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Caregiver Differences Across Race and Ethnicity

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Overview



For this report, we looked at caregivers' self-reported mental, physical, or financial strain. We analyzed data from the 2015 Caregiving in the U.S. survey. The purpose of this report was to look at self-reported caregiver outcome differences across race and ethnicity. We found that caregivers were most likely to be caring for children, parents or siblings. White caregivers were more likely to be older than 50 than were other caregivers. Latino caregivers were the youngest of the caregiver groups. White caregivers were more likely to be caring for a spouse, while Latino caregivers were more likely to be caring for some other family member (such as a grandparent). Caregivers across all groups were more likely to provide supports for instrumental activities of daily living such as helping with finances or shopping than activities of daily living such as helping with hygiene. Most caregivers lived apart from the person they supported and provided supports fewer than 20 hours per week. Caregivers across all race and ethnicity reported similar levels of physical and financial strain related to caregiving. White caregivers reported somewhat more emotional strain than did other caregiver groups.

Background



Caregiving can have negative effects on caregivers' mental and physical health. Previous research suggests that mental and physical health outcomes may differ by race. For example, a study of Latina and black mothers of adult children with developmental disabilities experienced more physical health problems as they aged than did non-caregivers (Magaña & Smith, 2004). Studies of caregivers of family members with dementia found that while the overall predictors of caregiver stress were similar across groups, researchers have found that white caregivers report fewer physical health problems than black or Latino caregiver, while Latino caregivers were more likely to report depression than white or black caregivers (Pinquart & Sörenson, 2005). These same researchers found that caregivers who reported informal supports, perceived positive aspects of caregiving, and religious coping had less depression, while caregivers who were female, a spouse, or who were managing challenging behavior reported more depression.

Table 1: Caregiver Characteristics-Gender

	White	Black	Asian	Other	Latino
Male	285 (38.4%)	64 (41.0%)	33 (45.2%)	13 (46.4%)	90 (44.1%)
Female	458 (61.6%)	92 (59.0%)	40 (54.8%)	15 (53.6%)	114 (55.9%)
Total	743	156	73	28	204

Table 2: Caregiver Characteristics-Age

	White	Black	Asian	Other	Latino
18 to 49	284 (38.2%)	96 (61.5%)	40 (54.8%)	17 (60.7%)	135 (66.2%)
50 to 64	287 (38.6%)	39 (25.0%)	22 (30.1%)	9 (32.1%)	48 (23.5%)
65+	172 (23.1%)	21 (13.5%)	11 (15.1%)	2 (7.1%)	21 (10.3%)
Total	743	156	73	28	204

Table 3: Caregiver Relationship

	White	Black	Asian	Other	Latino
Married or partners	106 (14.3%)	13 (8.3%)	6 (8.2%)	4 (13.8%)	18 (8.8%)
Immediate family	394 (53.1%)	66 (42.0%)	35 (47.9%)	14 (48.3%)	98 (48.0%)
Other family	145 (19.5%)	41 (26.1%)	21 (28.8%)	6 (20.7%)	57 (27.9%)
Other caregivers	97 (13.1%)	37 (23.6%)	11 (15.1%)	5 (17.2%)	31 (15.2%)
Total	742	157	73	29	204

Table 4: Caregiver Lives with Care Recipient

	White	Black	Asian	Other	Latino
Yes	248 (33.6%)	43 (28.1%)	25 (34.7%)	11 (37.9%)	84 (42.4%)
No	491 (66.4%)	110 (71.9%)	47 (65.3%)	18 (62.1%)	114 (57.6%)
Total	739	153	72	29	198

