

Today's Research on Aging

PROGRAM AND POLICY IMPLICATIONS

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The Health and Well-Being of Grandparents Caring for Grandchildren

The numbers of U.S. grandparents raising or helping to raise their grandchildren have grown steadily in recent decades. Compared to their peers, grandparents responsible for the care of grandchildren are more likely to be depressed or have health problems (Minkler and Fuller-Thomson 1999; Strawbridge et al. 1997). Because the stress and physical demands of raising children are often coupled with physical aging, this group has become a target of public health concern (Baker and Silverstein 2008a; Hughes et al. 2007).

This newsletter provides an overview of the demographic characteristics of older grandparent caregivers and examines recent findings on their health and economic well-being. Research supported by the National Institute on Aging and others is highlighted.

Demographics of Older Caregiver Grandparents

Grandparents who open their homes to care for their grandchildren are often divided into two types of households, reflecting different family circumstances (Goodman and Silverstein 2002; Pebley and Rudkin 1999):

- Multigenerational or three-generation households include the grandparents, adult children, and grandchildren; these households tend to form in response to financial difficul-

ties, illness, divorce, adolescent childbearing, and in some instances, out of the grandparents' desire to help their children and grandchildren.

- Skipped-generation or custodial grandparent households are made up of grandparents and grandchildren only, and are mainly the result of the grandchild's parents' incarceration, death, mental illness, child neglect, or substance abuse. Often a grandparent will take in a grandchild to prevent the child from being placed in foster care; and state welfare agencies have actively sought out grandparents to raise children whose parents could no longer do so. Grandparents may also provide custodial care during military deployment.

An early study of grandparents caring for grandchildren based on the nationally representative National Survey of Families and Households showed that nearly one in 10 grandparents between 1992 and 1994 had primary responsibility or custodial care for a grandchild for at least six months, although most of the care arrangements were for longer durations (Fuller-Thomson, Minkler, and Driver 1997). Single women, African Americans, and low-income people were disproportionately represented. But the majority of grandparent caregivers were married white women living above the poverty line but with lower-than-average incomes. More than half of the caregiver grandparents in this study were age 60 or older.

In 2010, 3.1 million grandparents ages 60 and older lived with grandchildren under age 18, up from 2.3 million in 2000 (U.S. Census Bureau 2010a; Simmons and Dye 2003). In 2010, about 915,000 of these grandparents had primary responsibility for at least one grandchild's basic needs—food, clothing, and shelter. In 2000, this total was about 706,000, reflecting a 30 percent increase over the decade. About 43 percent of these grandparents provided this care in 2010 without the parent of a grandchild living in the same household.

In This Issue

- Demographics of Older Caregiver Grandparents
- Impact of Caregiving on Health
- Implications for Policy and Practice

This review summarizes research related to the objectives of the National Institute on Aging, with emphasis on work conducted at the NIA demography centers. Our objective is to provide decisionmakers in government, business, and nongovernmental organizations with up-to-date scientific evidence relevant to policy debates and program design. These newsletters can be accessed at www.prb.org/TodaysResearch.aspx.

Among these caregivers almost three-fifths were female (58 percent), two-thirds were married (67 percent), and nearly four in five (79 percent) owned their own homes. Compared to the U.S. population as a whole, these caregivers were more likely to be foreign born and report they “did not speak English well.” A disproportionate share was African American: 22 percent of caregivers, compared to 13 percent of all Americans (U.S. Census Bureau 2010a; Humes, Jones, and Ramirez 2011). One-third reported having a disability.

Grandparents raising grandchildren are more likely to be living in poverty than their peers. In 2010, 18 percent of grandparents ages 60 and older who were raising their grandchildren lived below the poverty line (U.S. Census Bureau 2010a). The poverty rate for the total U.S. population ages 60 and older was 9 percent in 2010 (U.S. Census Bureau 2010b).

