Theoretical Explanations of Differences in Community-Based Long-Term Care Use between Black and White Elders

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Introduction

In recent years, race-related differences in patterns of community-based long-term care service use among African American elderly persons have begun to receive more widespread empirical attention in the gerontological literature. This is mostly because the African American elderly population is expected to increase more rapidly than their white counterparts over the next few decades (U.S. Department of Health and Human Services, 1991). The number of black elderly is projected to increase 300% from 2.6 million in 1990 to 7.8 million in 2030, while the white elderly population will only increase 90% over the same period (Angel and Hogan, 1991). In addition, black elders have consistently been documented to have poor health status than older whites (Coward, Peck, Henretta, Duncan, Dougherty, & Gilbert, 1997). Also, even though black elders have poorer health status than white elders, they are less likely to use or rely on formal community-based long-term care services (Wallace, Snyder, Walker, & Ingman, 1992). Understanding how African American elders meet their increasing long-term care needs is therefore useful in helping to design programs and services for them.

Some research in the area of race-related differences in patterns of community-based long-term care services has found a positive relationship between advanced age and greater use of both informal and formal community-based long-term care services (Diwan & Coulton, 1994; Liu & Manton, 1984; Short & Leon, 1990). On the other hand, some researchers reported no differences in the use of community-based services by race (Miller, McFall, & Campell, 1994), while still other researchers reported conflicting findings (Hing & Bloom, 1991). The lack of longitudinal studies and concise definitions of community-based long-term care services used by ethnic and racial minority elders in the aging literature has made it difficult to interpret the disparate findings. Overall, there is sufficient evidence to conclude that black elderly persons use less formal long-term care services than their white counterparts.

The decisions by racial and ethnic minority elders to seek formal community-based long-term care and to use specific types of services are complex and influenced by a myriad of factors. These factors might include perceived need for assistance, per-

ceived vulnerability, knowledge of sources of help, availability of care, ability to pay for services, and the subjective cost and benefit ratios used by the elders and their family caregivers.

The purpose of this paper is to use three theoretical models—1) the hierarchical-compensatory model, 2) the task-specific model, and 3) the sociocultural context model—to explain the variability of formal community-based long-term care service use between white and black elderly persons. These three models were chosen because of their wide application in aging research and their potential usefulness in understanding the different rates of service use observed between black and white elders.

In this paper, formal community-based long-term care services is defined as paid services provided to frail elders who have some long-term disability. In addition, these services are provided through a variety of modes in the community or their home (e.g., by organized profit and nonprofit institutions, or by aides hired by the elders and their family members to assist them). Informal community-based long-term care services refers to free services provided to elderly persons who experience some long-term disability. These services provided to the frail elders emanate from their own support network, such as relatives, intimate friends, and neighbors or in some instances by voluntary members of the community, like church members and neighborhood volunteers.

The Hierarchical-Compensatory Model

The hierarchical-compensatory model (Cantor, 1979, 1991; Cantor, Brennan, & Sainz, 1994) is useful for understanding the variation in both formal and informal long-term care use between white and black elders. This model focuses on how frail elders determine who would be the appropriate person from which to seek care or help. According to this model, the choice of caregivers by the elderly person follows an ordered preference based on the primacy of the relationship between the caregivers and the care recipient. Under this premise, those who seek help from others for any type of service and care prefer assistance from their spouse with their activities of daily living (i.e., grooming and bathing). In the absence of a spouse, the frail elders turn to their children, followed by other relatives, friends or neighbors, and finally, formal care organizations or community-based agencies.

One of the major assumptions about the hierarchical-compensatory model is that the hierarchical order of preference for helpers is universal across racial and ethnic minority groups. In addition, this theoretical explanation assumes that the nature of the task has only limited influence on this ordering preference for help. In this respect, the observed higher use of informal community-based long-term care services lends

support to the caregiving literature that revealed the higher use of informal community-based long-term care by American elders. However, this model hardly explains why black elders use informal community-based long-term care services to a greater extent than white elders do.

To understand how the hierarchical-compensatory model can be used to extend our understanding of the variability of service use among racial and ethnic minority elders, another aspect of the theory needs to be considered. This aspect of the model recognizes that the variation in size, composition, and activities of informal social support networks among various racial groups may have major implications on the actual help used. This, in turn might be manifested in the observed differences in lower formal community-based long-term care use by black elders.