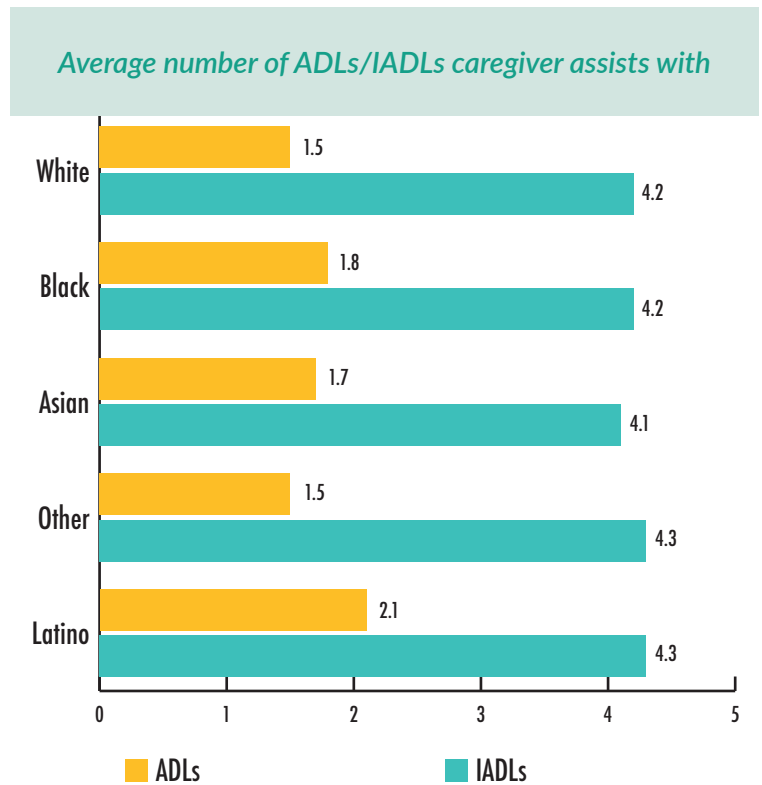
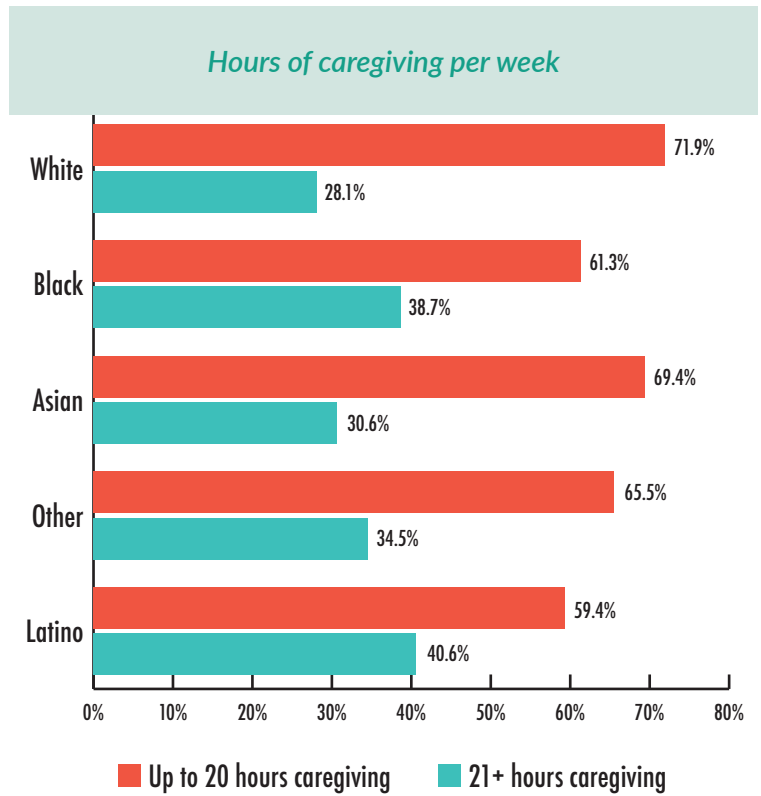
Findings



About the caregivers

The experiences of 1,204 caregivers are described in this report. 743 caregivers (62%) were white, 156 (13%) were black, 73 (6%) were Asian, 204 (17%) were Latino, and 28 (2%) reported some other race or ethnic background. Readers should be cautious about interpreting the data for the Asian and other categories because of the small number of people reported to be in these categories.