Despite their age, more than one-third (36 percent) of the 915,000 grandparents ages 60 and older who are caring for their grandchildren were in the labor force in 2010 (U.S. Census Bureau 2010a). One study found that caring for grandchildren increases the likelihood that a grandparent will hold a job (Wang and Marcotte 2007). This study

tracked grandparents living alone, in skipped-generation households, and in three-generation households; their median age was 60. Grandfathers were more likely to hold jobs and grandmothers were more likely to work longer hours if another adult watched the grandchildren. After grandchildren moved in, grandparents in skipped-generation households were more likely to work than grandparents in three-generation households. In another study, Harrington Meyer (forthcoming) interviewed 50 employed, noncustodial grandmothers who provide extensive care for their grandchildren. She found that many readjust their work schedules to accommodate their grandchildren, use vacation and sick leave to provide care, tap their retirement savings to help pay expenses for their children and grandchildren, and have postponed retirement because of financial concerns.

Trends such as the declining rural population and the prevalence of divorce among those reaching middle age today could have an impact on grandparents’ caregiving in the future. Rural youth receive more help from their grandparents than urban youth (King et al. 2003). Grandparents who have been divorced tend to have weaker ties to their grandchildren than nondivorced grandparents, particularly divorced grandfathers and paternal grandparents (King 2003).

Grandparent Caregiving in Europe

The 2004 Survey of Health, Ageing and Retirement in Europe (SHARE) examined grandparent-provided care in 10 countries in Europe: Austria, Denmark, France, Greece, Germany, Italy, the Netherlands, Sweden, Switzerland, and Spain (Hank and Buber 2009). The study surveyed grandparents who spend significant time looking after their grandchild, not specifically at grandparents who assume custodial care.

This survey of 22,000 adults ages 50 and older found that 8 percent of European grandparents live in the same household as their grandchildren, similar to levels found in nationally representative U.S. surveys (Hughes et al. 2007).

European grandmothers were more likely than grandfathers to provide regular care (weekly or more), ranging from a low of about 20 percent of grandmothers in Sweden and Denmark to a high of about 40 percent in Greece and Spain. Grandparents were more likely to provide care in countries without extensive publicly funded child care. Not surprising, employed grandparents, those who lived greater distances from their grandchildren, and those with a disability were less likely to provide regular child care. The researchers question whether the increasing share of European grandmothers who work outside the home threatens the future of grandparent-provided care.

Impact of Caregiving on Physical and Emotional Health

Compared to noncaregivers, grandparents raising grandchildren have significantly more health problems, including depression, coronary heart disease, physical disabilities that limit activity, and chronic health conditions such as asthma and diabetes (Minkler and Fuller-Thomson 1999; Minkler et al. 1997; Strawbridge et al. 1997; and Lee et al. 2003, cited in Baker and Silverstein 2008a). But these health differences may in part reflect caregiver grandparents’ low socioeconomic status rather than the impact of caregiving. Caregiver grandparents are more likely to have low income and education levels and to be members of minority groups, characteristics linked to poorer health and depression apart from caregiving. Grandparents in poorer health before they begin caregiving are predisposed to further decline. When previous health and other characteristics are taken into account, Hughes and colleagues (2007) find no evidence that caring for grandchildren “has a dramatic and widespread negative effect on grandparents’ health.” However, they found some evidence suggesting that grandmothers raising grandchildren in skipped-generation households (custodial grandmothers) experience declines in health.

Transitions increase grandparents' vulnerability

Analyses using data from the nationally representative Health and Retirement Study suggest that transitions both in and out of caregiving are particularly stressful for grandparents. Those newly involved in caring for grandchildren are more likely to exhibit health declines than noncaregiver grandparents. The negative health effects of transitions into caregiving include increases in depression (Baker and Silverstein 2008a). For custodial grandmothers, transitions into caregiving brought increases in depression and obesity, and poorer self-rated health (Hughes et al. 2007). Grandparents who stopped raising a grandchild also showed signs of increased depression (Baker and Silverstein 2008a).

