

Fall 2012

African American Grandparents Raising Their Grandchildren in Rural Areas: A Phenomenological Investigation in South Georgia

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AFRICAN AMERICAN GRANDPARENTS RAISING THEIR GRANDCHILDREN IN
RURAL AREAS: A PHENOMENOLOGICAL INVESTIGATION IN SOUTH GEORGIA

by

EMMANUEL NII OKAI CLOTTEY

(Under the direction of Moya Alfonso, PhD)

ABSTRACT

Grandparents are increasingly raising their grandchildren in the United States of America. Those grandparents who live in rural areas face limited resources to help them raise their grandchildren. This phenomenological study is an investigation of the phenomenon of African American grandparents raising their grandchildren in Southeastern rural Georgia and the resources available to them. It looked at what it will take to start a faith-based or community-based support group for these African American grandparents raising their grandchildren in a rural setting. The concept of phenomenology served as the theoretical foundation for the study with social ecological model and social support as supporting concepts. The findings show that African American grandparent caregivers in rural South Georgia face many challenges to their health and wellbeing including: legal hurdles, financial difficulties, their own health problems, their grandchildren's health problems, difficulties with educating their grandchildren, worries about the future of their grandchildren. The resources for health and wellbeing available at multiple ecological levels to the grandparent caregivers are inadequate to mitigate the challenges grandparent caregivers in rural areas face. On the basis of the study appropriate recommendations for interventions are made for grandparent caregivers in rural areas.

INDEX WORDS: Grandparents, Grandchildren, rural areas, caregiving, African American

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Partial Fulfillment of the Requirements for the Degree

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Electronic Version Approved:
December, 2012

ACKNOWLEDGEMENTS

My dissertation will not have been possible without the help of many people. My Dissertation Committee comprising of Dr. Moya Alfonso (Chair), Dr. Allison Scott, and Dr. John (Juan) Luque deserves special thanks for their support and guidance during my dissertation process.

Special thanks to all the participants who agreed for me to interview them. Without them this study would not have been possible. I am particularly grateful to all the grandparents who willingly shared their experience with me. Your stories are an inspiration to me to work hard and make the world a better place for people like you. Thanks to Tara Philips for assisting with the transcription of the interviews. Thanks to Dr. Juliet Longfield for assisting with editing and constant encouragement.

I am grateful to my employer, Louisiana State University in Shreveport (LSUS), for accommodating a flexible work schedule as I complete my dissertation. I appreciate the support of my colleagues at the Department of Kinesiology and Health Science and the good feedback I received from Dr. Mary Hawkins and the Departmental Chair, Dr. Timothy Winter. Thanks to Dr. Jill Rush-Kolodzey for her constant encouragement.

Thanks to the families of Chris Leyden and Kwame Boafo for all the support and encouragement they gave me for my doctoral studies. Thanks to my many friends and well-wishers for all the support they gave me. To my entire family I say thank you for your love, encouragement, and support. Finally, I thank God for His grace, protection and provision for me during this doctoral journey.

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CHAPTER 1

INTRODUCTION

Chapter Introduction

This chapter introduces the phenomenological study and gives an overview of the study's 1) background; 2) statement of the problem; 3) statement of the study purpose; 4) research questions; 5) research methods to be used; 6) theoretical framework and key concepts; 7) significance of the study; and 8) ethical considerations necessary for the study; 9) Location. The chapter ends with a summary and an outline of the organization of the dissertation.

Background

An increasing number of grandparents are raising their grandchildren in the United States (US), and the African American community is disproportionately affected (Ghuman, H. S. Weist, M. D. & Shafer, M. E. 1999). According to the Federal Interagency Forum on Child and Family Statistics (FIFCFS), in 2010, fifty-four percent of children not living with either parent lived with their grandparents (FIFCFS, 2011). Following an Act of Congress, an item measuring grandparent care-giving was first included on the United States Census in 2000, (US Census Bureau, 2003). The Act required the Census survey to obtain information about grandparent caregivers who have primary responsibility for the care of their grandchildren (US Census Bureau, 2011). The data collected will be used by the U.S. Department of Health and Human Services to determine the prevalence of grandparent caregiving over time, and to inform support programs such as Temporary Assistance to Needy Families (TANF) (US Census Bureau, 2011) about grandparent caregivers. The Census item is a three-part question:

- Question 24: a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. (US Census Bureau, 2011)

Responses to this item since 2000 suggest that grandparent care-giving is on the rise in that the number of grandparents caregivers has risen from 5.8 million in 2000, to 6.1 million in 2006, to 6.4 million in 2009, and 6.7 million in 2010 (US Census, 2008, 2010, 2011), which is an increase of 15.5% in ten years. The State of Georgia also has seen an increase in the number of grandparent caregivers. The 2010 Census (US Census Bureau, 2011) showed that in Georgia 9% of children were being cared for by grandparents, with 102,126 grandparents were primary caregivers living with 224,606 grandchildren. This was an increase of almost 10% from 2007, when 7.6% of the children in the state were in a grandparent's care (AARP, 2007). Grandparents who report that they are responsible for most of the basic needs of their grandchildren (such as food, shelter, and clothing) are considered to be primary caregivers (Pew Research Center, 2010). Nationally, there are 2.7 million grandparent caregivers representing about 40 percent of all grandparents whose grandchildren lived with them (US Census Bureau, 2011). Of all grandparent caregivers, 1.7 million (about 63%) were grandmothers and 1 million (27%) were grandfathers (US Census Bureau, 2011). The prevalence of grandparent primary caregiving is highest in the southern parts of the nation, accounting for 47.2% grandparent primary caregivers nationally (Whitley, Kelley, Williams, & Mabry, 2007). African Americans are disproportionately represented in this group. In Georgia, amongst grandparents who are primary caregivers, 46% are Black/African Americans while African American make up only 30% of the State's populace (US Census Bureau, 2011). In 41% of these Georgia cases, where a grandparent is serving as a primary caregiver, there is no parent in the home. Additionally, 69% of grandparent caregivers are below the age of 60, and 25% live in poverty (US Census Bureau, 2011).

Various factors contribute to the phenomenon of grandparents raising their grandchildren in the US. For example, some grandparents step in to raise their grandchildren due to parental substance abuse of alcohol, cocaine and methamphetamine (Jendrek, 1994; Haglund, 2000). Others grandparent assume responsibility for their grandchild because of parental disability or joblessness (Hayslip & Kaminski, 2005). In other cases, some grandparents are forced to take on the role of caregiver because of neglect, abuse, or abandonment of the children by their biological parents (Starks, 2003), while some grandparents assume this role because of death of the biological parents due to HIV/AIDS or other causes (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005). In still other cases, grandparents become care-givers because of a teen pregnancy, after which the teen biological parent returns to school or moves to look for job (Hayslip & Kaminski, 2005). Incarceration of the biological parents also forces some grandparents to raise their grandchildren (Fuller-Thomson & Minkler, 2000; Smith, Krisman, Stoizer, & Marley, 2004). Divorce of the biological parents with no clear agreement on who should raise the children forces some grandparents into care-giving roles (Fuller-Thomson & Minkler, 2000). Others raise their grandchildren because of mental health issues of the biological parents (Carlini-Marlatt, 2005). For African Americans, there is also the growing demographic trend of African American youth moving back to the south to be near family. This increases the number of young adults with families who live with or near their aging parents. When anything happens to these young adults, the responsibility of raising their children mainly falls on their parents - grandparents of the children.

The above factors, coupled with economic recession, increasing unemployment, and rising healthcare costs are some of the reasons the number of grandparent caregivers is rising currently (Hayslip & Kaminski, 2005; Mader, 2009). These factors increase children's

vulnerability to receiving insufficient care from parents, forcing their grandparents to step in to care for them. In some cases, the children involved may be physically, emotionally, mentally, academically, and behaviorally challenged due to the stresses and consequences of the factors listed above (Haglund, 2000; Whitley, Kelley & Sipe, 2001). Disabilities bring with them extra parenting challenges with which grandparents must frequently cope (Woodson-Robinson, 2009).

Apart from the challenges of parenting, grandparents also experience personal stressors that include physical, emotional, social, and economic difficulties (Fuller-Thomson & Minkler, 2000). Stress related to the grandparents' own health issues and concern for the well-being of their grandchildren have been identified as particularly salient challenges (Butler, & Zakari, 2005). Despite these difficulties, there is evidence that grandparents also receive joy and emotional satisfaction from raising their grandchildren (Gallagher, Kresak, Rhodes, 2010).

Both living in rural areas and being African American compound the challenges faced by grandparent caregivers because rural African Americans are often less educated, poor, may face racism, and be isolated from support resources (Whitley, Kelley, & Sipe, 2001; Thomas, 2007). This phenomenological study seeks to investigate the phenomenon of African American grandparent primary care-giving in a rural community in South Georgia. The purpose of the study is to identify challenges to health and well-being that African American grandparent caregivers face in this context, the resources available to them, and to develop recommendations for the development of support groups delivered through faith-based organizations (FBOs) or community based organizations (CBOs).

Statement of Problem

Grandparents raising their grandchildren in the US are a growing demographic. Studies that have been done have found that grandparent caregivers face a myriad challenges, including

managing their own health conditions, handling legal issues relating to custody of children, health and educational issues of their grandchildren, coping with isolation, and lack of awareness about where to find the necessary information and resources to raise their grandchildren successfully (Whitley, Kelley, & Sipe, 2001; Thomas, 2007). These challenges are compounded in rural areas because of the scarcity of resources and the greater likelihood that caregivers are poor and belong to a racial minority (Whitley, Kelley, Williams, and Mabry, 2007). This study will examine community barriers and resources to health and well-being available to African-American grandparent caregivers in a community in rural Georgia.

Statement of Purpose

The purpose of this study is to explore the phenomenon of African American grandparents serving as primary caregivers for their grandchildren in rural Georgia. It will strive to identify both challenges and resources relevant to their health and well-being, looking at multiple ecological levels; policy level, organizational level, community level, interpersonal level, and intrapersonal level (Stokols, 1996). Knowledge from the study will be used to provide recommendations for development of social support interventions for these grandparent caregivers through community and faith-based organizations.

Research Methods

A qualitative phenomenological approach was employed (Groenewald, 2004). A phenomenological approach seeks to understand the phenomenon as experienced by the participants from their “first-person point of view” (Smith, 2011). The study methods included in-depth interviews and document review. Interview participants include: 1) an agency official, community and faith leaders who work with grandparent caregivers such as officials of Georgia Department of Human Services, the Boys and Girls Club, and the Georgia Department of Public

Health and other relevant state and county agencies; and 2) African American grandparent caregivers from a county in southeast Georgia. A snowball purposeful sample was used with 12 African American grandparents, 4 officials of Faith Based Organizations (FBOs), 5 officials of Community Based Organizations (CBOs), and 1 official of a government agency to gather data until saturation was reached (Creswell, 2009). An iterative process of qualitative data collection and analysis was employed. A document reviews was also conducted of state and county documents to gather additional information about services, supports, and barriers for this population. Examples of documents reviewed include; federal policy papers on intergenerational care-giving specifically relating to grandparent caregivers; and state and county policy papers on intergenerational care-giving specifically relating to grandparent caregivers.

Research Questions

The study is designed to explore the phenomenon of grandparent caregiving among rural African Americans, and to answer the following research questions:

1. What challenges to health and well-being are faced by grandparent caregivers in rural Georgia at multiple ecological levels?
2. What resources for health and well-being are currently available to grandparent caregivers in rural Georgia at multiple ecological levels?
3. What recommendations can be made to aid the development of social support interventions for grandparent caregivers in rural Georgia?

Theoretical Framework and Key Concepts

Advocacy/Participatory Worldview

A philosophical worldview, also referred to as a paradigm or an epistemology, determines how research is conducted (Groenewald, 2004; Creswell, 2009). The

Advocacy/Participatory Worldview is the theoretical framework which underlies this study and in-as-much as it holds that “research inquiry needs to be intertwined with politics and political agenda” (Creswell, 2009, p.9). Hence, the research has an explicit goal to generate findings that will lead to the improvement of the lives of the participants and their community (Groenewald, 2004). The Advocacy/Participatory Worldview of this study assumes that 1) data are contained within the perspectives of the people who are involved with grandparent care-giving, either as grandparents, organizational leaders, community/faith-based organization officials, or government officials; and 2) these participants should be engaged in the collection of the data (Groenewald, 2004). A key feature of the Advocacy/Participatory Worldview is that it is practical and collaborative, with the researcher actively engaging the participants to find solutions to the issues they face (Creswell, 2009). The need to actively engage and elicit the views of the participants necessitated the use of qualitative research methods. To that end, in-depth interviewing served as the primary method to collect the data.

Phenomenology

Phenomenology, developed by Edmund Husserl, is a philosophy for understanding a phenomenon “as experienced from the first-person point of view” (Smith, 2011) that is used as a method to study phenomena (Groenewald, 2004, Smith, 2011). It is the study of lived experiences from the perspective of individuals living it (Lester, 1999). Phenomenology prioritizes the voices of those involved and the stories they tell about their experiences. Thus phenomenology serves as a powerful tool “for understanding subjective experience, gaining insights into people’s motivations and actions, and cutting through the clutter of taken-for-granted assumptions and conventional wisdom” (Lester, 1999). In phenomenology, the researcher suspends his/her judgment about the phenomena and strives to allow the subjects to

“speak for themselves” as they explain what meaning they attached to their experience (Groenewald, 2004). Phenomenology fits the advocacy/participatory worldview because it allows the actual voices of the participants to be heard (Creswell, 2009). The social ecological model and social support are also used as supporting concepts.

Social Ecological Model

The Social Ecological Model (SEM) was developed by McLeroy (1988) to show how an integrated multi-level framework can be used to design and implement health promotion programs. The SEM cuts across disciplines and theories and is an overarching paradigm that brings together research from different fields (Stokols, 1996). It recognizes the fact that a person’s health is influenced by factors at multiple levels of physical and social environments: intrapersonal factors, interpersonal processes and primary groups, institutional factors, community factors, and public policy (Sallis & Owen, 2002).

The strength of using the SEM is that it allows for synergistic inquiry and intervention at multiple levels to address a health issue. It has been applied with success to an array of health issues, from tobacco control to diabetes management (Sallis & Owen, 2002). It is a valuable model to use in conjunction with a phenomenological methodology, as it allow for an explanation of multiple facets of the phenomenon of grandparents raising their grandchildren. For the purposes of this study the following five levels considered and applied include: intrapersonal, interpersonal, organizational, community, and policy levels. The intrapersonal level explores individual level characteristics, assets, and challenges of grandparent caregivers (Robinson, 2008). The interpersonal level explores relationships between the grandparent caregivers and primary groups like family and friends that give the caregivers both support and stress (Robinson, 2008). The organizational level describes the characteristics and activities of

organizations that work with grandparent caregivers in the neighborhood (Robinson, 2008). The community level explores the community of social networks, norms, or standards that exist formally or informally among individuals, groups, and organizations (Robinson, 2008). These social networks and norms influence the type of resource and support available to the grandparent caregivers and whether they can access them. The policy level includes local, state, and federal policies and laws that address the phenomenon of grandparent care-giving (Robinson, 2008). In this study, information was elicited to better understand how factors at each of these levels influence the health and well-being of rural African American grandparent caregivers. Social support was used in combination with SEM as a supporting concept.

Social support

This study gives recommendations for the development of community-based interventions to increase social support for grandparent caregivers. Social support has been shown to be a protective factor against the negative influence of stress on health (Reblin & Uchino, 2008). According to Heaney and Israel (2002) it is defined as the “aid and assistance exchanged through social relationships and interpersonal transactions” (p. 187) and can be categorized into four types: emotional support, instrumental support, informational support, and appraisal support. Heaney and Israel describe emotional support as the “expression of empathy, love, trust, and caring,” instrumental support as the provision of “tangible aid and service,” informational support as the giving of “advice, suggestions, and information,” and appraisal support as the giving of “information that is valuable for self-evaluation” (p. 187).

Support groups are one type of intervention designed with the aim of increasing social support for participants. In a support group setting the four types of social support may be exchanged among the group members for mutual benefit. Using research findings from selected

publications focusing on links between social support and health, Reblin and Uchino (2008) showed that social support can be protective of health and that older people who have more social support have better physical, mental health and well-being than those who do not. Caregiver social support groups have been used successfully for seniors in other parts of the nation. In Florida, the Florida Kinship Center has helped to establish support groups throughout the state for relative caregivers including grandparent caregivers (Littlewood & Strozier, 2007). In this study sources of social support available in rural communities are explored, and inform recommendations for the development of social support interventions in these populations.

Significance of the Study

Literature has shown that African American grandparent caregivers are a vulnerable population, with many potential barriers to their health and well-being. Yet, there is lack of research looking at this phenomenon amongst African Americans in the rural South, and of examining community barriers and resources available to this group. This study seeks to fill this gap by investigating the barriers to health and well-being and resources for African American grandparent caregivers in rural South Georgia.

The study holds promise for public health because by gaining a better understanding of what these grandparents in rural areas experience and the resources available to them, appropriate interventions can be implemented to serve them. A healthy grandparent is more likely to raise healthy grandchildren for the community and society as a whole. By identifying the specific challenges to health and well-being faced by rural African American grandparents, the study contributes to efforts to reduce health disparities and promote health equity among this population.

The study also generates a better understanding of how CBOs and FBOs can be engaged to provide resources for grandparent caregivers. Even though it is known that FBOs have been engaged in many aspects of community life, such a study will give better insight into how CBOs and FBOs can be engaged to serve grandparents who raise their grandchildren. Stokols (1996) recommends the development of “health promotion programs that enhance the fit between people and their surroundings” (p. 290) and this research addresses this issue.

The study also has global health significance. With the epidemic of HIV/AIDS in many parts of the world parents have perished at high rates, leaving many orphans. Most of these orphans are being raised by their grandparents. Some of the lessons from this study may be transferable to these communities to promote the health and well-being of the grandparents and the grandchildren they raise.

Chapter Summary/Organization of the Dissertation

This chapter is an introduction of a phenomenological study of African American grandparent caregivers in a rural county in the southeastern Georgia. This phenomenological study sought to explore the phenomenon of African American grandparent primary caregivers in rural Georgia to identify both the challenges they face and the resources available to them. Using the advocacy/participatory worldview, the study used phenomenology as the overarching theoretical framework with SEM and social support as supporting concepts. The study holds promise to help identify challenges African American grandparent caregivers face in rural areas and the appropriate suitable for them.

Chapter 2 reviews the relevant literature related to African American grandparents raising their grandchildren in rural southeastern US. Topics covered in this chapter include: factors contributing to the phenomenon of grandparents raising their grandchildren, characteristics and

challenges of grandparents and the grandchildren they raise, resources available to them, the characteristics and challenges of rural areas, the role of community based organizations and faith based organizations. Chapter 3 discusses the research design showing details of the participants, the procedures of sampling, instruments, and data analysis. Chapter 4 contains an analysis and discussion of the data. Chapter 5, the concluding chapter, looks at the implications of this study for research, practice and policy, and makes recommendations for policy makers and public health educators and practitioners.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE

Introduction

This chapter gives an overview of grandparent care-giving including; cultural significance of grandparents in African American culture, prevalence and causes of grandparent care-giving, characteristics and challenges of grandparent care-givers at multiple ecological levels, the characteristics and challenges of the children they raise, the characteristics and challenges of rural places and its effect on grandparent caregiving, public health interventions with grandparent caregivers at multiple ecological levels, types of resources across the county/states, community social support groups and how they have been used and their degree of success. The chapter concludes with a synthesis and application of the literature to the present phenomenological study procedure.

Phenomenon of Grandparent Care-giving

Prevalence

As previously discussed in Chapter 1, across the nation more grandparents are raising their grandchildren as primary caregivers and this phenomenon is more prevalent in the South (Whitley & Kelley, 2007). In 2005, there were 5.7 million grandparents living with their grandchildren with 42% (2.4 million) of them as the primary caregivers for their grandchildren (US Census, 2006). Sixty-three percent of the caregivers are grandmothers and African American families are overrepresented accounting for 52% of all caregiving grand-parents (U.S. Census Bureau, 2006). The Southern region of the nation has the highest percentage (47.2%) of grandparent caregivers and the highest percentage (23%) of those living in poverty (Whitley & Kelley, 2007).

