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Strategies and Solutions – Community Health Workers Supporting Male Caregivers

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Background

In our previous Practice brief 22, CHW Support of Male Caregivers – Conversations and Takeaways we explored some of the key insights that we gathered during our virtual convening to discuss nuanced needs, experiences, and perceptions of male caregivers. In addition to these topics, the convening also discussed potential solutions and strategies for helping community health workers (CHWs) identify, build rapport with, and ultimately offer support to male caregivers. In this brief we review findings on this topic to inform future CHW-led interventions and caregiver support services.

Methods

We held a virtual convening with researchers that focused on the experiences of male caregivers and ways that CHWs may be able to help support them. Attendees included researchers, CHWs, medical practitioners, and caregivers. The convening included two presentations from researchers in the field about the experiences of male caregivers, then attendees divided into two groups for smaller group discussions. Practice brief 22, found [here](#) provides more details on the methods used and participants included in the convening.¹

The following are questions that helped guide the small group discussions:

1) What benefits do you see for CHWs outreach to male caregivers? How can CHWs reach

male caregivers to offer support and self-care training?

2) What are needs that male caregivers have and struggle with? What are potential short-term and long-term solutions?

3) Since most CHWs are women, what are barriers for male caregivers to fully receive support from them? Does the gender of the CHW providing information and/or the care recipient make a difference?

4) Other than medical care information for the care recipient, what other types of information do caregivers need?

5) How can CHWs identify and effectively reach male caregivers?

Findings

CHWs are authentically a part of their community, often residing in the same neighborhood and sharing the same cultural background as their clients.² As such, CHWs understand their community's needs, can meaningfully connect with and establish rapport with clients, and tailor resources, education, and support to that person based on their needs.

With these strengths, CHWs are well-positioned to intuitively understand and respond sensitively to familial, cultural, and community nuances that may affect their client's experience with accessing or seeking support.

How we frame caregiving among male caregivers may impact the efficacy of outreach messaging.

When it comes to working with male caregivers, sensitive responsiveness may be especially important. Framing caregiving in a way that resonates with male caregivers may be necessary since male caregivers often do not view themselves or refer to themselves as “caregivers” per se.

Gender plays a role but support is not paramount.

Most CHWs are women, so we asked our discussion participants about the potential impact of gender mismatch when working with male caregivers. Overall discussion participants agreed that while more male CHWs would certainly benefit the field, there does not need to be a match between gender of CHW and client for the CHW to successfully establish connection and provide support/education. A discussion member with the personal experience of being a male caregiver confirmed,

“I had zero information about available services, I would have been grateful no matter who it came from.”

Nonetheless, participants also agreed that it may take more time for female CHWs to build rapport and trust with male clients for male caregivers to feel comfortable sharing their thoughts about their caregiver barriers and needs.

Different needs necessitate different resources; CHWs can only be as helpful as the resources they have access to.

If there is a dearth of helpful resources, then the CHW’s ability to offer support will be limited. CHWs’ abilities to steer clients to helpful services and away from untrusted services is a valuable asset that may be instrumental in helping build trust with a client. In our convening, it was discussed that male caregivers may be more likely to work full-time and may find themselves with inadequate time or energy for self-care tasks such as meal prepping, cleaning, laundry, exercise, or other forms of stress relief. Therefore, resources that are aimed at supporting caregivers with daily tasks may be especially beneficial.

Currently, most existing resources and services for caregivers have been tailored for female caregivers.^{3,4} However, the latest statistics to date, which are from 2017, have estimated that within the US roughly 40% of caregivers were male.⁴ Thus, there is a clear need for resources and outreach approaches specifically tailored to male caregivers.

Because male caregivers may not refer to themselves as caregivers and may be more reluctant to ask for [support](#),¹ it

may be up to the CHW to identify male caregivers in their communities who need support. Several suggestions were given to identify and reach male caregivers. CHWs may participate in public community events to network with the community and learn about male caregivers who need support. Another strategy would involve CHWs asking for community members, while performing outreach in the community for other health-related topics, to refer male caregivers who may need assistance.

“It takes a creative approach. Men do not prioritize emotional needs...get them involved in male activities to give them opportunities to open up.”

Male caregivers may require more creative assistance in identifying and prioritizing their own emotional needs. Group approaches may be one such strategy. Uniting male caregivers during “male social activities” may help assist them in forming connections and opening up about their caregiving struggles. The Convening attendees suggested that support group efforts steer away from terminology such as “caregiving” and “support”, and that the caregiver research and advocate communities ask male caregivers what they prefer to be titled to help foster a shared identity among men who may view themselves more as providers than caregivers.

Often seeing themselves as the providers and protectors of the household, male caregivers may have additional concerns about allowing strangers in to interact with the care recipient. While transitioning into a caregiving role, male caregivers may become overwhelmed or feel bombarded by too many people. Establishing an asynchronous system from which male caregivers can easily reach out to CHWs may help prevent overwhelming the caregiver.

Identifying male caregivers in need may require meeting them where they are at; innovative solutions are required to make requesting support easier for male caregivers.

How male caregivers can reach out to CHWs is an interesting dilemma that requires innovative methods. Male caregivers may be unaware of the existence of CHWs, not know who to contact locally, or not have any CHWs knowledgeable about caregiver resources serving in their community. This puts the onus on the CHW to start the conversation.

A real-time technology-based system may support this outreach, so that male caregivers can request information and receive trusted resources available to them in their surrounding location in privacy. Developing an online tool for male caregivers to connect with CHWs across the

country would be advantageous for both male caregivers seeking information and CHWs seeking to identify male caregivers in need.

Discussion

CHWs are well positioned to reach out to male caregivers and help connect them to services and supports that may benefit them and the care recipient. However, male caregivers are a unique client base that may require extra patience and consideration.

Taking time to build trust with male caregivers, being creative in identifying and reaching out to them, and finding creative strategies to help them connect and share their experiences will likely aid with CHWs' abilities to connect male caregiving clients to the services and supports they require.

Having access to resources for male caregivers is key, yet resources and CHW saturation vary greatly across the country. There is a clear need for more materials relevant to the experiences of male caregivers and a method to share these materials with hard-to-reach communities that have limited available resources. A technology platform that could connect male caregivers to relevant materials and local resources as they request information or assistance would be invaluable for thousands of male caregivers across the country and the individuals for whom they care.

References

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