

ASSESSING THE IMPACT OF THE WYOMING DEMENTIA TOGETHER CAREGIVER NETWORK ON RURAL CAREGIVERS

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BACKGROUND

- Approximately 16 million Americans provide care for individuals with dementia.
- Caregivers in rural and remote regions face unique challenges, including limited social support, low population density, and scarce community resources.
- The Wyoming Dementia Together Caregiver Network (WDT-CN) was developed to offer online caregiving support and information to rural caregivers across Wyoming and the Rocky Mountain Region.

PURPOSE

- Assess changes in depressive symptoms, caregiver burden, self-efficacy, and unmet healthcare needs (family, health, daily, respite, legal/financial, emotional support, resources, and living arrangements) before and after participation in the WDT-CN program.

METHOD

WDT-CN Program

- The WDT-CN reflects an adaptation of Project ECHO®. This adaptation includes a six-member Hub team connecting with caregivers in rural communities. Participants attended biweekly, one-hour online sessions via Zoom, focusing on caregiver skills such as stress management, resilience, mindfulness, and communication.

Sample

- Participants ($n = 13$; $M = 61.4$ years old, $SD = 10.2$) were predominately White ($n = 13$, 100%) female ($n = 12$, 92%) dementia caregivers who completed at least six months of the WDT-CN program.

Procedure

- Participants provided informed consent and completed demographic information. Participants completed baseline measures of self-efficacy, caregiver burden, depressive symptoms, and unmet needs. Post-intervention measures were collected after six months. This was an uncontrolled study; therefore, no comparison group was utilized.

Measures

- The Revised Scale for Caregiving Self-Efficacy, the Zarit Burden Interview, the Center for the Epidemiological Studies of Depression Short Form and Unmet Healthcare Needs Assessment were used to measure self-efficacy, caregiver burden, depressive symptoms, and unmet healthcare needs.

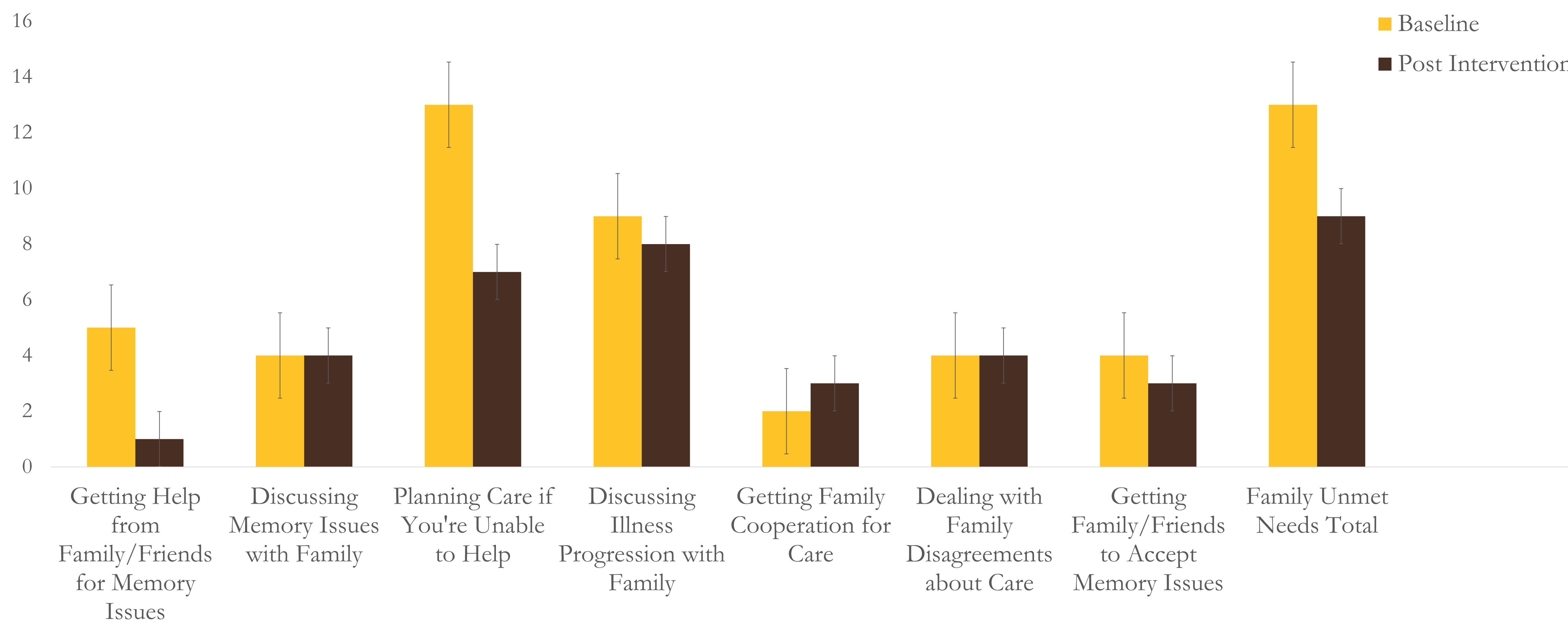
DATA ANALYSES

- Demographic characteristics and all statistical analyses were conducted using SPSS, version 29.
- Paired samples t-tests assessed changes from baseline to post-intervention for self-efficacy, caregiver burden, and depressive symptoms.
- Chi-square analyses were used to evaluate changes in unmet healthcare needs across the eight domains.

