Equal Access to All: Under Usage of Adult Day Care Services For Adults with Alzheimer's and Related Dementias in the Hispanic/Latino Community

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Equal access to all: A Needs Assessment Analyzing The Hispanic/Latino Community Under Usage of Adult Day Care Services for Adults with Alzheimer’s and Other Related Dementias

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Abstract:
The goal for many older adults suffering from Alzheimer's Disease (AD) and related dementias, is to be able to age in the comfort of their own home and with familiar faces. One of the services many older adults suffering from AD and their families opt for to make this possible are Adult Day Care Programs (ADCP). ADCP offer support to caregivers and are a good alternative to long-term care placement. ADCP provides clients with health monitoring by health professionals, as well as socialization opportunities and assistance with activities of daily living (ADLs) (Oliver et. al., 2013). Although ADCP are a great resource, there currently are many disparities in the groups who benefit from them. According to the Centers for Disease Control and Prevention, twenty-two percent of Adult Day Service Centers (ADSC) are hispanic compared to forty-five percent who are non-hispanic white (2018). This paper includes a
thorough literature review to examine the existing literature of the reasoning behind the underutilization of ADCP by the hispanic/latino population. After analysis of the literature, several recommendations to increase the utilization of ADCP in the hispanic/latino community are also included in this paper.

**Introduction:**

More and more Americans are living with Alzheimer’s and related dementias affecting their quality of life. Alzheimer’s disease (AD) is a cognitive impairment that many times is accompanied by mood and behavioral symptoms. Some of these behavioral symptoms include depression, anxiety, irritability, sleep disturbance, and agitation. Out of all dementing disorders, Alzheimer’s has the largest incidence rate\(^1\). Alzheimer's is the sixth-leading cause of death in the United States and the fifth-leading cause of death among Americans age 65 and older\(^2\). Patients suffering from Alzheimer’s become dependent on others for their daily activities. The disease is characterized by progressive decline in two or more cognitive domains, including memory, language, executive and visuospatial function, personality, and behavior\(^3\), which leads to an inability to perform basic activities of daily living.

According to the Alzheimer’s Association, More than six-million Americans are living with Alzheimer’s. By 2050, this number is “projected to rise to nearly thirteen-million” (2022). Alzheimer’s and related dementias affect different groups at different rates. According to the Alzheimer’s Association, older Hispanics are about one and one-half times more likely than older whites to have Alzheimer’s and other dementias, but they are only 18% more likely to be diagnosed\(^4\). In other words, although the rate of Alzheimer’s and other dementias in Hispanics is higher than in whites, they are less likely than whites to have a diagnosis of the condition. This is why, research shows that whites make up the majority (five-million people) in the United States with Alzheimer’s disease. This available data hints at the large gap between individuals of Hispanic/Latino descent and their access to health-related services in regards to Alzheimer’s and related dementias. One of the resources being greatly underutilized by the Hispanic/Latino community are adult day care programs (Centers for Disease Control and Prevention, 2018).

Adult day Health care Services intend to help individuals stay in their home as long as possible by offering respite to their caregivers and health service to older adults and persons with disabilities, including those with Alzheimer’s and related dementias (Brown et.al.,2012). Day care centers have existed for over 50 years. In 1970, the Health Care Financing Administration (HCFA) published a list of nearly 300 adult day service centers. The National Institute on Adult Day Care (NIAD) is formally

\(^1\) Diagnosis and Treatment of Alzheimer’s Disease (psychiatrist.com)
\(^2\) 2021 Alzheimer's disease facts and figures - PubMed (nih.gov)
\(^3\) Current understanding of Alzheimer's disease diagnosis and treatment - PMC (nih.gov)
\(^4\) Race, Ethnicity, and Alzheimer's
organized as part of the National Council on Aging (NCOA). This needs assessment will highlight the road blocks leading to the gap between persons of hispanic/latino origin living with AD or related dementias and their use of ADS.

