Comparison of Caregivers from Diverse Communities Who Immigrated to or Were Born in the US

Lauren Stratton
Iowa State University

Rachel Schaffer, David Bass, and Sara Powers Benjamin Rose Institute on Aging

Mean or

* p ≤ .05; ** p ≤ .01

Jenna McDavid and Ocean Le Diverse Elders Coalition

Collaborators and Survey Description

The Diverse Elders Coalition and the Benjamin Rose Institute on Aging conducted a national survey of adult family and friend caregivers from diverse racial, ethnic, and sexual orientation backgrounds to understand their unique caregiving issues and challenges.

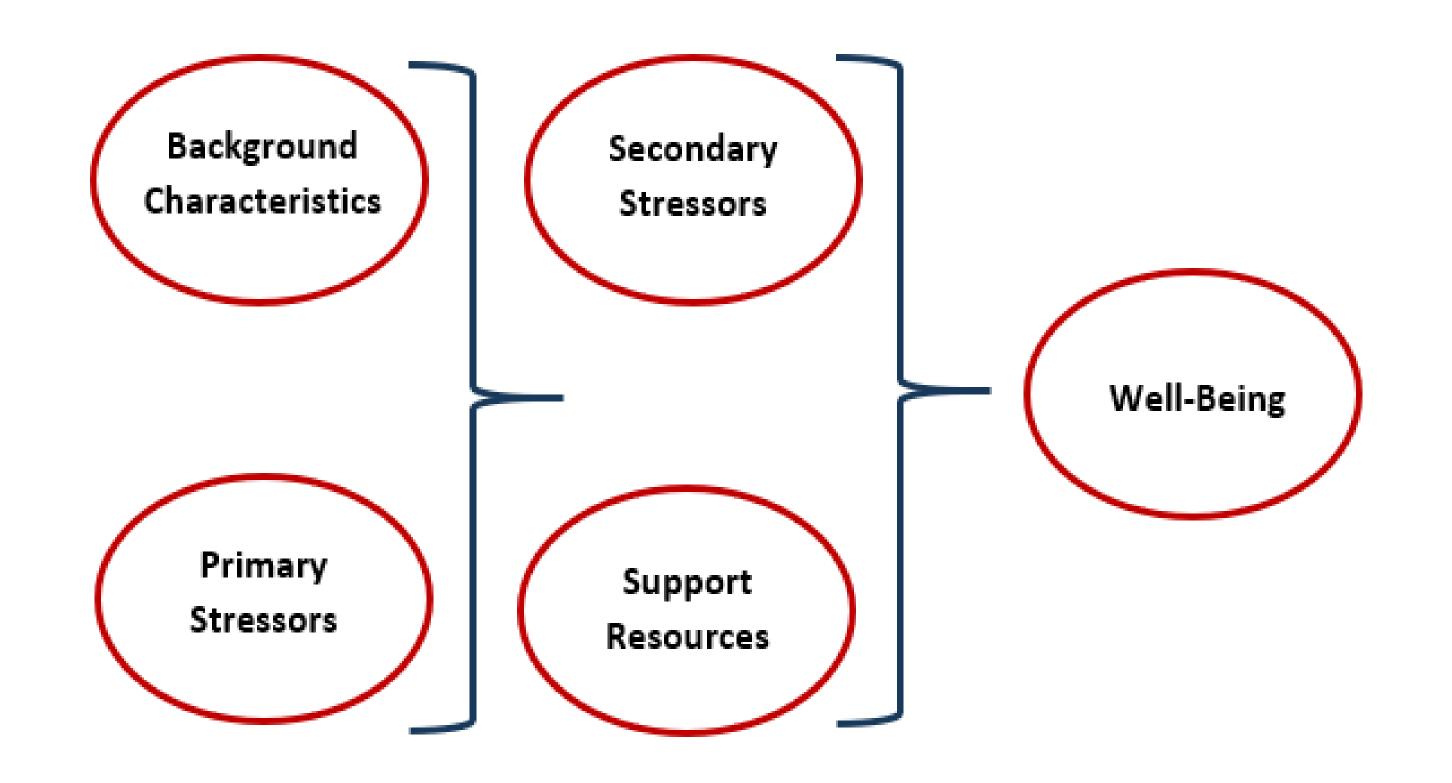
Diverse Elder Coalition Member Organizations:

- National Asian Pacific Center on Aging (NAPCA)
- National Hispanic Council on Aging (NHCOA)
- National Indian Council on Aging, Inc. (NICOA)
- SAGE
- Southeast Asia resource Action Center (SEARAC)
- National Caucus and Center on Black Aging, Inc. (NCBA)

Research Question

What are the similarities and differences in the experiences and outcomes of family/friend caregivers from diverse communities who are born in the US (i.e. second or third generation) vs. those who immigrated to the US (i.e. first generation)?