Research on household living arrangements, for example, reports that African Americans are more likely than whites to live in three-generational or other types of extended family households, even when controlling for socioeconomic and marital status (Angel & Tienda, 1982; Farley & Allen, 1987; Freedman, 1991). Compared to white elders, black elders are more likely to live with their children and most often, grandchildren (Freedman, 1991; Shanas, 1982). In addition, the three-generational family structure among blacks has been found to help maintain family stability, not to mention that it is a great source of help for black elderly persons in such daily activities like cooking, housekeeping, and grocery shopping (Gibson & Jackson, 1992). In other words, the hierarchical-compensatory model suggests that the variability of informal and formal long-term care use among white and black elders results, not only from differences in preferences for helpers, but also from different network size and type of interactions frail elders have with their kin and friends.

Research findings indicate that the large, well connected, extensive, and long-lasting support networks among many African American elderly have contributed to their high reliance on informal community-based long-term care services, rather than formal long-term care services (Taylor & Chatters, 1991). For example, several studies have found that African American elders have greater extra-familial social support networks than elderly white Americans (Hays & Mindel, 1973; Nelson, 1993). Though many of these findings do not clarify both the positive and negative effects of extensive support networks on African Americans, it is commonly assumed in the social support literature that African American families and friends have a stronger commitment to familial members than do white families. As a result, it is generally believed that elderly black Americans have more opportunities to interact and rely on their kin and friends for support and help than elderly whites. This perhaps has led to the differential reliance on formal and informal community-based long-term care services that is observed by various gerontologists.

While the hierarchical-compensatory model articulates how preference for caregivers and family structures influences the help seeking behaviors and services used by black elders, there are major weaknesses to this model. For instance, the model does not differentiate which tasks would be appropriate for immediate family members, relatives, friends, and neighbors to undertake. It assumes that the nature of tasks performed by caregivers has no influence on the ordering preference for help. Furthermore, the model assumes that many frail elders live in a traditional household with a living spouse or children nearby to provide care. This view simplifies the dynamics within a family by assuming that elderly persons have a positive relationship with their kin and therefore can depend on their family members for assistance. It assumes that the exchanges with kin, family members, friends, and neighbors are positive and beneficial to the elderly persons. Additionally, this view overlooks the changing demographic in America, where there are more divorced couples and families with fewer children in today's society. Finally, the model does not take into account how cultural and personal experiences with the providers and service agencies may impact care seeking patterns and behaviors of the frail elders.

The Task-Specificity Model

An alternative theoretical model that may be helpful in understanding the full range of factors that determine different types of long-term care services used by elderly blacks is the task-specificity model (Litwak, 1985; Litwak & Messeri, 1989; Litwak, Messeri, & Silverstein, 1990; Litwak & Szelenyi, 1996). This theoretical model has received the fullest articulation in the caregiving literature for frail elders because it can be used to understand variations in formal community-based long-term care use by various populations.

The theory posits that frail elders are more likely to select caregivers to manage a task or provide care for them if the caregivers have structural features that match those of the required task. That is, the elderly care recipients choose caregivers based on their ability to perform the specific tasks they have in mind, rather than on their kinship with others or cultural beliefs (Litwak, 1985). For example, frail elders may select health care professionals to provide medical care and their neighbors to help take out trash or mow the lawn because these individuals have the appropriate skills and commitment for the required tasks. As a result, the model recognizes the limitation or constraint of the caregivers.

The task-specificity model can also be used to explain why frail elders most often elect kin, friends, and neighbors to provide emotional support, rather than medical professionals. In the selection of various caregivers by frail elders, Litwak (1985) argues that the decision is generally based on various structural features of the caregivers, rather than on some universal order of preferences, as suggested by the

hierarchical-compensatory model. The structural features of the caregivers to which the task-specificity model is referring to include the following aspects: (1) geographical proximity of the caregivers to the care recipient; (2) the caregivers' commitment to the care recipient; (3) shared commonality or life-style between the caregivers and the care recipient (i.e., similar age-peers, race or gender); and (4) care recipient's size of support group (i.e., spouse, children, friends, and neighbors). Additionally, the model posits that the elders select their caregivers based on the following conditions: (1) the care providers' level of technical knowledge; (2) the degree of detailed division of labor; and (3) the use of economic incentives, as opposed to internalized commitment as a source of motivation to provide care. In other words, this model suggests that the frail elders base their preference for caregivers on a multitude of dimensions, but it also takes into account their interaction or relationship with others.

