Tailoring Physician Education to Improve Care for Latinos with Dementia

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Background

- Alzheimer's and Related Dementia (ADRD) is the sixth leading cause of death, however only 45% of those affected receive a diagnosis (Rosenbloom et al., 2016).
- Major contributing factors to this faulty detection and diagnosis are: knowledge deficit, attitudes of healthcare providers, patient-provider communication, existing ADRD education programs are optional (Raphael, 2022).
- 82% of primary care physicians are involved in dementia care provision, but few are confident in their capabilities of caring for ADRD patients. Nearly 2 in 5 report they are "never" or only "sometimes comfortable" making an ADRD diagnosis (Alzheimer's Association, 2020).
- The Latino population is rapidly growing and currently makes up nearly one in five people in the U.S. (Villa & Wallace, 2020).
- Latinos have 1.5 times risk of dementia and the number of Latinos living with Alzheimer's is projected to grow 832% by the year 2060 (Alzheimer's Association, 2016).
- Cultural factors are often cited as reasoning for the lack of Latino family outreach for diagnosis and support for ADRD (Mahoney et al., 2005; Martinez et al., 2021; Holton, 2017).
- The rapid growth of the Latino population and their heightened propensity toward developing ADRD makes the development, availability, and implementation of dementia policy and programs specific to Latino elders, their families, and their communities imperative.

Objective / Hypothesis

In this grant proposal we propose to:

1) Develop a behavioral intervention for physicians to provide culturally competent dementia care
2) Partner with residency programs to build on existing curricula
3) Test the real-world efficacy of the provider behavioral intervention through a pilot test
4) Evaluate the feasibility for sustainability and replication of the behavioral intervention.

We expect to:

1) Strengthen the ability and confidence of physicians to make ADRD diagnoses and improve the support systems provided to affected families.
2) Enhance the healthcare workforce to better support caregivers and improve the health outcomes of ADRD patients and caregivers.

Methods

- We will engage a broad range of experts in providing services for caregivers in South Florida both in the primary care and social service sector, as well as those with expertise in education, to develop and refine the intervention.
- We will be identifying best practices for supporting caregivers in a clinical setting, evaluating existing educational materials and improving utility, and developing innovative training that will contribute to a more dementia-friendly workforce and system of care through a focus on both ADRD and cultural competency.
- The intervention content will be identified and finalized by these experts and stakeholders using the Nominal Group Technique, an established consensus building strategy.
- The behavioral intervention will be tested in Years 2 to 4 of the grant as a quasi-experimental pilot trial with a non-equivalent group design due to lack of randomization. Eighty (80) medical residents will be allocated to two conditions: 1) intervention cohort 1 (n=40) and 2) control cohort 1 (n=40). Residents will be recruited through collaboration with the family medicine and internal medicine residencies at Baptist Health of South Florida.

Table 1. Timeline (August 2024 – July 2029)

Activities	Year 1				Year 2				Year 3				Year 4				Year 5			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Grant setup (Planning/Project start-up/Contracting)	x	x																		
Expert Meetings	x	x		x	x		x	x		x	x		x	x		x	x		x	x		x	x
Phase I: Core Competencies, Topics and Modalities			x		x																		
Phase II: Curriculum Content				x		x		x		x													
Evaluation Development				x		x		x															
Institutional Review Board Application					x		x		x														
Participant Recruitment					x				x														
Phase III: Intervention Implementation										x		x		x		x							
Phase IV: Process and Outcome Evaluation										x		x		x		x		x		x			
Phase V: Curriculum Revisions																		x		x		x		x
Reporting and Dissemination										x														x

*Legend: Q1=Aug-Oct; Q2=Nov-Jan; Q3=Feb-Apr; Q4=May-Jul

Implications

- The lack of physician competency in ADRD-related diagnosis and connection to care is concerning in the face of our nation's growing older adult population and its associated leading health issue of ADRD.
- Continued absence of cultural competency in ADRD physician care will perpetuate diagnosis and care shortcomings and barriers.
- Failing to improve upon this issue will prolong the pattern of delayed diagnosis and connection to care absence, impairing the health and well-being of both ADRD patients and their caregivers.
- Our research findings and grant proposal intend to supplement the current physician residency curriculum with culturally competent ADRD education to help alleviate patient and caregiver burdens, raise awareness of the problem area, and inspire additional efforts.

Lessons Learned

- The NIH grant revision and submission process, including: the development of grant writing skills, an understanding of what funders are looking for in a proposal, how to effectively structure a proposal.
- The communication and collaboration skills required to produce a successful grant.
- The detailed process of identifying a particular public health need and the construction of a plan to address it.

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