

AFRICAN AMERICAN GRANDMOTHER CAREGIVERS: A VULNERABLE POPULATION

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Purpose: This poster will present a model that propose African American (AA) grandmother caregivers as a vulnerable population at risk for increased disease morbidity and premature death. Suggestions for future studies will also be presented.

Methodology: Flaskerud and Winslow's conceptual model for vulnerable populations was used to create the proposed model.

Discussion: Increased research interest in grandparents raising grandchildren has started to provide information such as grandparent needs and health issues. The United States Census Bureau reported 42 percent grandparents are primary caregivers for their grandchildren less than 18 years of age. Ages for grandparent caregivers ranged from 30 years to greater than 80 years. They also reported grandparent ages 40-49 years (29.2%) and 50-59 years (35.1%) comprised the greatest percentages of those providing care to grandchildren. Women (62%) provided care to their grandchildren, of which, black grandmothers comprised the greatest percentage (51.7%). AA grandmothers demonstrate worse health outcomes than other ethnic groups.

Conceptual Model: Flaskerud & Winslow defined vulnerable populations as individuals or groups who are at higher risks for development of untoward health. The basis of vulnerability is defined through the concepts resource availability, relative risk, and health status. Evidence of vulnerability is apparent among AA grandparent caregivers as resource availability declines upon accepting the caregiving responsibility. Relative risk for disease exposure (morbidity and premature mortality) presents itself because women potentially neglect themselves while caring for their grandchildren. Grandparents usually provide care for their grandchildren with the same income as before the caregiving role was assumed. Limited financial or family support along with minimal community involvement outside of church among grandparents has been reported. Time, finance, and respite limitations were reported as reasons grandparents delayed seeking healthcare for themselves.

Suggested research questions: What does resource availability mean to the AA grandmother population? Is there an association between resource availability and health problems among AA grandmothers? What are specific health needs of AA grandmothers? What point in disease symptomology does AA grandmother caregivers seek care from healthcare providers?