Healthy Grandfamilies Project

2/15/2019

Program Evaluation of Participant Outcomes

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Introduction

This report provides evaluation results of participant outcomes of 125 grandparents who participated in the *Healthy Grandfamilies Project* from May 2016 through October 2018 in the West Virginia counties of Kanawha, Putnam, Jackson, Clay, and Braxton. Over a 6-month intervention period, grandparents completed a series of weekly educational discussion groups and received individualized social work support services. The project was administered through a partnership of the WVSU Extension Service and the WVSU Department of Social Work and was funded by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number 2015-38821-24374.

Executive Summary

Background
Over the past decade, grandfamilies have become the hidden victims of the opioid crisis across the United States. Grandfamilies are characterized by one or more grandparents who serve as the primary caregiver for at least one grandchild who lives in their home. Over 2.5 million grandparents in this country are responsible for their grandchildren (Generations United, 2017), and West Virginia currently shares second place in the percent of grandchildren living with a custodial grandparent (Kids Count Data Center, 2017). The dramatic increase in grandfamilies is attributed primarily to drug-related problems affecting biological parents (Generations United, 2017; Wiltz, 2016).

Grandparents provide a vital service to society by caring for children who otherwise would be the responsibility of an overburdened foster care system. Studies consistently show that children fare better in the care of grandparents than in the care of traditional foster families (Generations United, 2016; Masten, 2006). Although grandfamilies save taxpayers more than $6.5 billion annually by keeping kids out of the foster care system, they continue to be a grossly underserved population (Generations United, 2017). Grandfamilies have been identified as being one of the fastest growing populations whose members are at risk for poor health, addiction, low test scores, poor education, unemployment, homelessness, and limited food due to lack of formal, informal, and tangible resources directed to this vulnerable group (Hayslip & Goodman, 2007; Peterson 2017; Peterson & Stark, 2014).
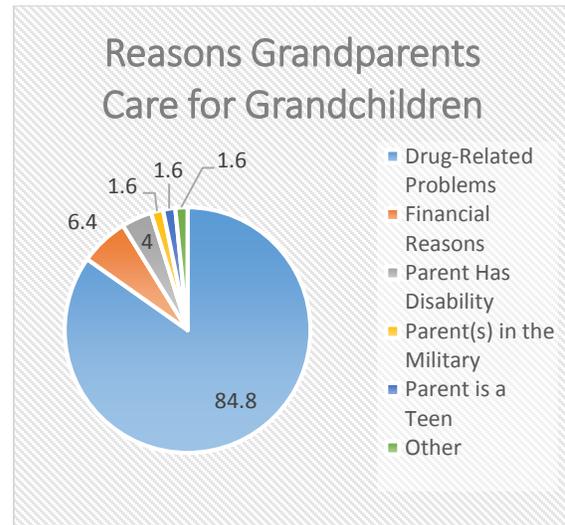
Program Description
Beginning in 2015, the WVSU Department of Social Work and the WVSU Extension Service collaborated to offer the *Healthy Grandfamilies* project to 125 grandparents in the Greater Kanawha Valley. Grandparents participated in a series of free **educational discussion groups** on the topics of parenting, communication, health literacy/self-care, stress management, legal issues, social media, public school programs & policies, family response to addiction, and nutrition. Groups were small (up to 18 people) and were held in venues such as churches, schools, community centers, and libraries in communities where participants lived. Child care and refreshments were provided. Grandparents also received **social work support services** such as a comprehensive intake assessment, help locating community resources; advocacy services, and confidential assistance in addressing unmet needs through an action planning process. Discussion groups were facilitated by the Extension Service, and social work support services were provided by the Department of Social Work.

Program Evaluation Methods
Data were collected using instruments developed specifically for this program to collect descriptive information and to measure participant outcomes. Data were managed by the project's Social Worker under the supervision of the PI/Project Director. Data were collected on a regular basis and entered into the Statistical Package for Social Sciences (SPSS) software, which was also used to analyze data. Analytical methods included the use of *t* tests for continuous variables and Chi-Square and Fisher's Exact Test for categorical variables.