A grandparent caregiver then is more likely to be a grandmother, African American, living in the South and poor. The growing number of grandparent caregivers is due to several causes. Grandparent care-givers who are primarily responsible for their minor grandchildren do so when the biological parents of the children are unavailable or unable to care for the children or are abusing them. Traditionally African American grandparents were not the primary caregivers of their grandchildren. Their role had been to provide child care and parental support. This role was performed mostly by the grandmothers. Hunter (1997) found that African American parents most often relied on grandmothers for child care assistance and parental guidance. But this traditional role is fast changing as more and more African American grandparents are now assuming primary responsibility for the care of their grandchildren due to several reasons.

Causes

Multiple reasons account for the unavailability or inability of the biological parents to raise their children. Some of the reasons are drug use by parents, incarceration of the parents, death due to HIV/AIDS of the children's biological parents, divorce of the parents, and mental health challenges of the parents, leading to abandonment of the children, (Carlini-Marlatt, 2005; Hayslip, 2000).

Drug use

Substance use inhibits the parental abilities of most young and middle adults making it more likely that they will abuse or abandon their children (Haglund, 2000; Smith, Krisman, Strozier, & Marley, 2004). Substances abused most often include alcohol, cocaine and methamphetamine. Social Services remove children of parents who are abusing drugs and contact their grandparents to care of them as the parents undergo drug rehabilitation or

incarcerated (Haglund, 2000; Jendrek, 1994). The crack cocaine and methamphetamine epidemics are affecting a large number of women who are parents of children under the age of 18 (Greenfeld & Snell, 1999; Kaplan & Sasser, 1996). In 1999, an estimated 72% of female federal inmates were there because of drug-related offenses (Greenfeld & Snell, 1999). In Georgia, it is a felony to manufacture methamphetamine when children are present (Perdue, 2006 as cited by Whitley & Kelley, 2007). Children in such homes are removed by state authorities and many are often given to their grandparents (Whitley & Kelley, 2007). Substance abuse by parents affects both their lives and that of their children forcing relatives, especially grandparents, to care for the children (Hanlon, Carswell, & Rose, 2007; Smith, Krisman, Strozier, & Marley, 2004).

Incarceration

Parents' incarceration forces some grandparents to raise their grandchildren (Fuller-Thomson & Minkler, 2000; Smith, Krisman, Stoizer, & Marley, 2004). The rate of imprisonment in the US is the highest in the world standing at 756 per 100,000 (Walmsley, 2009). Also the US prison population is the highest in the world with an adult prison and jail populations of 1.5 million and 760,000 respectively in 2009 (Glaze, 2010; Walmsley, 2009). In 2007, approximately 50% of these adult prisoners were parents of children under 18 affecting 2.3% (1.7 million) of the nation's children (Glaze & Maruschak, 2008). The majority of the affected children are African American children with estimates suggesting that 25% of African American children born in 1990 had experienced parental imprisonment by their 14th birthday compared to only 4% of White children (Wildeman, 2009). Many of such children exhibit several antisocial behavior, mental health problems, substance abuse, and educational problems (Murray, Farrington, & Sekol, 2012).

When parents are incarcerated, their relatives especially the grandparents step in to care for the children because they do not want to see their grandchildren enter the foster care system (Hanlon, Carswell, & Rose, 2007; Smith, Krisman, Strozier, & Marley, 2004). The high number of African American children with incarcerated parents may explain why African Americans are overrepresented among grandparent caregivers nationwide.

HIV/AIDS

In addition to substance abuse and incarceration, the HIV/AIDS epidemic has taken the lives of many young adults forcing grandparents to care for the grandchildren (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005). Blacks and Hispanics are disproportionately affected by HIV/AIDS compared to other racial groups (Sutton et al., 2009). According to the Center for Disease Control and Prevention in 2006, 46% of new HIV infections were among Blacks yet they represent only 13% of the US population (CDC, 2006). The southern region has the highest rates of AIDS cases in the nation (Whitley & Kelley, 2007). According to the Office of National AIDS Policy 594,496 people have died from AIDS in the US since the disease was first discovered in 1981(ONAP, 2011). Estimates indicate that at the end of 2008 1,178,350 persons were living with HIV. Of those living with the disease and those who have died, about 70% are young adults and African Americans account for about 65% of all persons living with AIDS in the US (CDC, 2011). When the disease have incapacitated or taken the lives of these young adults grandparents are typically the ones left to take care of their children (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005). In some cases the children themselves are infected and are in need of constant care (Taylor-Brown, Teeter, Blackburn, Oinen, & Wedderburn, 1998).

Apart from AIDS-related deaths, some children also lose their parents due to other causes, leaving only the grandparents to care for them (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005). Where the death occurs in a single parent household the grandparents are more likely to assume caregiver responsibility since there may be no one else to care for the children (Fuller-Thomson & Minkler, 2000).

Divorce of the children's parents

Divorce can be traumatic and disruptive to the parent-child relationship as it changes the living arrangements of the parents. In some cases the fight over child custody can drag on and may lead to the grandparents taking care of the children temporarily. Divorce of the biological parents, with no clear agreement of who should raise the children forces some grandparents into care-giving roles (Fuller-Thomson & Minkler, 2000). Divorce rates in the South, including that of Georgia, are higher than the national average (U.S. Census, 2011).

Parental Physical and Mental Disabilities

Physical and mental disabilities may hinder parents from discharging their parental responsibilities to their children (Carlini-Marlatt, 2005; Hayslip & Kaminski, 2005). Mental health challenges may arise due to divorce, spousal abuse, and drug or liquor abuse. Depending on the severity of the disabilities, the parents may be sent to a rehabilitation home and relatives are left to care for the children (Hayslip & Kaminski, 2005). More often than not it is the grandparents who step in to raise their grandchildren (Carlini-Marlatt, 2005; Hayslip & Kaminski, 2005). Some parents with severe mental illness also abuse substances and vice versa (Jones, Macias, Gold, Barreira, & Fisher, 2008). Together with substance abuse, poverty and homelessness often accompany severe mental illness (Gonzales & Rosenheck, 2002). These further exacerbate the parent's inability to care for children and in most cases a court mandates a

separation between the parent and the child (Jones, Macias, Gold, Barreira, & Fisher, 2008). In such cases relatives who are able and willing are given the first choice to raise the children and in most cases this is the grandparents. Parents who have severe mental illness or abuse substance or both are more likely to abuse and neglect their children (Jones, Macias, Gold, Barreira, & Fisher, 2008).

Abuse and Neglect of Children by their Parents

Child abuse and neglect are civil and criminal offences and are grounds for social services to remove the children from the parents (Child Welfare Information Gateway (CWIG, 2011). Abuse may be physical, emotional, or sexual in nature and neglect. Neglect is defined as the failure of the parent to provide the child with basic necessities including food, clothing, shelter, healthcare, or supervision to ensure the safety and well-being (CWIG, 2011). Child abandonment is considered a form of child neglect (CWIG, 2011). The National Child Abuse and Neglect Data System (2007) reports that 1.25 million children in the US were abused in 2006 with 61% being victims of neglect ranging from educational neglect (360,500 children), physical neglect (295,300 children), to emotional neglect (193,400) (cf. U.S. Dept of Health and Human Services, 2010). Children who have been abused or neglected experience many physical, emotional, cognitive, and behavioral challenges (Goldman, Salus, Wolcott, & Kennedy, 2003; Hagele, 2005). Grandparents are often forced to take the role of caregiver when the children are neglected or abused by the biological parents (Starks, 2003).

Some grandparents also become caregivers because of teen pregnancy. Once the child is born, the teen biological parent returns to school or moves to look for a job (Hayslip & Kaminski, 2005). Grandparent caregiving due to teen pregnancy is more prevalent among African Americans (Hayslip & Kaminski, 2005; US Census Bureau, 2011).

Characteristics and Challenges of Grandparent Caregivers

Grandparent caregivers cut across socioeconomic status, race, and gender yet there is an overrepresentation of females, people of low socioeconomic status, the less educated, and people of a minority racial group notably African American (Population Reference Bureau, 2011). Fuller-Thompson, Minkler, and Driver (1999) in a multivariate logistic analysis have documented the profile of grandparent caregivers in the US: single women, African Americans, and low income persons are more likely to be grandparent caregivers. Their analysis shows that women, recently bereaved parents, and African Americans have twice the odds of becoming grandparent caregivers (Fuller-Thompson, Minkler, & Driver, 1999). For African Americans, teen pregnancy, substance abuse, and incarceration of the biological parents raise their odds of becoming grandparent caregivers (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Murray, Parrington, & Sekol, 2011; Smith, Krisman, Stoizer, & Marley, 2004). The disproportionate representation of African Americans among grandparent caregivers in the nation is due to the combination of multiple factors that rob African American children of their biological parents. African Americans are more likely to be incarcerated; suffer or die from HIV/AIDS; experience teen pregnancy; and abuse substance (Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Murray, Parrington, & Sekol, 2011; Smith, Krisman, Stoizer, & Marley, 2004). These factors affect the abilities of the African American biological parents to raise their children. The African American grandparent who does not want their grandchildren to end up in the formal foster care system steps in to take care of the grandchildren.

Grandparents who take on the responsibility of caring for their grandchildren face many challenges. The first is the need to make some changes in their home to make sure it can safely accommodate the grandchildren. Among grandparents care-givers 70% lived in an owner-

occupied home (US Census, 2011). But homes may still need to be expanded in order to create room for grandchildren. For those who rent or live in public housing, the need for additional space may come with additional burden. According to the AARP (2011), most public and private senior-only residential facilities prohibit children from living there. A grandparent living in such a facility who decides to care for his/her grandchildren will have to vacate the facility.

In addition to residential challenges grandparent caregivers face other needs including; psychological stress, emotional/social support, legal assistance, system navigation, education, information, and resources (Kelley, Yorker, Whitley, & Sipe, 2001; Littlewood & Strozier, 2007). Dannison & Smith (2003) have documented reports of extreme isolation and emotional loneliness experienced by grandparents and their grandchildren. The emotional support needs of grandparents include emphatic listening, social support, resource procurement, and caregiving education. Grandparent caregiving also comes with the need for legal education things permanency options, assistance with filing court orders, and navigating the legal system. System navigation is one of the major needs grandparents face given the many challenges associated with raising children. System navigation needs include navigation of multiple systems, resource procurement, and making community connections (Littlewood & Strozier, 2007). System navigation can be especially daunting for a grandparent with low literacy because it requires a level of literacy beyond - high school. Unfortunately some legal systems do not have navigators to assist the grandparents in the process, leaving them to find their own way. The many stresses on caregivers may negatively impact their health. The negative health effects may be due to several risk factors and stresses of grandparent caregiving including social isolation, emotional distress, economic distress, time constrains, etc. (Blustein, Chan, & Guanais, 2004; Carlini-Marlatt, 2005; Dannison & Smith, 2003).

Several studies have documented the negative impact of raising grandchildren on grandparents' health, including self-reported poor health; complications of chronic diseases such as diabetes and arthritis; increased psychological distress; and increased health risk behaviors such as lack of exercise, substance abuse, and poor eating habits (Burton, 1992; Hughes et al., 2007; Kelly & Damato, 1995; Kelley, Whitley, & Campos, 2010; Longoria, 2010; Minkler, & Fuller-Thomson, 1999; Whitley & Kelley, 2007). Custodial grandparents newly involved in caring for their grandchildren experience negative health effects of the transition including increases in depression (Baker and Silverstein 2008). Others grandparent caregivers have reported feeling overwhelmed and anxious (Burton, 1992). In a two-year study of 400 older Ohio grandmothers, Musil and colleagues (2010) found evidence that custodial grandmothers experienced poorer physical health and depressive symptoms than other grandmothers. Custodial grandparents also reported feeling angry, helplessness, and resentful (O'Reilly & Morrison, 1993; Robinson, 1989; Shore & Hayslip, 1994). Whitley, Kelley and Sipe (2001) have found diabetes, hypertension, high cholesterol levels, and obesity among grandparent caregivers in the Southeast.

Caregiving itself may not be the cause of the negative health effects. Hughes and colleagues (2007) have contended that the health disadvantages arise from grandparents' prior characteristics not due to the caregiving. They further suggested that the negative health effects of grandparent caregiving appear to be the exception not the rule (Hughes, Waite, LaPierre, & Luo, 2007). In a nationally representative sample of 12,872 grandparents between ages 50 and 80 years they examined the relationship between stability and change in various types of grandparent caregiving and subsequent health. Controlling for covariates and earlier health they found no clear evidence to suggest that grandparent caregiving negatively affects the

grandparents' health and health behavior (Hughes, Waite, LaPierre, & Luo, 2007). They found limited evidence that grandmother caregivers have higher than average chance of experiencing negative changes in health behavior, depression, and self-rated health (Hughes, Waite, LaPierre, & Luo, 2007). However, they found some evidence suggesting that custodial grandmothers experience declines in health and exhibited increases in depression and obesity, and decline in exercise (Hughes, Waite, LaPierre, & Luo, 2007). They explained that the context and circumstances of that care was the determining factor on whether grandparent caregivers experience negative health or not, and that "only when demands are heavy and resources scarce will grandchild care itself lead to health declines" (Hughes, Waite, LaPierre, & Luo, 2007, p. 9). For low-income and unemployed grandparent caregivers, especially those in rural areas resources are normally scarce and their health often deteriorates (Population Reference Bureau, 2011). Being African American, living in rural areas, and being poor raise the threshold of having scarce resources in the face of daunting demands. This may explain why African American grandparent caregivers, especially those in rural areas, report worse health status than others (Minkler & Fuller-Thompson, 1999, Longoria, 2010).

But grandparent caregiving is not all negative; some grandparent caregivers report benefits to their emotional and physical health (Carlini-Marlatt, 2005; Haglund, 2000; Hughes, Waite, LaPierre, & Luo, 2007). The positive physical effects came from adjustments the grandparents made to be physically more active including exercising (Hughes, Waite, LaPierre, & Luo, 2007). The positive emotional effect came from feeling and expressing love, better intimacy with their grandchildren, and the assurance that their grandchildren are safe with them (Haglund, 2000).

Grandchildren Characteristics and Needs

When children lose their parents, regardless of the reason, they experience bereavement and grief (Hayslip & Kamaski, 2005). The children in such situation may express their grief in many ways including aggression, depression, academic problems, and illness (Phillips & Bloom, 1998; Brown-Standridge & Floyd, 2000; Webb, 1993 as cited by Hayslip & Kamaski, 2005). Neglected, abused or children born to substance-abusing parents are at risk for developmental and behavioral problems (Carlini-Marlatt, 2005).

About 50% of U.S. prisoners are parents of children under 18 (Glaze & Maruschak, 2008). Many children whose mothers are incarcerated (about 70%) end up with grandparents and other relatives (Phillips & Bloom, 1998). Children of incarcerated parents feel abandoned and angry and may blame themselves for their parents' arrest and incarceration (Phillips & Bloom, 1998). They feel shocked, bewildered, and scared when their parents are arrested, especially when they witness the arrest (Murray, Farrington, & Sekol, 2012). And they may become frightened about their parents' well-being and anxious about their own future (Phillips & Bloom, 1998). Such children may exhibit antisocial behaviors and other difficulties such as delinquency, anxiety, withdrawn, substance abuse, aggression, poor grades at school etc., (Dallaire, 2007; Cox, 2009; Aaron & Dallaire, 2010). At the same time grandparents who assume the responsibility of raising their grandchildren also go through grief over the dysfunction or loss of their adult child (Carlini-Marlatt, 2005). The grandparents must often deal with their own grief while providing emotional support and stability for their grandchildren (Phillips & Bloom, 1998; Hayslip & Kamaski, 2005).

Like children raised by their parents, children raised by their grandparent have needs. Children in early developmental stage have needs that include early literacy, social competence,

and school readiness and school-age children have needs that include academic success, behavioral issues, and self-esteem (Littlewood & Strozier, 2007). Children who are being raised by their grandparents need grandparents who understand their needs and are competent to meet those needs. The rapidly changing world requires that grandparents become knowledgeable about new ways of raising children. The intergenerational gap between the grandparents and the grandchildren raise many challenges for the grandparent caregiver. These challenges are complicated or ameliorated depending on where the grandparent caregiver lives.

Characteristics and Challenges of Rural Areas

Where a person lives is important to his/her health and well-being and has become a critical concern in public health (Thomas, 2007). Grandparents living in rural areas face certain unique challenges including fewer resources for raising children compared to urban areas. In the United States a rural area (also called nonmetropolitan area) is defined by the Office of Management and Budget as an area outside the boundaries of metro (urban) areas and have no cities with as many as 50,000 residents (Hamrick, 2002; Hart, Larson, & Lishner, 2005). The study located in southeast Georgia, falls under such classification as a rural area. Rural areas are characterized by geographic isolation, sparse population, low levels of literacy, poverty, less physical and social infrastructure, and limited numbers of health professionals and services (Coburn, 2002; Thomas, 2007; Bailey, 2010; Cohen, 2011; Francisco & Ravesloot, 2012).

Geographic isolation in rural areas comes with transportation difficulties because of distance and the lack of public transportation (Coburn, 2002; King et al., 2009; Thomas, 2007). Transportation difficulties often require rural residents to travel great distances for their everyday needs (Cohen, 2011; King et al., 2009). Rural residents, including grandparent caregivers, may have to travel at least thirty minutes to access services (Coburn, 2002). Additionally the

dependence on unreliable cars and other transportation complexities keeps rural grandparent caregivers from accessing needed support group services and other resources in their locality (Thomas, 2007).

Rural residents are also more likely to be less educated and poorer than those living in urban areas. The elderly are disproportionately represented in the rural poor and many live on fixed incomes at or below the poverty line (Jolliffe, 2006). Compared to urban areas, there are more economic challenges in rural areas (Bull, 1998; Krout & Bull, 2006). This is partly due to the fact that the rural economy is land focused and dominated by self-employment and small businesses (Thomas, 2007; Bailey, 2009). Thus land-tied industries such as agriculture, forestry, and mining dominate the rural economy and are characterized by inconstancy, vulnerability, injury, and loss to rural employment (Thomas, 2007). Many rural jobs are low paying because they rely mostly on unskilled labor (Bailey, 2009). The lack and seasonality of jobs in rural areas force the adult population to travel to metropolitan areas to look for jobs or commute to work. Grandparent caregivers in rural areas who are employed are therefore more likely to be underpaid or commute long distances to work. The additional burden of childcare forces some grandparent caregivers to quit their jobs or work part-time, resulting in loss of income (Hayslip Jr & Kaminski, 2005; Minkler & Fuller-Thomson, 2005). Loss of income for grandparent caregivers affects their purchasing power and ability to afford some basic necessities of life for themselves and their grandchildren. Some of these basic necessities are health insurance, healthy nutrition, and adequate accommodation. Rural residents are more likely to be uninsured, pay higher rates for health insurance, and have lower rates of employer-sponsored insurance (Bailey, 2009).

Healthcare systems in rural areas are insufficient as many rural communities experience shortages of health professionals and a higher number of rural hospitals remain under financial stress (Ricketts, 2000). The insufficiencies make public health infrastructure to be potentially the most fragile aspect of the rural health care continuum (Ricketts, 2000). These insufficiencies also impact the health and well-being of rural residents, and for grandparent caregivers, this heightens their vulnerability in the event of illness. Rural residents generally have poorer health status and greater rates of chronic diseases than their urban counterparts (Bailey, 2010). Lishner and colleagues (1996) summarized 86 articles that focused on rural populations affected by disabilities. The summary showed that these populations face substantial difficulties in accessing appropriate health care (Lishner, Richardson, Levine, & Patrick, 1996). The situation has not changed much since then as demonstrated by numerous studies (Coburn, 2002; Sharkey & Bolin, 2006; Bailey, 2010; Cohen, 2011; Francisco & Ravesloot, 2012). Grandparent caregivers with chronic diseases and disabilities who live in rural areas thus face many difficulties in accessing appropriate health care. Living in rural areas and being African American increases the odds for the grandparent caregiver to be poor, less educated, and in poor health (Francisco & Ravesloot, 2012).

