconomic disparities that exist in the use of healthcare among middle aged adults and throughout their lifespan (Walker et al., 2010). Some of the disparities being experienced by the Latino community and adults with dementia have included poor access to health care due to difficulty understanding benefits of health insurance, higher out-of-pocket costs, poor access to transportation services, and lack of community resources (Walker et al., 2010; Cabo & Manly, 2009).

Since Latino communities have limited social services, Latino families are less likely to obtain assistance and proper assessment and intervention related to dementia (Herrera et al., 2009). Increasing community-based services that target the Latino community has been recommended as community-based services increase awareness regarding health and mental health services (Haack et al., 2014). Furthermore, when community-based services utilize traditional Latino values that include *personalimiso* and *respeto*, it provides an opportunity for Latino individuals and families to be at ease in the process of receiving services (Haack, Gerdes, Cruz, & Schneider, 2011).

There is also a limited number of culturally and linguistically competent professionals in the health care system and interpreters are often unavailable or poorly trained which prevents Latino families in being able to access care and receive effective care (Ayón, 2013). Latino families that have a family member with dementia have also reported feeling discriminated in health care settings based on their race and ethnicity, health insurance benefits, and due to not speaking the English language (Keller et al.; Reynoso-Vallejo, 2009). Lastly, language barriers have also resulted in Latinos not being able to thoroughly communicate about the details of a condition or situation to a primary care physician, not understanding the provided treatment recommendations, and Latinos not feeling comfortable to follow-up on necessary clarification regarding their health and mental health care (August et al., 2011; Kanter et al., 2009).

Providing emotional support to adults newly diagnosed with dementia or mild levels of cognitive impairment is important to allow the individual to learn positive coping skills (Cheston & Jones, 2009). Furthermore, integrated healthcare services that include medical screening, psychosocial assessments and interventions, and increased socialization skills found in supportive services can allow for caregivers to receive support (Kupprat et al., 2009).

Target Population

In 2010, there were 1,012,973 Latinos in Orange County, California or 33.7% which makes Latinos the largest ethnic community in Orange County (U.S. Census

Bureau, 2010b). Furthermore, in Orange County it is projected that by 2015 there will be more than 54,000 adults 55 years and older that will have ADRD for which Latinos will account for a high percentage due to greater risk as a result of increased life expectancy, lower rates of educational attainment, and high rates of vascular disease risk factors such as diabetes (Centers for Disease Control and Prevention, 2013; Orange County Alliance for Community Health Research, 2013). The target population for the grant will be all Latino adults, older adults, and families of Latino clients experiencing symptoms of dementia that live in Orange County, California.

Staff and Role Responsibilities

The program will consist of a full-time MSW level social worker and a part-time Bachelor's level social worker assistant at 28 hours per week. The staff will both be bilingual in Spanish and English and will have an in-depth understanding and experience in working with the Latino community. The Orange County Vital Brain Aging Program at this time does not have personnel that are bilingual and bicultural, and having two staff that can provide direct services to the Latino community can increase service utilization as Latinos have been found to follow-through and obtain assistance and services when services are perceived as being culturally competent (Bledsoe, 2008; Organista, 2009; Haack et al.,2014).

The social worker will be responsible for meeting with participants to complete the cognitive and comprehensive psychosocial assessments. The social worker will provide linkage services to allow participants to continue to receive ongoing care that will monitor cognitive functioning. Additionally, the social worker will conduct the community-based education classes. The social worker assistant will be responsible for managing the incoming referrals, completing clerical duties, and responding to incoming phone calls and inquiries. Delivery of services which includes the assessments and community-based education will be provided in Spanish.

Service Delivery: Assessments and Community-Based Education

The social worker hired for this project will meet individually with the participant at Hoag's Neurosciences Institute to complete the cognitive and comprehensive assessments. The duration of the sessions will be scheduled for 90-minutes. Coordinated care will be emphasized to encourage participants to receive ongoing follow-up medical care with their health care providers to monitor cognitive functioning. Resource and linkage services that address psychosocial stressors will be provided as necessary and appropriate. Since the Latino family is cohesive and emphasize the group over the individual (Bermúdez et al., 2010), providing brief resource information to the family support system will be provided as necessary.