**Literature Review**

*Social determinants of health and Alzheimer’s*

Despite the alarming number of persons of hispanic origin with AD, studies of these underserved groups are very sparse. Although some scientific evidence suggests genetic risk factors for dementia may differ by race/ethnicity, “genetic factors do not appear to account for the large differences in prevalence or incidence among racial/ethnic groups” (Chin, Negash, and Hamilton, 2011). When analyzing risk factors making the hispanic/latino population more prone to Alzheimer’s disease, social determinants of health (SDOH) are at the top of the list. According to The Centers for Disease Control and Prevention, SDOH that largely impact AD and other dementias include “socioeconomic characteristics, such as lower levels of education, higher rates of poverty, and greater exposure to adversity and discrimination, which are also more prevalent in underrepresented racial and ethnic groups”. A large percentage of Hispanics/Latinos have poor access to health care services throughout their lives, and this does not change as they age. Latinos have a lower likelihood of seeking and receiving health-care services than the total US population. Lower access to and receipt of health care is related to lower health insurance coverage (76% vs. 91%) and language barriers (Vega et.al., 2009).

Higher rates of poverty among the hispanic population also make it difficult for individuals to take time off work and seek medical attention. Taking time off work can also be a threat to their job. The U.S Bureau of the Census and other research indicates that Latinos are at high risk of poverty, poor physical and mental health, low levels of education, high rates of unemployment, and high rates in agencies of social control such as the criminal justice system. (Enchautegui et. al., 1995; U.S. Bureau of the Census, 1997; U.S. General Accounting Office, 1994). The recent pandemic has shown evidence that access to sick leave was lowest among hispanic workers (Hawkins et.al., 2023). Because of their socioeconomic status, their job is something individuals in poverty can not afford to lose.

Many of these jobs also do not offer health insurance. Lack of health insurance is associated with not having a usual source of care, fewer referrals for procedures, and increased unmet health-care needs in general (Vega et.al., 2009). Lack of health insurance can also be linked to immigration status. Although some states offer coverage to undocumented individuals through Medicaid, many undocumented adults fear to obtain any help believing it may affect their ability to obtain residency in the future (Congressional

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5Historical Highlights | Fairfax, VA | National Adult Day Services Association (nadsa.org)
Misinformation is very prominent in the Hispanic/Latino population in regards to health insurance.

Adversity and discrimination also play a major role in the barriers for the Hispanic/Latino community to seek healthcare services. Poor quality of care is highly reported among the Hispanic community (Tienda et al., 2006). Quality of care is not only significant to keep a group of people healthy, but it is also a large motivator for individuals to keep advocating for their health and accessing healthcare services. If an individual faces discrimination and poor quality of care during a visit, the likelihood of that individual returning for future care decreases.

Education also plays a major role in health outcomes. Adults with higher educational attainment live healthier and longer lives compared to their less educated peers (Zajacova et al., 2018). In 1996, 58.2% of the Hispanic population ages 25 to 29 graduated from high school; by 2021, the share increased to 88.5% (United States Census Bureau, 2022). Despite the significant increase in education attainment in the Hispanic population, with the large wave of immigration still present today, children of immigrant parents have a drastically lower chance of getting a college education since their parents do not know how to navigate the education system in the United States (Schneider et al., 2006). Education is also linked to risk of AD and other dementias. Studies show an association between a higher level of education and better brain health (The Centers for Disease Control and Prevention, 2020). Researchers have theorized that the reason behind higher education leading to better brain health is cognitive reserve. According to The Centers for Disease Control and Prevention, cognitive reserve refers to the “level of knowledge and education ‘banked’ in early years that may protect and compensate for a decline in cognitive health in later years”.

Early health trends follow individuals into their elderly years. Regular doctor visits and checkups can help individuals prevent serious health conditions later in life (Institute of Medicine, 2008). Studies have also shown that
“early-life adversity was associated with poorer baseline cognitive performance” (Majoka et al., 2021). Low education and lower socioeconomic status can be linked to poor social engagement, and low levels of social engagement have been found to affect cognition (Majoka et al., 2021). SDOH which are very prominent in the hispanic/Latino population play a major role in poor health outcomes which can in return be linked to AD and other related dementias in aging adults.

The Social-ecological model illustrates how public policy, community, organizations, interpersonal, and individual environments all have direct effects on persons with AD belonging to the hispanic/latino community and their access to ADS.