Rural areas pose numerous challenges for both the grandparents and their grandchildren. According to the National Advisory Committee on Rural Health and Human Services (NACRHHS, 2011), children in rural areas lack some of the physical and social infrastructure, as well as appropriate nutritional resources, necessary for health promotion which often leads to health problems such as obesity. Hence 16.5% of rural children are obese compared to 14.4% of urban children; the rural South has the highest levels of overweight and obese children at 34.5% and 19.5% respectively (NACRHHS, 2011). Being black and living in rural areas increases the

odds of becoming overweight and obese at 44.1% overweight and 26.3% obesity in comparison to other race and ethnic groups, in both rural and urban areas (NACRHHS, 2011). African American grandparents who raise grandchildren in rural areas thus face multiple stressors due to challenges relating to both their health and that of the children they raise. Not surprisingly they are more likely to experience and report poor health and stress (Goodman & Silverstein, 2002; Minkler & Fuller-Thomson, 2005). Grandparent caregivers in rural areas face “three-tier challenges” – challenges to their own wellbeing, challenges to the grandchildren wellbeing, and the challenge of the rural place. The difficulties associated with grandparent caregiving require comprehensive interventions at multiple ecological levels.

Interventions with Grandparent Caregivers at Multiple Ecological Levels

The many challenges faced by grandparent caregivers have not gone unnoticed by society. Various public health interventions have been instituted at multiple ecological levels to address the needs of grandparent caregivers.

Policy Level

At the policy level various policies have been passed at the local, state and federal levels to address the phenomenon of grandparent caregiving. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 is a key policy that significantly affected families with children. It is considered an “extraordinary turning point in U.S. social policy” that sought to “provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives” (Greenberg et al., 2002, p. 28). PRWORA replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF). AFDC was the main federal-cum-state program that provided cash assistance to families with children. AFDC required states to provide assistance to all eligible poor families

with the broad discretion to set benefit levels. States are reimbursed up to half or more by the federal government. TANF gives broad discretion to states in using the federal funds for programs that provide cash assistance for needy families and other benefits and services that accomplish the purposes of the law (Greenberg et al., 2002). The law also provides other benefits and services such as child care, child welfare, Medicaid, supplemental security income (SSI), food stamps, and child nutrition (National Association of Social Workers, 1996; Greenberg et al., 2002). Under the law grandparent caregivers and other kinship relatives can apply for assistance with the grandchildren they raise.

Since some grandparent caregivers are 60 years and above, the Older Americans Act (OAA) is another policy that is pertinent to them. The act, passed by Congress in 1965, was a response to concerns about the lack of services for older adults. It established the Administration on Aging (AoA) as the federal agency to administer the grant programs and oversees matters relating to older adults. The AoA provides many programs and services to older adults including qualified grandparent caregivers. TANF is not unique to grandparent caregivers, hence two cash assistance programs were put in place to support grandparents who are 60 years of age and older, and/or disabled (Whitley & Kelley, 2007). The two cash assistance program for grandparent caregivers over 60 years are the Emergency/Crisis Intervention Services Payment (CRISP) and Grandparents Raising Grandchildren Monthly Subsidy Payment (GRGMSP) (Whitley & Kelley, 2007). CRISP is a one-time cash payment provided to grandparents caregivers and may be used for any verified need defined by the grandparent (Whitley & Kelley, 2007). GRGMSP is a \$50/child/month payment to grandparent caregivers to assist with childcare expenses regardless of whether the grandchild is in state custody or not (Whitley & Kelley, 2007). These programs

provide a good foundation for interventions and resources at the organizational level, community level, interpersonal level, and personal level.

Organizational Level

Formal social support is one of the interventions provided at the organizational level for the grandparent (Gerard, Landry-Meyer, & Roe, 2006). In a study of 133 grandparent caregivers Gerard, Landry-Meyer, and Roe (2006) measured the role of social support in the association between caregiver stressors and grandparents' general well-being. They found that formal social support had a buffering effect on the association between grandchild health problems and grandparent caregiving stress and life satisfaction, and also on the association between parenting daily hassles and life satisfaction. Their findings show that organizational and community level interventions cushion grandparent caregivers from the negative impact of caregiving challenges (Littlewood & Strozier, 2007; Population Reference Bureau, 2011). Some of the services that social support organizations can provide to grandparent caregivers include information, support groups, medical services, legal services, welfare programs, respite care, early intervention programs, counseling services, and recreational programs for children (Gerard, Landry-Meyer, & Roe, 2006; Littlewood & Strozier, 2007; Population Reference Bureau, 2011). These professional services reduce grandparent caregivers' burdens of caregiving and its associated stress, and improve their quality of life (Carlini-Marlatt, 2005; Dannison & Smith, 2003; Gerard, Landry-Meyer, & Roe, 2006; Whitley & Kelley, 2007).

Community Level

Community-based public health interventions have been proven to be cost effective and successful in increasing physical activity, improving nutrition, and preventing smoking and other tobacco use (Healthy American.Org, 2012). In 2005 the CDC (2012) started a community-based

program called the *Healthy Communities Program* to help establish, advance, and maintain effective population-based strategies that reduce the burden of chronic disease and achieve health equity. Such interventions at the community level are useful to grandparent caregivers.

Community level interventions for grandparent caregivers have included health education, legal services, home-based nursing and social services. (Kelley, Whitley, Campos, 2010; Strozier, Elrod, Beiler, Smith, & Carter, 2004). Community level interventions also affect interpersonal and personal level interventions.

Interpersonal and Intrapersonal Levels

At the personal level most interventions have focused on education and physical activities for the grandparent. Given the generational gap between grandparents and their grandchildren, many grandparents will benefit from some form of education and training. However Hayslip and Kaminski (2005) have cautioned about the possibility of grandparents' resistance to such training programs due to the assumption that they are incapable of raising their grandchildren. One way to overcome such resistance is to put the training on a DVD or CD that the grandparents can use in the privacy of their homes (Littlewood & Strozier, 2007). Such electronic training materials or in person training must be culturally sensitive and should include issues of self-care, communication with the children, advocacy, nutrition, and information about where to get resources and further help (Carlini-Marlatt, 2005). Strozier and colleagues (2004) have shown that offering a computer training program to kinship caregivers increased their computer skills, parenting self-efficacy, and created a better bond between the caregivers and the children they raise. In a pilot study of mostly African American grandparent caregivers, Kelley, Whitley and Campos (2010) showed that home-based nursing intervention on the health and psychological distress of grandparents raising grandchildren is effectiveness. The one-on-one interaction

allows for customized intervention for the grandparents. There is little research on interventions at the interpersonal level as most interventions concentrate on policy, organizational, community and personal levels.

Different interventions at multiple ecological levels have been applied with grandparent caregivers. Kelley, Whitley and Sipe (2001) have shown that a system approach in which multiple interventions are simultaneously combined is more beneficial for both the grandparents and the grandchildren they raise. The multiple interventions should translate into various resources for grandparent caregivers at the federal, state and county levels. But what types of resources are actually available to grandparent caregivers?

Types of Resources across the State and County

Given the challenges associated with grandparent care-giving, various communities pool resources together to serve them. As Hayslip and Kamanski (2005) note, grandparents serve as a “safety net” for children who otherwise would have ended up in the foster care system. By this act the grandparents are saving tax payers money. It is estimated that grandparents caregiving save the tax payer anywhere between \$23.5 and \$39.3 billion annually (Baker, Silverstein, & Putney, 2008). Such a major contribution of grandparents must be recognized and appreciated and the least society can do for them is to provide them with the resources they need to do the job. Grandparent caregiving makes many demands on grandparents yet many have limited resources to cope with the demand. Hughes and colleagues (2007) have pointed out that when grandparent caregivers have demands that outweigh the resources available to them, it leads to decline in the health of the grandparents. Governmental and non-governmental agencies have put in place some measures to support grandparents at the federal, state, and local levels.

State Resources

Most federal resources are administered at the state or local level because federal agencies work hand in hand with state and local agencies. The Department for Health and Human Services (DHHS) serves as the umbrella federal agency that oversees all services and programs for the health and wellbeing of Americans. Both the Administration for Children and Families (ACF) and AoA are sub agencies of DHHS. ACF has partnered with AoA to support vulnerable families by providing leadership to establish a network of services for grandparents raising grandchildren. ACF has divided the nation into ten regions and Georgia falls in Region IV which serves eight Southeastern states: Alabama, Mississippi, Florida, North Carolina, South Carolina, Georgia, Kentucky, and Tennessee (Whitley & Kelley, 2007).

In 2002 the ACF Region IV office and AoA formed a provider consortium in Georgia to identify the needs of intergenerational families and to address those needs through a service delivery plan. The consortium had federal, state and local public welfare, academic, and community service agencies that included; the DHHS/Office on Women's Health, Georgia Council on Aging, Atlanta Regional Commission, Georgia Department of Human Resources, the Georgia Division on Aging, and Georgia State University, etc (Whitley & Kelley, 2007).

The Area Agencies on Aging (AAAs) and the American Association of Retired Persons (AARP) are the organizations that provide the most comprehensive source of resources for grandparents. The AAA was established in 1973 under the Older Americans Act "to respond to the needs of older adults age 60 and over in every community" (Georgia's AAA, 2008). Across the nation AAAs serve as gateways to "local resources, planning efforts and services that help older adults remain independent" (Georgia's AAA, 2008, p. 9). Georgia is divided into 12 AAAs regions, each serving a different part of the state and the study site falls under the Coastal

Georgia region (Georgia's AAA, 2008). Georgia's AAA publishes a quarterly called *Georgia Generations* that provides information about resources available to grandparent caregivers in the state who are seniors (Georgia's AAA, 2008).

AARP provides information about such resources available to grandparent caregivers. A key resource that grandparent caregivers need is adequate housing space to accommodate themselves and their grandchildren. The AARP (2011) suggests that grandparents in need of accommodation should contact their local Public Housing Authority (PHA) for public housing. PHA public housing includes rental housing for families with lower incomes, the elderly and people with disabilities which may be a single family home, a duplex, a small apartment building or a high rise apartment AARP (2011).

Partnerships and collaborations are important to public health program formulation and delivery. Partnerships like this have been used to provide resources for grandparent caregivers in the State of Georgia. The AARP Foundation, The Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, and Generations United have partnered to produce online information fact sheets for grandparents and other relatives raising children. The information fact sheet called *GrandFacts* provides grandparents and other kinship caregivers with state-specific data, programs and public policies, and is updated annually. This informational site is useful to grandparent caregivers who are computer literate, have access to the internet and are aware of the site. *GrandFacts* provides information about resources that grandparent/kinship caregivers and the children they raise need. *GrandFacts* provides information about the type of resource available, the sponsoring organization, the organization's telephone number and email, the service area the organization covers, and the specific services they offer. Across the state many organizations offer various services that may

be of help to grandparent caregivers. Examples of services include information and referrals, legal services, health screening and counseling, parenting training, financial assistance, housing, etc. The organizations operate in different parts of the state but it is not clear the criteria that were used for organizations to be situated in a specific county or how the needs of grandparents and kinship caregivers in that community were taken into accounts.

State resources are administered at local offices and in conjunction with local agencies in the communities.

County Resources

In the study area there are governmental agencies, non-governmental organizations, and Faith Based Organizations (FBOs) that provide resources for kinship caregivers including grandparent caregivers (see appendix H for a sample list of such agencies and organizations in site area). Examples of such agencies and organizations include; Georgia Department of Human Resources (GDHR), Division of Aging Services (DAS); Food Bank; Department of Human Services (DHS); Boys and Girls Club. Some of the local resources are online and grandparent caregivers can only reach the organizations by toll free telephone number. The GDHR and DAS provide several services including information and referral, support groups, and community education (Georgia Grandfacts, 2007). They also provide “camp scholarships; respite programs for grandparents; tutoring for grandparents and children; case management and counseling; material aid vouchers for clothing, food, housing materials and skills training” (Georgia Grandfacts, 2007, p. 2). The Food Bank funded through charity giving and staffed by volunteers, provides food to low income families. Grandparent caregivers can apply for food stamps from the DHS online.

Despite the numerous resources available to grandparent caregivers, three main issues arise. First, the available resources to grandparent caregivers are inadequate to meet their needs. Second, some grandparent caregivers are not aware of these resources and tend not to use them or they can simply not afford the cost of the services (Hayslip & Shore, 2000). Third, even those who are aware of the resources face many barriers to accessing and appropriating them. Several barriers to accessing community interventions among grandparent caregivers have been identified and the most prominent is lack of transportation (Carlini-Marlatt, 2005; Hayslip & Shore, 2000; Minkler Driver, Roe, & Bedeian, 1993). Many African American grandparent caregivers, especially females, are not able to receive public assistance. Minkler and Fuller-Thomson (2005) found that four out of five African American grandmother caregivers below the poverty line were not receiving any public assistance. These issues require that society make a commitment to increase the number of resources, widely publicize these resources, eliminate barriers to accessing those resources, make them affordable, and tailor them specifically to the unique needs of grandparent caregivers (Gerard, Landry-Meyer, & Roe, 2006). Providing system navigators in each locality is one way to eliminate barriers and another way is to make the process of accessing the resources less cumbersome. Also partnering with CBOs and FBOs can help reduce or eliminate barriers to accessing the federal, state, and local resources.

Community Social Support Groups

Social support refers to the emotional, instrumental, and informational help one receives from others (Gerard, Landry-Meyer, Roe, 2006). Through social support groups, grandparent caregivers can give and receive help to cope with their roles and responsibilities, social isolation, and other challenges associated with caregiving (Population Reference Bureau, 2011).

Dannison and Smith (2003) developed a pilot community support program for caregiving grandparents, preschool-age grandchildren, and education professionals in a Midwestern county. Grandparents and the grandchildren in both rural and urban locations were put in support groups that met weekly for eight consecutive weeks. The program results showed positive social and participation benefits for both grandparents and grandchildren (Dannison & Smith, 2003). In a study in Ohio, Gerard, Landry-Meyer, and Roe (2006) found that formal and informal community social support helped custodial grandparents to cope positively with caregiving challenges. Additionally, community social support groups have been used successfully in Florida. The Florida Kinship Center (FKC) reports that for over a decade now their organization has helped establish support groups throughout Florida for kinship caregivers including grandparent caregivers (Littlewood & Strozier, 2007). By 2007 over 100 support groups were established across Florida with FKC providing training and education to support group facilitators to help sustain the groups (Littlewood & Strozier, 2007).

At the community level faith-based organizations (FBOs) remain an untapped resource when it comes to addressing the phenomenon of grandparents raising their grandchildren (Whitley & Kelley, 2007). This is despite the fact that they are ubiquitous in both urban and rural communities particularly in African American communities. There are several reasons why faith communities are ideal to serve as resource centers for grandparents raising their grandchildren. First, among African Americans the church is considered a central place for many community activities and a safe haven to provide spiritual, physical, moral, and social support in times of need (Thomas, Quinn, Bilinsky, & Caldwell, 1994). Religious faith has been found to be one of the key resources grandparents depend on to cope with the challenges associated with raising grandchildren (Starks, 2003). African American grandmothers have been shown to

express life satisfaction with religious involvement (Johnson, 2005). Thus using FBOs to provide resources to African American grandparents is culturally appropriate and increases the number of grandparents who will utilize available resources. Second, there is evidence that leaders of FBOs are willing to allow their premises, organizations, and congregations to be involved in activities that promote the health and wellbeing of the communities in which they are located. In rural communities FBOs play a significant role in the daily lives of most of their members. Third, there is a high level of volunteerism in faith communities because of their religious convictions and members willingly give a helping hand to ministries targeting grandparents who are raising their grandchildren. Fourth, there has been a longtime partnership between public health and faith-based communities particularly within the African American population (Chatters, Levin, and Ellison, 1998). This partnership can be built upon to include ministry or service to grandparents raising their grandchildren. Faith-based organizations can be partnered to provide space or other resources for group meetings, development of local directories, or transportation to planned events (Administration for Children and Families, 2007). Fifth, FBOs programs have been shown to improve health outcomes including reductions in cholesterol and blood pressure levels, weight and disease symptoms, and increases in the use of mammography and breast self-examination (DeHaven, et al., 2004). Collaborations between FBOs and CBOs improve the health outcomes of grandparent caregivers.

There is also evidence that many African American grandparent caregivers, especially grandmothers, are active in their faith community and that this is their main means of coping with the challenges associated with raising their grandchildren (Haglund, 2000). Research is scant on how FBOs can be used to provide resources for grandparent caregivers, particularly in rural areas. Collins (2011) has reported the result of a four week social support group in an

African American congregation for African American grandmothers. The group met once a month for four months and the interventions focused on five areas; (1) health, (2) social services, financial and legal matters, (3) religious and spiritual connections, (4) socio-emotional support, and (5) respite care (Collins, 2011). Consistent with other studies results, Collins' study shows that the grandmothers experienced positive social interaction with one another and gained better understanding of various community resources (Collins, 2011). This suggests FBOs can be partnered to provide space for grandparent support group meetings, information directories of local agencies, respite care, or transportation to various appointments (Whitley & Kelley, 2007). This study hopes to fill this gap by looking at what it will take to engage CBOs and FBOs to provide services for grandparents' caregivers.

Need for the Study

Not much research has been conducted related to African American grandparents in the rural South. However, the near absence of CBOs and FBOs to serve as resource bases for grandparents' caregivers has been lamented in the literature. Despite the ubiquity of FBOs in rural areas not much has been done to harness their resources in order to create a support system for grandparents who raise their grandchildren. Due to the current economic difficulties encountered by at the federal and state levels, governments are cutting funding for social services and affected most are those who live in rural areas. Hence it is especially important to determine how CBOs and FBOs can be partnered to support African American grandparents who raise their grandchildren in rural areas. This study seeks to fill this gap by looking at how CBOs and FBOs can be partnered to provide social support resources for African American grandparent caregivers.

Chapter Summary

This chapter has been a review of the literature about grandparent caregivers in rural Georgia. Increasing number of grandparents are caring for their grandchildren for various reasons including the spread of HIV/AIDS and the deaths of adult children, drug use among young and middle age adults, incarceration of young adults, divorce of the children's parents, abandonment of the children by their parents, mental health challenges on the part of the children's parents, etc. Grandparent caregivers face myriad challenges that can negatively impact health. Some of these challenges include; legal issues related to child custody, social isolation, emotional stress, financial distress, care-giving issues, etc. Despite these challenges grandparents also derive some positive benefits from their caregiving. Some children raised by grandparents have physical, emotional, developmental, and educational challenges thus increasing the responsibilities on grandparents. Grandparents living in rural areas face the added challenge of limited resources, poverty, and isolation. Various interventions have been initiated at multiple ecological levels to address the challenges associated with grandparent caregiving. Some resources available to grandparent caregivers include housing, system navigation, legal aid, social support, and financial assistance. Despite the availability of these resources, some grandparents are not aware of these resources or do not know how to access them. But even for those who are able to access these resources, demands are higher than the resources available. FBOs and CBOs have not been fully engaged in the interventions and provision of resources for grandparent caregivers. This study seeks to look at how CBOs and FBOs can be partnered to provide social support resources for African American grandparent caregivers.

The next chapter (chapter 3) will discuss the research design showing details of the participants, the procedures of sampling, instruments, and data analysis.