Key Findings and Conclusions – Data from *Healthy Grandfamilies* show that:

- Grandparents are likely to be female (74%); about 63 years old; not employed (71%); have low to medium incomes (80%); and are managing at least one chronic health condition.
- Grandchildren are likely to struggle with hyperactivity (19%), behavior problems (19%), obesity (18%), mental health issues (12%), and/or substance misuse (12%).
- The average # of grandchildren per household = 1.82 (range: 1-7).
- A majority of grandparents (56.8%) have been caregivers for 3 years or more.

Reasons Grandparents Care for Grandchildren

Pie chart legend:
- Drug-Related Problems
- Financial Reasons
- Parent Has Disability
- Parent(s) in the Military
- Parent is a Teen
- Other

Values shown: 84.8, 6.4, 4, 1.6, 1.6, 1.6, 1.6

Key findings support the following conclusions:

- After completing their participation in discussion groups, grandparents felt better prepared to raise grandchildren. Significant improvements were found in their awareness, knowledge, and comfort level related to the topics of navigating the school system, communications, social media, family relationships, healthy lifestyles/managing stress, response to addiction, parenting, legal issues, nutrition, and health literacy/self-care.

- Grandparents reported fewer challenges at 6 months than at baseline related to financial burden, less time for self, less privacy, feeling "tied down", lack of sleep, fear of losing custody, dealing with bureaucracies, impact on health, feeling isolated/alone, difficulty getting public assistance, interference with job, legal difficulties, less time for family, and difficulties with school system.

- Participation in the project reduced the number of unmet needs reported by grandparents especially related to access to educational groups, information about services, assistance in accessing services, assistance with school system, and legal assistance. Two unmet needs that were not addressed by the project were greater access to 1) support group services and, 2) respite services.

Grandparents reported high satisfaction with the project. They were highly satisfied with project staff, discussion groups, social work services, and the overall relevancy of the project. They reported being better prepared to raise grandchildren and believed their participation helped them lead a healthier lifestyle.

Summary Conclusion
Healthy Grandfamilies holds the potential to become a nationally recognized evidence-based model. It is a non-threatening approach that results in a high completion rate. The program model has shown positive outcomes, which argues for continuation and replication of *Heathy Grandfamilies* going forward.

Participant Outcomes and Measures

The two key proposed participant outcomes for this project were as follows:

As a result of their participation in the Healthy Grandfamilies Project, grandparents will report:

- Improved knowledge and behaviors in nutrition/obesity prevention, parenting, family relationships, communication, technology/social media, legal issues, health literacy/self-care, stress management, and their ability to negotiate the public school system.
- Improvements in social support through better connections with community resources.

Participant outcomes were measured using the following instruments (see *Supplement: Data Collection and Related Forms* for copies of all instruments):

- Grandfamilies Assessment Form – This form was used to collect data to describe and/or measure the following variables: 1) demographics, 2) reasons for raising grandchildren, 3) health and behaviors, 4) grandchildren's information, 5) biological parents' information, 6) grandparent burden/challenges and feelings about caregiving role, 7) finances and legal issues, 8) living arrangements, 9) social service utilization and unmet needs, and 10) public school system information. The form was completed upon enrollment and prior to participation in discussion groups. Several components of the form (e.g., grandparent burden/challenges and feelings about the caregiving role, social service utilization and unmet needs, and public school system information) were also completed at the end of the 6-month intervention period for a pre/post comparison. The form was administered by the project's Social Worker.

- Pre/Post Workshop Questionnaires – Participants were asked to complete a questionnaire to measure their level of awareness and knowledge at the start of each of the following discussion groups: 1) Healthy Lifestyles & Stress Management, 2) Health Literacy/Self-Care, 3) Legal Issues & Documents, 4) Nutrition & Obesity Prevention, 5) Communications, 6) Family Relationships, 7) Parenting, 8) Social Media, 9) Negotiating the Public School System, and 10) Family Response to Addiction. Participants were asked to complete the same questionnaire at the end of the discussion group as a way to measure increased awareness and knowledge. The form was administered by the Co-Project Director.

- Action Plans – As part of their participation in ten discussion groups, participants were asked to complete an action plan as a way to encourage them to apply the information learned in the discussion groups to their own daily lives. Students for the Social Work Program under the supervision of the project's lead Social Worker, were assigned to help them develop the plan and follow through

strategies. These plans were monitored throughout the intervention period. A content analysis of completed Action Plans was conducted as part of the program evaluation to identify most frequently stated issues that required follow-up help by the social worker or social work students.