Across all groups, caregivers responding to the Caregiving in the U.S. survey were more likely to be female (60%). Caregivers other than white were typically younger than white caregivers. Only 38% of white caregivers were 18-49 while 55% or more of caregivers from other groups were between 18 and 49. Latino participants were the most likely to younger caregivers (66%). About half of all caregivers were providing support for parents, children, or sibling. White caregivers were more likely to care for a spouse (14%) than were black (8%), Asian (8%), Latino (14%), or other caregivers (8%). Black (26%), Asian (29%), and Latino (28%) caregivers



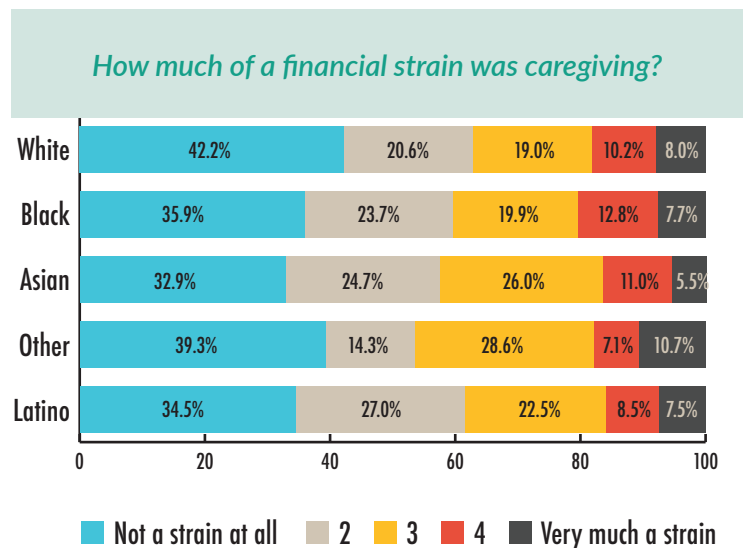
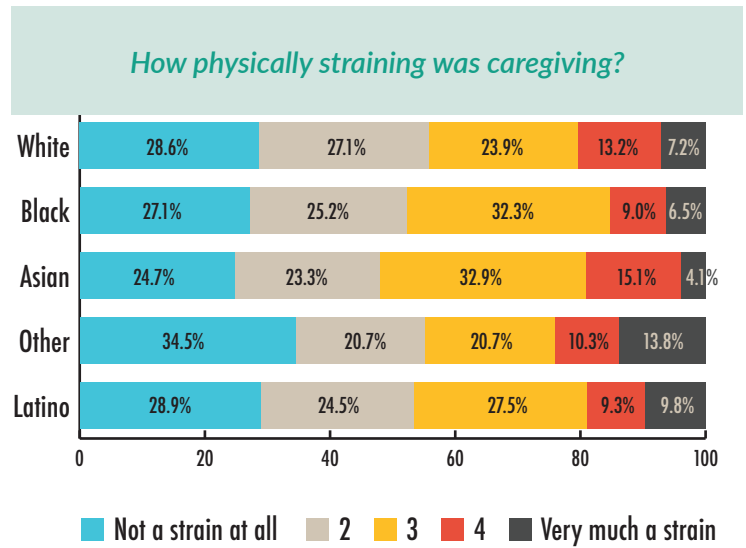
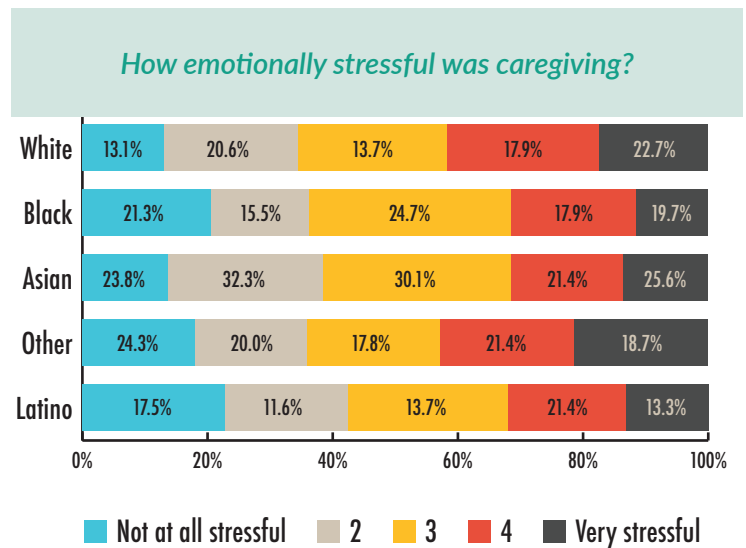
were more likely to be providing support to other relatives such as grandparents than were white caregivers (21%). 34% of caregivers lived with the person receiving support. Latino caregivers (42%) were the most likely to be living with the person they supported while black caregivers were the least likely (28%).