**Individual: Dependency with Alzheimer’s Disease and Related Dementias**

Different from many other health problems, persons living with AD and related dementias become dependent on others to advocate for their health and their best interest since the disease has an association with cognitive behaviors causing memory impairment (McLaughlin et al., 2010). Patients living with AD also suffer from spatial orientation, thinking/reasoning, decision making, and verbal communication making them dependent on others. Hispanic/Latino older adults have longer life expectancies than other ethnicities leading to living more years with AD and related dementias leading to longer needed assistance for ADLs (Wu et al., 2018). Hispanics/Latinos have the highest levels of informal care, meaning they rely on the community or family members for care and assistance (Rote et al., 2019). Informal care can create a large gap in obtaining knowledge about ADS and all the beneficial health outcomes for people living with AD.

**Interpersonal: Caregiver Obligation**

Familism is very strongly engraved in the Hispanic/Latino community. Familism refers to the idea that the family needs have to come before our own needs (Aranda et al., 1997). This does not change as people in this community age. Because of this idea, Latino family caregivers tend to report more time-intensive caregiving situations than other racial/ethnic groups (National Caregiving Alliance, 2015). This also affects the caregivers’ idea of ADS. With the idea of familism comes a sense of family obligation, attachment, and mutual support (Almeida et al., 2009). Therefore, the idea of seeking help elsewhere can negatively be portrayed to Hispanic/Latino families. One study found that the idea of familism facilitated traditional caregiving since caregivers viewed taking care of their elders as an obligation and not an option (Gelman et al., 2014). In order for Hispanic/Latino communities to view ADS as a positive resource, it needs to be presented from a familism viewpoint. Many ADS do practice familism components at their centers, but it is precise it is introduced to the Hispanic culture as such.
Community: Hispanic/Latino Culture and Alzheimer’s

Despite the prevalence of AD in the hispanic/latino population, there is a cultural gap filled with misconceptions and misinformation about the disease. Studies have shown that some hispanic groups have preconceptions about AD that impact their desire to educate themselves about the disease. For example, one study found that “people who identified as Latino, compared to white or black respondents, were significantly more likely to believe stress was a contributing factor to the development of AD and that exercise and mental activity would not play a role in disease prevention” (Ayalon et. al., 2013). Another study found that “people who identified as Caribbean Hispanics, compared to white, were more likely to believe that AD was a natural part of aging, or that it was “God’s will.” (Azar et. al., 2017). This goes to show that different groups have different ideas on AD and many times there is misinformation. Despite the growing population and prominence of AD in the Hispanic community, AD and other dementias are an unrecognized public health issue for this population (Alzheimer’s Association, 2010). Lack of knowledge about the disease also decreases the likelihood of obtaining resources that can be beneficial for AD such as ADS.

Organizational: Adult day Care services (ADS) versus Skilled Nurse Facilities (SNF)

Adult day care service centers help meet the needs of older adults suffering from AD and related dementias. Research has shown that ADS center use has positive health-related, social, psychological, and behavioral outcomes for care recipients and caregivers (Moriah et.al., 2017). ADS helps increase the quality of life and decrease isolation. ADS offers an alternative to a skilled nursing facility (SNF), which although intended to fill the needs of the AD community can be very costly. Supported by data from the 2020 Census and the Department of Health and Human Services, the Genworth Foundation was developed with three goals in mind: healthy aging and caregiver support, affordable housing and homelessness, and seeking opportunities to invest in to promote sustainability and environmental awareness⁶. They have invested around 35 million to nonprofits serving the community. They also offer tools to help educate the community about important issues and to help them make the best decisions to fulfill individual needs. One of these tools focused on older adults is the Cost of Care Survey. This survey allows

individuals to compare the cost of in-home care, community and assisted living, and a nursing home facility in their state of residence.

### Monthly Median Costs: Sacramento Area, CA (2021)

<table>
<thead>
<tr>
<th></th>
<th>Monthly Median Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Care</td>
<td></td>
</tr>
<tr>
<td>Homemaker Services⁷</td>
<td>$6,292</td>
</tr>
<tr>
<td>Home Health Aide²</td>
<td>$6,292</td>
</tr>
<tr>
<td>Community and Assisted Living</td>
<td></td>
</tr>
<tr>
<td>Adult Day Health Care²</td>
<td>$2,167</td>
</tr>
<tr>
<td>Assisted Living Facility³</td>
<td>$5,225</td>
</tr>
<tr>
<td>Nursing Home Facility</td>
<td></td>
</tr>
<tr>
<td>Semi-Private Room²</td>
<td>$10,646</td>
</tr>
<tr>
<td>Private Room²</td>
<td>$14,129</td>
</tr>
</tbody>
</table>

