

# 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

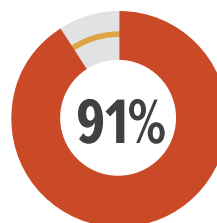
## CULTURAL COMMITMENT TO CARE

● **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.



**91%**  
**OF AFRICAN AMERICANS SAY RELIGION IS VERY OR SOMEWHAT IMPORTANT (PEW, 2014)**



## IN OUR SURVEY OF AFRICAN AMERICAN AND BLACK FAMILY CAREGIVERS:


**54%** report some or great deal of difficulty with healthcare tasks such as medicating management or caring for wounds


**56%** report some or great deal of difficulty with coordinating or arranging for care or services from doctors, nurses, social workers, etc.

**34%** agree that they are the only person available to provide care for a recipient

**31%** agree that caregiving had negative effects on their physical/emotional health

**31%** agree to feeling isolated due to caregiving

 A need for culturally competent formal support services

 Less personal time, limited engagement in other activities, more stress and pressure

## 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