PII-25: A Comparison of the health, lifestyle practices, health beliefs and family support of African Americans & Afro-Caribbean elders living in South Florida

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Abstract:
Introduction: At the present, there is a paucity of research on cognitive functioning, depression and caregiver support with Afro-Caribbean elders. The increase in minority elder populations present several unique challenges to healthcare. The purpose of this pilot study is to assess cognitive functioning, depression, perceived health status and caregiver support in a sample of “cognitively unimpaired and mild to moderately impaired” Afro-Caribbean and African American elders and their caregivers and to determine the cultural values, beliefs, and help-seeking behaviors.

Method(s): A quasi-experimental, descriptive multi-method design will be used to establish the level of cognitive impairment in a sample of Afro-Caribbean elder and African American elders living in two Assisted Living Facilities in South Florida. The sample for this pilot study will consist of 50 Afro-Caribbean and 50 African elders and their caregivers. The participants will be elders over the ages of 60 years who will self identify as Afro-Caribbeans and African Americans and their caregivers. The participants will be screened for dementia using the Mini-Mental Status Examination (MMSE) (Folstein et al., 1975) and depression using the Cornell Scale for Depression in Dementia (CSDD) (Alexopoulos et al., 1984). Participants will be asked their perception of their health using the Montgomery health index and the Caregiving Activity Survey (CAS) for family support (Davis et al., 1997).

Results: The results of this study will provide important information needed for interventions that will enhance early detection of cognitive problems in this underserved and understudied group of Americans. Deficits in cognition often precede diagnosis by several years (Reynolds,
2004). Accurate assessment of dementia is needed for accurate treatment across all ages (especially for those individual who are at risk- age 65 to the 85 and older age group).

**Discussion & Conclusions:** The information gained from this research will add to the scientific base for healthcare practice. It will shed light on some differences that may exist between these groups and providing insight into belief systems that may interfere with health seeking behaviors.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

**Financial Disclosure:**
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

**FDA Disclosure:**
I will not be describing any pharmaceutical and/or medical device.

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