



**TELENOVELA INTERVENTIONS
TO INCREASE MEXICAN AMERICAN FAMILIES'
USE OF HOME HEALTH CARE SERVICES:
*Eliminating Use-of-Services Disparities***

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MEXICAN AMERICAN (MA) OLDER ADULTS

HISTORICAL, CULTURAL, IMMIGRATION, GENETIC, GEOGRAPHIC DIFFERENCES FROM OTHER LATINO SUBGROUPS

- In 2010, of all US adults
 - 18% were Latinos
- **Mexican American (MA) sub-group:**
 - Most **MA** individuals, living in the Southwest
 - descended from **Spanish and indigenous groups**
 - **Cuban & P. R.:** descended from **Spanish and African groups**
 - proximity to Mexico and more opportunity to remain close to their distinct culture
 - Under-reported subgroup-specific use-of-services data



MA Disparity: the fastest growing group of aging adults in the US:

- more functionally impaired at younger ages than
 - either Anglo older adults or older adults in other Latino groups
- 22% of Latino older adults live in poverty
 - 12% of all older adults in the US live in poverty
- MA older adults use LTSS disproportionately less than other groups



USE OF LONG TERM SUPPORT SERVICES (LTSS)

- In 2010, of all US adults

- **18%** were Latinos
- Latino adults **age 65+** will increase to **9.2% in 2020**
- **22% by 2060.**

Use of services:

- 7.7% of **HHCS** users,
- 5.0% **hospice** users,
- 2.5% of **Assisted Living Facilities**
- 5.2% of **NHs**
- 20.3% **adult day service** users* (**not under proportion*)



SIGNIFICANCE

- Re-hospitalization, costing billions of dollars annually, can be reduced by using long term support services (LTSS).
 - Decreases re-hospitalizations, emergency visits, older adult functional impairment, and caregiver illness, burden, depression, and mortality.
 - ***Critical related to multiple chronic conditions (MCC)***
- The *National Action Plan (NAP) to improve health literacy*:
2 principles:
 - Everyone has the right to health information to help them make informed decisions
 - All health services should be delivered in a way that is understandable and beneficial to health, longevity, and quality of life.

(Parnell, T. A., 2015). *Health literacy in nursing*



TELENOVELA INTERVENTIONS: STATE OF THE SCIENCE

- 30-40 recent studies, including Crist et al.
- Topics: under-use of HHCS, caregiving for EOL and dementia, safe sex practices
- Settings:
 - ENCASA: hospital room; *proposed*: clinic waiting room, potential hospice clients, mobile device graphic *novela*
 - Other innovative settings: Facebook, websites
- Most effective if community-partnered creation
- Also used to teach to healthcare professionals about cultural awareness (D. Cruz-Oliver)





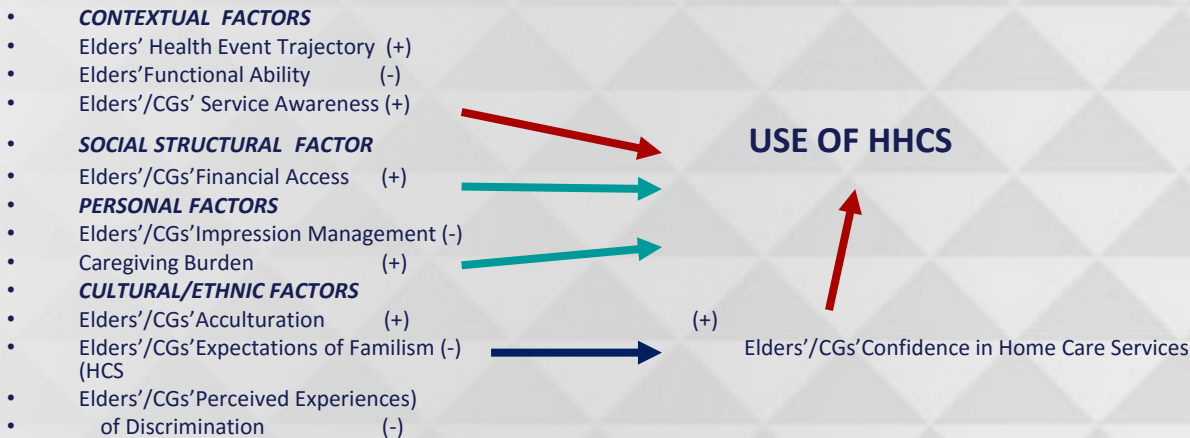
“ENCASA” COMMUNITY ADVISORY COUNCIL

- Contribute to all aspects of studies: questions, design, evaluation of data, interventions, and dissemination
- Crist & Escandón-Dominguez (2003) *Journal of Transcultural Nursing*
- Crist, Parsons et al. (2009). *Family and Community Health*
- Mathew, Brewer, Crist, Poedel (2016). *Nurse Educator*





NIH/NINR, R15: OLDER ADULTS' & CAREGIVERS' PERCEPTIONS OF HHCS → BASIS FOR TELENOVELA INTERVENTION



• Figure 1. Mexican American Elders' and Family Caregivers' Use of Home Health Care Services Theory. Hypothesized direction of factors' effect on use depicted with (+) or (-) and dotted lines.

- (Crist, Kim et al., 2007). *Applied Nursing Research*)



RANDOMIZED CONTROL TRIAL: NIH/NINR, R21 *“Todo a Cambiado: Everything has Changed”*



Telenovela and cafecito results:

- Feasible
- Acceptable
- Results in the right direction:
 - Intervention group used HHCS more than the control group although not statistically significant ($p=.21$).



2 SELECTED SUBSEQUENT STUDIES

(1) INTRAMURAL FUNDING: REFERRALS TO HHCS

- Sample: N=33,597 Latino and Anglo adults
- Findings: Odds for **Anglo older adults** receiving referrals:
 - **Significantly more than for Latino older adults (OR=1.47, p<.001).** With age and payer group controlled:
 - Anglo older adults > Latino older adults (OR=1.31, p=.001);
 - **Uninsured clients received fewer referrals than those:**
 - With Medicaid (OR=2.68, p=.005),
 - Medicare (OR=4.14, p<.001) or
 - Private insurance (OR=3.04, p=.001).

(2) GWEP* FUNDING: INTEGRATIVE REVIEW: MA DECISION-MAKING FOR EOL CARE

- Search categories:
 - Mexican American, Latino, Hispanic, Nursing homes, long term care;
 - Age of older adults: 55+; Age of caregivers: 18+;
 - MA family healthcare decision-making process
- Findings:
 - **Current policy is “Anglo-oriented”**
 - **Gender differences striking but under-studied**



RESEARCH GAPS AND PRACTICE IMPLICATIONS

“Todo ha cambiado: Everything has changed!”

Key Priorities:

- Older adults
- Mexican American specific focus
- Culturally matched interventions
- Community Based Participatory Research (CBPR)
- Facilitate caregiving families' aging in place
 - functioning at highest potential
 - *through truly accessible and equitable healthcare*