The community-based education classes will be held during the week from 6:00pm to 7:00pm, and the location will be based at the conference room of Hoag's Mental Health Center. Topics such as Alzheimer's disease and related dementias, caregiving coping skills, and preventative interventions will be covered. Additionally, participants will be provided with informational material on services and resources available at Hoag's Neurosciences Institute and Mental Health Center. The Mental Health Center provides mental health services to the underinsured and uninsured communities of Orange County, California which include outpatient psychotherapy, psychoeducational and psychosocial support groups.

Program Budget

Please see attached Project Budget (Appendix B) and Budget Narrative (Appendix C).

Target and Action Plan of Project, and Expected Results

A grant in the amount of $112,083 from the Weingart Foundation will allow the Orange County Vital Brain Aging Program to include a program that will target the Latino community of Orange County, California to increase awareness regarding cognitive disorders and available supportive services and assessments. The program will unfold within a 12-month period as indicated in the attached Project Timeline (see Appendix A).

Participant Recruitment

The Orange County Vital Brain Aging Program has staff in the marketing and outreach unit that engages in community collaboration, outreach, and marketing to promote services being offered. Marketing and outreach will be made from May to June 2015 with collaborative agencies, partners, and professionals on the services that will be expanded to target the Latino community. Marketing and outreach will target the following community-based and social services agencies: Costa Mesa Senior Center, Alzheimer's Association of Orange County, Latino Health Access, Mika Community Development Corporation, Abrazar, Horizon Cross Cultural Center, Alzheimer's Family Services Center, Orange County Health Care Agency, The Mental Health Center at Hoag Memorial Hospital Presbyterian, and the Delhi Community Center. The above mentioned community-based and social services agencies are within Orange County and serve the Latino community. Ongoing collaboration and consultation will be maintained with community service providers so to continue to receive incoming referrals and coordinate services as clinically necessary based on the identified needs of the participants and family.

Expected Results

The implementation of the program is expected to increase awareness regarding ADRD, coping skills, and resources among Latinos that participate in the community-based education classes as measured by a post-survey. Lastly, participants will be provided with a voluntary opportunity to evaluate the community-based education through the following written questions: (1) Did the education class meet your expectations? (2) Do you plan to receive additional services on healthy brain aging? (3) Is there anything that you would like more information on? and (4) What did you found the most useful/helpful?

Additionally, Latino community members that receive a cognitive and comprehensive psychosocial assessment will experience a decrease in barriers as it relates to health care utilization and an increase in being able to continue with care through a health care provider as measured by a pre- and post-questionnaire. Some of the questions that will be asked to the participants that receive a cognitive and comprehensive psychosocial assessment will include: (1) Do you have an established health care provider? (2) Do you know where to go to receive health and mental health services? and (3) Do you feel comfortable to be able to discuss your cognitive health with your health care provider?

CHAPTER 5

LESSONS LEARNED

Social Problem

According to the U.S. Census Bureau (2010b), 50.5 million or 16% of the United States population were of Latino ancestry. This makes the Latino population the fastest growing population in the United States (U.S. Census Bureau, 2010b). ADRD are among the most common and incapacitating chronic illnesses affecting older adults (National Institute of Neurological Disorders and Stroke, 2013), and ethnic minorities such as Latinos have a higher occurrence and prevalence of ADRD (Cabo & Manly, 2009; Weitzman et al., 2008). Additionally, Latinos with dementia have had unequal access to resources that promote healthy cognitive aging and prevent dementia (Cabo & Manly, 2009). While older adult Latinos are more likely than other seniors to live with their families, barriers associated with language, limited access to services due to low socioeconomic status, and discrimination in health care settings have resulted in Latino families not receiving dementia support services and necessary screening assessments (Ayón, 2013; Keller et al., 2010; G. Kim et al., 2011; Walker et al., 2010).