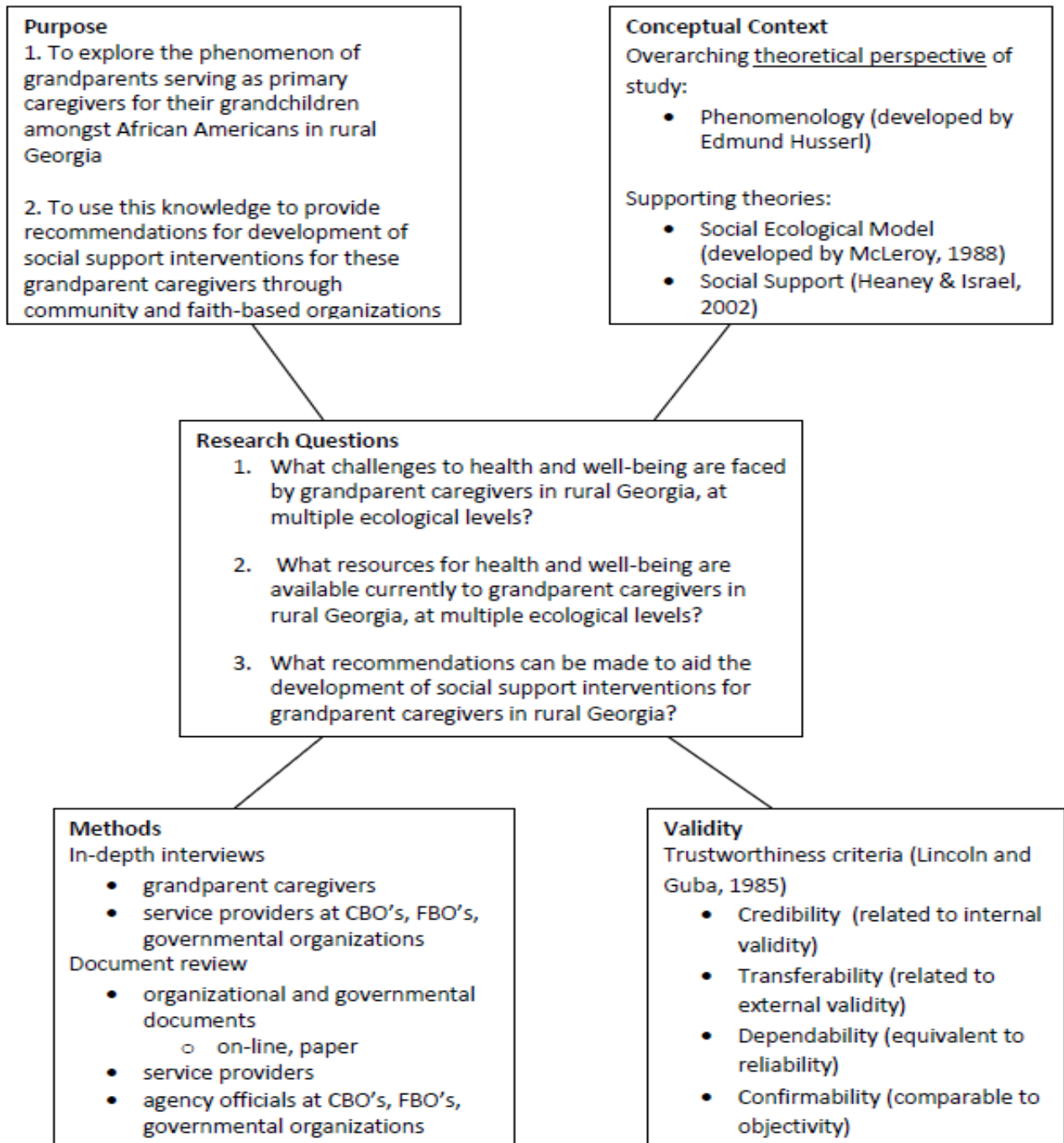
CHAPTER 3

RESEARCH METHODS

Introduction

This chapter is a description of the qualitative research methods that were used to investigate the phenomenon of African American grandparent care-giving in a rural context. Both barriers and facilitators to health and well-being of African American grandparent caregivers were identified, and recommendations for interventions developed. The study was conducted in a rural Georgia county. Phenomenology served as the overarching theoretical foundation for the study. Qualitative data from in-depth interviews was analyzed to identify themes related to the research questions, which were organized within the theoretical framework provided by the SEM and the concept of social support. Data from the document review was analyzed using a matrix. The validity of the findings from both the in-depth interviews and document review was tested using trustworthiness criteria of credibility, transferability, confirmability, and dependability. See Figure 1 for a schematic representation of the research design components.

Figure 1: African American Grandparents' Care-Giving: Research Design (based on framework developed by Maxwell JA, 1996)



Summary of Methods

Qualitative methods included 1) in-depth interviews and 2) document review, which were employed to investigate the phenomenon of African American grandparents raising their

grandchildren in rural Georgia. In-depth interview participants were African American grandparents raising their grandchildren. An official of governmental agency and members of CBO's, and FBO's who served grandparent caregivers were interviewed as key informants. The document review involved review of governmental and organizational documents to gather information about resources, policies, and organizations that relate to grandparent care-giving in *Cotton County* (name of the county has been changed to protect the identity of the participants). The document review included internet searches, soliciting of policy documents and other relevant documents from the offices of governmental agencies, and review of paper documents.

Study Context

Cotton County has ten cities and towns with a combined population of 70,217 with 67.2% of residents identifying themselves as White, 27.6% identifying themselves as Black, 3.50% as Hispanics, and other races making up the difference (2010 US Census (2011)). The age distribution in the county is as follows: 18.1% are under the age of 18 years, 28.0% are between the ages of 18 to 24 (given the presence of Georgia Southern University), 22.70% are between the ages of 25 to 44, 19.70% are between 45 and 64, and 9.10% are 65 years of age or older (US Census Bureau, 2011). The county as a whole is medium to low socioeconomic status (SES); in 2009, 26.1% of county residents lived below the poverty level and the median household income was \$33,858 (US Census Bureau, 2011). The figures show that poverty is more prevalent in this county than in the State of Georgia. The median household income of the county (\$33,858) is lower than that of the State (\$47,469) and the percentage of people living below the poverty line (28.4%) is almost double that of the State, which stands at 15.7% (US Census Bureau, 2011b). The 2010 per capita income in the past 12 months (\$17,812) for the county is lower than that of the State (\$25,134) by about 30% (US Census Bureau, 2011b). The county is largely rural and

lacks public transportation, meaning residents must own their own means of transportation, ride with family or friends, or hire a taxi.

In 2010, 908 Census respondents in this rural county identified themselves as grandparents responsible for grandchildren under the age of 18, which is roughly 2.5% of adults over the age of 24 years in the county. Of these 908, 595 (65.5%) were females and 545 (60.0%) were married (US Census Bureau, 2011c). This figure may be an underestimate, given that according to the Area Agency on Aging, many grandparent caregivers don't identify themselves as such (AAA, 2011). This uncertainty is reflected in the margin of error of 615 noted by the Census Bureau. Almost 76.5% (695) of the grandparents have a parent of the child/children living with them as well (Census Bureau, 2011).

Data Collection Procedures

In-depth Interviews

Summary

In-depth interviews were used to explore challenges facing grandparent caregivers in rural Georgia, and resources currently available to support them, at multiple ecological levels. Interview participants included African American grandparents in this rural county serving as primary caregivers for their grandchildren. An official of a governmental agency who served grandparents raising their grandchildren in the county, and officials of CBOs and FBOs in the county also were interviewed as key informants. A purposeful sampling strategy was used to recruit a sample with maximum variation in salient characteristics. Local gatekeepers assisted with recruiting, along with a recruiting letter. Different interview guides were used to for the three groups of interviewees- grandparent caregivers, an official of a governmental agency, and officials of CBOs and FBOs. The interview guides addressed the main questions of the research

questions to address issues under the five levels of SEM: The intrapersonal level, interpersonal level, community level, organizational level and policy level. Interviews were conducted in a setting of the interviewee's choice; their offices, homes, or a public setting. Written informed consent was obtained from each participant prior to each interview. The interviews were recorded and transcribed, and transcripts subjected to content analysis to identify themes. Themes were expanded and discussed in manuscript form, and used to generate recommendations for the development of social support interventions.

Participants

Eligibility.

There were three main categories of eligible interviewees. The first category of participants was African American grandparents serving as primary caregivers for their grandchildren. Grandparent care-givers are defined as people aged 30 years and above "who had primary responsibility for their co-resident grandchildren younger than 18" (US Census Bureau, 2003). Hence any African American 30 years and above, with primary responsibility for their co-resident grandchildren younger than 18, was eligible to participate in the study. Primary responsibility here means the grandparent lives with the grandchild(ren) and provides the majority of the child(ren)'s needs, by the grandparent's own estimation. The second category of interview participants was officials of governmental agencies in Cotton County who interact with grandparents raising grandchildren. These agencies may be federal, state, or local. Examples include the Area Agency on Aging, The Department of Family and Children's Services, and the County Health Department. The third category of interview participants was officials of faith based organizations (FBOs) and community based organizations (CBOs) in Cotton County who

interact with grandparents raising grandchildren. Examples include the Recreational Department Authority and churches with predominantly African American congregations.

Purposeful Sampling

Purposeful sampling, also known as non-probability sampling, was used in selecting the participants. Participants in purposeful sampling are selected based on characteristics that can best help the researcher to understand the phenomenon to be studied (Kidder & Judd, 1986; Patton, 1990; Creswell, 2009). Patton (1990) lists sixteen types of purposeful sampling. It is beyond the scope of this study to discuss all the sixteen types of purposeful sampling, but two types will be combined for this study: snowball and maximum variation sampling. Snowball sampling involves identifying information-rich participants, engaging them in the project, and then asking for their aid in identifying additional candidates that can be approached next. In this way, a sample accrues via a chain of referrals within a network of information-rich participants (Patton, 1990). Maximum variation sampling purposefully picks a wide range of variation on dimensions of interest or diverse variations but with important common patterns (Patton, 1990). The range of variation for this study include: marital status, socioeconomic status, reason for assuming caregiving role, and kind of challenges the grandparents faced. The aim of maximum variation sampling is to achieve diversity or heterogeneity of the participants (Patton, 1990).

To identify grandparent caregiver participants, a snowball sample was begun with the assistance of a community gatekeeper who had expressed interest in the study. The Director of the Boys and Girls Club introduced the researcher to grandparents whose grandchildren participate in Boys and Girls Club activities. The Director interacts consistently with up to twenty-five grandparent caregivers each week, when they come to pick up their grandchildren from Club. He assisted in identifying potential participants with a range of perspectives and

experiences, to maximize variation. At the end of each interview, participants were asked for additional referrals, to create an additional snowball sample as needed. To maximize variation in this snowball sample, caregiver participants were recruited with attention to diversity with regard to gender, age, marital status, presence/ absence of parent in the home, and age and number of children cared for. To be eligible, caregiver grandparents must have lived in Cotton County and be African American. Grandparent caregivers were interviewed until theoretical saturation was reached, with 12 participants (Creswell, 2009).

Purposeful sampling of officials of government agencies, CBOs and FBOs also involved snowball and maximum variation sampling. The researcher made initial contacts at agencies that served grandparent caregivers such as Boys and Girls Club, and then asked interviewees for further suggestions about candidates for interview. A sample of agencies, CBOs and FBOs were sought that maximized variation in types of services or resources provided to grandparent caregivers, public/ private status, and secular and faith-based organizations. Agencies, CBOs and FBOs must have a presence in the County and interact with grandparent caregivers or issues related to their well-being in order to be involved in the study. Again, sampling continued until theoretical saturation of perspectives and responses to questions was reached, with a minimum of interviews with a governmental agency representative, 4 FBO officials or pastors, and 5 CBO officials.

Recruitment.

To aid in initial recruiting of grandparent caregivers, a promotional flyer was given to FBO officials or pastors and CBO officials to be passed out to grandparent caregivers. The flyer explained the study to the grandparents, and provided name and contact information of the researcher (see Appendix J for a sample flyer). Grandparents who were interested contacted the

researcher. The researcher explained the purpose of the study and confirmed that they were African Americans grandparents raising their grandchildren. The researcher arranged with those who met the criteria for inclusion for a date and place of their convenience to be interviewed. Caregivers also were recruited via contacts provided during the snowball sampling method, either by phone or in-person as possible.

Officials of governmental agencies, FBOs and CBOs were contacted by telephone followed by a face-to-face meeting. The purpose of the initial telephone contact was to explain the study and to request a date and place of their convenience for the face to face interview. Where face to face interview is not possible a telephone interview was used.

Interview guides

Interview guide structure was informed by Creswell (2009, p 183) and includes the following components:

- A heading for noting the date, setting, interviewer, and interviewee
- Main questions each followed by 4-5 sub-questions and the concluding question
- A prompt to aid snowball sampling; “Whom should I visit with to learn more about my questions?”
- A reminder to thank the participant for his/her time.

There were three types of interview guides for the three kinds of participants: grandparents, officials of governmental agencies, and officials of FBOs and CBOs (See Appendices A, B, and C). The interview guide for the grandparent caregivers also included demographic questions for descriptive purposes. The guides for officials of governmental agencies and officials of FBOs and CBOs included questions about their agency/organization and what they do for grandparent caregivers. The guides have questions directly tied to the three

research questions under each of the five SEM levels: intrapersonal, interpersonal, community, organizational, and policy. Interview questions relating to research question 1 (*What challenges to health and well-being are faced by grandparent caregivers in rural Georgia, at multiple ecological levels?*) explored needs grandparents face as they raise their grandchildren in rural Cotton County. These needs included physical, emotional, financial, health, legal, educational, and transportation needs.

Research Question 1: What challenges to health and well-being are faced by grandparent caregivers in rural Georgia, at multiple ecological levels? Example questions include:

1. Intrapersonal level: What emotional challenges do you face as a grandparent caregiver?
2. Interpersonal level: How would you describe your relationship with your family and friends since you assumed the role of grandparent caregiver?
3. Community level: What community norms and practices hinder you as grandparent caregivers to do a better job?
4. Organizational level: How easy is it for you to get assistance from organizations in Cotton County?
5. Policy level: What federal/state/local policies (if any) exist that specifically address the phenomenon of grandparents raising their grandchildren?

Interview questions relating to research question 2 (*What resources for health and well-being are available currently to grandparent caregivers in rural Georgia, at multiple ecological levels?*) explored policies and programs that serve the needs of grandparents raising their grandchildren, and mechanisms to deliver this support. Further questions to these officials are how information of policies and programs are passed on to the grandparents. Officials of CBOs and FBOs were asked what programs and services their organizations provide to meet the needs

of grandparent caregivers. They were also asked whether they are aware of governmental programs and services for grandparent caregivers. They were further asked how information of their programs (if any) was passed on to the grandparent caregivers. The grandparent caregivers were asked what type of resources were available to them as caregivers, how they learned of the resources, where the resources were located, how they were able to access the resources, the difficulties they faced in accessing the resources, whether they had to pay for the resources, how long it took to get the resources, whether the resources were adequate to meet their needs, etc.

Research Question 2: What resources for health and well-being are available currently to grandparent caregivers in rural Georgia, at multiple ecological levels? Example questions include:

1. Intrapersonal level: Are you aware of any resources (services and programs) that can help you as a grandparent caregiver?
2. Interpersonal level: What kind of support do you receive from your family and friends since you assumed the role of grandparent caregiver?
3. Community level: What community norms and practices enable grandparent caregivers to do a better job?
4. Organizational level: What resources are available in this County for grandparent caregivers?
5. Policy level: What federal/state/local programs and services (if any) exist to assist grandparents raising their grandchildren?

Interview questions relating to research question 3 (*What recommendations can be made to aid the development of social support interventions for grandparent caregivers in rural Georgia?*) explored what would be required to start a faith-based or community support group for the

grandparent caregivers in such a rural, resource-poor setting. Officials of CBOs and FBOs were asked what resources they think are required to start a faith-based or community support group for grandparents' caregivers, whether their organization were willing to provide accommodation, human resources and other logistical support for such a program. Grandparents were asked if they were willing to be part of a support group for grandparent caregivers it is community-based or faith-based. Preliminary investigation revealed that there is no support group in Cotton County for grandparent caregivers. The grandparent caregivers also were asked the best time for such a program and which community center or faith community they will be willing to attend.

Example questions include:

Research Question 3: What recommendations can be made to aid the development of social support interventions for grandparent caregivers in rural Georgia?

1. Intrapersonal level: What will you suggest to be done to aid in the development of social support interventions for grandparent caregivers in rural Georgia?
2. Interpersonal level: How would you describe your relationship with your family and friends since you assumed the role of grandparent caregiver?
3. Community level: Recommend what needs to happen in the community to aid the development of social support interventions for grandparent caregivers in rural Georgia?
4. Organizational level: What contribution will your organization make to aid the development of social support interventions for grandparent caregivers in rural Georgia?
5. Policy level: Suggest policies that can aid the development of social support interventions for grandparent caregivers in rural Georgia?

Interview Procedures

Informed Consent

An informed consent form was prepared for the interview participants. The form included the following sections (the form is provided in Appendix D):

- Who the researcher is, his relationship to Georgia Southern University, and why he is conducting this study
- The purpose of the study and the procedure to be followed
- Likely discomforts and risks associated with participation in the study
- Benefits of the study to both the participant and the larger society
- The time commitment required of the participant
- Statement of confidentiality of what the participant shares with the researcher
- How data will be stored (in password-protected computer files in a secure location) and kept confidential (all names and other identifiers stripped from transcripts, files named using unique identifiers for each participant)
- The right of the participant to ask questions
- The voluntary nature of the participation and the right of the participant to withdraw at any time without repercussion to them and that there is no penalty for refusing to participate
- A ten dollar Wal-Mart gift card will be given to participants as compensation
- A person must be 18 years and above to consent to participate
- If they consent to participate in this study and to the study terms, they will sign their name and indicate the date
- The contact information of both the researcher and the Internal Review Board

The researcher explained the informed consent form section by section, and gave the participant time to review the form and to ask questions. The researcher requested permission to audio record the interview, to ensure thorough documentation of the session. The study was done entirely anonymously, hence participants who agree to participate were not asked to sign informed consent form. Their participation served as their consent. Each was given a copy of the informed consent form.

Incentive

No incentive was given to the officials of governmental agencies, FBOs, and CBOs. Grandparent caregivers were compensated for their time with a \$10 Wal-Mart gift card.

Interview locations

Interviews with grandparent caregivers were conducted in their homes or another location of their choice, public or private. Interviews with officials of governmental agencies, CBOs, and FBOs were conducted in their offices or another location of their choice. A telephone interview was done with the official of the government agency because it was not possible to conduct an in-person interview with her.

Recording and Transcribing

With the participant's permission, each interview was recorded using a digital recording device. The researcher also took notes during the interview, and wrote a procedural memo following each interview detailing the setting, tone, and description of the participant. The memo also allowed an opportunity for the researcher to record observations and initial thoughts about emerging themes and issues of interest. Within twelve hours of each interview, to ensure that the information from the interview is fresh in the mind of the researcher, the researcher read and expanded the interview notes and memo, and listened to the audio recording. The researcher

listened to the audio recordings several times to become familiar with each interview's content. The audio recordings were transcribed to produce transcripts for content analysis

Interview Data Analysis

Content Analysis

Interview transcripts, interview notes, and procedural memos were analyzed systematically in an iterative fashion, with data collection and analysis phases occurring simultaneously. This allowed for later interviews and document analysis to expand upon ideas and issues that emerge from analysis of earlier obtained data. The data were analyzed in accordance with the phenomenological tradition. Groenewald (2004, p. 17) lists a five-step process for data analysis in the phenomenological tradition (see Appendix C for a tabular form adapted from Creswell, 1998, pp. 148-149):

- a. *Bracketing and phenomenological reduction.* Bracketing here refers to the researcher putting his own presuppositions aside and entering into the world of the participants as the researcher carefully listens to them (Creswell, 1998).
- b. *Delineating units of meaning.* Here the researcher isolated the ideas that elucidated the phenomenon being studied as experienced and described by the participants (Creswell, 1998).
- c. *Clustering of units of meaning to form themes.* This was done through coding. Coding involved segmenting texts data from the interviews and labeling them with a term (Creswell, 2009).
- d. *Summarize each interview, validate and modify it.* The purpose of this was to capture the essence of the participants' experience of the phenomenon (Creswell, 1998)

- e. *Extracting general and unique themes from all the interviews and making a composite summary.* The themes generated were grouped under each of the SEM phases and social support. To further aid in the elucidation of themes, and to allow for further reflexivity, analytic memos were written throughout the analysis process. This provided an unstructured format for reflection about themes being developed, strengths and weaknesses of the analysis process, and the researcher's responses and feelings about the process.