**Policy: Immigration and migration**

There are many fears connected with migration to a new place outside of our normality. Going to a place completely out of your comfort zone and with different cultures and customs, motivates people who migrate many times to want to stay under the radar as much as possible. Although immigration status should be the last thing on one's mind when in need of health care services, unfortunately this is not the case. In many instances individuals who lack citizenship fear public charge as a ground of inadmissibility. Grounds of inadmissibility are “reasons that a person could be denied a green card, visa, or admission into the United States⁷”. Many immigrants fear that if they utilize any government aid, this will show them as dependent on government benefits, decreasing their likelihood to become a citizen later.

Ongoing research has shown that Hispanics/Latinos have the poorest rates of healthcare access and utilization. In order to best understand the underutilization it is precise to understand the different groups within the Hispanic population. Latinos of Cuban descent count on refugee Status in the United States that allows them to access Medicaid Benefits (Bustamante et. al., 2009). Latinos who identify as Puerto Rican are US Citizens at birth, and therefore count with the federal and

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⁷ [https://www.ilrc.org/public-charge](https://www.ilrc.org/public-charge)
state benefits (Vargas et al., 2009). Latinos of Mexican Origin not only make a majority of the Hispanic/Latino population in The United States, they are also the largest population of undocumented immigrants (Carter-Pokras et al., 2008). Researchers have been able to investigate the different trends in utilization of healthcare between US born Mexican American and Mexican Immigrants. Research suggests that there is improvement to utilization of healthcare services as legal status changes (Ortega et al., 2015). In recent times, federal and state governments have made efforts to expand or limit health care access for immigrants (Alarcon et al., 2022). Despite many efforts by the federal government, ultimately states get to decide who qualifies for access to Medicaid. This is where an important question comes to play… How can aging adults suffering with AD know about ADS and other resources if they do not frequently visit healthcare providers and are in a gray zone of knowing what resources are available to them? Also, how can persons with AD benefit from ADS if they do not have the means to pay for the services and can not access or do not qualify for programs that cover these resources?

Methods

Using the search engines of PubMed and Scopus, I focused on articles published from 2000 to 2022. I decided to use this time period because with the 2008 financial crisis, the great recession, many day programs lost funding and many patients and their caregivers were greatly impacted by this. In California alone, The Alzheimer’s Care Resource Center (ADCRC) was implemented in 2000 but lost funding in 2008. This helped researchers identify the importance of implementing this program based on the success it had. Some of the methods that the program entailed during its duration paved the was for the methods still used today⁸. I searched for articles published in both English and Spanish. The research strategy included Boolean search strings including AND and OR with the following key words: Dementia care services (OR respite OR Memory care Facility OR Dementia Special Care) AND United states (OR California OR New York OR Arkansas OR Texas OR Nebraska OR Oregon OR Ohio) AND Seniors (OR aging adults OR elder) AND Caregivers (OR live-in OR day care provider) AND Methods (OR best practices OR models) Dementia AND day care (latino OR latina OR latinx OR hispanic OR Mexican Americans). The initial search, which did not limit years or specified certain states,

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⁸ Alzheimer’s Disease Research Centers: National Research Centers, Local Resources (alzheimers.gov)
turned up over 300 articles. In order to narrow my search results, I focused on particular states that had different government ideologies and policies in regards to health insurance access.

**Recommendations**

1. **Educate ADS staff on important issues to the Latino/Hispanic Community to help connect and introduce ADS through outreach.**

Despite many efforts to try to mitigate the gap between Hispanics/Latinos and their usage of ADS, there is still a lot of work to be done. A common goal of most movements and programs trying to improve the quality of life of aging adults is to support them to live in their home and within their known community for as long as possible. Ongoing research has shown that low-income disabled and adult populations have had poor results obtaining this goal (Brown et.al., 2014). The 2010 Affordable Care Act recognized the need for resources in this population to make this goal achievable. Not only would this promote better health outcomes for this population, there is evidence that meeting the needs of a growing low-income disabled older adult population through provision of Medicaid home and community-based services can be cost-saving for states by keeping seniors from entering a nursing home (Felix et.al., 2011). Although ADS, which is a type of community-based service, is a good initiative, their approach of outreach to hispanic/latino communities is poor.