RESULTS

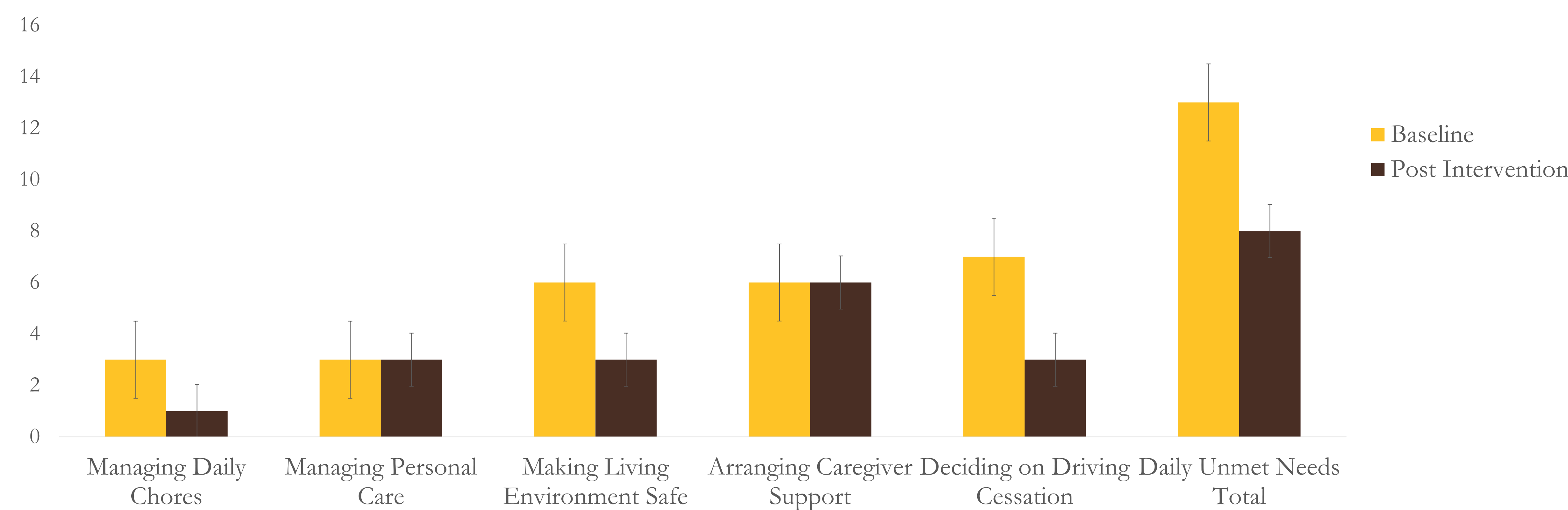
- Significant reductions in unmet needs were found pre- to post-intervention for family needs ($\chi^2(1) = 6.77, p = .009$) and daily living needs ($\chi^2(1) = 8.55, p = .003$; see Figures 1 and 2).
- Changes in self-efficacy ($t(1) = -1.29, p = .23$), caregiver burden ($t(1) = .91, p = .38$), and depressive symptoms ($t(1) = 1.64, p = .12$) were non-significant, though the means for depressive symptoms and self-efficacy moved in the expected direction. Effect sizes for self-efficacy ($d = .25$), caregiver burden ($d = .39$), and depression ($d = .48$) ranged from small to moderate.

Figure 1. *Changes in Family Unmet Needs from Baseline to Post Intervention*



Note. Error bars show standard errors.

Figure 2. *Changes in Daily Unmet Needs from Baseline to Post Intervention*



Note. Error bars show standard errors.

CONCLUSIONS

- Results of this preliminary study suggest that the WDT-CN program may help reduce unmet family and daily living needs among caregivers. Although changes in self-efficacy, caregiver burden, and depressive symptoms were not statistically significant, small to moderate effect size improvements indicate potential benefits.
- Limitations of the study include its uncontrolled design and small sample size.
- Larger, controlled studies are needed to further evaluate the outcomes of the WDT-CN program.



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