

Psychological Distress of Ethnically Diverse Caregivers

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Background

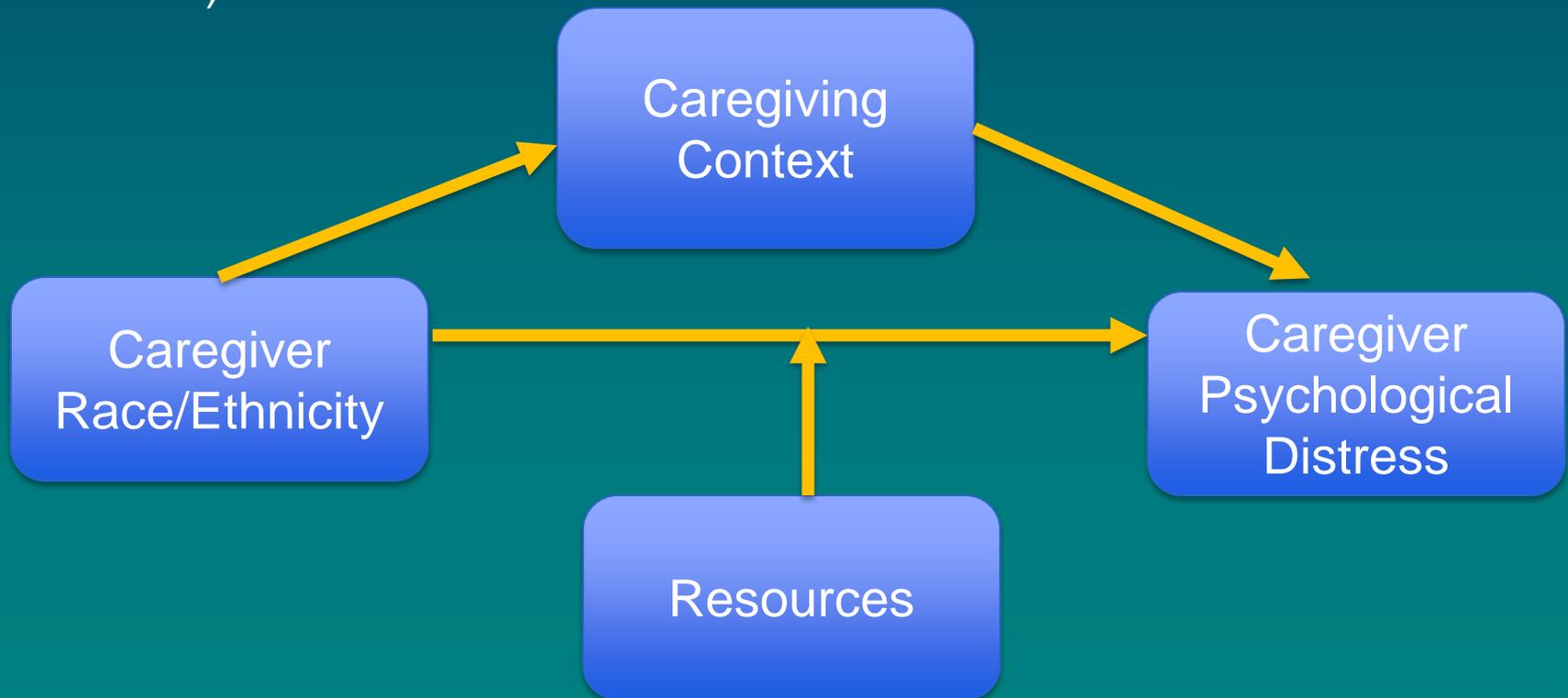
- 34.2 million caregivers provide unpaid care to an adult age 50 or older in the last 12 months
- About 15.7 million care for someone who has AD or other dementia
- Family caregiving is associated with-
 - Depression
 - Poorer physical health
 - Lower immune function
 - Cognitive decline
 - Increased mortality

Dementia Caregiving and Ethnic Disparities

- Burden of caregiving may be greater for racial/ethnic minorities
- Minority caregivers provide care for more hours/week and report more caregiving tasks compared to non-Hispanic Whites
- Latino and Asian American caregivers report greater depression compared to non-Hispanic Whites (Pinquart and Sorensen, 2005)
- Clear ethnic differences in caregiving context and potential outcomes

Conceptual Models

- Stress and coping model (Pearlin et al., 1990)
- Sociocultural stress and coping model (Aranda & Knight, 1997; Dilworth-Anderson & Anderson, 1994; Knight & Sayegh, 2010)



What Protects Caregivers Against Psychological Distress?

- Resources not related to the caregiving context may buffer against psychological distress
- Moderator effects can indicate which caregivers are at greater risk for distress and which are at a decreased risk for distress
- Potential resources include education, income, and neighborhood safety

Current Study

■ Objective

- Examine ethnic group differences in psychological distress among family caregivers
- Investigate how factors outside the caregiving context might protect against or aggravate distress

■ Methods

- 2009 California Health Interview Survey

Sample

- California Health Interview Survey (N = 47,614)
- Individuals who reported
 - Taking care of a family member (not a child) in the previous year, and
 - Ethnicity as White, Mexican, Chinese, or Vietnamese
- N = 6,634

Measures

- Dependent Variable

- Psychological distress as measured by the Kessler 6 (K6)

- Independent Variables

- Self-reported race/ethnicity
- Caregiving context variables
 - ❖ Co-residence with person
 - ❖ Relationship with person
 - ❖ Formal and informal support
 - ❖ Length of time caregiving
 - ❖ Respite care

Measures

- Independent Variables (continued)
 - Non-Caregiving context/resources variables
 - ❖ Education
 - ❖ Income
 - ❖ Neighborhood safety
- Covariates
 - Age, gender, marital status, self-rated health