All the data collected from the study were securely kept by the researcher and only the researcher had access to it.

Validity of Findings – Trustworthiness Criteria

Trustworthiness in qualitative inquiry is the concept that seeks to ensure that the findings of the study are high-quality and worthy of attention (Guba, 1981; Lincoln, 1995). Guba (1981) has proposed four criteria that should be considered to ensure the trustworthiness of a qualitative study: credibility, transferability, confirmability, and dependability. Guba (1981) suggests the use of these four criteria are more appropriate to the nature of qualitative research, and should be used in place of the ideas of internal validity, external validity/generalizability, reliability, and objectivity (Shenton, 2004).

Credibility can be related to internal validity, and is an important criterion for establishing trustworthiness (Guba, 1981; Shenton, 2004). Credibility ensures that the qualitative research findings are congruent with reality (Merriam 1998). In this study the researcher ensured credibility during data collection. In the context of data analysis, frequent debriefing and peer scrutiny of the process were conducted with the help of the researcher's committee members and other peers at Georgia Southern University. Member Checking was done with five of the

participants who will reviewed a summary of the data analysis procedure and a summary of the final results of the study (Shenton, 2004).

Transferability in qualitative research corresponds to external validity in quantitative research (Guba, 1981; Shenton, 2004). The issue of transferability depends on the similarity of the study context and the new context of comparison (Guba, 1981). Shenton (2004, p. 70) suggested that the phenomenon under investigation should be sufficiently described by the researcher to “allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations.” Thick, detailed description of the Cotton County context and the participants is provided in this study and the research data analysis documentation is being kept securely for inspection by interested researchers.

Confirmability in qualitative research is comparable to objectivity in quantitative research (Guba & Lincoln, 1985). Confirmability seeks to ensure “as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shenton, 2004, p. 72). Triangulation was used to promote confirmability in this study. Triangulation was done by cross-checking the results among participants and also comparing the in-depth interview data with the document review data.

There is a connection between credibility and dependability (Guba, 1981; Lincoln, 1998). Dependability in qualitative research is equivalent to reliability in quantitative research (Guba, 1981). To enhance dependability the processes within the study was reported in detail thereby enabling a future researcher to repeat the work (Shenton, 2004).

Document Review

Summary

Publically available documents were reviewed to gather information about services and supports available to grandparent caregivers in Cotton County, challenges facing grandparent caregivers, and local, state, and federal policies that relate to grandparent caregiving. Documents were in hard copy (offline) and electronic (online) format. A document review guide in the form of a matrix was developed to facilitate the document review (see Appendix I for the matrix).

Document Review guide

A document review guide was developed based on suggestions by Creswell (2009). Creswell (2009) suggested that the researcher keep a journal during the research and analyze public documents (e.g., official memos, minutes, records, archival material).

Document Identification and Sampling

The document review included internet searches and official documents of governmental agencies, CBOs, and FBOs that addressed the phenomenon of grandparents raising their grandchildren. Some of the documents reviewed include:

- Resource documents that show the type of resources available to grandparent caregivers, and how they can access them. The resource documents may show resources that address the physical, educational, financial, legal, and health needs of both the grandparent caregiver and the grandchildren.
- Informational documents for grandparent caregivers such as *Grandfacts* that provides information about state-specific data, programs, services, and public policies in Georgia for grandparents and other kingship caregivers (AARP Foundation, 2007).

- Financial documents that show grandparent caregivers how to get financial help to raise their grandchildren.
- Legislative documents dealing with grandparent caregiving. For example, titles IV-A and XVI of the Social Security Act that authorized the Temporary Assistance for Needy Families (TANF) program. The TANF Bureau within the Office of Family Assistance has primary responsibility for the administration of the program. Another legislative piece is the National Family Caregiver Support Program (NFCSP) that was enacted as part of the Older Americans Act (United States Department of Health and Human Services Administration on Aging, 2003).

Review Procedures

Key words for the Internet-based search process included “grandparents raising their grandchildren in Southeastern United States,” “grandparents raising their grandchildren in Georgia,” “grandparents raising their grandchildren in Cotton County,” “resources for grandparents raising their grandchildren in rural United States,” “legislation dealing with grandparents,” and “resources for grandparents raising their grandchildren in Georgia.” The Internet search targeted the websites of governmental agencies such as the Department of Family and Children’s Services, Department of Health and Human Services, and Center for Disease Control and Prevention (CDC). In addition to Internet searches, archival documents were sought from the offices of governmental agencies such as the Area Agency on Aging, The Department of Family and Children’s Services, and Cotton County Health Department. Archival documents also were searched from libraries such as the Statesboro Regional Public Library and the Henderson Library at Georgia Southern University.

Document Analysis

The documents were analyzed using a matrix (see Appendix E for the Document Analysis Matrix). The matrix will have columns for:

- The title of the document
- Date the document was authored
- The author(s)
- The type of document (whether legal, political, or health document),
- Issues the document addresses - whether it addresses needs of the grandchildren, custody, or needs of the grandparent caregiver. The needs of the children may include physical, educational, financial, legal, and health needs. The needs of the grandparent may include physical, financial, legal, informational, and health needs
- The Agency/Organization responsible for implementing the issues addressed
- Other matters
- Comments

As the documents were analyzed they were coded and the themes generated were grouped under each of the SEM phases and social support. The analysis helped to determine some of the resources that have been documented as being available to grandparent caregivers in Cotton County. The data generated from the document review were triangulated with the data generated from the in-depth interviews by comparing and contrasting the results from the two sources and determining how they match each other

Ethical Considerations

African American grandparent caregivers were asked about the challenges they face in raising their grandchildren and the resources available to them. There were no known risks associated with participation except some participants shed tears as they talked about their experiences. The researcher consoled those who cried and offered to refer them to a counselor but they declined with the explanation that they were fine and were happy to have talked to another person about their caregiving experience. Those who participate in the study were given useful information about resources that they may not be aware of.

Chapter Summary

This study employed in-depth interviews and document reviews to investigate the phenomenon of grandparents raising their grandchildren in rural Georgia. The study was conducted in a rural county in Southeast Georgia. In-depth interview- participants were African American grandparents raising their grandchildren in Cotton County, officials of governmental agencies that serve grandparents caregivers and officials of CBOs and FBOs in Cotton County area. A combination of purposeful and snowball sampling were used to select the study participants and each participant agreed to participate in the study after reading a consent form. Three interview guides were used for the three groups of participants; African American grandparent caregivers in Cotton County; officials of governmental agencies that serve grandparents caregivers and officials of CBOs and FBOs in Cotton County area. The interview guides included questions directly tied to the three research questions under each of the five SEM levels; intrapersonal, interpersonal, community, organizational, and policy. The interviews were audio-recorded, transcribed, and analyzed. The four criteria of credibility, transferability, confirmability, and dependability were applied to ensure the trustworthiness of the study. Through Internet and archival searches, government documents dealing with grandparent caregivers were reviewed to

determine policies in place that address the phenomenon. A matrix was used to organize and analyze the documents. The findings of both the in-depth interviews and the document reviews were combined to determine how the phenomenon affects African American grandparent caregivers in rural Georgia.

CHAPTER FOUR

RESULTS

Introduction

This chapter is a report of the qualitative research results that were gathered from the in-depth interviews of participants and document reviews to investigate the phenomenon of African American grandparent care-giving in a rural context. The complete transcripts of the interviews are available upon request. The participants included 12 African American grandparent care-givers, 5 officials of CBOs, 4 officials of FBOs, and an official of a governmental agency. The documents reviewed included government and organizational documents that were relevant to grandparent caregiving. The results included demographic information about African American grandparent caregivers, the challenges they face in raising their grandchildren, the resources available to them in the community, their willingness to join a support group if one is formed, and willingness of CBOs and FBOs to help with support groups for grandparent caregivers.

Demographics

A total of 12 grandparents were interviewed and all self-identified as African Americans and as raising their grandchildren in rural Southeast Georgia. The average age of the grandparents was 56.4 years with the youngest being 56 years and the oldest being 71 years old. Of the 12 grandparents interviewed 11 are grandmothers and one is a grandfather. The only grandfather included was interviewed together with his wife (a grandmother) and could not stay for the whole interview because he had to leave for work. There were five types of marital situations represented by those interviewed: one was single, 3 were married, 2 were widows, 2 were separated, and 3 were divorced. Seven paternal grandparents and five maternal grandparents were interviewed. Table 4.1 provides a breakdown of the characteristics of the

grandparents interviewed. The characteristics of the grandparents sampled in this study are similar to those in other studies showing an overrepresentation of females, people of low socioeconomic status, and the less educated (Population Reference Bureau, 2011).

Table 4.1: Characteristics of Grandparents

Grandparent Caregiver*	Gender	Age (Years)	Marital Status	Type of Grandparent Caregiver
Wendy	F	67	Single	Paternal Grandmother
April	F	56	Married	Maternal Grandmother
Tracey	F	71	Widow	Paternal grandmother
Laura	F	56	Divorced	Paternal Grandmother
Abby	F	62	Divorced	Paternal grandmother
Mike & Robin	M & F	60 & 67	Married	Maternal grandfather and grandmother
Alice	F	59	Divorced	Maternal grandmother
Rose	F	58	Separated	Paternal grandmother
Eva	F	64	Separated	Paternal grandmother
Ann	F	56	Married	Paternal grandmother
Mary	F	63	Widow	Maternal grandmother

** Each grandparent caregiver is given a pseudonym to conceal their identity.*

Table 4.2 gives a breakdown of the number of grandchildren, their ages, and how long they have been raised by their grandparents. A total of 21 grandchildren are being raised by the 12 grandparents and the average age of the grandchildren is 10 years with the youngest being 3 years old and the oldest 16 years old. The average number of years for which the grandparents have cared for the grandchildren is 10 years with the shortest being 3 years and the longest being 16 years. For some of the children the only parents they have known are the grandparents.

Table 4.2: Number & Ages of Grandchildren & Length of Care

Grandparent Caregiver (s)	Number of Grandkids	Ages of Grandkids (Years)	Length of Care (Years)
Wendy	1	16	8
April	1	4	4
Tracey	1	10	6.5
Laura	1	11	10
Abby	2	3, 12	12
Mike & Robin	2	7, 10	3
Alice	4	3, 4, 6, 8	8
Rose	3	5, 15 16	15
Eva	3	9, 13, 15	15
Ann	2	12, 14	14
Mary	1	16	6

Table 4.3 is a breakdown of the socioeconomic status of the grandparent caregivers. The educational levels of the grandparents are mixed ranging from a high school dropout to graduate level education. With the exception of one grandparent caregiver most of the grandparent caregivers were either retired or on disability. As Table 4.3 shows, the self-reported household incomes of the grandparent caregivers are mostly below the poverty threshold, whether we use the 2011 Poverty Threshold from the Census Bureau (2012) or the 2012 Poverty Guidelines from the Department of Health and Human Services (2012). Only one grandparent lives above the poverty line because she works full time but she is responsible for four grandchildren. Those on disability have various medical issues including: congestive heart failure, diabetes, thyroid disease, and extreme pain along the spinal cord.

Table 4.3: Socioeconomic status of grandparents

Grandparent Caregiver	Educational Level	Employment	# of people in the household	Household Income (\$ p. a.)
Wendy	Master's degree	Retired LPN and a retired Pastor	2	21,000.00
April	12 th grade	Seamstress	4	10,800.00
Tracey	Nursing Aide courses after high school	Retired	2	10,068.00 (child's dad pays for child's needs)
Laura	High School	Cook	2	13,000.00
Abby	College	Retired Nurse due to disability	3	18,000.00 (disability and retirement)
Mike & Robin	High School & College	Grandfather: Disability and casual labor Grandmother: Disability	4	18,000.00
Alice	College	Administrative Assistant	5	30,000.00
Rose	High School Dropout	Disability	4	19,200.00
Eva	College	Disability	4	19,000.00
Ann	12 th grade	Homemaker	4	18,000.00
Mary	College	Elderly care	2	8,424.00

Reasons for Assuming Caregiving Role

The grandparents interviewed for this study gave various reasons why they assumed the role of a caregiver. These included: death, incarceration, ill treatment of the child (including neglect, abuse and abandonment), drug abuse, mental illness, and teen pregnancy. Sometimes a combination of reasons was involved. In the cases of the death of the biological parents, the children would be orphaned, and the grandparents would have to step in to comfort and care for them. Such was the situation for Wendy, whose daughter-in-law died of lupus, leaving a son and a daughter behind. She and the maternal grandmother agreed to care for the children because their father was in jail. For Rose, death, drug use and incarceration were factors in her becoming

the caregiver of her three grandchildren. Her son was killed by the police, and his wife was incarcerated; her other son was incarcerated also, and his wife was in a drug rehabilitation center, leaving them unable to help. Whatever the reason for the parents leaving the picture, many grandparents faced the option of either seeing their grandchildren go into foster care, or taking responsibility themselves. Most grandparents were horrified at the idea of their grandchildren going into the foster care system. Some reasoned that it was sacrilegious to allow a child to end up in the foster care system when the grandparents were alive. The children, they argued, are part of the family and must be raised in the family. Others explained that the children will not receive the love and care they need if they end up in the foster care system. Some claimed they have heard of horrible things happening to children in foster care. Rose summarized the feelings of many:

I just didn't want him to go into the system. You hear such horror stories that happen to children, but I know there are good ones that come out too. I just didn't want him to have to go through that (Rose, 58 years old African American grandmother).

Tracey is another grandparent who did not want her granddaughter to end up in the system. Tracey went through the foster care system herself, and did not get to know her biological family until she was an adult. She explained that the experience was hurtful to her and she does not want her granddaughter to go through a similar experience. Here is how she put it:

Yes, that hurts. I don't want her to go that route. I never want a child to go the route I went. I'm not bitter, but I wouldn't want that to happen to her (Tracey, 71 years old African American grandmother).

Laura did everything within her power to get her granddaughter out of the foster care system. Laura's son is in the military, and her daughter-in-law neglected the baby, so Child

Protective Services took the baby away. Laura heard of it a month later and began the process of getting her granddaughter back. After going through the legal system to get custody of the grandchildren, she got the court to strip the biological parents of their parental rights. She explained that this was not easy to do, but she did it in the best interest of the child. Ann is another grandparent caregiver who took her grandchildren in to prevent them from ending up in the foster care system. The court had taken the children from the biological mother (Ann's daughter) because of child abuse, and Ann offered to care for the grandchildren. April also took in her granddaughter to prevent her from ending up in the foster care system. She also tried unsuccessfully to win back the grandson from the foster care system.

In sum, the fear of seeing their grandchildren end up in the foster care system caused many of the grandparents to turn their lives upside down to care for their grandchildren. They saw it as imperative to ensure their grandchildren lived in a loving and caring home, and got a good foundation in life. This decision has resulted in many sacrifices and challenges to health and well-being. Wendy was a grandparent caregiver had to make a major sacrifice to raise her grandson. Among the grandparent caregivers sampled, she is the only one with a graduate level education and she had to retire from her job in order to have sufficient time to care for her grandchild. Wendy was then serving as a Pastor for a church in rural Georgia. The Church operates an itinerant system of ministry that takes a Pastor from one parish to the other. When she assumed the role of grandparent caregiver she was stationed at a neighboring town so she commuted back and forth. Later on her Church posted her to another state further away from her home which forced to choose between her Church and her grandson. She chose the latter. As she puts it:

I had to make a choice between pastoring and the children. In my belief, children are a gift from God for us to rise up in His image and teach them His ways. It's a gift so it's still a ministry. It's not out there in the public, but it is still a ministry, believe me (Wendy, 67 year old African American grandmother caregiver).

Wendy's story show that when grandparents assume the role of caregivers for their grandchildren that comes with a price. The price comes in many forms including; loss of employment and with it loss of income, loss of personal space and time, and extra demand on their energy and health. The loss of income is a high price to pay if one lives in the poverty bracket. Other challenges to the health and wellbeing of grandparent caregivers are discussed below.

Challenges

African American grandparents interviewed for this study described many challenges they face as they raise their grandchildren. The challenges include: health/medical challenges; emotional challenges due to worries and concerns; financial challenges; caregiving challenges; transportation challenges; and legal challenges.

Health/Medical Challenges

Medical issues are a major challenge some of the grandparents face. They are older adults, and are more likely to face health issues because of that. This was compounded that with the stress and wear and tear on their bodies from caregiving. So it works both ways—physical ailments make it harder to care for their grandchildren, and caring for their grandchildren exacerbated/created physical ailments. The grandparent caregivers faced varied health issues including asthma, diabetes, high cholesterol, heart diseases, and lupus. In some cases some of them have more than one health condition. Eva had raised her three grandchildren for 15 years.

During this period she developed a heart condition, high blood pressure, high cholesterol, and suffered three heart attacks. After each heart attack she was more worried about the safety and wellbeing of her grandchildren than her own.

Diminished mobility was one major medical challenge that the grandparent caregivers were enduring as they cared for the children. Rose, who had neuropathy, a complication of diabetes, limped and looked a decade older than her chronological age (58). She was banned from driving because she had difficulty raising her leg to control the car accelerator. Like Rose, Mary had diabetes, high blood pressure and congestive heart failure, and had been advised by her physician to stop driving. Rose suffered constantly from numbness on her right side because of her medical conditions.

Physical pain was another challenge presented by medical conditions. Some of the caregivers took medication to control their constant pain. Rose, who had diabetes and was battling the complications of the disease, explained as follows:

I hurt constantly. I am constantly in pain. I had a setback. I really went downhill when my son died. It really took a toll on me. Yes, my foot. It always hurt(s). I take pain medicine every 6 hours, sometimes it helps and sometimes it doesn't. They have me on something to help with the circulation, that's what is wrong with it, the nerves are dead. There is no circulation. Yes, I limp. It started out simple, but it escalated. (Rose, 58 year old African American Grandmother).

The pain was so severe for some that it kept them awake at night. Robin has a back problem due to arthritis and some abnormalities with her vertebra. She had surgery on her neck just around the same time she assumed the caregiver responsibility for her grandchildren. The

surgery left her with a permanent back pain. She explained that she is in constant pain and was feeling pain even during the interview:

If anything keeps me awake at night, it's the pains in my body. That's what keeps me awake at night. You don't even know I'm in pain now. Yes, terrible pain. The pain, a lot of the times when I get started doing what I have to do and go through my daily routine, I can be in really severe pain. They tell you to count numbers like from 1-10. If I'm in pain and have to pick a pain number from 1-10, and I pick a number 9, that my pain today is 8-9 (Robin, 67 year old African American Grandmother).

Despite Robin's constant pain she has to care for her mentally ill daughter and her two grandchildren. Like Robin, most of the grandparent caregivers were struggling with one medical issue or another.

In addition to the grandparents' medical issues, some of the grandchildren had health issues of their own, which presented additional challenges. Five of the caregivers reported having grandchildren diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Before Laura's granddaughter was diagnosed with ADHD, Laura struggled with her granddaughter, who would act up at school, get in fights with other kids, and refuse to sit down and behave. Laura arranged for the granddaughter to be tested by a Child Psychologist, and after several tests the granddaughter was diagnosed with the ADHD. The experience caused Laura considerable anguish prior to the actual diagnosis, because she did not know what she was dealing with. As she explained:

I cried about it. I was crying because I felt bad for her, not for myself, but for her. This child had a problem and I didn't know why she had it. I prayed about it. I don't know why she has it, but she had a problem. I had to do something about it to help her. I felt

bad because of it. I felt like I wasn't doing enough. It hurt me, because I wanted to do everything in my power to make her better and get her back on the right track (Laura, 56 year old African American Grandmother).

