

The Beverly Hospital/ Applied Gerontology Institute Spanish Speaking Caregiver Support Training Program

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Executive Summary

Beverly Hospital, in collaboration with the Applied Gerontology Institute at California State University, Los Angeles, was funded by UniHealth Foundation to establish a model program for a Spanish Speaking Caregiver Support/Training for the monolingual Spanish-speaking population. This project is an extension of a previously funded UniHealth Foundation project, which was very successful. That two year project was funded by the UniHealth foundation and began January 1, 2005 and ended January 1, 2007. Together the Beverly Hospital and the Applied Gerontology Institute developed, implemented, and evaluated a comprehensive caregiver training program for family caregivers with direct charge of patients. The curriculum was culturally competent and meshed with the needs of the Beverly Hospital service area population. After a multi-prong recruitment, 199 participants completed the eight week training project. The measurement of participant's depression and burden utilizing the CES-D Depression Scale and the Zarit Burden Index, found that indeed levels of depression and burden improved among participants after completion of the 8 week program. One of the findings that emerged from the project was the need to have the training in multiple languages. To meet this need, the Beverly Hospital and Applied Gerontology Institute sought funding from UniHealth to replicate the caregiver support training program for the monolingual Spanish Speaking population in Beverly Hospital's service area..

The Spanish Speaking Caregiver Support Training Program began July 1, 2007. The project was funded for two years with the goal of training 120 monolingual Spanish Speaking caregivers. Together the Beverly Hospital and the Applied Gerontology Institute have developed, implemented, and evaluated a comprehensive caregiver training program for monolingual Spanish Speaking family caregivers with direct charge of patients. Curriculum and services have been targeted to Spanish speaking caregivers of individuals with chronic illnesses through a caregiver support/training program featuring psycho-educational group intervention. The training and support programs are designed specifically for replication and implementation in diverse populations. During year one of the program 61 caregivers participated in the eight week training program. An additional 60 Spanish speaking caregivers were trained during year two of the project.

There were a total of 121 participants, with the majority being female (82.6%), married (52.5%), and were born in Mexico (71.9%). Approximately 60% identified themselves as Spanish and a little under one-third identified themselves as Mexican; the last ten percent identified themselves as Latino/a. The average age of the participants was 53 years old. One quarter of the participants were single. Approximately twelve percent of participants were born in the US and the mean number of years in the U.S. was 30.8. With respect to education, approximately one quarter had a high school diploma, one quarter had 9-11

years of education, and one quarter had 0-6 years of education. As for annual income, the majority made between \$10,000-\$24,999 (41.3%), with the minority making over \$55,000 (1.7%). The majority are caregivers to a friend (38.8%), with parent (29.7%) and spouse (19%) being the next two common categories. And the majority are the primary caregivers (57%), do not provide care to anyone else (76.9%), and do not work outside of the home (60.5%). The average number of years the caregiver has been caregiving is 4.3 (SD=5.2) and the average number of hours a week is 53.6 (SD=61.2).

In order to assess the physical health of the caregivers, a measurement of Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) were taken. They were taken at both Time 1 and Time 2 in order to see if there was any difference within the 8 weeks of the program. Examples of ADL's are eating, bathing, and dressing; while, examples of IADL's are using the telephone, lifting 10-15 pounds, and doing light housework. The majority of caregivers did not report any difficulties performing ADL's (86% at Time 1 and 52.1% at Time 2) or IADL's (59.5% at Time 1 and 52.1% at Time 2). With respect to the care recipients, the results were quite the opposite. The majority did report some difficulties performing Activities of Daily Living (ADL's) (83.5% at Time 1 and 85.1% at Time 2) or Instrumental Activities of Daily Living (IADL's) (95% at Time 1 and 98.3% at Time 2). Therefore, a large percentage of care recipients had difficulties with both ADL's and IADL's.

To assess whether the program improved the mental health and well being of those caregivers participating in the project, two standard scales were given that measured the level of depression and caregiver burden. The scales are translated into Spanish and are considered highly reliable and valid for use among the Spanish speaking population. Levels of depression were measured by using the Center for Epidemiological Studies Depression Scale (CESD) and the Zarit Burden Index was used to measure caregiver burden. (see Appendix L, CESD and Zarit Burden Index) Trained project staff administered the scales at the beginning of the program (Time 1), and at the end of the program (Time 2). There was a clear decrease in both the CESD and ZBI.

With respect to the psychosocial measures, there was clear improvement between the pre- and post-tests. The first measure that was used is the Center for Epidemiologic Studies-Depressed Mood Scale (CES-D). It is a 20-item scale that was originally designed to measure depression in the general population for epidemiological research (Radloff, 1977). The CES-D has very good internal consistency with alphas of roughly .85 for the general population. The possible score ranges from 0-60, with a higher score representing greater depression. The cutoff score for clinical depression using the CESD is 16. At Time 1, the mean was 18.5 (SD = 11.7) and at Time 2, the mean was 16.8 (SD = 10.8). Therefore, there is a clear indication in lower depression in the post-test. The second measure that was used is the Zarit Burden Interview (ZBI) is a 22-item scale designed to measure feelings of burden experienced by caregivers of older adults. It is known to have excellent internal consistency of .92. The possible range is from 0-88, with a higher score meaning greater caregiver burden. For the ZBI, at Time 1 the mean was 31.1 (SD = 18.3) while at Time 2 the mean was 29.3 (SD = 15.3). Therefore, there was also a decrease in caregiver burden after the program. Please refer to Table 3 for the psychosocial measures.

Another psychosocial measure that was used was the participants' health status. When asked about their health status at the Time 1 (pretest), the majority of participants answered good (48.6%), very good (22.5%), with 10.1% indicating excellent. At Time 2 (posttest), more participants answered very good (26. %) and 11.2% replied they were in excellent health. When asked about the health of the care recipients at Time 1, approximately one quarter of participants stated the care recipient was in poor health and this went down to 10% at time 2. This is an important note as the participants' perception of their recipients health status improved over time. This is particularly significant given that the recipients had more difficulties with their ADL's and IADL's from Time 1 to Time 2. This perception may also reduce the level of caregiver burden and depression that caregivers felt.

In conclusion, the Beverly Hospital/Applied Gerontology Institute Spanish Speaking Caregiver Support Training project was successful. A recruitment strategy was developed and implemented. The curriculum was modified such that it was culturally competent and meshed with the needs of the Spanish Speaking Beverly Hospital service area population. These activities resulted in the recruitment of 121 participants to the eight week training project. The measurement of participants depression and burden utilizing the CESD depression scale and the Zarit Burden Index, find that indeed levels of depression and burden improved among participants after completion of the eight week program. Additional qualitative analysis found that after one year, participants still felt the training was useful and that they utilized it daily. The results of these activities have resulted in one published manuscript. An additional manuscript is in the process of being written. Additional mechanisms for dissemination of the results of this program are also being explored. Finally, the work on this project has improved the visibility of the Beverly hospital and has generated good will in the community at large. As the Latino population ages and represents a larger proportion of the elderly population, they and their families will continue to face serious health and economic issues that have consequences for caregiving as well as overall health and well being. Programs that improve resources, health literacy, and access to care among caregivers and their families can begin to reverse the health disparities currently experienced by the Latino population.