In order to best motivate latino families to utilize ADS, ADS staff need to be more knowledgeable of topics and conversations that are appealing to this group and be bilingual. There are two areas of focus where ADS workers should be trained to increase the number of persons with AD receiving ADS. The two areas include: Cultural competence and social isolation and minimal support emotionally for people of Latino Hispanic descent.

   **A. Cultural Competence**

   As the Latino community continues to grow in the United States, it's crucial that delivery methods of ADS are tested for cultural relevance. One Study found that 90 percent of graduate social work faculty believed that preparing and educating students for culturally sensitive practice with Latinos is important (Furman et.al., 2009). Despite these beliefs, that same study found that only 40 percent of the faculty believed grad students were actually prepared to practice and work with this population. This is highly concerning with the rising number of the Latino population in the United States. Cultural competence practices are essential to assure Latinos are obtaining effective access to ADS and other resources. Research has shown that the
Latino community’s needs are frequently overlooked or misunderstood, due to lack of research involving this population of interest, leading to stereotypes by health care providers (Casado et. al., 2012). Taking these components into account while training ADS staff to engage with the latino population can help them understand and meet their needs.

It is also important to educate ADS staff about the ideas Latinos have in regards to AD so they can better educate them without making this population feel inferior. It is important to understand that the Latino population is composed of different groups, and all have different ideas and cultural beliefs. One study found that 73% of Latino respondents felt that having a relative with AD was embarrassing (Withers et. al., 2019). This same study found that about one-third of latino respondents believed that AD is a form of insanity and 26.5% agreed with the statement that “AD is a form of craziness.” If healthcare professionals are aware of the ideas the Latino community may have towards AD they can be more conscientious in the way they represent AD and ADS.

In regards to Latino caregivers, it is also important for healthcare providers to understand the sense of obligation many latinos feel in regards to taking care of their families suffering from AD. Research has shown that ADS have many benefits not only for aging adults, but also for their caregivers. Caring for a family member with Alzheimer’s disease can have emotional, psychological, and financial effects. Since patients suffering from Alzheimer’s disease need care at all times, many times family members have to give up other responsibilities to care for their loved ones. According to studies, “ In 2018, more than 16.1 million caregivers will provide an estimated 18.4 billion hours of unpaid care.” Caregivers of patients suffering with Alzheimer’s also report having high levels of stress. The Alzheimer’s Association warns about ten symptoms one should watch for related to caregiver burnout. These ten symptoms include:

1. Denial about the disease
2. Anger at the person with the disease
3. Social withdrawal
4. Anxiety
5. Depression

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9 [Effects of Alzheimer Disease on Patients and Their Family | Journal of Nuclear Medicine Technology (snmjournals.org)]
10 [Caregiver Stress | Alzheimer's Association]
6. Exhaustion
7. Sleeplessness
8. Irritability
9. Lack of concentration
10. Health problems

Because the disease is progressive, it becomes difficult for caregivers to cope with the constant decay in health for the person they care for. As the disease begins to advance, so does the responsibility of the caregiver. Despite the countless research on caregiver burnout and the positive benefits ADS can have on persons with AD and their caregivers, many Latinos have different ideas in regards to attending to their family. Research has shown that four common themes come up when questioning the ideal form of caregiving in the Latino community; which include Familismo (familism), marianismo (devotion to the Virgin Mary), respeto (respect), and dignidad (dignity) (Arévalo-Flechas et. al., 2014). The idea of familism in the Latino culture is connected to loyalty and solidarity. This is why the idea of allowing others to take on what is believed to be one's own responsibility (in this case, accepting help to look after one’s loved one) is looked down upon. The devotion to Mary in the Latino culture promotes the idea that women should be self sacrificing for the benefit of the family. Although caregivers of those with AD are more likely to be female in all racial/ethnic groups, this devotion helps explain why the female latino caregivers are so disproportionate compared to men caregivers. One study found that on average in a Latino household, women caregivers provide care for nearly twice as many hours as men (Perrin et.al., 2015). Respect is very important in the Latino community. Young children are always taught that men as well as elders deserve the most respect (Mendez-Luck et. al., 2016). Dignity is also a strong ideal in the latino community. Therefore, it is believed that every individual, despite their health, deserves to live the most dignified life which is with their family and in their home.

