

**Caregiving Across Diverse Populations:
New Evidence from the National Study of Caregiving (NSOC) and Hispanic Established
Populations for the Epidemiologic Study of the Elderly (H-EPESE)**

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ABSTRACT

Few population-based studies have examined racial/ethnic differences in the caregiving experience with representation from the largest three racial/ethnic groups in the U.S. We combine data from the National Study of Caregiving, 2015 (N=1,117) and Hispanic Established Populations for the Epidemiologic Study of the Elderly caregiver supplement, 2016 (N=298). Data show that while Latino caregivers have larger families, they also have care recipients with greater care needs, receive less help from others, and report worse self-rated health than non-Latino Whites. Black caregivers are less likely to report depression, more likely to receive help from others and training for caregiving than White caregivers. There is evidence of caregiver paradox- that while Latino caregivers report many risk factors for caregiver burden they also report high levels of relationship quality and mental health. Caregiving under low levels of formal and informal support is potentially taking a toll on Latino families.

EXTENDED ABSTRACT

Background

Over 34 million people in the U.S. are informal, unpaid caregivers to someone age 50 or older (Family Caregiver Alliance, 2016). Caregivers spend about 24 hours on average per week providing care and their economic contribution to the U.S. economy is estimated to be close to \$470 billion (Family Caregiver Alliance, 2016). Race/ethnicity is an important factor for shaping the caregiving experience. Previous studies show that African American caregivers report lower levels of depression and higher levels of life satisfaction than non-Latino White caregivers and more positive attitudes towards caregiving than non-Latino White and Latino caregivers (Roth et al., 2001). However, there is also evidence that African American and Latino caregivers report worse self-rated health than non-Latino Whites and other risk factors for burden and poor health (Pinquart & Sorensen, 2005).

Studies utilizing different methodologies and sampling strategies have examined racial/ethnic patterns in caregiving factors. Less attention has been paid examining racial/ethnic differences in caregiving tasks using population-based data with representation from the three largest racial/ethnic groups in the U.S., including Black, Latino, and non-Latino White caregivers. Further, more research utilizing population-based data is needed to investigate the positive and negative outcomes of caregiving while controlling for background and confounding factors (Roth, Fredman, & Haley, 2015). Of the existing studies, research shows racial/ethnic minority and Latino and Mexican-origin caregivers spend more time assisting with caregiving tasks than non-Latino White caregivers (Rote & Moon, 2016). The proposed questions for the current study include:

1. Does caregiver health (self-rated health and depression) vary by race/ethnicity?

2. Does caregiving support (help with caregiving from family, use of formal services) and relationship quality between the caregiver and care recipient vary by race/ethnicity?

Data and Methods

We use data from the National Study of Caregiving (NSOC), 2015 (N=1,117). To supplement the small number of Latinos in the study, we combine the NSOC with the Hispanic Established Populations for the Epidemiologic Study of the Elderly (H-EPESE) Caregiver supplement, 2016 (N=298). The HEPSE Caregiver supplement was purposely designed to include questions from the NSOC to make comparisons between the two datasets.

Preliminary Findings

In terms of background factors, Latino and Black caregivers are more likely to be female caregivers and report both lower education and Medicaid receipt than non-Latino White caregivers. We also find that Black and Latino caregivers spend more time providing ADL and IADL assistance to their care recipients than non-Latino White caregivers. A larger portion of Latino and Black caregivers provide dementia care than non-Latino White caregivers. We also find that a larger majority of Latino and Black caregivers are adult children than not of their care recipient. Finally, Latino caregivers report more recent transitions to the caregiving role and Black caregivers report longer durations of caregiving than non-Latino White caregivers.

In multivariate models controlling for sociodemographic factors, we find that Latino caregivers report significantly worse self-rated health than non-Latino White caregivers. While Latino caregivers do not significantly differ from non-Latino White caregivers, we also find that Black caregivers have 31% significantly lower odds in reporting feeling depressed than non-Latino White caregivers.

Table 1. Caregiving Experience by Race/Ethnicity (NSOC, 2015 and HEPSE, 2016)

	Health		Support			Rel Quality
	Self-Rated Health ^a	Depressed	Help with Caregiving	Training for CG	Use Formal Care	CR Gets on Nerves
<i>vs N-L White CGs</i>						
Latino CGs	-0.52*** (0.05)	1.21 (0.93, 1.56)	0.38*** (0.29, 0.49)	1.30 (0.79, 2.14)	0.75 (0.54, 1.05)	0.60*** (0.46, 0.79)
Black CGs	-0.10 (0.05)	0.69* (0.52, 0.92)	1.53** (1.16, 2.02)	2.56*** (1.63, 4.00)	0.81 (0.58, 1.13)	0.71* (0.54, 0.94)
Other CGs	-0.07 (0.12)	1.02 (0.56, 1.86)	0.99 (0.54, 1.79)	1.39 (0.79, 2.13)	0.71 (0.32, 1.54)	1.18 (0.66, 2.10)
Constant	3.38***	0.32**	9.62***	0.07***	0.10***	

Controlling for gender, education, age, Medicaid receipt

a OLS regression with standard errors in parentheses

All other models Logistic regression with odds ratios and 95% CI in parentheses

***p<.001; **p<.01, *p<.05

In terms of support, Latino caregivers report a lower likelihood of receiving help with caregiving from friends or family members and Black caregivers report a greater likelihood of receiving help than non-Latino White caregivers. In terms of formal care service utilization, Latino caregivers are less likely to report utilizing formal care services which is explained with the inclusion of models with educational attainment. Black caregivers are 2.5 times more likely to report having training in caregiving than non-Latino White caregivers.

For relationship quality, there are no significant racial/ethnic differences in enjoying spending time with care recipient, feeling appreciated by care recipient, or arguing with care recipient. However, Latino and Black caregivers are less likely to report that the care recipient gets on their nerves than non-Latino White caregivers.

Conclusions

Greater accessibility, availability, and affordability of culturally and linguistically appropriate caregiver interventions are needed, especially for Latino caregivers. Interventions

and policies should take into consideration diversity in the caregiving experience and provide both psychoeducational support and increased access to formal care services to diverse caregivers.

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