Other studies indicate that changes in health behaviors during transition periods increase grandparents' vulnerability to declining health. In particular, compared to noncaregivers and long-term caregivers, grandmothers who began caring for grandchildren recently (fewer than two years) are less likely to seek preventive care such as flu vaccination, cholesterol screening, and Pap tests (Baker and Silverstein 2008, see figure). These studies also find that after the initial transition period, caregiving is not necessarily associated with declining health, suggesting that some adaptation occurs and that transitions in and out of caregiving may be particularly taxing.

Musil and colleagues (2010) tracked more than 400 older Ohio grandmothers over two years. They found evidence that transitioning into higher levels of care—such as becoming a grandchild's primary caregiver or having adult children and grandchildren move in—worsened physical health. Custodial grandmothers had poorer physical health and more depressive symptoms than other grandmothers at the study's outset. Over the two years, physical health did not decline any faster for custodial grandmothers than it did for grandmothers living in multigenerational households or for noncaregivers. But because caregiver grandmothers have much poorer health than their peers, the researchers conclude that “caregiving could have a sustained negative impact on their health.” This is consistent with Hughes and colleagues (2007), whose findings suggest that caregiving may compromise the health of custodial grandmothers.

Poverty plays a role

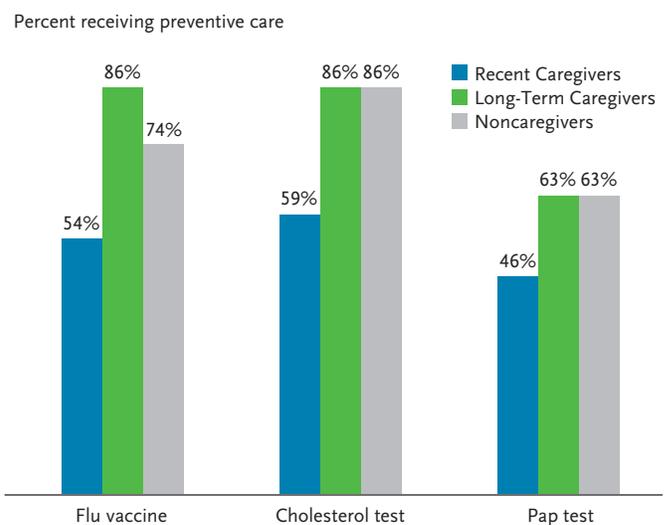
Cohen and colleagues (2011) point toward complex interactions among household poverty, grandparents' health, and the likelihood that grandparents will care for their grandchildren. Their study of U.S. county-level data found that the

proportion of live-in grandparent caregivers in low-income counties was linked to higher rates of pneumonia and influenza hospitalizations among the elderly. This relationship between grandparents caring for grandchildren and hospitalizations did not exist in high-income counties. These findings suggest that the increased contact between children and older adults in low-income counties contributes to the spread of these diseases, which are particularly debilitating for older people. This result is consistent with the conclusion in one study of individual grandparent caregivers that finds there is a “need to examine the larger social processes creating and sustaining the disadvantage” because poor physical and emotional health predates the onset of care (Hughes et al. 2007).

Implications for Policy and Practice

“Only when demands are heavy and resources scarce will grandchild care itself lead to health declines,” suggest Hughes and colleagues (2007). For low-income caregivers, particularly grandmothers raising grandchildren alone, resources do tend to be scarce and health often does deteriorate. Baker, Silverstein, and Putney (2008) suggest that public policy has not kept pace with the proliferation of multigenerational and grandparent-headed families. For these caregivers, public programs offer “minimal benefits, provided within a fragmented system, to those highly motivated to apply for them.” They note that grandparents act as “natural

Recent caregiver grandmothers may neglect preventive health care.



