Transforming Public Health

Practice BRIEF

KDH Research & Communication

Number 22 :: August 2023

CHW Support of Male Caregivers – Conversations and Takeaways

Dexter L. Cooper, Andrew Simkus, Nicole I. Wanty, Annie McNeill, and Kristen Holtz

Background

In the United States (US), there is a growing need for informal caregivers, coinciding with the number of baby boomers now transitioning into later stages of life that require support with daily tasks.[1] Informal caregivers are family members or close friends of aging individuals who provide voluntary support with physical and/or mental disabilities to a care recipient.[2] While the act of caregiving may be a meaningful role, it often comes with burdens that may affect the mental or physical health of the caregiver.

Caregiving roles are traditionally held by women and research has found that female caregivers are at higher risk of worse mental and physical health outcomes than male caregivers.[3] Thus, the majority of existing caregiver support services have been designed for female caregivers.[4,5] However, research has estimated that 40% of caregivers across the US, are male.[6] And, while studies have shown that male caregivers are at lower risk of mental and physical health outcomes, male caregivers are actually at higher risk than female caregivers of not being capable to conduct their daily tasks such as “self-care, work, or recreation” due to not good mental or physical health due to caregiving.[7]

In a recent study, we confirmed that male caregivers and Black caregivers overall are both at significantly higher risk of experiencing mental and/or physical health related interferences with conducting daily tasks.[8] We were curious why this finding persists and wondered whether and how community health workers (CHWs) could support male caregivers. To what extent do male caregivers have different needs compared to female caregivers? What are optimal characteristics of materials designed to support the specific audience of male minority caregivers, a group at high risk but currently underserved?

Given KDHRC’s deep experience working with lay health workers like CHWs, we were particularly interested in exploring how this intervention model could be applied to the population of male minority caregivers. CHWs are members of the community who often reside in the same communities and share the cultural background as the clients they serve.[9] CHWs understand the needs of their community and are good at building rapport with clients, making them well positioned to help male caregivers identify local services that may be helpful.

To explore these issues, we held a virtual convening that centered around male caregivers and ways that CHWs can help conduct outreach that best meets their needs. Attendees included researchers exploring topics around caregiving, active CHWs, medical practitioners, and male caregivers. The convening began with two presentations from researchers in the field about the experiences of male caregivers. Afterwards, convening members divided into two groups for smaller group discussions.

In this brief we will draw on insights and personal stories from CHWs, practitioners, and male caregivers to explore three concepts related to supporting male caregivers that were mentioned in our discussion: 1) male caregivers' unique sets of needs compared to female caregivers, 2) the importance of the language used when working with male caregivers, and 3) the help seeking behaviors of male caregivers. We conclude by discussing how to integrate these unique differences when tailoring support and outreach services for male caregivers.

Methods

We invited researchers, CHWs, medical practitioners, and caregivers to engage virtually via Zoom. The discussion centered around male caregivers and ways that CHWs can help support them.

Discussion participants and methods
Overall, 21 participants engaged our discussion on male caregiving, of which 12 were researchers, 5 were active CHWs, 2 were medical practitioners, and 2 were community organization representatives. Some attendees also shared their personal caregiver experiences and the caregiving experiences of close family members.

The discussion was broken into three one-hour sessions. The format of the first two sessions was a 10-15 presentation followed by a facilitator-led discussion with attendees. The presenters described key issues relating to the experience of male caregivers and the unique aspects of CHWs support for male caregivers, respectively. Open dialogue was promoted during all components; however, in the third component of the discussion, participants broke into two smaller groups for more focused discourse about experiences of male caregivers and the CHWs who work with them.

We assigned one note taker and one discussion leader to both small groups. All note takers took notes during the first two components of the discussion. After conclusion of the discussion, KDHRC researchers and notetakers reviewed the notes and agreed upon primary themes resulting from the discussion. In this brief, we review several insights, concerns, and potential solutions gleaned from the discussion results.