- <u>Satisfaction Survey</u> – participants completed a self-administered satisfaction survey at the end of the intervention period to measure their perceptions about the most helpful components of the intervention and their overall satisfaction with the project. The survey consisted of a combination of quantitative 5-point Likert scale items and one open qualitative question.

<u>Data Management/Analysis</u>

Data were managed by the project's Social Worker under the supervision of the PI/Project Director. Data were collected on a regular basis and entered into the Statistical Package for Social Sciences (SPSS) software, which was also used to analyze data. Analytical methods included the use of t tests for continuous variables and Chi-Square and Fisher's Exact Test for categorical variables.

<u>Results</u>

Baseline Sociodemographic Characteristics

Table 1 shows sociodemographic characteristics for participants at baseline prior to starting the intervention. These results provide a profile of grandparents who participated in the *Healthy Grandfamilies Project*. Participants were most likely to be females (73.6%), in their early 60s (mean age 62.8), Caucasian (88.8%), married (66.4%), with a high school education or above (93.6%), an income of $25,000 or more (66.4%), receiving Social Security/retirement income (58.4%), and not employed (72.0%).

Table 1. Baseline Sociodemographic Characteristics

Variables	% (n = 125)
Age, range	39 - 82
Age, median	63.0
Age, mean (SD)	62.8 (8.1)
Female (%)	73.6
Race (grandparents) (%)	
Caucasian/White	88.8
African American/Black	9.6
Other	1.6
Hispanic (grandparents) (%)	0.8
Race (grandchildren) (%)	
Caucasian/White	78.4
African American/Black	8.0
More than one race	11.2
Other	2.4

Marital Status (%)	
Married	66.4
Widowed	12.8
Living with domestic partner	1.6
Divorced/Separated	13.6
Never married	5.6
Education (%)	
<High school	6.4
High school	48.8
>High school	44.8
Income (%)	
<$10,000	1.6
$10,000 to $24,999	32.0
$25,000 to $49,999	45.6
>$50,000	20.8
Primary (Non-Employment) Income Source (%)	
Social Security	32.0
Retirement/Pension	26.4
Public Assistance/Disability Income	16.0
Foster care/Kinship support	4.8
Other	8.0
Unknown	12.8
Employment Status (%)	
Employed (full/part-time)	28.0
Retired	49.6
Unemployed	22.4

Health Status: Grandparents

Grandparents were asked to rate their overall health retrospectively the way they remembered it being prior to a grandchild moving in with them. They were then asked to rate their overall health as they perceived it to be at baseline just prior to starting the intervention. Figure 1 shows the comparison of their ratings at these two time points. These results suggest that the perceived health of grandparents worsened after they began caring for grandchildren. For example, the percent of grandparents who reported having "fair" health increased from 12% (before caring for grandchildren) to 35.2% (after starting to care for grandchildren).

Figure 1. Self-Reported Overall Health of Grandparents

Overall Health of Grandparents (%)

Legend: ■ Before child moved in ■ Baseline

Data points:
- Excellent: 17.6 (Before child moved in), 2.4 (Baseline)
- Good: 69.6 (Before child moved in), 61.6 (Baseline)
- Fair: 12 (Before child moved in), 35.2 (Baseline)
- Poor: 0.8 (Before child moved in), 0.8 (Baseline)
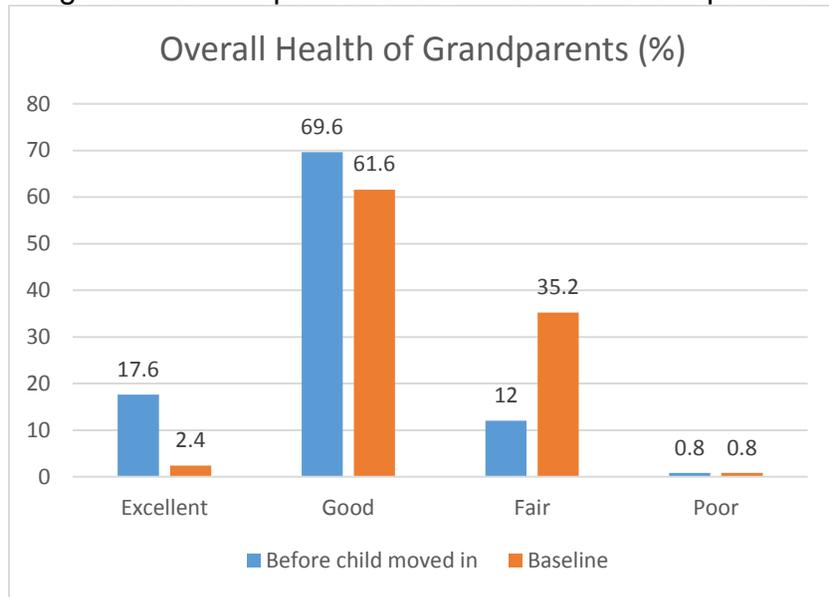
Medical Conditions: Grandparents

