

More Than Translation: What the Literature Reveals (and Conceals) About Supporting Hispanic/Latino Dementia Caregivers

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Hispanic/Latino populations in the United States experience a disproportionate burden of Alzheimer’s disease and related dementias (ADRD), including higher prevalence, earlier onset, and greater disease severity than non-Hispanic White populations. Consequently, family members often assume intensive and prolonged caregiving roles, frequently with limited access to formal support services. Caregiving within Hispanic/Latino families occurs in a distinct cultural and structural context shaped by values such as familism, intergenerational obligation, and spirituality, alongside systemic barriers including socioeconomic disadvantage, language barriers, immigration-related stressors, and inequities in healthcare access. Although the caregiving literature extensively documents burden, mental health outcomes, and service use, much of this work is based on predominantly non-Hispanic White samples and may not fully capture the experiences of Hispanic/Latino caregivers.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
The Hispanic Caregiving Paradox: While the literature broadly documents caregiver burden, it often misses the unique emotional and cultural landscape of Hispanic/Latino caregivers. This group faces a "double jeopardy": the universal stress of dementia care compounded by systemic inequities (SDOH) yet demonstrates resilience through strong cultural values. Demographic Imperative: The U.S. Hispanic population aged 65+ is projected to grow by 300% by 2060, with a 1.5x higher risk of Alzheimer’s. Critical Gap: A lack of understanding of how cultural values and systemic barriers influence key psychological resources (like self-efficacy) and outcomes (burden, QoL) in this population.	A systematic search of peer-reviewed literature (2000-2025) was conducted using PubMed, PsycINFO, CINAHL, and Google Scholar. Keywords included dementia, caregiving, Hispanic/Latino, caregiver burden, self-efficacy, quality of life, and cultural values. The review was structured using an integrated theoretical framework combining the Social Ecological Model and the Transactional Model of Stress and Coping. Critical Synthesis: The field relies heavily on quantitative deficit models, with growing but limited qualitative work. A significant gap exists in rigorously integrated mixed-methods studies that connect statistical patterns with lived cultural reality.	The literature reveals a "Hispanic Caregiving Paradox" characterized by higher objective risk and burden, yet also significant resilience rooted in cultural assets like <i>familismo</i>. Key findings include: 1) Caregivers experience "double jeopardy" from minority-related stressors layered onto caregiving demands; 2) Cultural values are dual-edged, providing motivation and meaning while potentially increasing obligation and guilt; 3) Systemic barriers (stigma, language, access) create synergistic obstacles to service use; and 4) Culturally tailored interventions show greater promise than simply translated protocols. Critical gaps persist in understanding the psychological mechanisms linking culture to outcomes and in the use of integrated mixed-methods research designs.	Effective support for Hispanic/Latino dementia caregivers requires moving beyond documenting disparities to understanding the dynamic interactions among culture, psychological processes, and structural systems. While the literature clearly identifies vulnerability shaped by systemic inequities such as limited access to culturally responsive care, it also highlights substantial resilience rooted in cultural assets including familism, spirituality, and collective coping. The next frontier of research lies in disentangling how these sources of vulnerability and strength operate together across multiple levels of context. Advancing the field will require culturally grounded, multilevel methodologies capable of capturing these transactions and translating them into precision support strategies that address layered barriers while honoring the strengths of this rapidly growing population.	- Alzheimer’s Association. (2024). 2024 Alzheimer’s disease facts and figures. <i>Alzheimer’s & Dementia</i>, 20(4), 1–123. https://doi.org/10.1002/alz.13809 - Bronfenbrenner, U. (1979). <i>The ecology of human development: Experiments by nature and design</i>. Harvard University Press. - Giorgi, A. (2009). <i>The descriptive phenomenological method in psychology: A modified Husserlian approach</i>. Duquesne University Press. - Husserl, E. (1970). <i>The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy</i> (D. Carr, Trans.). Northwestern University Press. - Lazarus, R. S., & Folkman, S. (1984). <i>Stress, appraisal, and coping</i>. Springer. - WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. <i>Psychological Medicine</i>, 28(3), 551–558. https://doi.org/10.1017/S0033291798006667 - Zarit, S. H., Reever, K. E., & Bach-Peterson, J. (1980). Relatives of the impaired elderly: Correlates of feelings of burden. <i>The Gerontologist</i>, 20(6), 649–655. https://doi.org/10.1093/geront/20.6.649 CONTACT lcarbonell3@student.agmu.edu  ALZHEIMER’S ASSOCIATION AAIC 26