Understanding these important ideals to the Hispanic community can help ADS staff better engage and present ADS to the Hispanics/Latino community. Meeting people where they are at is important to establish strong bonds and encourage health advice that will be understood in the Latino culture. Being culturally competent is a start to engage with the Latino community, but what use is this if health care providers are never face to face with this population? Resources are available, but it is important to make this information available to them in language they can
comprehend and engage with. A quick google search with the following “cuidados para inmigrantes con alzheimer en california” care for immigrants with AD in California was not very useful. How can individuals with low resources find the help they need? It is critical that ADS staff come out to the community and help fulfill the needs of patients with AD. Understanding these important values in the Hispanic/Latino culture also helps understand successful places for outreaches. After learning the importance of Marianismo to the Hispanic community, it is implied the importance of churches for this group. Since churches also present the idea of a community and familial sense, it is also a good place to introduce ADS (DeHaven et. al., 2004).

### Increasing access to ADS through Cultural competence

<table>
<thead>
<tr>
<th></th>
<th>EDUCATING ADS STAFF</th>
<th>IMPORTANT IDEALS</th>
<th>AVOID STEROTYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STRATEGY 01</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>In order to increase the number of persons suffering from AD utilizing ADS, it is precise to create a strong bond between ADS workers and the Latino community</td>
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<tr>
<td>2</td>
<td>STRATEGY 02</td>
<td></td>
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<tr>
<td></td>
<td>In order to engage, ADS WORKERS must present ADS in correlation to familism, devotion to the virgin Mary, respect and dignity to take the stigma away from seeking help with caring for their loved ones.</td>
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<tr>
<td>3</td>
<td>STRATEGY 03</td>
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<tr>
<td></td>
<td>Understanding the Latino community’s beliefs is the first step to establish trust and avoid stereotypes. It is important to understand why people act the way they do in order to meet people were they are and help fulfill their needs in the most successful way possible</td>
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### B. Social Isolation and Minimal Support Emotionally

Social isolation is often connected to poor health outcomes. Everyone at any age can experience social isolation, but it is more likely among older adults. Latinos migrate to the United States many times to escape economic hardship and offer their loved ones back home a
better life. Yet, with migration comes social isolation and poor emotional support. Leaving their home also means losing social networks, community ties, and close bonds with family members (Stacciarini et al., 2015). The Latino community does not only suffer from geographical and cultural isolation, many times they also suffer from linguistic isolation.

Latinos are also more prone to marginalization and stereotypes which also leads to social isolation. Research has shown that this is also the case for Latinos in clinical settings. One study found that Latinos in the United States reported experiencing widespread discrimination in health care settings (Findling et al., 2019). Healthcare settings should be the last place individuals from this community should experience discrimination and isolation. Therefore, it is important to educate ADS staff to practice inclusion. Since familism is such an important quality of the latino community, the last place they would trust to leave their loved one would be a clinical setting. This is why it is important to educate ADS workers on the importance of familism among the Latino community to encourage more family centered settings at ADS.

I. **Funding and implementation of outreach programs for ADS through Cal-COMPASS**

The California Department of Aging (CDA) has created the California Community Program for Alzheimer’s Services and Supports (Cal-COMPASS) which is currently in their pilot program stage\(^1\). CDA through this program has partnered with seven licensed Alzheimer’s day programs and Adult Day Health Care Centers (ADS) and UC Davis as an evaluation contractor in efforts to create a modern community Alzheimer’s care model. The seven selected programs who partnered with CDA are: 1. Alzheimer’s Family Center (Orange County) 2. Choice in Aging (Contra Costa County) 3. City of Sacramento, Triple R Adult Day Centers (Sacramento County) 4. Providence Community Health Napa Valley (Napa County) 5. Hearts and Minds Activity Center (Santa Clara County) 6. Innovative Health Care Services, Peg Taylor Center for Adult Day Health Care (Butte County) and 7. OPICA Alzheimer’s Day Program and Counseling Center (Los Angeles County). Through the Home and Community-based services Funding, five-million dollars were allocated to these seven programs and evaluation contractor (4.5 million for program/center contracts and $300,000 for evaluation contract) as a one time funding opportunity. In order to be eligible for this funding, the programs had certain requirements to

\(^1\)https://aging.ca.gov/Information_and_Resources/Cal_COMPASS/#:~:text=Cal%2DCOMPASS%20(California%20Community%20Program%2C%20Services%20and%20Supports)%20Pilot%20Program
meet. In order to qualify, programs and centers were required to have an active license as an Adult Day Program (ADP) by the California Department of Social Services or as an Adult Day Health Care Center (ADHC) by the California Department of Public Health (CDPH).  