Grandparents were asked to identify their medical conditions. All grandparents had at least one chronic condition. Table 2 provides a summary of the medical conditions reported from most frequent to least frequent at baseline prior to starting the intervention.

Table 2. Medical Conditions: Grandparents

Medical Condition	% (n = 125)
1. Arthritis	33.6
2. Heart Disease	24.0
3. Diabetes	22.4
4. Chronic Pain	20.8
5. Obesity	19.2
6. Depression	18.4
7. Vision Problem	16.8
8. COPD	15.2
9. Hearing Problem	9.6
10. Physical Disability	8.8
11. Mental Illness	4.0
12. Substance Abuse	0.8

Health Status: Grandchildren

Grandparents were asked to rate the overall health of their grandchildren at baseline. Figure 2 provides a summary of their ratings. These results show that 60.8% of grandchildren were reported to be in excellent overall health, 32.0% were reported to be in good health, and 7.2% were reported to be in fair health.

Figure 2. Self-Reported Overall Health of Grandchildren

Medical Conditions: Grandchildren

Grandparents were asked to identify medical conditions experienced by their grandchildren. Table 3 provides a summary of the medical conditions reported from most frequent to least frequent at baseline prior to starting the intervention.
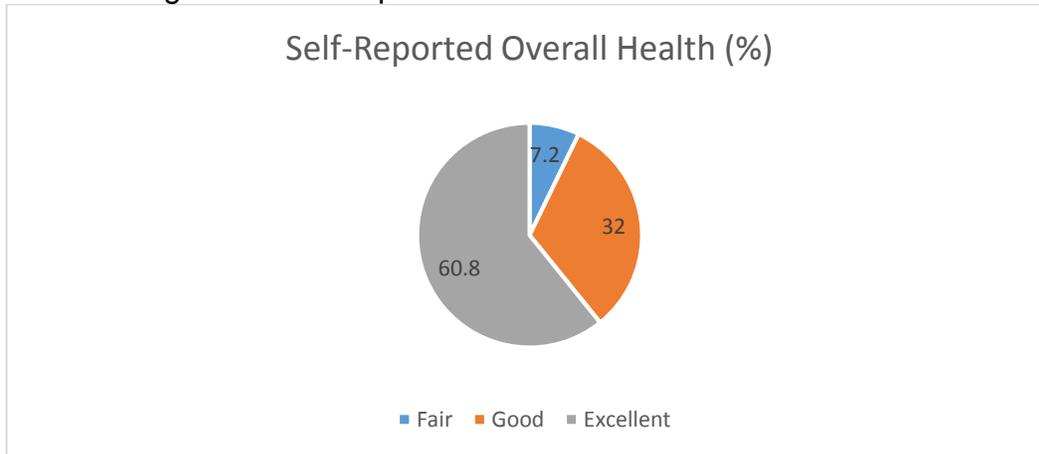
Table 3. Medical Conditions: Grandchildren

Medical Condition	%
1. Hyperactivity	19.2
2. Behavior Problem	19.2
3. Obesity	17.6
4. Learning Disability	13.6
5. Vision Problem	12.8
6. Mental Illness	12.0
7. Substance Abuse	12.0
8. Developmental Disability	6.4
9. Cognitive Impairment	4.0
10. Fetal Alcohol Syndrome	2.4
11. Physical Disability	1.6
12. Hearing Problem	1.6

Healthcare Coverage: Grandparents

Grandparents were asked if they had a place where they received routine medical care, and 97.6% of grandparents answered "yes" to this question. They were also asked if they had health insurance. Table 4 provides a summary of the types of insurance reported by grandparents.