Litwak (1985) also points out that the specific tasks for which frail elders require help influences the type of caregivers they select. For example, since many black elderly persons live in a three-generation household, they are more likely to select their kin to provide personal care for them. This is mostly because these individuals live nearby, have long-term commitment to the elders, share a similar life-style, and are motivated to help the elderly care recipient. On the other hand, doctors and rehabilitation technicians would be selected by African American elders to provide medical diagnoses and technical care, rather than their spouse, children and relatives because of their lack of technical and medical expertise. Neighbors may be more appropriate to provide occasional help such as cleaning around the house or lawn mowing. This may be due to the children or relatives' lack of geographical proximity to their aging relatives. However, the out-of-town children or relatives would be more appropriate to take care of the frail elders' finances because of their commitment and closeness to the elders, and such services can also be provided from afar.

Though the major assumption of the task-specificity model is that elderly persons select their caregivers based on the degree to which their skills can be matched with the appropriate tasks, the model recognizes that family structures and social support networks among various racial and ethnic minority groups also play a major role in the selection of caregivers by the frail elders. Research on social and family support among blacks suggests that black elders benefit from a broader base of helpers and the culture of beneficial reciprocity (Gibson, 1982; Gibson & Jackson, 1987; Stack, 1974). Blacks aged 65 to 74 and 80 and over were also found to have an extensive network of helpers compared to white elders. Further, family members were reported more likely to be geographically close, plus black elders were more reliant upon their relatives, neighbors, friends, and fellow church members for help (Gibson & Jackson, 1992). Thus, the task-specificity model allows us to better understand when black elders would use the task-specific substitution principle when selecting their caregivers. It also explains how the larger social networks of black elders may help

reduce the actual use of formal long-term care services.

Though the task-specificity model has extended and clarified Cantor's original idea on caregivers' selection, it still only examines interactions between caregivers and frail elders. The model does not address how social factors such as education and medical insurance may influence the black elderly persons' decision to access and use formal community-based long-term care services. In addition, the task-specificity model does not focus on how group experiences, such as racial discrimination by medical professionals and the general distrust of governmental officials, may deter black elders from seeking formal community-based services. Furthermore, the model does not question how the lower socioeconomic status of black elders in comparison to white elders, may have on their ability to secure services outside their support network. As a result, this theoretical explanation is silent when it comes to addressing how cultural and structural factors may affect the decision of black elders in using formal community-based long-term care services.

The Socio-Cultural Context Model

The third explanation for the variability of formal community-based long-term care service use between black and white elders draws upon both sociological and cultural factors. The socio-cultural context model has become the dominant explanatory model for understanding differential health services use among various racial and ethnic minority groups in recent years by social science researchers (Angel & Angel, 1997). Unlike the previous two models, this model removes explanations from individuals' interaction with their support network and focuses on how their environment, culture, beliefs, and societal structures affect and influence their help seeking behaviors.

A structural explanation of the lower rate of service use by black elders would assert that the lack of community-based long-term care facilities (i.e., nursing homes and adult daycare) in minority neighborhoods has a negative impact on service use. It has been documented that compared to white elders who live in urban areas, black elders who reside in similar neighborhoods have been found to have access to fewer and a narrower range of services (Coward, Peek, Henretta, Duncan, Dougherty, & Gilbert, 1997). As a result, the scarcity of long-term care facilities in urban cities effectively reduces many black elders' opportunity to use formal long-term care services, rather than their strong preference of care provided by kin, family members and friends. Furthermore, the resource poor black neighborhoods where many black elders live may also force them to become dependent on informal network members like friends, neighbors, and church members, rather than on formal service providers and agencies. This is mostly because in some of these neighborhoods, there are no resources or facilities to care for frail black elders in the community.

The socio-cultural context model also considers demographic aspects in its explanation of differences in formal and informal community-based long-term care use between black and white elders. For example, many black elders generally have fewer years of formal education and are poorer than their white counterparts. Though there is no conclusive empirical evidence that links level of education with the actual amount of formal service used by the black elders, education has been found to be positively associated with knowledge about community service organizations. Education has also been found to affect the ability to communicate and advocate more effectively on one's own behalf (Noelker, Ford, Gaines, Haug, Jones, Stange, & Mefrouche, 1998). Having more resources will undoubtedly enable older persons to afford long-term care and preventive services, most of which involve out-of-pocket costs. Many policymakers have argued that Medicaid and Medicare have alleviated the concern about the affordability issue for poor ethnic and minority elders. However, some policymakers overlook the fact that other factors, aside from the ability to pay, play important roles in one's decision to use health care services.