Implication for Social Work Practice

Social workers are trained to work with underserved, underrepresented, and socially marginalized communities in efforts of bringing social justice, advocacy, and empowerment to address the presenting problem(s) in all systemic levels. Additionally, through practice-based knowledge, social workers learn how to effectively assess, explore, and link individuals and communities to needed services. Social workers also possess the ability to identify strengths and limitations of individuals, families, and communities which can serve as a frame of reference in developing and implementing interventions that address the needs of the target population whether on a micro, mezzo, or macro level.

This grant was able to address social work interventions on a micro and mezzo level. Micro interventions in this grant included working with the individual and family system which included assessment, coordination, and resource linkage. Mezzo interventions included collaborating with community-based agencies that work with the Latino community to increase incoming referrals and community awareness regarding services available within the Orange County Vital Brain Aging Program. Additionally, the delivery of community-based education classes to the Latino community was a mezzo intervention within this grant.

Future Research

Latino communities and families have been found to be highly homophilous which results in having limited social networks, difficulty accessing services, and limitations in being able to mobilize and advocate for change (McPherson et al., 2001). In the literature review process, this grant writer learned on the need for development and implementation of community-based services that can employ community workers that are culturally competent in working with the Latino community. Community workers working directly with the Latino community can validate and address fears surrounding accessing and utilizing health and mental health services and facilitate community empowerment through education and information on services and resources based on individual, family, or community need.

Utilizing Latino popular radio and television channels as means of content delivery would be an area to explore to determine if Latino health care utilization would increase. Education and information on health and mental health services through the media such as radio or television can potentially increase awareness on the importance of cognitive assessments and available services as media advertisement has been utilized as an outreach intervention to enhance service utilization among the Latino community (Organista, 2009). Since Latinos place importance on traditional methods in addressing health care and medical illnesses (Rogers, 2010), validating the fears and concerns of the community through the media while addressing myths and stigma surrounding cognitive disorders and mental health services, can be an ongoing process to promote health care utilization among the Latino community.

Lessons Learned

The grant writer was able to develop a comprehensive understanding on the process of writing a grant. Collaborating and consulting with community members that work directly with the target population provided an opportunity to collaboratively assess, explore, and identify barriers and challenges affecting underserved individuals, families, and communities. This grant writer was also able to have an increase in understanding of the Latino community with respect to family dynamics, family decision making processes, health seeking behaviors, and current best-practices and interventions that can be implemented in working with the Latino community.

The grant writer learned on the importance of positive communication in the process of completing this grant. Positive communication was necessary while communicating with the thesis advisor, thesis library, and staff from Hoag's Mental Health Center and the Orange County Vital Brain Aging Program. Positive communication provided an opportunity to problem-solve when the grant writer was presented with difficulties such as formulating goals, objectives, and activities that could tailor to the needs of the Latino community.

APPENDICES

APPENDIX A

PROJECT TIMELINE

A DEMENTIA EDUCATION AND ASSESSMENT PROGRAM FOR LATINOS RESIDING IN ORANGE COUNTY, CALIFORNIA

Project Timeline

Timeline

The timeline is created to meet the program objectives and goals in a timely manner.

Month 1:

1. Secure an office space at the Neurosciences Institute at Hoag Memorial Hospital Presbyterian.
2. Secure a conference room at The Mental Health Center for the community-based education monthly classes.
3. Engage in recruitment of a MSW level social worker.
4. Engage in recruitment of a BA level social worker assistant.
5. Implement a training by the Orange County Vital Brain Aging Program director to the MSW level social worker and BA level social worker assistant.
6. Follow-up with collaborative networks regarding program initiative, services, and support available.

Month 2:

1. Conduct 2 community-based education classes.
2. Conduct 60 psychosocial assessments.
3. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 3:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 4:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 5:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.

4. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 6:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Complete 6 month program assessment to determine progress, challenges, and opportunities for growth.
5. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 7:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Present 6 month outcome assessment to staff from the Neurosciences Institute, Orange County Brain Vital Aging Program and The Mental health Center.
5. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Aging Program, and The Mental Health Center for program planning purposes.

Month 8:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 9:

1. Continue with ongoing recruitment of participants (distribute flyers and send emails to agency supporters and collaborative partners).
2. Conduct 2 community-based education classes.
3. Conduct 80 psychosocial assessments.
4. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 10:

1. Conduct 2 community-based education classes.
2. Conduct 80 psychosocial assessments.
3. Start to formulate a program report that will be provided to the agency and the funder that will discuss the pre- and post-outcomes.

4. Conduct monthly meeting with management of the Neurosciences Institute Orange, County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 11:

1. Complete 1 community-based education class.
2. Conduct 80 psychosocial assessments.
3. Perform staff performance and evaluation.
4. Prepare to submit program report to the agency and the funder.
5. Conduct monthly meeting with management of the Neurosciences Institute, Orange County Vital Brain Aging Program, and The Mental Health Center for program planning purposes.

Month 12:

1. Submit program progress report to the Neurosciences Institute, Orange County Vital Brain Aging Program, and the Weingart Foundation.

APPENDIX B

PROJECT BUDGET

A DEMENTIA EDUCATION AND ASSESSMENT PROGRAM FOR LATINOS RESIDING IN ORANGE COUNTY, CALIFORNIA

Project Budget

STAFFING COSTS	
Social Worker (MSW)---FTE=100%	$60,320
Benefits @ 30%	$18,096
Social Worker Assistant (BA) 1,456 hours@$13/hour	$18,928
TOTAL STAFFING COSTS	$97,344
DIRECT COSTS	
One Laptop Computer	$500
Set of Speakers	$100
Projector	$450
Office Supplies	$2,000
Refreshments	$1,500
TOTAL DIRECT COSTS	$4,550
INDIRECT COSTS	
Administration @ 10% of Total Staffing and Direct Costs	$10,189
TOTAL INDIRECT COSTS	$10,189
IN-KIND RESOURCES	
The Mental Health Center Conference Room	---
Social Worker Session Room	---
TOTAL COSTS	**$112,083**

APPENDIX C

BUDGET NARRATIVE

A DEMENTIA EDUCATION AND ASSESSMENT PROGRAM FOR LATINOS RESIDING IN ORANGE COUNTY, CALIFORNIA

Budget Narrative

Staffing Costs:

The Orange County Vital Aging Program will hire one full-time MSW level social worker and one part-time bachelor's level social worker assistant. The social worker will be working for 40 hours per week at $29.00 per hour and will receive $60,320.00 a year with benefits at 30% which will total of $18,096 in benefits. The social worker assistant will be working for 28 hours per week at $13.00 per hour and will receive $18,928.00 a year. Both staff will need to be bilingual in English and Spanish and bicultural to be able to deliver culturally informed services to the Latino community. Staff from the Orange County Vital Aging Program Marketing and Outreach will be responsible for ongoing outreach to increase community awareness regarding the program and to increase incoming referrals.

Direct Costs:

The expenses for the program equipment will total $4,550 for 12 months. The expenses of the program will include one laptop computer ($500), one set of speakers ($100), and one projector ($450). Office supplies will be budgeted for $2,000 to cover for printing paper, ink cartridges, pens, notepads and other necessary office supplies. Refreshments that will be provided at the community-based education classes will be budgeted for $1,500 for twelve-months.

Indirect Costs:

Ten percent of the total budget ($10,189) will be allocated towards the administrative time that will be held by the Orange County Vital Brain Aging Program that will include participant recruitment and general oversight.

In-Kind Resources

A session room will be available for the social worker at the Orange County Vital Brain Aging Program which is where the psychosocial and cognitive assessments will be completed with the participants. The conference room adjacent to Hoag's Mental Health Center will be utilized for implementation of the community-based education classes.

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