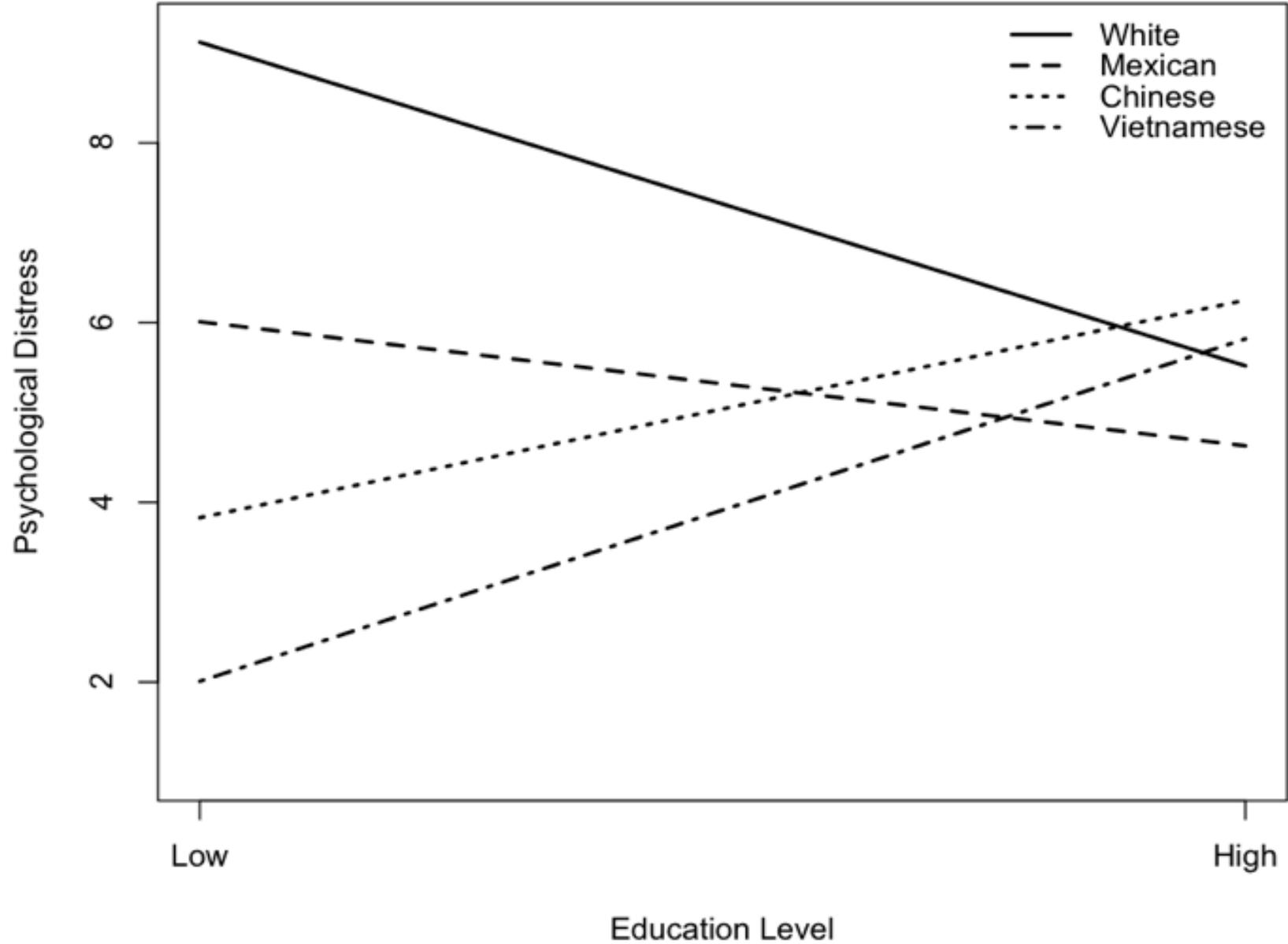
RESULTS

Variable	White (5,672)	Mexican (700)	Chinese (97)	Viet (165)
Education \geq H.S. Diploma	95.6	69.5	92.9	90.4
Annual income (dollars)	38.8	16.8	27.5	18.6
Neighborhood safety (1-4)	3.6	3.3	3.5	3.3
Psychological distress (0-24)	4.4	5.2	3.4	5.6
Self-rated health (1-5)	3.7	3.1	3.4	2.9
Caregiver relationship ^{NS}				
Spouse/Partner	13.1	10.7	5.4	10.0
Parent	59.5	51.2	68.8	63.7
Lives with CR (Yes)	32.0	44.6	63.2	37.3
Support				
Formal	0.9	1.4	3.2	17.3
Informal	81.9	88.0	84.4	77.5
Respite care (Yes) ^{NS}	15.1	10.9	13.8	23.2
Length of time caring (years)	2.5	2.4	4.9	3.3

Multivariate Regression

- Ethnic group differences in psychological distress
 - Compared to non-Hispanic Whites (NHW), minorities had lower psychological distress
- Interaction effects
 - Education moderated the effect of ethnicity on psychological distress
 - No moderating effect of income or neighborhood safety on distress

Ethnicity by Education Interaction



Conclusions

- Ethnic differences in psychological distress for caregivers are complex
- While education was protective against distress for NHW, it was associated with more distress for Chinese and Vietnamese caregivers
 - Those education more likely to report distress?
 - Theory of diminishing returns
- Limitations
 - Reason for caregiving is unknown
 - Sample may not be generalizable to individuals outside California
 - Small sample sizes in Chinese and Vietnamese groups

Implications

- Examining culturally diverse caregivers is important
- Interventions could target caregivers most vulnerable
- Important buffering effect of neighborhood safety

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THANK YOU!

Questions?