Findings

Overall, discussion participants agreed that male caregivers are likely to encounter unique struggles related to caregiving that require additional consideration among entities aiming to provide support services. Male caregivers seek support differently than female caregivers and may need to build higher levels of rapport with individuals before they feeling comfortable sharing their struggles and needs.

Male caregivers have a unique set of needs that may require additional consideration when tailoring support services.

The discussion participants viewed male caregivers as less likely to prioritize emotional needs compared to female caregivers. Male caregivers were also seen as being more likely to be employed full-time and thus less likely to have time for self-care tasks such as meal prepping.

It was mentioned that male caregivers often require legal assistance and tend to recognize this necessity quickly. This has especially been a concern for male caregivers who are caring for other men who are not family related. This need was particularly abundant back when some states did not recognize same-sex marriages, and is currently a concern among single men without families, especially veterans who may have to rely on friends to be a voice for their care.

There was consensus among the group that male caretakers need many of the same types of support that female caregivers require, and that in certain cases male caregivers may encounter unique challenges that necessitate unique responses. While these challenges should be assessed individually rather than assumed, it was suggested that male caregivers may require more creative assistance in identifying and fulfilling their own emotional needs.

For example, the use of social distraction techniques could be implemented to unite male caregivers in "male activities" to assist them in opening up. One discussion participant noted how her father loved to get together with a men's coffee group from their local church and said her dad was, "willing to be vulnerable about his needs within that group, and as a result the group came and helped out around the house to assist him. They think they are just talking shop, but in reality they are opening up about their caregiving experiences."

The current terminology of caregiving reflects a feminine focus; more masculine terminology will help male caregivers see themselves in the intervention and be receptive.

It was mentioned that men often do not call themselves or think of themselves as caregivers. Many men, see themselves as providers and head of the household, and as such, do not view the tasks they conduct as caregiving but rather as regular responsibilities.

Discussion participants agreed that it is the responsibility of CHWs to think about caregiving among men in a way that resonates because men often do not define themselves as "caregivers". The importance of the language used to describe male caregivers carries across to other strategies to engage male caregivers such as the formation of support groups. It was suggested that these types of groups may benefit by moving away from terms like "caregiving" and "support" and adopting terminology that men may prefer. It was further suggested that any groups aiming to unite male caregivers may benefit by asking the men themselves what they wish to be called.

Male caregivers often exhibit different help-seeking behaviors compared to female caregivers, which may obscure their struggles and needs.

Much of the discussion related to how male caregivers may be harder to identify and reach, necessitating different approaches to establishing contact and assessing needs. Male caregivers were viewed by CHWs as potentially harder to reach or identify because they are often more hesitant to seek help or ask for formal support. Many male caregivers do not view themselves or refer to themselves as caregivers, male caregivers may not want to burden other family members and friends; or may not wish to be seen as weak in a society that defines men by their toughness.

Often viewing themselves as protectors, male caregivers may hold more concerns about sharing information with too many new people or allowing strangers into their home and around their vulnerable loved one receiving care. It was also discussed that males grieve differently than females, so males may feel a need to replace the role of the person they are caring for and may be overwhelmed by identifying with new roles or losing roles they had identified with in the past.

Establishing an asynchronous system where male caregivers can reach out to CHWs may help prevent too many people coming in right away and overwhelming the caregiver. It was also noted that CHWs need to be more intentional about recruiting more male CHWs although discussion participants agreed overall that most male caregivers would be exceedingly grateful for information and resources no matter from whom the information was coming.

Discussion

With the growing role of males as caregivers across the US, and the unique needs, perceptions, and responsibilities that male caretakers experience, there is a strong need to tailor resources and outreach approaches specifically for male caregivers.

As gleaned from our discussion, male caregivers may be in particular need of emotional support, legal support, and support with routine self-care tasks such as meal prepping. Male caregivers may be less comfortable with or less knowledgeable about providing personal hygiene care. This could vary depending on the relationship dynamics between the caregiver and the person being cared for. The best way to know what male caregivers need is to ask them directly. Because male caregivers may be less likely to vocalize their needs, creative group approaches may create opportunities for discussion, emotional support, and exchanges of important relevant information.