Table 4. Health Insurance: Grandparents

Type of Insurance	% (n = 125)
Medicare	44.0
Medicaid	16.0
Private Insurance	32.8
Veterans Affairs/Tricare	3.2
None	3.2
Other	0.8

Healthcare Coverage: Grandchildren

Grandparents reported that 94.4% of their grandchildren were covered by Medicaid, 3.2% were covered by private insurance, and 2.4% had no health insurance.

Number of Grandchildren per Grandfamily

Table 5 depicts the number of grandchildren being cared for by grandparents per household. These results show that 47.2% of grandparents were caring for one grandchild; 34.4% were caring for two grandchildren; 11.2% were caring for three grandchildren; 3.2% were caring for four grandchildren; and, 4.0% were caring for five or more grandchildren at baseline just prior to starting the intervention. The average number of grandchildren per household was 1.82.

Table 5. Grandchildren Per Grandfamily Household

Number of Grandchildren per Household	Frequency	%
1	59	47.2
2	43	34.4
3	14	11.2
4	4	3.2
5 or more	5	4.0

Legal Status

Grandparents were asked to identify their legal status as a grandparent caregiver at baseline (Pre) and again at the end of the intervention period (Post). Table 6

summarizes the results and indicates an increase in the percent of grandparents who had obtained some type of formal legal status by the end of the intervention period. For example, the percent of grandparents who obtained guardianship increased from 43.2% to 44.8%; the percent who obtained legal custody of a grandchild increased from 22.4% to 25.6%, and the percent who were able to adopt a grandchild increased from 8.8% to 12%. During the same time period, the percent of grandparents who reported having no legal relationship with their grandchildren decreased from 15.2% to 8%.

NOTE: Four percent (4%) of grandparents reported that the grandchild(ren)'s parent was also a member of the household but was unable to provide care.

Table 6. Legal Relationship of Grandparents to Grandchildren

Legal Status	Pre (%) (n = 125)	Post (%) (n = 125)
Guardianship	43.2	44.8
Legal Custody	22.4	25.6
Adoption	8.8	12.0
Relative Foster Care (Kinship Care)	4.0	4.8
Power of Attorney	1.6	0.8
No Legal Relationship	15.2	8.0
Don't Know or Uncertain	2.4	2.4
Other	2.4	1.6

Reasons for Caring for a Grandchild

Grandparents were asked to identify the primary reason that they were caring for grandchildren. Table 7 summarizes their responses, and the results indicate that drug-related problems of a parent was the primary reason that 84.8% of grandparents found themselves in a situation where they became the main caregiver for grandchildren.

Table 7. Reasons Grandparents Care for Grandchildren

Reason for Caring for Grandchild	% (n = 125)
Drug-Related	84.8
Addiction (55.2%)	
Child removed from parent(s) by DHHR (16.0%)	
Death of Parent (8.0%)	
Incarceration of Parent (5.6%)	
Parent unable to financially care for child(ren)	6.4
Parent has a disability	4.0
Parent(s) in the military	1.6
Parent is a teenager	1.6
Other	1.6

Length of Time Responsible for Grandchildren

Grandparents were asked how long they had been responsible for caring for their grandchildren at baseline prior to starting the intervention. Table 8 summarizes their responses. A majority of grandparents (56.8%) reported caring for grandchildren for three years or more.

Table 8. Length of Time Grandparents Cared for Grandchildren

Length of Time	% (n = 125)
Less than 6 months	11.2
6 to 11 months	12.8
1 to 2 years	19.2
3 to 4 years	20.8
5 years or more	36.0

Discussion Group Outcomes

Grandparents participated in 10 discussion group topics during the first three months of the intervention. These groups were designed to address common challenges known to be common among grandparent caregivers. Each discussion group lasted about 2.5 hours and included refreshments; resource materials (handouts) specific to the topic being covered; a presentation facilitated by either the Project's Co-Project Director through the WVSU Extension Service, or an invited expert guest speaker; and, active group discussion. A participant questionnaire was completed by each grandparent before the discussion group started and again at the end of the discussion group session. The questionnaires were designed specifically for this project to measure the overall learning objective for each discussion group, which was to increase grandparents' knowledge, awareness, and comfort level in dealing with key issues associated with each discussion group topic. All items in each questionnaire were continuous measures and were used to calculate total scale scores, which were analyzed for normal distribution and reliability (Cronbach's alpha); p values were calculated using t tests.