Cal-COMPASS has five main goals of focus: Leverage state and local partnerships/initiatives, create a statewide learning community, implement best practices and test strategies, build Alzheimer’s and dementia-capable care providers, and create uniform measures and evaluate outcomes. Expanding knowledge to Hispanic/Latino about ADS would help advance these goals. Including the number of Hispanic/Latinos in ADS would help pave the way to motivate ADS workers to outreach to other groups promoting a statewide learning community. Attending the needs of the Hispanic/Latino community would help programs and centers learn the best practices and strategies for working with different ethnic groups. The programs were given funding to use as they best found fit to help attain these goals. This gives opportunity to outreach to the Hispanic/Latino community.

II. Creating successful ADS outreach programs for the Hispanic/Latino community: Promotora Health Education Model

The Promotora Model consists of having promotoras de salud, or community health workers. A study was done in Fresno county to examine the success of this method. The study found that the most effective promotoras are “those who work in the community and come from the community” (Capitman et. al., 2010). The goal of promotoras is to target hard-to-reach populations and medically underserved groups. The methods of the original model consisted of the following steps: 1. Promotora training 2. Community outreach and Latino participant recruitment 3. A baseline survey 4. Participant follow-up calls or visits 5. A three month follow up survey. This model was very successful in engaging with the Hispanic community and also helped the community they served have a different outlook on health services (Capitman et. al., 2010).

Although this model was not tested with ADS, it proved to be successful with other health care services. With the Cal-COMPASS funding available, this method can be tested.

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12 https://aging.ca.gov/download.ashx?IE0rcNUV0zZ16M1OpWOj%2fw%3d%3d
Implications

In order to better fulfill the needs of the Latino/hispanic community it is important to know what is important to them. In order to create a successful public health movement, one has to think of the individuals being served. In order to understand the needs of Latino communities it is important to engage and make ADS appealing to this population. If health professionals practice more culturally competent methods of outreach, the needs of more groups can be met. This would promote better health outcomes not only for the Latino community, but for other groups as well. An area of concern for Public Health Professionals is the persistence of racial and ethnic disparities and health care access. Poor connection and understanding between people and health care professionals can lead to poor health outcomes. Culturally competent outreach methods can improve communication and increase the trust of the Latino community in the health care system (Brach et.al., 2002). Creating more trust amongst the Latino community in the
health care system can also help motivate other Latinos to seek out help. The Latino community has a sense of familism and word of mouth is normally how news travels.

Creating a strong bond between the Latino community and ADS staff can also motivate individuals to seek health despite their immigration status. Reinstating trust in the health care system for the latino community is the first step to help decrease poor health outcomes. Although working on closing the gap between Latinos and their access to ADS wouldn’t fully solve accessibility for all underserved communities, it is a great start. It is projected that by 2050, the Latino community will comprise nearly 25% of the United States population (2020 Census). Helping such a large portion of the population can help pave the way for other underserved populations.

The above recommendations not only would help more older adults of Hispanic/Latinos to benefit from ADS, it would also help future research on more health trends among this population.

**Limitations**

*Engagement of Cal-COMPASS ADS Programs*

Since Cal-COMPASS has given programs the freedom to utilize funding as they best find fit, they may find other alternatives to which to invest the funds. Without all the programs on board, it will make it difficult to collect data on this issue exclusively. If all groups do not partake in the Promotora Health Education Model, it will be difficult for the contract evaluator to grasp what is successful when working with the Hispanic population, and what is not. Since the ultimate goal of Cal-COMPASS is to create a Modern Community Alzheimer’s model that can be a good resource for all ADS, some of the programs participating in Cal-COMPASS might find focusing funding on trying to reach the Hispanic/Latino population might not be the most effective. Also, since there is uncertainty if follow up funding will be given, it leaves uncertainty on how Hispanic/Latino participants enrolled into ADS through the implementation of The Promotora Health Education Model will feel if the contact outreach person (promotora) is no longer available.