Perhaps the most thorny issue during the discussion was the issue of how to identify and reach male caregivers if they are reluctant to ask for help. While we explored several proposed reasons for this reluctance, a clear necessity to reach male caregivers is giving them avenues to request information or support when needed. According to the insights gained through our discussion, caregiver support services may be better able to identify and serve male caregivers in need if they can develop ways to make it easier for male caregivers to ask for help in the first place.

References

[1] Spillman, B. C., Allen, E. H., & Favreault, M. (2021). Informal caregiver supply and demographic changes: Review of the literature. Office of the Assistant Secretary for Planning and Evaluation Report. Retrieved from https://aspe.hhs.gov/reports/informal-caregiver-supply-demographic-changes-review-literature-0

[2] Centers for Disease Control and Prevention. (2019). Caregiving for Family and Friends — A Public Health Issue. Retrieved from https://www.cdc.gov/aging/caregiving/caregiver-brief.html

[3] Pinquart, M., Sörensen, S. (2006). Gender Differences in Caregiver Stressors, Social Resources, and Health: An Updated Meta-Analysis. The Journals of Gerontology: Series B, 61(1), P33-P45. doi:https://doi.org/10.1093/geronb/61.1.P33

[4] Jacobs, B. J. (2014). When Genders Collide While Caregiving. How to resolve resentment that siblings' differing roles and reactions can create. Retrieved from https://www.aarp.org/home-family/caregiving/info-01-2014/caregiving-family-gender-siblings-jacobs.html

[5] Fee, A., McIlfatrick, S., Ryan, A. . (2020). Examining the support needs of older male spousal caregivers of people with a long-term condition: A systematic review of the literature. Int J Older People Nurs, 15(e12318). doi:https://doi.org/10.1111/opn.12318

[6] Accius, J. (2017). Breaking Stereotypes: Spotlight on Male Family Caregivers. Retrieved from https://www.aarp.org/content/dam/aarp/ppi/2017-01/Breaking-Stereotypes-Spotlight-on-Male-Family-Caregivers.pdf

[7] Secinti, E., Lewson, A.B., Wu, W., Kent, E.E., Mosher, C.E. . (2021). Health-Related Quality of Life: A Comparative Analysis of Caregivers of People With Dementia, Cancer, COPD/Emphysema, and Diabetes and Non-caregivers, 2015–2018 BRFS. Annals of Behavioral Medicine, 55(11), 1130-1143. doi:https://doi.org/10.1093/abm/kaab007

[8] Cooper, D. L., Simkus, A., Holtz, H. D., Wanty, N. I., Easter, B., Wright, E. (under review) Examining mental and physical distress among male informal caregivers in the United States: Analyses of the 2021 Behavioral Risk Factor Surveillance System. *Family & Community Health.*

[9] Nemcek, M. A., & Sabatier, R. (2003). State of evaluation: community health workers. *Public Health Nursing*, *20*(4), 260-270.

Acknowledgements

We thank the participants who attended the Men as Family Caregivers Engagement meeting and engaged in the discussions for their time and valuable insights.

KDH RESEARCH & COMMUNICATION

145 15th Street NE,
Suite 831
Atlanta, GA 30309

www.kdhrc.com
publicaffairs@kdhrc.com

DEXTER L. COOPER is a Project Manager at KDH Research & Communication.

ANDREW SIMKUS is a Research Analyst at KDH Research & Communication.

NICOLE I. WANTY is a Senior Research Manager at KDH Research & Communication.

ANNIE MCNEILL is an Operations Manager at KDH Research & Communication.

KRISTEN D. HOLTZ is the Founder and President at KDH Research & Communication.

KDH RESEARCH & COMMUNICATION is a non-partisan, public health, research and communications agency. The goal of the "Informing Public Health" brief series is to disseminate innovative, objective, and timely information to solve public health and other social issues. KDHRC actively contributes to a future when all people can find, understand, and act on information to safeguard the health of themselves, their families, and their communities.