Rose is another grandparent caregiver who struggled with the ADHD of her grandson, Michael (not his real name). Michael was diagnosed with ADHD, and his pediatrician wanted him to get help from a psychiatrist in another town. However, Rose couldn't afford the costs of the journey or the doctor visit, which Medicaid wouldn't cover. At the time of the interview, Rose was struggling to find resources for the doctor's visit, and Michael continued to have trouble at school; Michael's teachers had trouble handling him, and complained to Rose constantly about his behavior. The interview with Rose was conducted in her home, and Michael was there as well. Throughout the interview with Rose, Michael never settled down for even a minute. He jumped on the sofa, and when Rose put him in another room with his cousins he constantly knocked on the door. Rose explained that Michael did things like this all the time:

It's hard to keep him under control. He won't stop. Yes, because like I said he is a hard child to handle. You have to have a lot of patience with him, and a lot of people don't want to be bothered with him. I worry about that, because he is constantly doing something (Rose, 58 years old African American Grandmother).

Rose's stress of taking care of Michael was compounded by the fact that she also struggled with finances and hence could not get additional care for him. Rose also struggled to buy clothing and other necessities for the grandchildren. The rapid growth of children means there must be a constant change of clothing and footwear as they grow and their sizes change. Financial difficulties were very prevalent among the grandparent caregivers sampled for this

study because many live in poverty. These difficulties presented an additional challenge to their health and well-being, both directly and indirectly.

Financial Challenges

For grandparent caregivers involved in the study, it was often a challenge to secure financial resources needed to meet basic needs. As shown in Table 4.3, the grandparent caregivers in this study mostly lived below the poverty line, with few having income from work or a work-related pension. Beyond basic necessities, financial difficulties made it difficult for some of the grandparent caregivers to get adequate health insurance to take care of their own health needs, their grandchildren's needs aside. Caregivers who are at least 65 years qualify from the Medicare safety net. Those who are younger qualify for the Medicaid safety net if they fall within the specified poverty range. The caregivers who are less than 65 years and are not poor enough to qualify for Medicaid, will become uninsured. But even for some who have qualified for Medicaid or Medicare they still have to pay at least 20% copay and they struggled to pay their copays and in some cases were unable to pay.

Table 4.4 gives a breakdown of the type of health insurance grandparent participants reported having for themselves and their grandchildren:

Table 4.4: Health Insurance for African American Grandparent Caregivers and Grandchildren

Grandparent Caregiver	Grandparents' Insurance	Grandparents' Premium	Copays for Grandparents	Grandchildren's Insurance	Grandchildren's Premium (\$)	Copays for Grandchildren
Wendy	Medicare	None	Yes	Peach Care	Yes	None
April	Insurance through husband's employer	None	Yes	Medicaid	Yes	None
GC03	Medicare	None	Yes	Insurance through her dad	Yes	None
GC04	Through employer	Yes	Yes	Well Care	Yes	None
GC05	Medicare	None	Yes	Peach Care	Biological parents pay	None
GC06	GF: Through employer GM: Medicare & Medicaid	None	Yes	Well Care and Peach care	Yes	None
GC07	Through employer	Yes	Yes	Medicaid	Yes	None
GC08	Medicaid	None	Yes	Medicaid	Yes	None
GC09	Medicaid	None	Yes	Peach Care	Yes	None
GC10	Medicaid	None	Yes	American Group Insurance	Yes	Yes
Mary	None	N/A	Out of pocket	Medicaid	None	Yes

Some of the grandparent caregivers forgo their own medical treatment because they do not have money to pay for medical procedures, to buy medications, or pay the copays, in the context of the financial hardships of raising grandchildren. April, who suffered from lupus and shingles, has insurance from her husband's employer but she constantly had to make a choice between buying medicine and providing for the needs of her granddaughter. As she explained it:

Oh yes. I don't have the money I need or used to have. I can't do the things I used to do. I can't go like I used to go because of the baby...I can't get my medicines if I can't afford it. I'm supposed to get my medicine last Wednesday, but I hadn't gotten it because I don't have the money... Sometimes I don't get my medicine to get something that she needs. I put her first, I really do (April, 56 years old African American Grandmother who suffers from lupus).

By forgoing her medications, April's condition sometimes gets worse. Robin, who suffered from diabetes, high blood pressure, thyroid disease, and has constant back pain, was another grandparent caregiver who struggled to pay for her medications. When she goes to the pharmacy she has to make a choice to leave some of her medication. The case of Mary is another example of how financial constrains affect the choices caregivers make about their health needs. Mary has been experiencing numbness on the right side of her body and her Physician wanted her to get an X-ray to determine the cause. But she cannot afford it so she has not had the X-ray yet even though she continues to experience the numbness. She explained that:

I don't have that kind of money. I am on a very tight budget, real tight. I can't spend \$1.00 over on anything and not be in trouble. I just can't afford it (the X-ray) (Mary, 63 years old African American Grandmother).

Mary was also sharing medicine with her sister who was on disability and had a lot of medication. The dangers of sharing medication with anybody are incalculable yet Mary is doing it because she cannot afford her own medication and has to rely on the generosity of her sister. Mary explained that she buys some of the cheap over-the-counter medicines like Aspirin and shares Potassium with her sister. This again boils down to her inability to afford her medication. Here is how she put it:

That's all I can afford to do. If they put me on more medications I cannot afford to buy it. I do the best I can. If I get that medicine it will take something out of the house, like the lights or whatever. Yes, so I just don't do it. I'd have to be really, really sick to go (Mary, 63 years old African American Grandmother).

Financial difficulties place many of these grandparent caregivers in dire situation when making decisions about their health needs. Forgoing their medical needs (for any reason) will worsen the health condition of the caregivers. A government official whose agency served grandparent caregivers explained how some grandparents forgo their health and medication to care for their grandchildren:

Often the grandparents will not fill their medications, because of their financial situation. They would like to use that money for their homes and their children. They will also forgo visiting the doctor even when they are ill, because they cannot be hospitalized. Can you imagine the doctor saying I have to admit you for three days? They can't do that... If you could see some of these grandparents with their canes, walkers, and it's all due to medical neglect (A female Government official who serves grandparent caregivers).

In addition to the cost issue, being hospitalized or incapacitated is a huge issue, because the grandparents have to be available to care for their grandchildren.

Worries about the Grandchildren

Another challenge to grandparent caregivers' health and wellbeing was the emotional stress of worry. Most of the grandparents had worries about their grandchildren. The worries ranged from whom the grandchildren associated with, to how they will turn out, and what will happen to them when the grandparent dies. Wendy worried constantly about her grandchildren. Having lost their father to incarceration, she does not want her grandchildren to end up in prison

as well. She was eager to see her grandchildren succeed and not be hindered by drugs or teenaged pregnancy. The following quote illustrates this well:

I worry about who they are hanging out with. I am very particular about that, and if their friends have the same values that I am trying to impart in them...I worry about that. I worry about them picking up the habits of their peers. I worry about them finishing their education and them getting pregnant, both of them. Even if he gets someone pregnant or you are the one that is pregnant you still have to pay child support the rest of your life and you haven't even been married yet. I worry about stuff like that, the things that will hinder them. I pray about it (Wendy, 67 years old African American Grandmother).

The wellbeing of the grandchildren worried many of the grandparents when they thought about their mortality. The grandparents worried about what will happen to their grandchildren when they (the grandparents) die. All those who expressed this concern shed tears when they voiced their concerns. As Laura explained:

This is something that I worry about. It bothers me a lot. If something happens to me, what will happen to her? Like if I get into a car wreck and get killed, or I became really ill and I can't care for her. My concern is what will happen to her. Yes, I worry what will happen to her. I want the very best for her. I won't have it any other way, and that worries me. I know I have to start working toward that to be on the safe side, and have a plan in place just in case something happens to me. I need a plan in place to make sure she will be okay (Laura, 56 years old African American Grandmother).

Laura desired the best for her granddaughter and the thought that she will die without seeing that happened worried her. Eva expressed similar sentiments and added:

I have concerns that if I die who will make sure that they finish school and who will give them the things that they need (Eva, 64 year old African American Grandmother).

All parents have concerns about their own mortality and what would happen to their kids, but how in the case of grandparent caregivers this issue is an inevitable, looming threat to be faced. And they have the double issue that they are already making up for deficits in support of the kids—the parent generation is already out of the picture. Huge stress!

Challenges with Grandchildren's Education

The education of the grandchildren is another major challenge facing grandparent caregivers, and one that can impact both physical and emotional health. The educational system today is much different from what it used to be when the grandparent caregivers were in school. The generational gap in the educational systems posed challenges ranging from navigating the school system to helping the children with their daily home work. For example, in some cases grandparents are required to use a computer to get information about school events or at the end of school day to get their grandchildren. For those grandparents who do not know how to use computers it can be very intimidating. A government official described the experience of one grandparent who was asked to check out her grandchild with a computer:

The issues that are related to the school are the computers. I know this is really simple, but I had a grandmother call me that was hysterical. She told me that she was at the school right now, and I asked her, “What is it?” All it is she went to check the kids out of school and you have to check them out by computers. When I went in, she turned the computer around and said, “Check out your grandchild.” My grandparent was not familiar with computers. She panicked and walked back out (A female government official whose agency serves grandparent caregivers).

Many of the caregivers have low educational attainment and navigating new technologies is a major stressor for them.

An additional issue relates to the homework the children bring home. Some of the homework is beyond the skill level of grandparents with poor educational background. Some grandparents wanted to find learning assistance or tutors for their grandchildren, and struggled to navigate the school system bureaucracy to obtain one. In addition, the challenges with the school system became even more complicated if the grandparent had no legal documentation to show relationship or guardianship of the child.

Legal Challenges

Schools, hospitals, and other government agencies require some legal proof that the grandparent is related to the child and has authority to care for the child. But some of the grandparent caregivers do not have legal custody, making it difficult for them to get the needed help from schools, hospitals, and other government agencies. For example, navigating the school system becomes difficult if the grandparent has no legal custody of the grandchildren. Alice did not have legal custody of her grandchildren nor does she have power of attorney. It was difficult for her to enroll the children in school and she was allowed only because the teachers knew her. However, she had to put the name of the biological mother (her daughter) on all the documents. The school will not allow Alice to have access to her grandchildren's grades and their biological mother refuses to become involved. Alice's daughter, who used drugs, has shown no interest in the wellbeing of her four children neither have the children's fathers. Alice was doing everything possible to ensure that the children were properly cared for but without legal custody she faced hurdles with their education. Alice described her experience this way:

Legally, I don't have a right, I can't say anything. Yes, very much so, because I cannot even fill out the portal to actually see their grades online, because I am not the parent. I'm not the parent and I don't have legal guardianship they won't give it to me. She (the biological mother) won't go and get it (Alice, 59 years old African American Grandmother).

For grandparent caregivers who do not have legal custody, it is one more source of stress in addition to the many challenges associated with the educational system, the health care system, or with seeking help from a government agencies or nonprofit organizations. In addition, the many challenges of caregiving means the grandparents have little or no time for themselves.

Lack of Personal (“Me”) Time

Grandparent caregiving robbed the grandparents of their personal time. Personal time is necessary for emotional and physical health. During that time people focus on self-care and do the things that promote their health and wellbeing. The lack of personal time is due to the fact that the grandparents have to be with the children constantly, or attending to issues related to the children. They also have to plan on what to do with the grandchildren if they have to be away. Wendy lamented this lack of personal time to be alone and not worry about cooking and other caregiving responsibilities. In planning for a vacation she had to factor in what to do with the grandchildren. With a grin on her face, she explained:

The challenge is this, having them attached to me, I cannot go on vacation without worrying about if I have to take them or leave them. I was planning a trip to New York and Pennsylvania at the end of this month. I am taking all three of them with me. That is a hassle. There is that “me” time. (Wendy, 67 year old African American Grandmother).

Many of the caregivers did not have the financial means to take vacations due to poverty and caregiving costs. In light of the constant lack of personal time, even a brief reprieve is appreciated. Abby, who was raising two of her grandchildren, could not hide her joy when she spoke about the one week break she got from the grandchildren:

They were gone last week, I slept, ate, and visited people that I couldn't visit, that I can't do, with my grandson. I did the things that I wanted to do; I had time for myself (Abby, 62 year old African American Grandmother).

The lack of personal time makes it difficult for some of the grandparent caregivers to be physically active, an important aspect of staying healthy and increasing longevity. This is a time of life associated with focusing on one's own needs and interests, and enjoying family without having primary responsibility to care for them. Unfortunately for these caregivers that opportunity has eluded them.

Meaning Grandparent Caregivers attached to their Caregiving Role

Despite the challenges associated with raising their grandchildren, grandparents interviewed in this study attached various positive meanings to their caregiving roles. For some it meant a second chance for them to 'get parenting right.' Wendy explained that as a parent she did not know what she was doing, but as a grandparent caregiver she had a second chance to impart her knowledge and wisdom to another generation. For Tracey and Alice it meant confidence that their grandchildren were cared for by someone who loved them. Caregivers closely linked ensuring that the grandchildren were cared for to maximizing their grandchildren's chances of success in life. Some of the grandparent caregivers believed that their caregiving will give their grandchildren a better chance to succeed in life than if the grandchildren remained with their biological parents, or had ended up in the foster care system. The grandparent

caregivers who held this view are mostly the ones who assumed the caregiving responsibility because of parental drug abuse or child abandonment. Robin and April saw it as a blessing from God for them to be available to care for their grandchildren. Rose, Eva and Ann expressed joy for the opportunity to care for their grandchildren. Eva was emphatic about this:

It gives me great joy to know that they are well taken care of, and to know that they are being educated. They have no wants. It makes me feel real good to know that I was able to provide that care for them (Eva, 64 year old African American Grandmother).

From the interviews it is clear that embedded in the meanings that grandparent caregivers attach to their experience are benefits to their emotional health. The positive emotional effect they experience came from the mutual exchange of love between them and their grandchildren, the peace of mind from the assurance that their grandchildren are safe with them, the hope that the grandchildren stand a better chance to succeed in life under their care, and the sheer joy of having the grandchildren in their lives. Since grandparent caregivers are willing to perform this role despite the challenges that come with it, they need resources to assist them in the caregiving process. But what resources are available to them in their community to assist them with task of raising their grandchildren?

Resources available at Multiple Ecological Levels

The interviews and document reviews showed resources available for grandparent caregivers in this rural area at multiple ecological levels. The first is the policy level where governmental policies set legal frameworks relevant to the grandparent caregivers. For the State of Georgia the first major resource is the legal framework to allow grandparent caregivers to gain custody of their grandchildren. Georgia Senate Bill 88 also known as the 'Power of Attorney for the Care of a Minor Child Act' was enacted and became effective on July 1, 2008 to allow

grandparents to give grandparent caregivers the Power of Attorney. The Act allows the grandparent caregiver to enroll the grandchild in school and also attend to the grandchild's health needs (Georgia Senate, 2008). As pointed out earlier, those grandparents who have no legal custody of the children and have no power of attorney face many challenges accessing these governmental resources. Other policies established the Division of Family and Children Services (DFCS) to provide various services for low income people and it is the major governmental agency that caters for the needs of grandparent caregivers and their grandchildren (Georgia Department of Human Services, 2012). It falls under the Department of Human Services (DHS).

At the Organizational level, various governmental agencies, CBOs, and FBOs offer some services grandparent caregivers. But most of the resources are not specifically designed for grandparent caregivers but for all low income families. DFCS assists and supports families for the safety of children and for families to become self-sufficient (Georgia Department of Human Services, 2012). The services DFCS provided include: Supplemental Nutritional Assistance Program (SNAP) - formerly referred to as Food Stamps, Temporary Assistance to Needy Families (TANF), Family Medicaid, Aged, Blind and Disabled Medicaid (ABD) and Child Care. These services have an income-eligible component as well as other eligibility criteria such as an age requirement. Grandparents who do not meet these eligibilities are excluded from receiving the services. DFCS officials were mandatory reporters and were required by law to report allegation and/or suspicion of abuse or neglect of children (Daly, Jogerst, Brinig, & Dawson, 2003). And this frightened some of the grandparents from seeking help for fear that they may lose their grandchildren. The federally funded organization that addresses the needs of grandparents directly is The Grandparent Connection, which operates in Coastal Georgia. They currently serve Glynn and McIntosh Counties. In 2009 their services in the study area were

discontinued by the State due to lack of funds. The Grandparent Connection served grandparent and kinship caregivers through support groups, classes, referrals, and recreational events. They were the only organization that directly served grandparent and kinship caregivers thus their services were more targeted. Other agencies served families of low socioeconomic status and thus their services were not nuanced to the unique needs of grandparent caregivers. As one official of the Food Bank explained:

We see a lot of clients that are recently laid off from work. They have existing bills, their mortgage, car payment, phone bill, cable, and water bill. All of these different bills have to be paid, even if they make adjustments and cut back. They still have those bills that have to finish being paid. Often times they are running short on cash and are unable to buy food for themselves and their families. They will come to us. We see people that have been unemployed for a long period of time, short period of time, people temporarily laid off, and maybe laid off 2-3 weeks ago and unsure when they are going to work again. We have many people who have medical issues, may be themselves or their spouse, daughter, or someone who has been hospitalized and it's created a burden on everyone in the family. They may just need some assistance. We do see instances where we have grandparents who have suddenly had to take on caring for their grandchildren and also their own children (CB02, Female official of a CBO)

Grandparent caregivers who qualified had to compete with other low income families for the limited resources in the community. Various CBOs in the study area provided services to low income families including grandparent caregivers who qualify. Many of these organizations are located in one centrally placed resource center in the community. These CBOs provided services such as food, clothing, financial help, after school and summer programs for the

grandchildren, and funding for weatherization during summer and winter. Some CBOs in the community offer health education. Faith Based Organizations also provided similar services but in addition they provided emotional support for the grandparent caregivers and a safe place for both the grandparents and their grandchildren to unwind from each other. Table 4.5 shows the services the government agency, CBOs and FBOs provide in the community.

Table 4.5: Services CBOs and FBOs Provide in the Community

Organization*	Type of Organization	Regular Service they provide
CBO1	Community Based	After-school and summer programs
CBO2	Community Based	Emergency food
CBO3	Community Based	Financial assistance
CBO4	Community Based	Weatherization, financial assistance etc.
FBO1	Faith Based	Food, Emotional support, financial support, transportation
FBO2	Faith Based	Emotional support, financial support, transportation
FBO3	Faith Based	Emergency utility bills, rent or mortgage payments, medical and dental care
FBO4	Faith Based	Emotional support, financial support, transportation
GA1	Government Agency	Support groups with childcare, classes on various subject matters, and help with system navigation

** The names of the organizations have been changed to protect their identity.*

The services provided by the organizations include: after-school programs, emergency food, and financial assistance for rent, utility bills, and mortgage. The Table 4.6 shows the grouping of the organizations by service type. Each organization had their own criteria for determining the eligibility of the recipients.

Table 4.6: Organizations by Service Type

Type of Service	Organizations* that provide the service	Recipients
After-school and summer programs	CBO1	Low income families
Emergency food	CBO2, FBO1	Low income families
Financial assistance	CBO3, CBO4, FBO1, FBO2, FBO3, FBO4	Low income families
Weatherization	CBO4, FBO3	Low income families
Emotional support	FBO1, FBO2, FBO4	Low income families
Medical and dental care	FBO3	Low income families
Classes on various subject matters	GA1, FBO1, FBO2, FBO4	Open to all
Emergency utility bills, rent, or mortgage payments	FBO3, CBO4, FBO1, FBO2, FBO4	Low income families
Help with system navigation	GA1	Grandparents and other kinship caregivers (Unavailable in study area)
Support groups with childcare,	GA1	Grandparents and other kinship caregivers (Unavailable in study area)
Transportation	FBO1, FBO2, FBO4	Anybody in need

* *The names of the organizations have been changed to protect their identity.*

None of the CBOs and FBOs sampled operated any social support group for the grandparent caregivers in the study area community. And none of the participants knew of any social support group for grandparents in Cotton County.

