What Providers Should Know About American Indian and Alaska Native Family Caregivers

There are 573 federally recognized American Indian/Alaska Native tribes. Each tribe has their own nation within a larger nation, regardless of national and state borders.

- **Tribal/Self Governance** is essential to American Indian/Alaska Native culture. Tribal governments are responsible for a broad array of services, including:
  - Education
  - Law Enforcement
  - Judicial Systems
  - Healthcare

- **Family** is the center unit of American Indian/Alaska Native culture. Taking care of the family is part of traditional values, and Elders are highly regarded among family structures and in society. (Scharlach et al., 2006; p. 139-140)

**HEALTH DISPARITIES**

- **Diseases of the heart, cancer, and diabetes** are leading causes of death for American Indian/Alaska Natives
  - AI/AN are 2x as likely than whites to have diabetes (CDC, 2017)
  - Diabetes is a strong risk factor for heart disease—the leading cause of death
  - Common types of cancer include prostate, breast, lung, colon, and kidney

- **Rural tribal communities** are geographically isolated from care services and resources.
  - Exacerbates health disparities
  - Lack of caregiver training

**CULTURAL COMMITMENT TO CARE**

- Many American Indians and Alaska Natives express a distrust of the majority culture and government due to a history of poverty, displacement, and discrimination. As a result, caregivers are more reluctant to use formal supportive services. (Scharlach et al., 2006)

- American Indians and Alaska Natives often feel a strong cultural commitment to caring and a reliance on family and tribe for support.
  - Healthcare services provided by tribal health providers
  - Community Health Representatives through Indian Health Services
  - Local tribal community-based organizations

- On average, AI/AN caregivers agree that cultural obligation is a reason they provide care.

**OF AMERICAN INDIAN/ALASKA NATIVE CAREGIVERS AGREED OR STRONGLY AGREED THAT CULTURAL COMMITMENT TO CAREGIVING WAS A REASON THAT THEY PROVIDED CARE TO A LOVED ONE.**
IN OUR SURVEY OF AMERICAN INDIAN AND ALASKA NATIVE FAMILY CAREGIVERS:

- **44%** agree that they are the only person to help their care recipients
- **22%** report 0 family, friends, neighbors who assisted, helped, or supported them
- **47%** indicate paying expenses related to relatives or friend’s health condition or disabilities
- **36%** report some or great deal of difficulty with healthcare tasks such as medication management or wound care
- **41%** report some or great deal of difficulty with coordinating or arranging for care services from doctors, nurses, and social workers

One in five respondents state that their doctors or other healthcare providers did not know about the care they provided to others

More likely to pay for caregiving expenses than African American and Black, Asian, Southeast Asian, or Hispanic/Latino caregivers

HOW CAN PROVIDERS BETTER SUPPORT AMERICAN INDIAN AND ALASKA NATIVE FAMILY CAREGIVERS?

- **To provide for American Indian/Alaska Native caregivers it is necessary to be aware of their roots in social, historical, cultural, economic, and environmental issues.**
  - Strengthen tribal and community-based organizations to increase capacity of programming
  - “Shared” dedication rather than reinvent the wheel

- **Collaborate with community health representatives (CHR) through Indian Health Service (IHS) to identify caregivers in tribal communities and information dissemination**
  - Overcome geographic isolation
  - Assist local tribal communities in garnishing funding for local resources

- **Develop culturally and linguistically competent in-office material for training, information on caregiving, disease information, and intervention outreach**
  - Avoid words such as “caregiver burden”
  - 6th grade reading level or lower
  - Use images with representation of American Indians/Alaska Natives

- **Consult with local tribal leaders, elders, local institutions in local tribal communities in disseminating print material and to develop or increase capacity programming**
  - Increased visibility of print material to reduce stigma, provide disease information, and caregiver training/information
  - Tribal leaders, elders are the centerpoint of tribal communities

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