What Providers Should Know About African American and Black Family Caregivers

There is no uniform ethnicity, culture, language, and/or experience among those who identify as African American/Black.

(Kusow, 2014)

- There are distinctions within “African American” and between “African American” and “Black” that have cultural and linguistic significance.
  - A US-born person with African descent is considered African American
  - A majority of African immigrants identify with their respective ethnicities of origin
  - Afro-Cubans, Afro-Caribbeans, Afro-Brazilians, Afro-Haitians, and Afro-Latinx people may or may not identify with the term “African American”

HEALTH DISPARITIES

- African American and Black people have a greater risk for heart disease, stroke, high blood pressure, Alzheimer’s/dementia, and diabetes
- African American and Black caregivers are more likely to provide care for someone who has a long-term/chronic physical condition (NAC, AARP., 2015)
- Amidst health and socioeconomic disparities, African American/Black families remain resilient
  - Higher rates of grandparent caregivers (Tang et al., 2015)
  - Complex family structures
  - Multiple caregivers
  - Familism: the subordination of the personal interests and prerogatives of an individual to the values and demands of the family

CULTURAL COMMITMENT TO CARE

- African American/Black caregivers reported that “caring for ill or disabled family members was seen as a responsibility (Scharlach et al., 2006)
  - Fulfilled cultural norms
  - Maintained cultural continuity
  - Strengthened family ties
- On average, African American/Black caregivers agree that cultural obligation is a reason they provide care. However, this can lead to challenges.
  - African American/Black caregivers were more likely to be women, younger, and “sandwiched” between caring for more than one person (NAC, AARP., 2015)
  - Grandparent caregivers are disproportionately women, younger, less educated, and living in poverty, representing a highly vulnerable population (Minkler et al., 2005)
  - More likely to utilize informal support networks, such as religious organizations.

OF AFRICAN AMERICANS SAY RELIGION IS VERY OR SOMEWHAT IMPORTANT (PEW, 2014)

91%
### How Can Providers Better Support African American and Black Family Caregivers?

- **Recruit, promote, and support a diverse interdisciplinary workforce that understands/represents the culture of the community**
  - Allows for easier communication between hospital case managers and home liaisons
  - More opportunities to identify caregivers and to deliver effective caregiving training

- **Development of culturally and linguistically competent in-office materials to deliver information such as medication management and caregiving training**
  - Ensure that materials are written at a 5th grade reading level or lower
  - Include pictures that reflect African American older adults and families

- **Identify and include relevant family members in person-centered care planning**
  - Revise Patient Demographic Forms and/or Adult History forms to identify whether a patient is providing care for a friend or family member
  - Expand your organization’s definition of “family” to include friends, neighbors, and others outside of the traditional family structure

- **Utilize traditional modes of contact/outreach in identification and promoting supportive services, education, and training (AARP, 2018; Navaie, 2011)**
  - In-person meetings
  - Telephone
  - Print material (delivered by mail)
  - Newsletter

### In Our Survey of African American and Black Family Caregivers:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Report some or great deal of difficulty with healthcare tasks such as medicating management or caring for wounds</td>
<td>54%</td>
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<tr>
<td>Report some or great deal of difficulty with coordinating or arranging for care or services from doctors, nurses, social workers, etc.</td>
<td>56%</td>
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<td>Agree that they are the only person available to provide care for a recipient</td>
<td>34%</td>
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<tr>
<td>Agree that caregiving had negative effects on their physical/emotional health</td>
<td>31%</td>
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<tr>
<td>Agree to feeling isolated due to caregiving</td>
<td>31%</td>
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<tr>
<td>A need for culturally competent formal support services</td>
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<tr>
<td>Less personal time, limited engagement in other activities, more stress and pressure</td>
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