At the community level the resources for grandparent caregivers were informal, individual-level social support. As an official of a FBO explained;

When a person is sick or not able to clean up and do their chores around the house, in this Community, not just in this Church, there are so many that would get together and go to their house and cook and clean for them. They would do whatever they could to help them until they got back to that place where they are able to do for themselves (A male official of a FBO).

The provisions of informal, individual-level social support and the presence of CBOs and FBOs in the community were resources that helped the grandparent caregivers albeit inadequately.

At the interpersonal level, grandparent caregivers interviewed described how they received help from their friends and family members. The help included: emotional support, childcare, and sometimes financial or material assistance. Alice's family helped her with the care of her grandchildren – they babysat them or passed on clothes or other material things. As she explained that:

My family helps me care for them. If I need a babysitter they are there. If they have clothes that my boys can wear they pass them on to me. That has been a big help. I recycle their clothes so everyone has something to put on (Alice, 59 years old African American Grandmother).

Wendy is another grandparent who got help from her family members. She explained that taking on the responsibility of the grandchildren was expected of her by her family so they provide her with moral and financial support to enable her fulfill that obligation.

We are an "old fashioned" family. If I hadn't have taken him then I would have been an outsider or outcast. That's the way we were raised, with old fashioned values. With me taking them, they are helpful. If I get into a bind they help me... Yes, I get moral support and just talking. I call my sisters. Financially, if I get in trouble I call my brother. I try not to lean on him too much. Yes, he helps. His uncle on his mother's side comes down and leaves him with some money too. They send him things for his birthday and things like that (Wendy, 67 year old African American Grandmother).

Such personal-level social support was limited because the whole family/ network was lacking in resources and time, thus placing limits on the support they offered. In addition, the weakness of some of the family structures is evident in the fact that the grandparents have assumed this huge responsibility, instead of an aunt, uncle, or some other relative (or some arrangement of shared responsibility). When everyone is poor and stretched thin, and dealing with drugs and jail and the like, this informal support just isn't sufficient.

At the personal level most of the grandparents interviewed explained that faith in God is the main resource they have. Their faith in God is exemplified by Bible reading, prayer, church attendance, and teaching the grandchildren to trust in God. Alice, who is raising four of her grandchildren, explained it this way;

I spend a lot of time reading my Bible. I spend a lot of time studying. I am in Church and I take them with me quite a bit. Not just in Church, but instilling in them the goodness of the Lord. That's how I am where I am today, because of His grace and mercy. It's not anything that I have done. If I had to do it on my own I couldn't do it. It's my faith in God, my belief. Regardless, of what I come up against He will take care of me and those kids (Alice, 59 year old African American Grandmother).

In addition to faith in God, another resource at the personal level grandparent caregivers rely on is their unwillingness to give up in spite of the challenges. The unwillingness to give up in spite of challenges is exemplified by Rose who had neuropathy and chronic pain. Yet she refused to give up, and explained that it is a way of teaching the grandchildren not to give up in life. During the interview Rose limped as she got up to attend to her grandson. But she is not willing to give up and said:

I hurt constantly. I am constantly in pain... Yes, my foot. It always hurt... Yes, I limp. It started out simple, but it escalated. I'm not giving up though. I'll get me a chair and go in the kitchen and cook. I do what I have to do. That's my example for my grandchildren. You don't give up. (Rose, 58 years old African American Grandmother).

The resilience of these grandparent caregivers is a demonstration of their self-efficacy which is necessary if they are to withstand the harsh challenges of caregiving.

Social Support Group Formation

The question of forming a social support group for grandparent caregivers was raised with all the participants interviewed. All the grandparents interviewed expressed their willingness to join a social support group if form at a place of convenience. Officials of government agency, FBOs and CBOs interviewed indicated their willingness to contribute to the formation of a social support group for the grandparent caregivers. Table 4.7 gives the breakdown of what the government agencies, FBOs and CBOs are willing to contribute to the formation of a social support group for the grandparent caregivers.

Table 4.7: Organizations willing to contribute towards Support Group Formation

Organization	Type of Contribution willing to provide for support group
CBO1	<ul style="list-style-type: none">- Accommodation for the meeting- Share information with the group about their services- Disseminate information about the support group to grandparent caregivers
CBO2	<ul style="list-style-type: none">- Share information with the group about their services- Teach group members about nutrition
CBO3	<ul style="list-style-type: none">- Help to facilitate group meetings- May consider providing some funding
CBO4	<ul style="list-style-type: none">- A staff member to serve as a facilitator for the group
FBO1	<ul style="list-style-type: none">- Accommodation for the meeting- Share information with group- Accommodation for the meeting- Transportation
FBO2	<ul style="list-style-type: none">- Help facilitate group meetings- May consider providing some funding
FBO3	<ul style="list-style-type: none">- Help facilitate group meetings- May consider providing some funding
FBO4	<ul style="list-style-type: none">- Help facilitate group meetings- May consider providing some funding
GA1	<ul style="list-style-type: none">- Help with facilitation- Will share with group information about government resources and how to access them- Advocate for resources for the group

Community Based Organizations, FBOs, and government agencies are willing to contribute in various for the formation of social support groups for the grandparent caregivers.

Chapter Summary

This chapter is a discussion of the results that were gathered from the in-depth interviews of participants and document reviews to investigate the phenomenon of African American grandparent care-giving in a rural context. A total of 22 participants were interviewed that included: 12 African American grandparent care-givers, 5 officials of CBOs, 4 officials of FBOs, and an official of a governmental agency. A total of 15 documents that were relevant to grandparent caregiving were reviewed. African American grandparent caregivers sampled in the

study area were mostly in the fifties, poorly educated and of low socioeconomic status. They assumed the role of caregivers because of the biological parents of their grandchildren were involved in drug abuse, were incarcerated, died, mentally ill, or neglected the children. The grandparents stepped in to help because they did not want their grandchildren to end up in the foster care system and so were willing to sacrifice and provide a stable and loving home for the grandchildren.

These grandparent caregivers face many challenges to their health and wellbeing including legal hurdles, financial difficulties, their own health problems, their grandchildren's health problems, difficulties with educating their grandchildren, and worries about the future of their grandchildren. Despite these challenges the grandparent caregivers attach various meanings to their experience including; love, peace, hope, and joy. They derive positive emotional health from these meanings due to, the joy that comes from the knowledge that their grandchildren are safe and cared for, the love they share with their grandchildren, and the hope for a successful future for their grandchildren.

Some resources are available to the grandparent caregivers at multiple ecological levels. At the policy level, there are governmental policies that set the legal framework for grandparents to have the legal authority to represent their grandchildren and for the provision of services to the grandparent caregivers. At the organizational level several CBOs and FBOs offer some services to low income people or people in some form of difficulty and this includes grandparent caregivers. Resources at the organizational level include financial support, emotional support, transportation, food, and clothing. These resources are inadequate and grandparent caregivers face some barriers in accessing some of these resources at the policy and organizational levels. At the community level grandparent caregivers have community understanding and help with

their caregiving role. At the interpersonal level the grandparent caregivers have friends and relatives who help them in one way or the other to care for their grandchildren albeit in a limited fashion. The help include emotional support and childcare. At the personal level the religious faith and the unwillingness to give up are the main resources grandparent caregivers have.

There were no social support groups for the caregivers and grandparents sampled all expressed a willingness to join if one is formed in their community or in a church setting. Officials of government agency, CBOs and FBOs were also willing to help with formation of support groups for grandparent caregivers.

Chapter five is a discussion of the implications of the study to research, teaching, policy, and practice. It also discusses recommendations for public health interventions including the formation of a social support group.

CHAPTER FIVE

SUMMARY DISCUSSION AND CONCLUSIONS

Introduction

This study set out to investigate the phenomenon of African American grandparents raising their grandchildren in rural South Georgia. The purpose was to determine the challenges to health and wellbeing that grandparent caregivers face; the resources available to them; and the recommendations that can be made for the formation of social support groups for the grandparent caregivers. This concluding chapter is organized into the following segments: (1) summary of findings (2) conclusions (3) discussion of findings (4) strengths and limitations (5) implications for public health programs, policies, and allocation of resources (6) suggestions for future research.

Summary of Findings

This study set out to answer the following three main research questions:

1. What challenges to health and well-being are faced by grandparent caregivers in rural Georgia at multiple ecological levels?
2. What resources for health and well-being are currently available to grandparent caregivers in rural Georgia at multiple ecological levels?
3. What recommendations can be made to aid the development of social support interventions for grandparent caregivers in rural Georgia?

The first finding of this study is that grandparent caregiving among African Americans in rural Georgia occurs unexpectedly due to various factors including; incarceration, death, drug abuse, child abuse or abandonment, and mental illness of the biological parents. The second finding of the study is that African American grandparent caregivers in rural areas face several

challenges to their health and wellbeing at multiple ecological levels including medical, legal, financial, emotional, and parenting challenges. The third finding is that despite the challenges grandparent caregivers face they attach positive meanings to their caregiving roles. The fourth finding is that some resources for health and wellbeing are available at multiple ecological levels to grandparent caregivers in rural areas but the grandparent caregivers face some barriers in accessing these resources and there are significant gaps in the services including: the wait period to get help and the quantity of the help compared to the needs of the caregivers. The final finding of this study is that African American grandparent caregivers, CBOs, and FBOs in rural Georgia are willing to assist in the formation of social support groups for grandparent caregivers.

Study Conclusions

The following conclusions are made on the basis of this study;

- African American grandparent caregivers in rural areas face many challenges to their health and wellbeing at multiple ecological levels including; medical challenges; emotional challenges due to worries and concerns about their grandchildren; financial challenges; caregiving challenges; transportation challenges; and legal challenges.
- Resources for health and wellbeing for grandparent caregivers exist at multiple ecological levels but are inadequate to mitigate the many challenges the grandparent caregivers face.
- Grandparent caregivers need a social support group and expressed the willingness to join one for their emotional support. Any intervention with African American grandparent caregivers must take into account their religious beliefs and should include a faith component. To this end collaborating with

CBOs and FBOs will increase the chances of success of any interventions implemented for African American grandparent caregivers.

Discussion of Findings

Demographics

The average age of those sampled is 56.4 and falls within the range of those reported in other studies (Fuller-Thompson, 1997; Landry-Meyer, 1999, Minkler, 1999). The average number of years for which the grandparents have cared for the grandchildren is 10 years. The number of years for caregiving is longer than most in the Census Bureau data. In the census data about 5 years tend to be the longest time for caregiving (Census Bureau, 2012). In other studies the longest number of years is six years (Fuller-Thompson, 1997; Landry-Meyer, 1999, Minkler, 1999).

With the exception of one grandparent caregiver, all those sampled live below the poverty level. This finding is consistent with other studies which found that grandparent caregivers in rural areas tend to be female, older, less educated, and poor (Fuller-Thompson, Minkler, & Driver, 1999; Population Reference Bureau, 2011). Being older, less educated, poor, and living in rural areas presents grandparent caregivers with many challenges.

Reasons for Assuming Caregiver role

Reasons for the grandparents to assume the caregiver role include one or a combination of the following: teen pregnancy, death, incarceration, ill treatment of the child (including neglect, abuse and abandonment), drug abuse, and mental illness. Similar reasons for grandparent caregivers assuming caregiving role have been cited in the literature (Carlini-Marlatt, 2005; Haglund, 2000; Hayslip, 2000; Smith, Krisman, Strozier, & Marley, 2004). These reasons are consistent regardless of the racial or socioeconomic status of the grandparent

caregivers or their geographical location. This explains the fact that these reasons negatively impact the caregiving abilities of the biological parents and disrupts the family unit forcing relatives especially grandparents to assume the role of caregivers for the children.

Challenges

Findings from the interviews show that African American grandparent caregivers in rural areas face myriad of challenges to their health and wellbeing at multiple ecological levels. Consistent with what is in the literature the challenges include health challenges; emotional challenges due to worries and concerns; financial challenges; caregiving challenges; transportation challenges; and legal challenges (cf. Burton, 1992; Hughes et al., 2007; Kelly & Damato, 1995; Kelley, Whitley, & Campos, 2010; Kelley, Yorker, Whitley, & Sipe, 2001; Littlewood & Strozier, 2007; Longoria, 2010; Minkler, & Fuller-Thomson, 1999; Whitley & Kelley, 2007).

All the health problems the grandparents face are chronic diseases that need continuous medical care. Some of the grandchildren also have health issues that the grandparents must attend to. Carlini-Marlatt (2005) have pointed out that neglected, abused or children born to substance-abusing parents are at risk for developmental and behavioral problems. Not surprisingly the major health issue among the children is Attention deficit-hyperactivity disorder (ADHD). The combined effect of these challenges leads to increased stress on the grandparent caregivers. Increased negative stress has been shown to negatively affect health and wellbeing (Leder, Grinstead, and Torres, 2007; Kane, 2009). Schulz and Beach (1999) have shown that being a caregiver who is experiencing mental or emotional strain is an independent risk factor for mortality.

Meanings Attached to Caregiving Role

Despite the challenges, the findings from this study show that grandparent caregivers in rural Georgia attach positive meanings to their caregiving role despite the many challenges associated with it. The meanings include joy, love, a second chance at parenting, and hope that are positive affect. These positive affect are beneficial to the emotional health of the grandparent caregivers. The benefits to emotional health are a by-product of grandparent caregiving (Carlini-Marlatt, 2005; Haglund, 2000; Hughes, Waite, LaPierre, & Luo, 2007). Notwithstanding these benefits of emotional health, grandparent caregivers still need resources for health and wellbeing at multiple ecological levels to address the challenges they face.

Resources at Multiple Ecological Levels

Another finding of this study is that the some resources are available at multiple ecological levels to grandparent caregivers in rural areas. But these are not adequate to mitigate the challenges they face to their health and wellbeing. The inadequacy is due to the fact that most of the resources are not specific to grandparent caregivers but are designed for people of low income. Because there are many low income people in rural areas this increases the number of people who are all seeking the same services as the grandparent caregivers. Grandparent caregivers are not the only clients of CBOs and must meet certain eligibility criteria to qualify for help. In the meantime the grandparent caregiver must first get a food voucher from either the Department of Family or Children Services or from another CBO in a different part of town before they can go for help from CB02's organization. This brings in the problem of time and transportation both of which grandparent caregivers struggle with. The lack of public transportation in the study area does not help matters. The Food Bank provides a 7-day supply of food for up to five times in any given calendar year and qualified recipients must show proof

of identity and for their children under the age of 18 must have the children's Social Security card, shot record, birth certificate, school identity card, or something that shows the child relates to them. Hence grandparent caregivers who do not have custody of the children or the power of attorney and have none of the required documents are not eligible. Notwithstanding their ineligibility they still have to provide for their grandchildren because the nutritional needs of the children cannot wait.

In addition, grandparent caregivers face other barriers to accessing these resources including: eligibility challenges, transportation, ignorance of the availability of the resources, and lack of computer skills to find resources that are solely or mainly online. Some are not aware of the kind of resources available in their community for grandparent caregivers. This shows a major weakness at the organizational level because the organizations have not advertised their services widely to create sufficient awareness among the caregivers. There was a discrepancy of information about resources in the community. Whereas organizational officials were convinced that there were many resources for the caregivers, the caregivers lamented the lack of resources for them. Another weakness is at the policy level where the policies are not comprehensive enough to address the needs of the caregivers. Information of most of the resources is available on the internet and not many grandparent caregivers are familiar with the internet. For some resources including some government services one has to complete an online application to be able to get help. This poses a challenge to those grandparents who are not computer savvy. The issue of eligibility is another barrier grandparent caregivers have. This is closely related to the challenge of some grandparent caregivers not having legal custody of their grandchildren.

In addition some caregivers are afraid that they will lose the children to the state if they try to get help because their accommodation is inadequate for the number of grandchildren they

are raising. Transportation is another major barrier that makes it difficult for grandparent caregivers to access resources in their community. Some of the grandparents cannot drive on medical grounds and others do not have a reliable car to take them around. Others still struggle with buying gas for their vehicles.

Grandparent caregivers have been noted to rely on religious faith as a coping mechanism to mitigate the stress of caregiving (Lumpkin, 2008). Many of the grandparents interviewed made reference to their religious faith as a source of support for them. Grandparent caregivers have received the four types of social support from their families, friends, faith communities and the wider community. The emotional support and other services from FBOs help them to better cope with the stress of caregiving. Emotional support has been provided in the form of love, empathy, trust, and care by family, friends and church members. Instrumental support was provided in the form of tangible aid and service as when Wendy received financial support from her brother. Some reported receiving informational support in the form of advice, suggestions, and information. They also received appraisal support in the form of information that was valuable for self-evaluation.

Formation of Social Support Groups

The third finding shows that social support groups are needed for grandparent caregivers in rural Georgia. Both the grandparents and organizational officials are willing to assist with the formation of one. As the saying goes “where there is a will there is a way.” With the willingness of the grandparent caregivers and that of officials of government agency, FBOs and CBOs, a social support group can be formed in this rural community to mitigate some of the challenges to health and wellbeing that grandparent caregivers face.

Study Strengths and Limitations

One limitation of this study is the possibility of recall bias since the grandparent caregivers were self-reporting. For example some of the grandparent caregivers had indicated that there are no resources for them in the study area even though they had earlier on in the interview mentioned a resource they had relied on. Or later on in the interview they mention a resource from a government agency, CBO or FBO. Another limitation is the inability to interview officials from some of the government agencies due to time constraints and bureaucratic hurdles. Some of these government agencies provide important services to grandparent caregivers including Medicaid, TANF, and Food stamps. Getting their perspective on the barriers grandparent caregivers face in accessing governmental services would have enriched this study as it would have thrown better light on the criteria they use to determine who to serve. Interviewing officials from the Department of Family and Children Services (DFCS) and Child Protective Services would have greatly enriched the study.

A major strength of this study is that the actual voices of the grandparent caregivers were heard. Allowing the voices of the grandparent caregivers to be heard brings out the actual human experience of these caregivers. The inclusion of both CBOs and FBOs officials in the study is another strength of the study. Not many studies have looked at the contribution CBOs and FBOs can bring to the table in addressing the phenomenon of grandparent caregivers. This study holds promise for collaboration with CBOs and FBOs in any intervention for grandparent caregivers. The use of different data sources and triangulation of the results are additional strength of the study as that allowed the results from different data sources to be compared and contrasted.

Implications for Public Health Programs, Policies, and Allocation of Resources

A major implication of this study is that grandparent caregiving affect the health and wellbeing of the grandparents and therefore public health interventions, policies, and resources are needed for them. The phenomenon of grandparent caregiving in rural areas presents an opportunity for public health in the areas of policy, research, teaching, practice (service) and resources allocation. Existing policies may need to be restructured to address the challenges to health and wellbeing of grandparent caregivers. For example, Medicare and Medicaid need to be restructured to waive the copayments for grandparent caregivers and also to wholly cover the cost of their medication. This will prevent the scenario where some grandparents have to choice between their medical care and food for their grandchildren. As pointed out earlier some of the grandparents forgo their own medical care to buy for food and other necessities for their grandchildren. Since most of the grandparents have chronic diseases unless they get some help with their medical care and medication their health and wellbeing will be severely compromised due to financial constraints. Restructuring Medicare and Medicaid to completely cover their medical needs will go a long way to help this group.

In order to be able to better serve this population Public Health Colleges in Georgia in collaboration with the State and County Health Departments should develop a database of grandparents raising their grandchildren. The database information can be collected from the school system, health centers, churches, and community organizations. The database will ensure that a more accurate estimate of the number of grandparent caregivers is obtained instead of relying mainly on the census data which is voluntary and may not necessarily reflect the true picture on the ground. Collecting information for the database can be useful for research, teaching, and practice opportunities for Public Health faculty and students. There are already

some programs run by some Public universities in Georgia about this population. If these programs will collaborate with each other and with other Public Health related colleges across the State, that will broaden the scope of coverage to grandparent caregivers in rural areas. Such collaborations and partnerships will allow them to compare notes across the State and pursue best practices for any intervention with grandparent caregivers.

