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Diverse Elders Coalition

Caregivers from Diverse Communities	Caregivers Born in the US	Caregivers Who Immigrated to 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%)

- 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)

Caregiver Background Characteristics	Mean or 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

- 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.

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 & Caregivers	
Quality Care Receiver Healthcare	-.62*
Tasks Professionals Help With	.14*
Caregiver Well-Being	
Depression	.18
Caregiver Health Rating	.25
Total Explained Variance	55%**

* $p \leq .05$; ** $p \leq .01$

- 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.

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