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-Latino 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:** defined as a social structure where the needs of the family are more important and take precedence over the needs of any family members

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

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 proving 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

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