Caregiver Responsibilities

Latino (41%) and black (39%) caregivers were more likely to report providing care more than 20 hours per week than were Asian (31%), white (28%), or other (34%) caregivers. The number of instrumental activities of daily living (IADLs) such as helping with finances or shopping was similar across all caregivers groups. The number of IADLs ranged between 4.1 and 4.3. Activities of daily living (ADLs) include activities such as assisting with hygiene or toileting. Latino caregivers reported providing assistance with 2.1 ADLs. Black caregivers reported assisting with an average of 1.8 ADLs, Asian caregivers 1.7, and white and other caregivers reported 1.5 ADLs.

Caregiver Outcomes

Caregivers were asked how caregiving affected them emotionally, physically, and financially.



Caregivers were asked to report levels of strain in all of these areas on a scale of 1 (no strain at all) to 5 (very much a strain). The average amount of physical strain across caregivers was similar. All groups reported that the average amount of strain of 2.4 to 2.5. Financial strain was also similar across groups ranging from 2.2 to 2.4. White reported an average score of 3.1 on the emotional strain scale, while Black, Asian, and Latino caregivers all reported 2.9.

There are some important differences to note within the groups. For example, 13% of white caregivers reported that caregiving was not at all emotionally stressful compared to 23% of Latino caregivers. Conversely, only 13% of Latino caregivers reported that caregiving was very stressful compared to 18% of white caregivers. 10% of Latino caregivers reported that caregiving was very physically straining compared to 7% of black caregivers. White caregivers (42%) were much more likely than other caregivers to report that caregiving caused no financial strain.

Summary & Discussion



There were some demographic differences across caregiver groups. For example, Latino caregivers tended to be younger and were more likely than other caregivers to be caring for a member of their extended family while white caregivers tended to be older and were more likely to be caring for a spouse or partner. However, most caregivers were caring for children, parents, or siblings.

Similar to findings in previous research, Latino caregivers were more likely to report that caregiving caused high levels of physical strain when compared to other groups. Latino caregivers were also reported providing assistance with somewhat more ADLs which may contribute to the feelings of physical strain. Overall, the average physical strain reported across groups was similar. White caregivers were more likely than the other caregiver groups to report more emotional strain.

Understanding the caregiving in the context of the life course of caregivers is important to understanding caregiver support needs. While the Caregiving in the U.S. survey doesn't ask if caregivers are also raising children, for example, it's likely that younger caregivers are more likely to be doing so. Further research that better explores the additional responsibilities faced by caregivers apart from their caregiving roles is important for effective caregiver policy and practice. Further, understanding these additional responsibilities in the context of family and cultural expectations is important to design caregiver supports that work for all caregivers.

References



- Magaña, S., & Smith, M. J. (2006). Health outcomes of midlife and older Latina and Black American mothers of children with developmental disabilities. *Mental Retardation*, 44(3), 224-234.
- Pinquart, M., & Sörensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist*, 45(1), 90-106.

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