

Overview and Rationale

The mental health needs of Latina caregivers of family with dementia pose a significant public health challenge, given the unprecedented aging and projected growth of Latinos in the US¹. Progressive loss of cognition and functioning causes increased dependence on caregivers, and prevalent neuropsychiatric symptoms (i.e. depression, agitation, anxiety) in persons with dementia are associated with increased family caregiver depression²⁷. Latino family caregivers, an overwhelming majority of whom are women, provide more care to older adults with cognitive impairment,²⁸ report higher levels of depressive symptoms^{12-16,29} and less satisfaction with formal support,³⁰ and identify smaller and less supportive family networks compared to white non-Hispanics^{27,59}. Difficulties in access to care services along with increasing geographic fragmentation, economic instability, and loss of traditional inter-generational support systems have intensified physical and emotional burden, putting Latina caregivers at high risk of adverse mental health outcomes³¹. There have been to date two dominant intervention models to improve mental health outcomes for caregivers: (a) the stress-appraisal-coping model,^{10,12,15,32-35} which focuses on intra-person coping skills^{13,17-18}, and (b) the peer-support model, which centers on formal peer navigation to provide knowledge to new caregivers³⁷. While these two intervention approaches have been widely-used and shown some promise^{18,33,39-40,58,60}, they have not been as effective in the Latino population¹⁵⁻¹⁶. The stress-appraisal-coping model was developed for white populations, in which it has been found to be moderately effective^{33,39}. The peer-support model, while modestly effective, has traditionally depended on access to formal health care systems and structured to be led by paraprofessionals in delivering instrumental information^{37,40,58}. Finally, both models assume and rely upon the existence of a nuclear family that provides additional informal caregiver support. Thus in order to ameliorate emotional distress and mental health decline in the Latino at-risk population, our proposal addresses three important gaps in the field: **(1)** the lack of effective socio-culturally tailored caregiving intervention models, **(2)** the lack of caregiving models that do not rely on formal access to care, and **(3)** the lack of innovative models that tap into other non-kin sources of support and care within the existing social resources of a community. Our intent is to extend the existing models given the unique socio-cultural factors shaping Latina caregiver experiences, emotional distress, and help-seeking behavior. This proposal leverages the **Social Capital and Latina Caregiver Wellbeing Study (SoCLWS)**, a mixed-method study following a group of 15 Latina dementia caregivers, who have completed four rounds of data collection, including repeated clinical and social support measures and in-depth interviews lasting 2 1/2 hours on average. The requested pilot grant funds will support intervention design and pilot testing activities. This will be the basis for an extramural funding application to conduct a randomized clinical trial to test the intervention model in Latino family caregivers in the Sacramento and Central Valley regions in order to improve mental health outcomes in this underserved population. This proposal builds on the goals of the Mental Health Services Act (2004) by expanding community-based support services through community engagement to improve wellbeing and quality of life for a growing undeserved population who are at increased risk of multiple mental health conditions, especially depression. The **Specific Aims** of the proposed study are:

Aim 1: To develop a socio-culturally informed non-kin intervention model for reducing emotional distress and burden (e.g. depressive symptoms) in Latina caregivers. *Method:* Secondary data analyses of in-depth interview and social support map data from SoCLWS.

Aim 2: To refine the intervention model constructed in **Aim 1** by gathering recommendations from three key stakeholder groups: (a) community organizations (senior centers, churches, social clubs), (b) Latina caregivers of family with dementia, and c) kin/non-kin of Latina dementia caregivers. *Method:* Nine focus groups with stakeholders to evaluate the proposed intervention model.

Aim 3: To pilot test the refined intervention model produced in **Aim 2** with Latina dementia caregivers. *Method:* Feasibility test (e.g. face validity) via in-depth interviews and focus groups, and pilot trial with treated and control Latina caregiver groups.