Stress Process Model Guiding Comparison of Caregivers Who Immigrated to or Were Born in US



Distribution for Comparison of Caregivers

Total Sample	125 (28.9%)	307 (71.1%)
Communities	the US	grated to the US
Caregivers from Diverse	Caregivers Born in	Caregivers Who Immi-

Table 1. Whether Caregivers Immigrated to vs. Were Born in the US

Total Sample	125 (28.9%)	307 (71.1%)
Asian American	15 (10.8%)	124 (89.2%)
Southeast Asian American	37 (25%)	111 (75%)
Hispanic/Latino American	48 (47.1%)	54 (52.9%)
Multiple Ethnicities	25 (58.1%)	18 (41.9%)

Survey Description and Sample

Caregiver Survey

- Cross-sectional
- Anonymous
- Print and online versions available in 8 languages
- Guided by Stress Process Model
- Convenience sample newsletter, website and social media ads, community events participants, senior center participants

Eligible Caregivers

- Providing ongoing unpaid help to a relative or friend >55 years of age
- Assisting because of ongoing health problems or disabilities
- Living in the US

Survey Participants

- Total survey responses = 840
- Analysis sample = 432, includes caregivers who self-identify as: Asian Americans (n=139), Southeast Asian Americans (n=148), Hispanic/Latino Americans (n=102), and Multiple Ethnicities (n=43)

Table 2. Description of Independent Variables Used to Compare Caregivers Who Immigrated to vs. Were Born in the US

Caregiver Background Characteristics	Percent
Asian American	32.2%
Southeast Asian American	34.3%
Hispanic/Latino American	23.6%
Multiple Ethnicities	9.9%
Age	51.54
Education Level (1-9; < High School - PhD/MD/JD)	5.29
Shared Household	47.0%
Female	75.5%
Income Category (1-12; \$0 - \$200,000 or more)	2.87
Primary Stressors	
Caregiver Assistance with Health-Related Tasks (0 - 12)	4.90
Caregiver Assistance with Cultural Tasks (0 - 3)	1.57
Care Receiver Personal Care Difficulties (0-2; No Diff. to Great Deal of Diff.)	.76
Care Receiver Health Rating (1 - 5; Poor - Excellent)	2.05
Caregiver Because of Convenience (2 items; 0 - 3; Strongly Dis Strongly Agree)	2.07
Secondary Stressors	
Health Strain (4 items; 0 - 3; Strongly Dis Strongly Agree)	1.29
Relationship Strain (4 items; 0 - 3; Strongly Dis Strongly Agree)	.98
Support Resources for Care Receivers & Caregivers	
Quality Care Receiver Healthcare (8 items; 0 - 3; Strongly Dis Strongly Agree)	1.97
Tasks Professionals Help With (12 items; 0-12)	2.61
Caregiver Well-Being	
Depression (11 items; 0 - 2; Never - Often)	.57
Caregiver Health Rating (1 - 5; Poor - Excellent)	3.23

Analytic Strategy

- Multivariate logistic regression with a dichotomous dependent variable.
- Differences between groups explained by each predictor representing the Stress Process Model is independent of all other variables included in the analysis.

Multivariate Results

Table 3. Logistic Regression Results to Compare Caregivers Who Immigrated to vs. Were Born in the US

Caregiver Background Characteristics	Logistic Regression Coefficient	
Asian American	82	
Hispanic/Latino American	2.63**	
Multiple Ethnicities	3.18**	
Age	08**	
Education Level	.42**	
Shared Household	.24	
Female	.09	
Income Category	.34**	
Primary Stressors		
Caregiver Assistance with Health-Related Tasks	.27**	
Caregiver Assistance with Cultural Tasks	51**	
Care Receiver Personal Care Difficulties	25	
Care Receiver Health Rating	02	
Caregiver Because of Convenience	.99**	
Secondary Stressors		
Health Strain	39	
Relationship Strain	.67*	
Support Resources for Care Receivers & Care-		
givers		
Quality Care Receiver Healthcare	62*	
Tasks Professionals Help With	.14*	
Caregiver Well-Being		
Depression	.18	
Caregiver Health Rating	.25	
Total Explained Variance	55%**	

Statistically Significant Results:

Caregivers from diverse communities who were born in the US, compared to those who immigrated to the US, were more likely to:

Background and Context

- Be Hispanic/Latino Americans (2-3 times more likely) in this convenience sample
- Be younger, have higher levels of education and incomes

Primary Stressors

- Assist with a greater number of health-related tasks, but fewer cultural tasks
- Fill the role of caregiver because it was more convenient for them compared to other family members or friends

Secondary Stressors

Report higher strain in the relationship with their care receivers because of caregiving

Support Resources for Care Receivers and Caregivers

- Give lower ratings for the quality of healthcare provided to the care receivers
- Be assisting care receivers who are using more services and/ or professionals to complete needed care tasks

Conclusion and Implications

- There are a variety of important differences between caregivers from diverse communities who were born in the US and those who immigrated to the US. Caution must be used in interpreting these results because they are based on a convenience sample and a cross-sectional survey.
- Caregivers born in the US are less vulnerable than immigrant caregivers in terms of age, education, and income, meaning immigrant caregivers may be at greater risk because of adverse social determinants of health. However, caregivers born in the US more often report relationship strain between them and their care receivers, which may stem from generational conflict related to cultural expectations about filial responsibilities.
- Caregivers born in the US are assisting care receivers who use more services, but these caregivers rate the quality healthcare services lower. Differences between groups should be further researched to understand the underlying causes of these differences.

Funder

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