Another aspect of the socio-cultural context model is how an individual's culture may influence and determine whether the person will access and use the services. A cultural explanation for the lower rate of formal community-based long-term care service use by black elders suggests a closer examination of the life experiences of African American elders. Under this premise, the life experiences of black elders have a strong influence on their help-seeking behavior and their trust in helping professionals or organizations.

African Americans have historically experienced discrimination and received culturally insensitive treatment by many health care providers and service programs (Reed, 1990). Specifically, many black elderly persons and their family members still remember how government officials and medical providers withheld both information and treatment plans from African American men during the Tuskegee experiment. Furthermore, many providers today continue to prescribe treatments and services that are incompatible with the life-style of many black elders. Some of these providers even disregard the needs and feelings of the people whom are under their care (Abraham, 1993). Subsequently, African American elders might rely on both "folk medicine" instead of the western medicine when treating their illnesses (Taylor, Boyd & Shimp, 1998). Because of the higher reliance on "folk medicine" by black elders, help and services rendered by health care providers or programs might be ineffective since black elderly persons could not or would not comply with the treatment plan.

While the socio-cultural context model examines a multitude of factors that might influence the services used by black elders, there are also major shortcomings associated with this model. The incorporation of both structural and cultural aspects in its explanation makes the socio-cultural context model difficult to test empirically due to

the challenge in operationalizing some of these aspects. Social scientists still encounter difficulty in measuring and quantifying discrimination and racism in a meaningful way in survey research. For example, it is difficult to establish a causal relationship between how being poor might have forced the black elderly to live in a resource poor neighborhood or whether discrimination of black persons by the larger society might have forced the black elderly to live in a resource poor environment. As a result, the empirical support between racism and service use by ethnic and racial minority elders is difficult to establish.

Conclusion

This paper has used three different theoretical models in understanding the variation of formal and informal community-based long-term care service use between African Americans and white elders. Taken together, these three theoretical models appear to build on one another and hence, are interrelated. Separately, there are clear distinctions between the individual theories. For example, the hierarchical-compensatory model seeks explanations for variation of formal and informal services use within an individual's preference to caregivers. However, the task-specificity model examines the micro interactions between the elders and their caregivers. Finally, the socio-cultural context relies on the macro explanations for the disparate level of formal and informal community-based long-term care use by black elders.

Though the three theoretical models have helped to clarify how and why many black elders use a higher rate of informal community-based long-term care than white elders, this paper has also pointed out some of their limitations. This suggests that an effective theoretical model needs to incorporate both the micro and macro perspectives in its explanations, rather than considering one or the other. This is mostly because the demarcations between personal interactions with social structures and other people are not as distinctive or well-defined. Additionally, various aspects of an alternative theoretical model should also be easily operationalized so that social scientists can test and verify the applicability of the model in explaining the different patterns of formal and informal long-term care use between black and white elders.

References

Abraham, L. K. (1993). Mama Might Be Better Off Dead. Chicago, IL: Chicago University Press.

Angel, J. L. & Hogan, D. (1991). The demography of minority aging populations. In Minority Elders: Longevity, Economics, and Health. Washington, D.C.: The Gerontological Society in America.

Angel, R. J. & Angel, J. L. (1997). Who Will Care for Us? Aging and Long-Term Care in Multicultural America. New York: New York University.

Angel, R. J. & Tienda, M. (1982). Determinants of extended household structure: Cultural pattern or economic model? American Journal of Sociology, 87: 1360-1383.

Cantor, M. H. (1979). Neighbors and friends: An overlooked resource in the informal support system. Research on Aging, 1: 434-63.

Cantor, M. H. (1991). Family and community: Changing roles in an aging society. The Gerontologist, 31(3): 337-46.

Cantor, M. H., Brennan, M. & Sainz, A. (1994). The importance of ethnicity in the social support of older New Yorkers: A longitudinal perspective (1970 to 1990). Journal of Gerontological Social Work, 22(2/3): 95-128.

Coward, R. T., Peek, C. W., Henretta, J. C., Duncan, P. R., Dougherty, M. C., and Gilbert, G. H. (1997). Race differences in the health of elders who lives along. Journal of Aging and Health, 9: 147-70.

