The First Texas University Medical School Formed in the 21st Century

Brownsville campus
Training on Latinos with Dementia

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Dementia in Latinos

Training the Workforce

Training on dementia

Latino Experience
ADRD in Hispanics
From minor factor...
In 2000, Latinos accounted for one in 20 of those older than 65

...to major influence
By 2050, Hispanics are projected to be nearly 20% of those older than 65
Hispanics suffer a 64% higher incidence of diabetes than non-Hispanics white Americans.

Alzheimer's disease symptoms begin 7 years earlier in Latinos than in non-Latino white Americans.

Latino longevity
Hispanics born in 2006 can expect to live longer than their black and white counterparts in the U.S.

U.S. life expectancies, 2006

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>83.1</td>
<td>77.9</td>
</tr>
<tr>
<td>White</td>
<td>80.4</td>
<td>75.6</td>
</tr>
<tr>
<td>Black</td>
<td>76.2</td>
<td>69.2</td>
</tr>
</tbody>
</table>

SOURCE: Centers for Disease Control and Prevention
Alzheimer’s disease and other dementias, by race/ethnicity, Washington Heights-Inwood Columbia

Postdiagnosis survival of Alzheimer’s disease by race/ethnic group

Source:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2843528/
Helzner et al., 2008
Comparison of Hispanic and non-Hispanic behavioral symptoms with Alzheimer's disease. Credit: Texas Tech University Health Sciences Center El Paso

Dementia in Latinos

Training the Workforce
Growing mismatch between the current and those skills needed:
Emergent paradigms for healthcare delivery, such as team-based care and patient and family-centered care
New entrants into the healthcare marketplace, such as retail clinics and large vertically integrated health systems
Greater emphasis and responsibility for management of chronic conditions and population health
Rapidly evolving healthcare technologies that will significantly alter the traditional role of many health professional and increase/decrease the demand for others
Growing mismatch current vs. needed skills

Emerging Paradigms in Healthcare Delivery (team-based, patient & family-centered care)

Changes in Marketplace (retail clinics and large vertically integrated health systems)

Greater emphasis on Management of Chronic Conditions

Evolving Technology and AI
Aging and Health Demands

Demographic aging process

- Increasing health needs
- Increasing health utilization (not as fast as health needs)
- Increasing health costs (because more complex care required)

Health utilization gaps
Health financial gaps

Source: The World Bank, 2011
Dementia is the primary cause of disability in elderly.
Competencies

Cognitive

Psycho-motor

Affective

Ethical
Dementia in Latinos

Training on dementia

Training the Workforce
### Dementia training and educational delivery

<table>
<thead>
<tr>
<th>A. Small/large group face-to-face</th>
<th>69 (45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Small/large group face-to-faces plus</td>
<td>51 (34)</td>
</tr>
<tr>
<td>In-service/practice-based learning</td>
<td>25 (16)</td>
</tr>
<tr>
<td>Mentorship/supervision</td>
<td>6 (4)</td>
</tr>
<tr>
<td>Experiential learning/simulation</td>
<td>7 (5)</td>
</tr>
<tr>
<td>Practical exercise/project</td>
<td>5 (3)</td>
</tr>
<tr>
<td>Written materials</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Online learning</td>
<td>1 (1)</td>
</tr>
<tr>
<td>DVD</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Drama</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Peer support</td>
<td></td>
</tr>
</tbody>
</table>

| C. Other | |
| Individual/group DVD | 9 (6) |
| Written resource | 6 (4) |
| Online | 5 (3) |
| In-service | 4 (3) |
| Train-the-trainer | 3 (2) |
| Peer support/learning set | 2 (1) |
| Simulation/experiential | 2 (1) |
| Drama | 2 (1) |
| Counselling | 2 (1) |
| Psychoeducation | |

# The Kirkpatrick model for evaluation of training

<table>
<thead>
<tr>
<th>Level 1: Reaction</th>
<th>To what degree participants react favorably to the learning event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Learning</td>
<td>To what degree participants acquire the intended knowledge, skills and attitudes based on their participation in the learning event</td>
</tr>
<tr>
<td>Level 3: Behavior</td>
<td>To what degree participants apply what they learned during training when they are back on the job</td>
</tr>
<tr>
<td>Level 4: Results</td>
<td>To what degree targeted outcomes occur, as a result of the learning event(s) and subsequent reinforcement</td>
</tr>
</tbody>
</table>

How: Informal discussions and semi-structured interviews to questionnaires with open or fixed-response questions.

What:  
- Perceived applicability in role and practice  
- Delivery method preferred: Interactive group work  
- Higher quality training materials (clear, easy to follow, concise)  
- Skilled trainer/facilitator

Level 2: Learning

To what degree participants acquire the intended knowledge, skills and attitudes based on their participation in the learning event

How: Validated measures, non-validated questionnaires, surveys or scales, interviews, focus groups, and analysis of written assessments, self report.

What: - **Knowledge/Skills**: In-service learning alone less effective than either face-to-face alone or in combination with face-to-face delivery. Written resource (online or hard copy) is the weakest.
   - Meaning-making, reflection, and learner debriefing and feedback.
   - **Attitudes** change needs consolidated time (sessions +2h).
   - **Confidence, Competency & Self-efficacy** better with interactive and combination of theory and practice.

How: Review of care records (40%), observations of staff behaviors & practice (27%) and staff self report (40%).

What: 
- **Areas of change:** Communication, antipsychotic prescribing and administration, person-centered care/general care practice improvements, restraint implementation of a specific care process or tool.
  - Teaching included structured application of learning into practice.

- **Rewarding Approaches:** in-practice activities or projects to be implemented; expert clinical supervision; application of a participatory action research cycle; provision of tools or decision support software; developments of Champions that support implementation.

How: Mixed methods (10%), qualitative (8%) and quantitative staff (82%).

What: - **Outcomes for people with dementia:** Agitation, anxiety and aggression, quality of life, depression, communication and activities of daily living. Situated learning, in-service mentoring and facilitation by expert clinician.

- **Outcomes for family members:** Satisfaction with care of their relative. Inconclusive due to low number of studies.

- **Outcomes for staff:** 1) Job satisfaction & accomplishment (44%); stress, strain and burden (56%); exhaustion, burnout and health complains (38%). Deeper staff engagement (longer sessions and longer training), related to change in attitudes and available tool decision or manual tool adoption.
Summary of evidence of dementia training most likely to be effective

1. Relevant and realistic to the role, experience, and practice of learners no a one-size-fits-all
2. Includes active participation
3. Underpins practice-based learning with theoretical or knowledge-based content
4. Ensures experiential and simulation-based learning includes adequate time for debriefing and discussion
5. Experienced trainer/facilitator
6. Does not involve reading written materials (paper or Web-based) or in-service learning as the sole teaching method
7. Total duration of 8+ hours with individual training sessions of at least 90 minutes
8. Includes active, small, or large group face-to-face learning either alone or in addition to another learning approach

Dementia in Latinos
Training the Workforce
Training on dementia
Latino Experience
Focus on Latinos!
Los amo
Coping Strategies &
Goal Reengagement

Active coping
Planning
Instrumental support
Positive reframing
Humor
Religion
Self-distraction
Venting
Emotional support
Curriculum

- Basic needs: Hygiene, comfort, mobility, sleep, safety, nutrition.
- Familial and social interventions.
- Cognitive and physical stimulation.
- Management of difficult situations.
- Well being of caregivers.
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Unleashing our inner Frida in Brownsville!