*Implementation of The Promotora Health Education Model*
Being able to find a person in the community who is qualified to work for ADS and serve the community can be challenging for some of the programs collaborating with Cal-COMPASS. Also, since geographics vary from county to county, some programs may find the implementation of the Promotora Health Education Model more successful than others. The pilot program of the Promotora Health Education Model found that the training the Promotoras received did not fully prepare them to perform their assigned task in the real world despite the practice scenarios they had during their training (Capitman et. al., 2010). This can also be the case with the Promotoras being trained to work with ADS potential participants.

Discussion

This needs assessment examined the need to educate the Hispanic/Latino community about ADS. The objective of this thesis is to present recommendations that can be utilized by ADS staff to increase their outreach to the Hispanic/Latino community. The use of The Promotora Health Education Model can be a start to help make the gap between the Hispanic/Latino community and their utilization and knowledge of ADS smaller. In order to create an effective outreach method to reach all demographics, starting with the Hispanic community can help pave the way and create trial and error methods to keep in mind for future reference when trying to reach other groups.

The implementation of the recommendations will also help advance further research in the Hispanic/Latino population. Research has shown that the Hispanic/Latino population underutilize all healthcare services, not just ADS (Cabral et. al., 2020). Although the recommendations would help better understand trends of the Hispanic population and their access to ADS, it can also help highlight ideas behind underutilization of other healthcare services and perceived ideas of Hispanic/Latino caregivers.

Conclusion

Research has shown the lack of knowledge and the underutilization of ADS by the Hispanic/Latino community. Creating successful outreach methods for ADS can help increase the percentage of Hispanics/Latinos who utilize and benefit from ADS. The implementation of The Promotora Health Education Model can help engage more interest from the Hispanic/Latino community. Who else can better understand what is important to Hispanic/Latino culture than
someone from that community themselves? Training someone from within the Hispanic/Latino community to be an outreach person for ADS can assure proper engagement. This would also help avoid stereotypes and would allow for ADS to be presented from the standpoint of someone who has the same values and ideals. The implementation of the stated recommendations can be very impactful for Public Health as a whole. Understanding health trends in the Hispanic/Latino community of California can help change the dynamic of all ADS in the United States.


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UNDER USAGE OF ADULT DAY CARE SERVICES IN HISPANIC COMMUNITY

Galvan, 24


https://crsreports.congress.gov/product/pdf/R/R47351#:~:text=Immigrant%20populations%20may%20also%20face,transportation%2C%20and%20unpredictable%20work%20schedules.


https://www.ncbi.nlm.nih.gov/books/NBK19910/


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Appendix:

**Training**

The *Promotoras* participated in a comprehensive two-day training intended to prepare them in accomplishing their role. Suzanne Kotkin-Jaszi, DrPH and Helda Pinzon-Perez, PhD, both faculty in the Department of Health Sciences, California State University, Fresno developed the Promotora training curriculum. The curriculum consisted of five modules: 1) Introduction and Project Background, 2) the Role of *Promotoras*, 3) Motivational Interviewing, 4) Importance of Having Health Insurance and a Medical Home, and 5) Public Sponsored Health Insurance Program Eligibility Guidelines including Medicare, Medicaid, and the State Children’s Health Insurance Program (SCHIP). The curriculum also included information about appropriate utilization of emergency hospital services, the importance of having a usual source of care, a primary care doctor and age-appropriate preventive care services for the participant and their family.

Training activities included *Promotoras* actively role-playing conducting the pre-test assessment with one another. The process for training the *Promotoras* to be effective communicators of public health insurance, age appropriate use of health care and preventive services to improve participant health care access was challenging. The two-day training may not have been sufficient in preparing a few *Promotoras* to execute the intervention. Further supervision, coaching, ongoing individualized meetings, and hands on training in completing the required forms were necessary. The *Promotoras* participated in a pre-test before the training began to assess their current knowledge, attitudes, and practices. The trainers administered a post-test using the same instrument after the end of the *Promotora* training. Promotoras showed significant improvement in knowledge of health care insurance, motivational interviewing techniques, appropriate utilization of the Emergency Department and age-appropriate health care prevention services. Mean scores improved nearly 20% from 20.1 (pre-test) to 25.6 (post-test) out of a total score of 30 (Table 3).