Public Health needs to collaborate with faith based groups and community based groups when developing interventions for grandparent caregivers. Faith-Based Organizations and CBOs are already providing various services in the community and have good rapport with many of the grandparent caregivers. They have also been in their communities for long and are there to stay. Collaborating with them will increase the probability of success of many interventions for grandparent caregivers.

When developing interventions for grandparent caregivers especially African American grandparents a faith component should be included. The findings of this study show that grandparent caregivers rely a lot on their religious faith as coping mechanism to deal with the stress of their caregiving. Interventions that incorporate or take into consideration their religious faith will resonate with them and serve them better.

Develop comprehensive interventions for both the grandparent caregivers and their grandchildren that will include: babysitting and social support groups. Many of the grandparent caregivers were concerned about lack of resources for health and wellbeing not just for themselves but also for their grandchildren. If the children are not in school then the grandparents will have to arrange for babysitting if they have to leave the house. Developing a comprehensive intervention for both of them will give some peace of mind to the grandparents. Some of the interventions may include mental and physical health services to both the

grandparent caregivers and their grandchildren; affordable childcare and/or respite care; and legal services (Landry-Meyer, 1999). An example of a comprehensive intervention will be if a social support group is formed for the grandparent caregivers it should include a babysitting component for the children.

Recommendations for Social Support Group Formation

The third research questions sought to determine what recommendations can be made to aid the development of social support interventions for grandparent caregivers in rural Georgia. On the basis of this study the following recommendations are made for public health practitioners to aid the formation of social support groups for grandparent caregivers in rural Georgia;

- Collaborate with CBOs and FBOs to form the social support group for the grandparent caregivers. Officials of CBOs and FBOs interviewed for this study expressed their willingness to assist with the formation of social support groups for grandparent caregivers in the community. Since the CBOs and FBOs are part of the community involving them and getting them to own it will ensure the sustainability of these groups.
- Hold the social support group meetings in a place that can accommodate the grandchildren as well and childcare should be provided. The childcare should include some activities that will help the older children with some of their school work. Childcare was an issue a grandparent caregiver raised with the researcher about the formation of a social support group for them. Her concern was that she may not get anybody to care for the children so she can attend the social support group meeting. The meetings can be held in some of the local Churches or at the

local resource center. The Boys and Girls club is willing to provide accommodation and they can be persuaded to help with childcare. Already they provide after-school program for children so they are familiar with the demands and logistics of childcare.

- Form more than one social support group to accommodate the schedules of different grandparent caregivers. Some of the grandparent caregivers work fulltime and so can only be available after close of business and on weekends. Other grandparent caregivers are homemakers or are disabled and therefore stay at home most of the time. Forming two different social support groups for the different types of grandparent caregivers will ensure greater participation.
- Involve the grandparent caregivers to develop a plan for the social support group meetings. The plan should contain the times and place of the meetings, the agenda, and roles each will play for the success of the group. The meetings can be held once or twice a month to avoid too placing too much demand on their time.
- Include in the group's agenda a wide variety of events such as informational sessions where representatives from government agencies and community organizations can come and share with the group. Government agency representatives can share information about how to qualify for government services and how to navigate the system. A key government agency representative that needs to be invited will be from DFCS to explain about TANF, Food Stamps, Medicaid, Medicare, and other services they offer. Legal advisors can share about power of attorney, custody, and adoption issues. Health professionals can share with the group how to take care of their health. A

representative from the school system can share about how to navigate the school system and work with teachers to ensure the academic success of the grandchildren. Representatives of CBOs can share about the types of services they provide and to qualify and apply for them. Financial advisors can share with the group how to manage their finances. These information sessions will address the information gap barrier that grandparent caregivers in rural areas face.

- Work with the group to identify a system navigator that can help grandparent caregivers with navigating the various systems at different levels of accessing resources. It will be helpful if that system navigator lives in the community and have a good understanding of both the systems and the community.
- Work with the group to offer classes on various topics that can strengthen the skills of the grandparent caregivers. Parenting must be the first skill to be taught to address the problem of generational gap between the grandparents and their grandchildren. With changing times parenting styles are also changing and the grandparent caregivers need new skills to raise the present generation. Teaching parenting skills will allow grandparent caregivers to keep abreast with current trends of parenting. Computer skill is the next skill to be taught to equip the grandparent caregivers with the ability to at least know how to navigate the internet and find information and resources useful to their caregiving.

Suggestions for Future Research

People who provide any form of consistent care to others face immense stress. Kane (2009) has shown that excessive stress increases risk for multiple illnesses. Given the many challenges grandparent caregivers face to their health and wellbeing, further research is needed

to determine how many may be suffering from any form of stress syndrome unknowingly. A stress syndrome involves pathological, morbid changes in physiological and psychological function and can be the result of acute or chronic stress (Zupacic, 2009). Grandparent caregivers regularly face both acute and chronic stresses in their caregiving role increasing their risk of stress disorder.

Chapter Summary

This study is an investigation of the phenomenon of African American grandparents raising their grandchildren in rural South Georgia. The purpose of the study is to determine the challenges African American grandparents raising their grandchildren in rural South Georgia face to their health and wellbeing; the resources for their health and wellbeing available to them; and the recommendations that can be made to aid the formation of social support groups for the grandparent caregivers. African American grandparents raising their grandchildren in rural South Georgia face many challenges to their health and wellbeing including; medical, legal, emotional, financial, caregiving challenges. There are some resources for their health and wellbeing at multiple ecological levels. However these resources are mostly designed for people of low income and not specifically for grandparent caregivers and the grandparent caregivers face some barriers in accessing the resources. Social support groups need to be formed for African American grandparents raising their grandchildren in rural Georgia. Collaborating with CBOs and FBOs to form social support groups will increase the probability of their success.

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APPENDICES

Appendix A: Interview Guide - African American Grandparent

*Below is a list of potential questions to be asked in **in-depth interviews** with key informants and participants. Due to the unstructured and open-ended nature of these methods, questions listed will not necessarily be asked verbatim or in order, and other questions will be added in response to the input of the subjects. This interactive approach to data collection ensures that the study is discovering and exploring issues that are most salient to the subjects*

Welcome and Consent

Thank you for agreeing for me to interview you for the study. Your input is very important and will help us to learn more grandparents raising their grandchildren in Cotton County. Before we begin the interview please take a moment to read the consent form and then sign to indicate your willingness to participate in this study.

1. Tell me a little bit about yourself (Demographics)
 - a. Your educational level
 - b. How you describe yourself with regard to race
 - c. Your age
 - d. The ages of your grandchildren?
 - e. How long you have been raising your grandchildren
 - f. What is your annual household income?
 - g. What you do for income
 - i. Your income level
 - h. Health issues you are dealing with
 - i. Any health issues your grandchildren are dealing with
 - j. Do you have health insurance for you and your grandchildren?
 - i. What kind?
 - k. What services do you have that help you?
 - i. WIC?
 - ii. Food stamps?
 - iii. Disability (SSI)?
 - iv. Cash assistance/TANF/welfare?
2. What happened for you to assume this role of raising your grandchildren?
 - a. Where are the children's biological parents?
3. What challenges do you face as a grandparent caregiver?
4. What help do you think you need to successfully raise your grandchildren?
5. How would you describe your relationship with your family and friends since you assumed the role of grandparent caregiver?
6. What are all the places that grandparents raising grandchildren go for help?
 - a. What places have you gone?
 - i. Hospital
 1. Tell me what the hospital is like
 - a. Tell me about the last time you went there
 - i. What was your reason for going?

- ii. Who took care of you?
 - iii. Were you happy with the care you got?
 - iv. How did you pay for it?
 - v. By what transport did you get there?
 - ii. School
 - 1. (Repeat prompts above)
 - iii. Health Department
 - iv. Church
 - v. Government agencies
 - vi. Out of town
 - 1. (Repeat prompts above)
 - 2. Where in particular?
 - 3. Why did you decide to go out of town?
- 7. Are you aware of programs and services in your community for grandparents raising their grandchildren? Mention organizations that you know provide resources (services and programs) for grandparent caregivers in Cotton County? (List the resources they provide).
- 8. As a grandparent how easy is it for you to get assistance from government agencies and other organizations in Cotton County?
- 9. What kind of support do you receive from your family and friends since you assumed the role of grandparent caregiver?
 - a. What kind of help will like to get from them?
- 10. Tell me about your community as a whole.
 - a. Are you happy here?
 - b. Who/where do you go if you need help?
 - i. With money, food, other things
 - ii. If you are feeling worried or upset
 - iii. If you need help with your grandchildren
- 11. Do you belong to any social support group for grandparents raising their grandchildren?
 - a. Will you be willing to join a social support group for grandparent caregivers in
 - i. your community
 - ii. your Church
 - iii. a Church near you?
 - b. What will you suggest to be done to assist in the development of social support interventions for grandparent caregivers in Cotton County?
- 12. Is there anything else you will like to tell concerning your role as a grandparent?
- 13. Are there any questions you have for me?

Conclusion

Thank you for agreeing for me to interview you for the study. The answers you have given are important and will help us to learn more about grandparents raising their grandchildren in Cotton County. Please feel free to contact me if you have any questions or concerns or if you remember something you think is relevant to the study and will like me to know. I will get back to you later on for any clarifications. Thank you again for your time.

Appendix B: Interview Guide - Officials of Government Agencies

*Below is a list of potential questions to be asked in **in-depth interviews** with key informants and participants. Due to the unstructured and open-ended nature of these methods, questions listed will not necessarily be asked verbatim or in order, and other questions will be added in response to the input of the subjects. This interactive approach to data collection ensures that the study is discovering and exploring issues that are most salient to the subjects*

Welcome and Consent

Thank you for agreeing for me to interview you for the study. Your input is very important and will help us to learn more grandparents raising their grandchildren in Cotton County. Before we begin the interview please take a moment to read the consent form and then sign to indicate your willingness to participate in this study.

14. Describe for me your agency's role in the community.
15. What do you think are the strengths of your community?
16. What do you think are the strengths of your organization?
17. What do you think are the needs or challenges facing grandparent caregivers in your community with regard to:
 - a. Health and healthcare
 - b. Raising their grandchildren
 - c. Jobs
 - d. Education of the grandchildren
 - e. Accommodation
 - f. Any issue relevant to grandparent caregiving in Cotton County
18. Describe the resources available to grandparent raising grandchildren in your community
19. Explain to me what your organization do for grandparents raising grandchildren in your community
20. Which agencies provide resources (services and programs) for grandparent caregivers in Cotton County? (Explain what resources your agency provides to grandparent caregivers in Cotton County).
21. How easy is it for grandparent caregivers to get assistance from governmental agencies in Cotton County? (Explain how your agency reach grandparent caregivers in Cotton County)
22. What contribution will your agency make to aid the development of social support interventions for grandparent caregivers in rural Georgia?
23. Explain federal/state/local policies that were formulated to assist grandparents raising their grandchildren in Cotton County.
24. Are there any other issues you will like to tell me?
25. Are there any questions you have for me?

Conclusion

Thank you for agreeing for me to interview you for the study. The answers you have given are important and will help us to learn more about grandparents raising their grandchildren in Cotton County. Please feel free to contact me if you have any questions or concerns or if you remember something you think is relevant to the study and will like me to know. I will get back to you later on for any clarifications. Thank you again for your time.

Appendix C: Interview Guide - Officials of FBOs and CBOs

*Below is a list of potential questions to be asked in **in-depth interviews** with key informants and participants. Due to the unstructured and open-ended nature of these methods, questions listed will not necessarily be asked verbatim or in order, and other questions will be added in response to the input of the subjects. This interactive approach to data collection ensures that the study is discovering and exploring issues that are most salient to the subjects*

Welcome and Consent

Thank you for agreeing for me to interview you for the study. Your input is very important and will help us to learn more grandparents raising their grandchildren in Cotton County. Before we begin the interview please take a moment to read the consent form and then sign to indicate your willingness to participate in this study.

26. Describe for me your organization's role in the community.
27. What do you think are the strengths of your community?
28. What do you think are the strengths of your organization?
29. What do you think are the needs or challenges facing grandparent caregivers in your community with regard to:
 - a. Health and healthcare
 - b. Raising their grandchildren
 - c. Jobs
 - d. Education of the grandchildren
 - e. Accommodation
 - f. Any issue relevant to grandparent caregiving in Cotton County
30. Describe the resources available to grandparent raising grandchildren in your community
31. Explain to me what your organization do for grandparents raising grandchildren in your community
32. What contribution will your organization make to assist in the development of social support interventions for grandparent caregivers in your community?
33. Are there any other issues you will like to tell me?
34. Are there any questions you have for me?

Conclusion

Thank you for agreeing for me to interview you for the study. The answers you have given are important and will help us to learn more about grandparents raising their grandchildren in Cotton County. Please feel free to contact me if you have any questions or concerns or if you remember something you think is relevant to the study and will like me to know. I will get back to you later on for any clarifications. Thank you again for your time.

Appendix D: Document Analysis Matrix

#	Document Title	Date of Document	Authors	Type of Document	Issues addressed	Agency responsible for implementation	Comments

Appendix E: Informed Consent - Grandparents
Georgia Southern University
Consent Form for African American Grandparent Caregivers in Cotton County

WHAT IS THE PROJECT ABOUT?

The study is a research by a Georgia Southern University doctoral student of the Jian Ping Hsu College of Public Health to investigate the phenomenon of grandparent caregivers in rural Georgia. The purposes of this study are to:

- Identify the challenges to health and well-being faced by grandparent caregivers in Cotton County.
- Identify the resources for health and well-being available currently to grandparent caregivers in Cotton County.
- Make recommendations to aid the development of social support interventions for grandparent caregivers in Cotton County.

You are being asked to take part in the research project because you are either an African American grandparent caregiver in Cotton County or an official of a government agency that serves grandparent caregivers in Cotton County or an official of a Community Based Organization or Faith Based Organization in Cotton County.

WHAT WILL YOU BE ASKED TO DO?

If you agree to take part, you will be asked to participate in an interview to;

- Identify the challenges African American grandparent caregivers face in Cotton County
- Identify the resources for health and well-being available currently to grandparent caregivers in Cotton County?
- Make recommendations to aid the development of social support interventions for grandparent caregivers in Cotton County?

DO YOU HAVE TO TAKE PART?

You do not have to be part of the study if you do not want to. Taking part in the study is entirely your decision. You can stop taking part at any time. If you decide to stop, no one will be angry or upset with you and you will not suffer any repercussion.

WHAT WILL YOU GET OUT OF BEING IN THE PROJECT?

Participation in this project is entirely voluntary and you will not be paid, but you will:

- Assist in identifying the challenges African American grandparent caregivers face in Cotton County.
- Assist in identifying resources for health and well-being available currently to grandparent caregivers in Cotton County.
- Make recommendations to aid the development of social support interventions for grandparent caregivers in Cotton County?
- Receive a gift card of \$10 if you are an African American grandparent caregiver participating in the study.

ARE THERE RISKS TO TAKING PART?

Taking part in this research study should not put you at any risk. You might feel uncomfortable talking about your experiences of as a grandparent raising your grandchildren. However you will have a chance to make suggestions for the formation of support group in your area/county for grandparents who raise their grandchildren.

ARE THERE COSTS TO TAKING PART?

There are no costs to taking part in the study other than you giving your time.

IS WHAT I SAY CONFIDENTIAL?

Yes anything you say or write will be kept confidential. To protect your privacy, only the researcher and his Dissertation Committee will see your information. The information you give to us will be stored securely and confidentially. Publication of the research results will not include your name or anything that can be used to identify you.

WHO ARE THE PEOPLE RUNNING THIS STUDY? CAN I CALL THEM?

The Principal Investigator for this research study is Emmanuel Clotey, MPH. Emmanuel's telephone number is (912) 478-5641. You may call "collect" if you wish. Emmanuel is a doctoral candidate at Georgia Southern University Jiann Ping Hsu College of Public Health, P.O. Box 8015, Statesboro, GA 30460.

This study has been reviewed and approved by Georgia Southern University's Institutional Review Board, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are not happy with any aspect of this study, contact -- anonymously, if you wish -- the Institutional Review Board, Georgia Southern University, P.O. Box 8005, Statesboro, GA 30460, or by phone, collect if necessary, (912) 478-0843, or email: IRB@georgiasouthern.edu

AGREEMENT STATEMENTS

Do you have any questions about the African American grandparents raising their grandchildren study? (Circle one)

YES NO

Do you agree to take part in the African American grandparents raising their grandchildren study? (Circle one)

YES NO

By signing your name below, it means that you agree to take part in the African American grandparents raising their grandchildren study.

Signature of Research Participant

Printed Name of Research Participant

Date

**Appendix F: Informed Consent – Officials of Government Agencies, CBOs, and FBOs
Georgia Southern University
Consent Form for Officials of Agencies/FBOs/CBOs in Cotton County**

WHAT IS THE PROJECT ABOUT?

The study is a research by a Georgia Southern University doctoral student of the Jian Ping Hsu College of Public Health to investigate the phenomenon of grandparent caregivers in rural Georgia. The purposes of this study are to:

- Identify the challenges to health and well-being faced by grandparent caregivers in Cotton County.
- Identify the resources for health and well-being available currently to grandparent caregivers in Cotton County.
- Make recommendations to aid the development of social support interventions for grandparent caregivers in rural Georgia.

You are being asked to take part in the research project because you are either an official of a government agency that serves grandparent caregivers in Cotton County or an official of a Community Based Organization or Faith Based Organization in Cotton County.

WHAT WILL YOU BE ASKED TO DO?

If you agree to take part, you will be asked to participate in an interview to;

- Identify the challenges African American grandparent caregivers face in Cotton County
- Identify the resources for health and well-being available currently to grandparent caregivers in Cotton County?
- Make recommendations to aid the development of social support interventions for grandparent caregivers in rural Georgia?

DO YOU HAVE TO TAKE PART?

You do not have to be part of the study if you do not want to. Taking part in the study is entirely your decision. You can stop taking part at any time. If you decide to stop, no one will be angry or upset with you and you will not suffer any repercussion.

WHAT WILL YOU GET OUT OF BEING IN THE PROJECT?

Participation in this project is entirely voluntary and you will not be paid, but you will:

- Assist in identifying the challenges African American grandparent caregivers face in Cotton County.
- Assist in identifying resources for health and well-being available currently to grandparent caregivers in Cotton County.
- Make recommendations to aid the development of social support interventions for grandparent caregivers in Cotton County?

ARE THERE RISKS TO TAKING PART?

Taking part in this research study should not put you at any risk. You might feel uncomfortable talking about your experiences of as a grandparent raising your grandchildren. However

you will have a chance to make suggestions for the formation of support group in your area/county for grandparents who raise their grandchildren.

ARE THERE COSTS TO TAKING PART?

There are no costs to taking part in the study other than you giving your time.

IS WHAT I SAY CONFIDENTIAL?

Yes anything you say or write will be kept confidential. To protect your privacy, only the researcher and his Dissertation Committee will see your information. The information you give to us will be stored securely and confidentially. Publication of the research results will not include your name or anything that can be used to identify you.

WHO ARE THE PEOPLE RUNNING THIS STUDY? CAN I CALL THEM?

The Principal Investigator for this research study is Emmanuel Clotey, MPH. Emmanuel’s telephone number is (912) 478-5641. You may call “collect” if you wish. Emmanuel is a doctoral candidate at Georgia Southern University Jiann Ping Hsu College of Public Health, P.O. Box 8015, Statesboro, GA 30460.

This study has been reviewed and approved by Georgia Southern University’s Institutional Review Board, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are not happy with any aspect of this study, contact -- anonymously, if you wish -- the Institutional Review Board, Georgia Southern University, P.O. Box 8005, Statesboro, GA 30460, or by phone, collect if necessary, (912) 478-0843, or email: IRB@georgiasouthern.edu

AGREEMENT STATEMENTS

Do you have any questions about the African American grandparents raising their grandchildren study? (Circle one)

YES NO

Do you agree to take part in the African American grandparents raising their grandchildren study? (Circle one)

YES NO

By signing your name below, it means that you agree to take part in the African American grandparents raising their grandchildren study.

Signature of Research Participant

Printed Name of Research Participant

Date