FAMILY CAREGIVERS DECLINING FOR AMERICAN INDIANS, ALASKA NATIVES

By MARIO D. GARRETT and LISA C. MCGUIRE

With the rapid aging of the U.S. population, American Indian and Alaska Native (AI/AN) communities face many of the same concerns as the rest of the nation, such as the diminishing size of families, which traditionally have provided informal assistance to older adults. As of mid-2002, U.S. Census data show more than 4.3 million AI/AN people in the United States, comprising 1.5% of the total population. Overall, AI/ANs have higher rates of mortality and morbidity from heart disease, injuries, cancer and diabetes. Also, rates in AI/AN populations of these and other conditions, such as communicable diseases, infant mortality and kidney disease, exceed those of the general population.

DISTINCT COMMUNITIES

In addition, AI/AN people have long maintained separate and distinct lands. Within these mostly small and independent geographic areas, the aging of populations can have devastating results. For example, our research shows that some AI/AN communities already have no potential caregivers available. Older adults in AI/AN communities have always depended heavily on their families for care. This system seems to have functioned well in the past, contributing to the belief that AI/ANs are stoic figures who do not need assistance and can take care of their own elders. However, some researchers have concluded that the reason caregivers in these populations performed so well with fewer health problems was because AI/AN caregivers tended to be younger than those in the broader population. This advantage will be lost if there are fewer younger AI/ANs—and, therefore, fewer caregivers—available to look after an increasing number of chronically frail older adults in the local population.

Although families remain the primary providers of long-term care services to older adults for all races and ethnicities, AI/AN communities exhibit changing dynamics, which will further affect their families' capacity to provide care in the future. Identifying these dynamics is important because if caregivers—especially those in small communities—are less available, it behooves local planners to search for alternative ways to meet the needs of their frail and disabled older adult constituents.

UNIQUE ASPECTS OF Caring IN INDIAN COUNTRY GO BEYOND THE LACK OF CAREGIVERS.

One Alaska Native provider commented, "Villages were struggling to survive and people moved to the big cities. We had mentors (grandparents) and now I don't see it that much. Some cultural activities are coming back, but high regard for elders is not as much as it used to be."

In order to identify communities experiencing diminished capacity to meet the caregiver needs of the older adult population, we recently conducted a study, using 2000 U.S. Census data, of potential caregiver availability among 345 native communities (including Hawaiian Home Lands). The research goal was to identify those distinct local areas that have more frail older adults than caregivers. A valuable tool we used to examine caregiver availability is the Caregiver Ratio Index (CRI)—the number of potential caregivers divided by the number of potential frail older individuals. The higher the CRI, the greater the number of potential caregivers available for each frail elder. We determined the number of frail elders by comparing the portion of AI/AN elders who have problems with activities of daily living, such as bathing or using the toilet (proportions per population determined by data from the U.S. Administration on Aging data), to 2000 U.S. Census data on the number of AI/ANs ages 65 and older. Then, by revealing a missing cohort—the younger age segment no longer living in these communities—the CRI tool highlighted gaps in the supply of both current and emerging caregivers.

About nine in 10 (92%) of the AI/AN communities we studied have one to 25 caregivers for each frail older adult. We found a ratio greater than 100 in four communities, most of which are small (less than 500 residents) and have fewer than 10 adults ages 65 plus. At the other extreme, 13 communities have no potential caregivers. The very high and low numbers of potential caregivers for some communities indicate the precarious age balance in these small local areas. A few large tribes who have an AI/AN population greater than 4,000 have a CRI of less than five, a finding that should be of some concern.

These include the United Houma Nation, Oklahoma; Kiowa-Coramanche-Apache-Fort Sill Apache, Oklahoma; Sac and Fox, Kansas; and Kiowa-Coramanche-Apache-Fort Sill Apache-Caddo-Wichita, Oklahoma. The Navajo Nation, the largest reservation-based tribe, has a ratio of 16.5 potential caregivers for each older adult. Other researchers have found that, nationally, the proportion of community-dwelling older adults with chronic disabilities who were receiving informal assistance from family or friends declined between 1990 and 2000. Our project has identified AI/AN communities in which this decline is currently evident. Tribes with a low ratio of caregivers to older adults might consider establishing and enhancing adult day centers and adding more case management and respite services. They also should explore how they can coordinate transportation, expand the community health representative system and develop strategies for employing caregivers from outside of their local area. Such developments will require involvement from all sectors of the community and will truly need to be a community-wide, intergenerational effort.

Population aging is an enduring phenomenon. U.S. population groups will not continue to be as young as they are today, and younger adults will experience more dramatic shortages of caregivers as they age. Research using the CRI can help diverse communities anticipate caregiver shortages and plan accordingly.

Mario D. Garrett chairs the Department of Gerontology, San Diego State University. Lisa C. McGuire is with the Healthy Aging Program at the Centers for Disease Control and Prevention. Also contributing to this article were Dave Baldrige of the American Association for International Aging (AAG), William F. Benson of Health Benefits ABCs and AS, and Nancy Aldrich of Aging Opportunities Information Services.