Culturally Sensitive Dementia Care

Black/African American Culture
Africans were forced to leave their native continent by European settlers who sold them into forced labor in North America. The mid 1800’s brought the Civil War fought between the Northern and Southern States, reinventing the issue of slavery. The war ended with President Abraham Lincoln’s Emancipation Proclamation and the 13th Amendment, abolishing slavery. Over the past 137 years, African American civil rights leaders have led the struggle for equal treatment, regardless of color.

More recently, a large number of immigrants have come to the United States from Africa, as well as people of African descent from Caribbean Islands such as Jamaica, Haiti and parts of South America. Each of these groups has distinct cultural and social identities.

According to the 2000 Census, African Americans are the second largest minority group in this country, representing close to 13% of the population. There are 2.7 million African Americans age 65 and over and, by the year 2050, it is projected that this number will increase to 8.6 million.

Family and Home
- Care is usually provided by extended family, including a network of friends who are considered family. (Chatters, Taylor and Jayakody, 1994)
- Elders are respected, obeyed and considered a source of wisdom. (McAdoo, HP, 1988, Stanford Geriatric Education Center, 1993)
- Generations often live in the same home, with care provided to children and elders at the same time. (Dilworth-Anderson, 1998)
- Long term care or institutionalization is a last resort for most families. (Morcyz, R., 1985)
- Families may refuse services because they do not believe they need it, in spite of high levels of stress.

Help Seeking Methods
- Families frequently seek support from their faith community, including ministers and church groups. (Copeland & Pollard, 1989)
- It is believed that the cultural context in which care is given and received is shaped by the legacy of slavery and African traditions. The institution of slavery provided few vehicles for individuals and families to receive support for survival outside the slave community. Therefore, the
availability of social support was internal to the slave community – survival was a group effort. (Berlin, 1998)

- Caregivers often find solace in their religion, and use it as a means of coping with their feelings about their loved one’s illness. (Segall & Wykle, 1988 –1989; Wood & Parham 1990; and Wykle and Segall, 1991)
- Families are typically very private, not sharing concerns with strangers.
- Blacks/African Americans are less open to physical contact and are acutely aware of personal space.
- Families may not be aware of care options/community resources, or there are barriers to access. (Ballard, EL, 1993)
- One-third of Blacks/African Americans live in poverty, preventing access to health care and services to ease the caregiving tasks. (U.S. Census Bureau, 2000).
- Blacks/African Americans face increase incidence of disease, including heart disease, stroke, kidney disease, diabetes, vascular dementia and Alzheimer’s disease.
- Family caregivers may lack trust in service providers and this can show in their response. Time is necessary to building a trusting relationship.
- Important to address elders with titles such as “Mrs.” or “Sir.”

**Alzheimer’s Disease**

- Many members of the Black/African American community attribute the symptoms of cognitive impairment to normal aging. (Dungee-Anderson, 1992)
- Few participate in research studies of dementia. (Ballard, EL 1993)
- The most frequently used coping strategy is prayer. (Wykle & Segall, 1991)
References