Diwan, S. and Coulton, C. (1994). Period effects on the mix of formal and informal home care used by urban elderly. Journal of Applied Gerontology, 13(3): 316-30.

Dressler, W. W. (1993). Health in the African American community: Accounting for health inequalities. Medical Anthropology Quarterly, 7: 325-45.

Edmonds, M. M. (1993). Physical health, in Aging in Black America, edited by Jackson, J. S., Chatters, L. M., and Taylor, R. J., pp. 151-166. Newbury Park, CA: Sage.

Farley, R. and Allen, W. R. (1987). The Color Line and the Quality of Life in America. New York: Russell Sage Foundation.

Freedman, V. A. (1991). Intergenerational transfers: A question of perspectives. The Gerontologist, 31: 640-47.

Gibson, R. C. (1982). Blacks at middle and late life: Resources and coping. Annals of the American Academy of Political and Social Science, 464: 79-93.

Gibson, R. C. & Jackson, J. S. (1987). Health, physical functioning, and informal supports of the black elderly. Milbank Quarterly, 65(Supp. 1): 1-34.

Gibson, R. C. & Jackson, J. S. (1992). The black oldest old: Health, functioning, and informal support. In Suzman, Willis, & Manton (Eds.), The Oldest Old. New York: Oxford University Press.

Hays, W. C. & Mindel, C. H. (1973). Extended kinship relations in black and white families. Journal of Marriage and the Family, February: 51-56.

Hing, E. & Bloom, B. (1990). Long-term care for the functionally dependent elderly. Vital and Health Statistics, Series 13, No. 104. Hyattsville, MD: National Center for Health Statistics.

Litwak, E. (1985). Helping the Elderly: The Complementary Roles of Informal and Formal Systems. New York, NY: Guilford.

Litwak, E. & Messeri, P. (1989). Organizational theory, social supports, and mortality rates: A theoretical convergence. American Sociological Review, 54: 49-66.

Litwak, E., Messeri, P., Silverstein, M. (1990). The role of formal and informal groups in providing help to older people. Marriage & Family Review, 15: 171-193.

Litwak, E. & Szelenyi, I. (1969). Primary group and their structures and their functions: Kin, neighbors, and friends. American Sociological Review, 34: 465-81.

Liu, K. & Manton, K. G. (1984). The characteristics and utilization pattern of an admission cohort of nursing home patients (II). The Gerontologist, 24: 70-6.

Miller, B., McFall, S., & Campell, R. T. (1994). Changes in sources of community long-term care among African Americans and white frail older persons. Journal of Gerontology: Social Sciences, 49: S14-24.

Nelson, M. A. (1993). Race, gender, and the effect of social supports on the use of health service by elderly individuals. International Journal of Aging and Human Development, 37: 277-246.

Noelker, L. S., Ford, A. B., Gaines, A. D., Haug, M. R., Jones, P. K., Stange, K. C., & Merfrouche, Z. (1998). Attitudinal influences on the elderly's use of assistance. Research on Aging, 20: 317-38.

Reed, W. L. (1990). Health care needs and services. In Harel, Z., McKinney, E. A., & Williams, M. (Eds.), Black Aged. Newbury Park, CA: Sage.

Shanas, E. (1982). National Survey of the Aged. (DHHS Publication No. 83-20425). Washington, DC: Department of Health and Human Services.

Short, P. & Leon, J. (1990). Use of Home and Community Services by Persons of Ages 65 and Older with Functional Difficulties. (DHHS Publication 90-3466). National Medical Expenditure Survey Research Findings 5, Agency of Health Care Policy and Research, Rockville, MD: Public Health Service.

Stack, C. (1974). All Our Kin. New York: Harper Row.

Taylor, R. J. & Chatters, L. M. (1991). Extended family networks of older black adults. Journal of Gerontology, Social Science: 46: S210-17.

Taylor, S. D., Boyd, E. L., & Shimp, L. A. (1998). A review of home remedy use among African Americans. African American Research Perspectives, Spring 1998, 126-134.

U. S. Department of Health and Human Services. (1991). Health Status of Minorities and Low-Income Groups, 3rd Edition. Washington, D. C.: Division of Disadvantaged Assistance, Bureau of Health Professions, Health Resources and Services Administration.

Wallace, S. P., Snyder, J. L., Walker, G. K., & Ingman, S. R. (1992). Racial differences among users of long-term care: The case of adult day care. Research on Aging, 14: 471-95.