Source: Lindsey A. Baker and Merrill Silverstein, “Preventive Health Behaviors Among Grandmothers Raising Grandchildren,” *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 63, no. 5 (2008): S304-11.

buffers between parental inability to provide care and government assistance,” saving the public an estimated \$23.5 billion to \$39.3 billion in foster care and other costs. A variety of services and policies can provide missing resources and reduce the caregiving burden, contributing to better health for all caregivers:

■ **Economic Assistance.** While grandparents are eligible for many publicly funded economic assistance programs aimed at needy parent-child families, many do not know they are eligible or how to access the programs, suggesting that outreach efforts should target grandparents (U.S. Department of Health and Human Services 2008). Many grandparents are raising children through informal arrangements (without a legal relationship such as custody or guardianship), and are not in the public welfare system. Their access to more-generous public payments is limited and varies by state. Baker, Silverstein, and Putney (2008) note that the strict work requirements enacted as part of the 1996 welfare reform law may act as a barrier for grandparent caregivers who have physical limitations due to advancing age or have already retired. They suggest that economic relief for low-income caregiver grandparents through tax credits or via payments at foster care rates “may be successful at reducing (the) burdens” they face. Helping grandparents maintain financial stability may indirectly improve their emotional well-being (Baker and Silverstein 2008a).

■ **Housing.** Most grandparents raising grandchildren own their homes. But the addition of grandchildren can contribute to crowding; some low-income family homes are in poor condition and unsuitable for children (U.S. Department of Health and Human Services 2008). The expense of raising grandchildren may create financial hardships, leaving grandparents unable to cover the costs of utilities, repairs, and taxes. Grandparents living in senior citizen housing may be forced to move when they take in grandchildren, and public housing is difficult to enter on short notice. Several major cities now have public housing designated for grandparents and other relatives raising children (AARP 2011).

■ **Workplace Policies.** Many grandparent caregivers—including one-third of those ages 60 and older—are in the labor force. Baker and Silverstein (2008a) suggest that

efforts be made to ensure that grandparents are eligible for family-friendly policies, even if the grandparents are not legal guardians of the children they are raising. Employer-based or subsidized child care, flextime, and extended family leave are examples of policies that can enable grandparent caregivers to better manage conflicting demands on their time.

■ **Support Groups.** Support groups can offer emotional support to grandparents as they cope with new roles and responsibilities, social isolation, the difficult family circumstances that necessitated grandparent care, and grandchildren’s behavioral and emotional problems. These support groups should also be extended to grandparents who have recently relinquished care of a grandchild “because these grandparents may actually be at higher risk of depressive symptoms” than current caregiver grandparents (Baker and Silverstein 2008a). Support groups also can educate grandparents on the importance of preventive health care and health maintenance, and can link grandparents to health fairs that offer low-cost or free vaccinations and screenings (Baker and Silverstein 2008b).

■ **Respite Care.** Respite care can help minimize stress for caregiver grandparents. A variety of public and private agencies around the country give temporary relief from caregiving duties (Baker and Silverstein 2008a). Respite care promotes emotional health by enabling grandparents to better manage their competing roles by “allowing them to run an errand, schedule a medical appointment, or simply take a break from the care of a grandchild.”

■ **Priorities for Health and Social Service Providers.** Health clinics that serve both children and older adults would enable grandparent caregivers to receive health care for themselves and their grandchildren more easily on the same visit (Minkler and Fuller-Thomson 1999). Medical personnel could make assessing grandparent health during caregiving transitions a priority, presuming that physicians and other health personnel elicit information about changes in living arrangements (Musil et al. 2010).

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The NIA Demography Centers

The National Institute on Aging supports 14 research centers on the demography and economics of aging, based at the University of California at Berkeley, the University of Chicago, Duke University, Harvard University, Johns Hopkins University, the University of Michigan, the National Bureau of Economic Research, the University of Pennsylvania, Princeton University, RAND Corporation, Stanford University, Syracuse University, the University of Southern California/ University of California at Los Angeles, and the University of Wisconsin-Madison.

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Grandparents Living With Grandchildren

www.census.gov/compendia/statab/2011/tables/11s0070.pdf

Grandparents Raising Grandchildren: Information About Benefits and Assistance

www.usa.gov/Topics/Grandparents.shtml

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