

Health Promotion Interventions for Family Caregivers: Effectiveness in Serving the Needs of the Jewish Community

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BACKGROUND

Informal family caregivers significantly reduce the cost of elder care and improve health care outcomes

However, caregiver 'burn-out' is a major concern, which could result in worse health outcomes and increased cost

Multiple interventions shown to be effective in assisting the caregiver:

- Support groups
- Respite
- Counseling
- Transportation assistance
- Role competency

Practitioners and policy makers advocating and promoting integration of these strategies into the health and social service delivery system for decades

Empirical studies demonstrated that culture, ethnicity, and other sociodemographic characteristics impact the intensity of caregiver burden

Not known to what extent:
 The Jewish community offer these services.
 Orthodox Jewish caregivers access existing public services
 To what extent existing services are culturally appropriate for the unique religious and traditional practices of Orthodox Jews.

Usual methods of health promotion and education may be culturally incompetent when trying to reach out to them

As a result, caregivers from this community may not possess the health knowledge and awareness of supportive services to maximize care for their loved one or minimize their caregiver burden

Objectives

1. Describe the population of Orthodox Jewish caregivers.
2. Develop and pilot test a survey instrument for this unique community that would:
 - A. Characterize the caregiver burden in this community.
 - B. Identify the barriers to obtaining services that would reduce caregiver burden.
 - C. Explore the degree to which cultural factors inhibit use of supportive services.
 - D. Investigate the interest in caregiver support groups specifically for Orthodox Jews.

METHODS

Exploratory research

Orthodox Jewish caregivers recruited via e-mailed and posted announcements through Orthodox Jewish congregations and community e-mail newsletters

Caregivers recruited in large Orthodox Jewish communities, with primary focus on New York City and Northern New Jersey.

Caregivers recruited using e-mail announcements in electronic Synagogue and community newsletters.

Information collected via online survey, with phone option for those without internet access.

To be eligible, respondents had to be at least 18 years of age and a caregiver for either their or their spouse's parent/grandparent.

Zarit Caregiver Burden Interview used to measure caregiver burden in survey. The 4-item short version of this instrument was employed.

Questions included in survey to investigate different types of support caregivers are getting and not getting but need

Data collected on how caregivers access health information and their exposure to media and internet

Data analysis: descriptive, univariate and bivariate analyses

Various barriers to obtaining needed services were considered:

- Logistical
- Financial
- Transportation
- Cultural

Specific cultural barriers were further explored.

Services being offered:

- By people who were not Orthodox
- On Sabbath or holidays
- In uncomfortable environment due to non-religious atmosphere, immodest attire, or professionals of the opposite gender.

RESULTS

Table 1. Description of the Caregiver Respondents

	% or Mean (n=49 responses)
Age of caregiver	49.77
Female (Caregiver)	75.0%
Years as caregiver	6.53
Caregiver for:	
Father	24.5%
Mother	42.9%
In-Law	24.5%
Location	
New York City	26.5%
Northern New Jersey	18.4%
Other	28.6%
Unknown	26.5%
Relative lives:	
With caregiver	27.3%
Less than 20 minutes away	52.3%
Less than one hour away	10.2%
Lives 1-2 hours away	6.8%
Lives >2 hours away	2.3%
Caregiver responsibilities:	
Prepares meals	49.0%
Self care (e.g., bathing, dressing)	32.7%
Gives medications, pills, or injections	42.9%
Takes to doctor visits	77.6%
Manages financial affairs (e.g. bills, banking)	75.5%
Arranges/supervises paid care services	69.4%
Company / provides emotional support	91.8%
Caregiver Orthodox	93.9%
Relative Orthodox	75%
Relative's main problem is Alzheimer's	18.4%
Relative's main problem is normal aging	16.3%
Usually only read Jewish newspapers/magazines	20.4%
Listens to the radio Often or Every Day	59.2%

RESULTS

Table 2. Caregiver Burden

	% or Mean
Caregiver feels not enough time for him/herself due to relative	
Rarely or Never	26.6%
Sometimes	42.9%
Quite Frequently or Nearly Always	30.6%
Caregiver feels stressed between caring for relative and trying to meet other responsibilities	
Rarely or Never	14.2%
Sometimes	46.9%
Quite Frequently or Nearly Always	38.8%
Caregiver feels strained around relative	
Rarely or Never	34.7%
Sometimes	42.9%
Quite Frequently or Nearly Always	22.5%
Caregiver feels uncertain about relative	
Rarely or Never	28.6%
Sometimes	57.1%
Quite Frequently or Nearly Always	14.3%
Zarit Caregiver Burden (higher means more burden)	7.55
High Caregiver Burden (Zarit score ≥8)	50.0%
Feel lacking in observance of honoring parent/grandparent/in-law	
Rarely or Never	46.9%
Sometimes	34.7%
Quite Frequently or Nearly Always	18.4%
Seeking community services to reduce caregiver burden would make me feel guilty	10.2%
Orthodox Jewish caregiver support group	
Aware of any in community?	30.0%
Would be interested	36.8%

Table 3. Barriers to Accessing Services

	Relative (%)	Caregiver (%)
Transportation	44.9%	12.2%
Finances	26.5%	20.4%
Environment not Jewish Enough	22.5%	18.3%
Practicing Jewish Tradition		
Sabbath/Holiday Observance	20.4%	12.2%
Other	22.4%	40.8%
Local Jewish Community Does Not Provide the Needed Services	42.8%	38.8%

RESULTS

Summary

- 75% of respondents were female
- A significant minority (20.2%) do not read secular newspapers and magazines
- 59.2% of listen to the radio often or every day
- Few felt that seeking caregiver support services would make them feel guilty
- Transportation was the most common barrier to services for the relative
- Practicing Jewish tradition was the most common barrier to accessing services that would lighten caregiver burden
- A large minority felt that their local Jewish community was not meeting the needs of the relative
- A similarly large minority felt that their local Jewish community was not meeting their caregiver needs
- High caregiver burden according to Zarit Screening Scale
 - 50% high burden vs. 25% in validation cohort (p<.001)

CONCLUSIONS

Orthodox Jewish caregivers reported a high level of burden, and face cultural and religious barriers to accessing needed services.

Few are aware of caregiver support services, yet many are interested.

A significant minority have limited access to secular media and may face limitations in obtaining the health information and access to services they need and desire.

This community needs services that are culturally and religiously sensitive, and would gain from services offered by members of their community and the public at large.