Reliability

Table 9 provides information about the reliability of the scales developed to measure discussion group outcomes. The table lists the discussion group topics, provides a brief description of each topic, specifies the number of items in the scale for each topic, and gives the Cronbach's Alpha for each scale. The results indicate that all 10 pre and post scales have good internal consistency with Cronbach's alpha coefficients ranging from .786 to .940.

Table 9. Reliability of Scales Developed to Measure Discussion Group Outcomes

| Topic	Brief Description of Discussion Group	# of scale items	Cronbach's Alpha Pre	Post
Navigating School System	Provides information needed to navigate policies, procedures, rules, and expectations of the school system; helps grandparents develop advocacy skills on behalf of grandchildren; and provides tips on finding and using resources and school-related supports.	8	.828	.903
Communications	Focuses on communication styles; explores listening and open communication among family members; and, assists grandparents with identifying and dealing with a grandchild's emotions.	10	.859	.906
Social Media	Describes different social media such as Facebook, Instagram, Twitter, and Snapchat and discusses ways to help grandchildren use social media safely and appropriately.	9	.938	.938
Family Relationships	Explores strategies to help grandparents navigate relationships with biological parents of grandchildren and to help them encourage grandchildren to have input as family members. Provides opportunities for grandparents to explore their own feelings of guilt and grief.	9	.881	.859
Healthy Lifestyles/ Managing Stress	Provides information to help grandparents identify stressors and management strategies including formal and informal support systems, lifestyle practices, and health related resources.	7	.832	.888
Family Response to Addiction	Provides information to help grandparents better understand strategies to deal with an addicted family member; describes common behaviors of addicted individuals; and, identifies local, state, and national resources designed to help families with addicted members.	6	.786	.840
Parenting	Provides information to help grandparents improve parenting skills including a plan for discipline, guidance, and consistency.	10	.805	.856
Legal Issues	Provides information about how and where to get legal, financial, and caregiving support; answers questions related to the various types of legal status options available to custodial grandparents such as guardianship, custody, adoption, etc.	5	.833	.862
Nutrition	Explores health risks associated with obesity and provides guidelines for healthy eating. Gives tips for healthy meal preparation and healthy snacks. Encourages grandparents to include grandchildren in meal preparation as appropriate.	10	.887	.940
Health Literacy/Self-Care	Provides information and resources to help grandparents improve communication with healthcare providers, track their own health, and take a more active role in healthcare decision-making.	5	.847	.896

Comparison of Means (Pre/Post Discussion Group Results)

Table 10 and Figure 3 show the results of *t* test analyses conducted to compare the pre and post mean scores of each discussion group scale. The results indicate a significant improvement in post scores for all discussion group topics.

Table 10. Paired Samples Comparison of Means Results

Discussion Group Topic	N	Mean Pre	Mean Post	Paired Samples Test Mean	Std. Deviation	Std. Error Mean	Sig. (2-tailed)
Navigating School System	100	44.59	65.30	-20.71	13.68	1.36754	.000
Communications	89	62.24	82.89	-20.65	13.68	1.45059	.000
Social Media	76	43.66	64.83	-21.17	17.61	2.01993	.000
Family Relationships	95	65.80	78.55	-12.75	11.27	1.15602	.000
Healthy Lifestyles Managing Stress	103	42.84	58.11	-15.27	10.75	1.07869	.000
Family Response Addiction	60	37.68	50.77	-13.08	9.96	1.28536	.000
Parenting	87	73.51	86.40	-12.90	9.65	1.03417	.000
Legal Issues	99	28.28	38.67	-10.38	9.11	.91537	.000
Nutrition	95	59.54	83.71	-24.18	14.32	1.46905	.000
Health Literacy/Self-Care	85	38.71	45.71	-7.00	6.19	.67155	.000

Figure 3. Paired Samples Comparison of Means Results (Bar Chart)
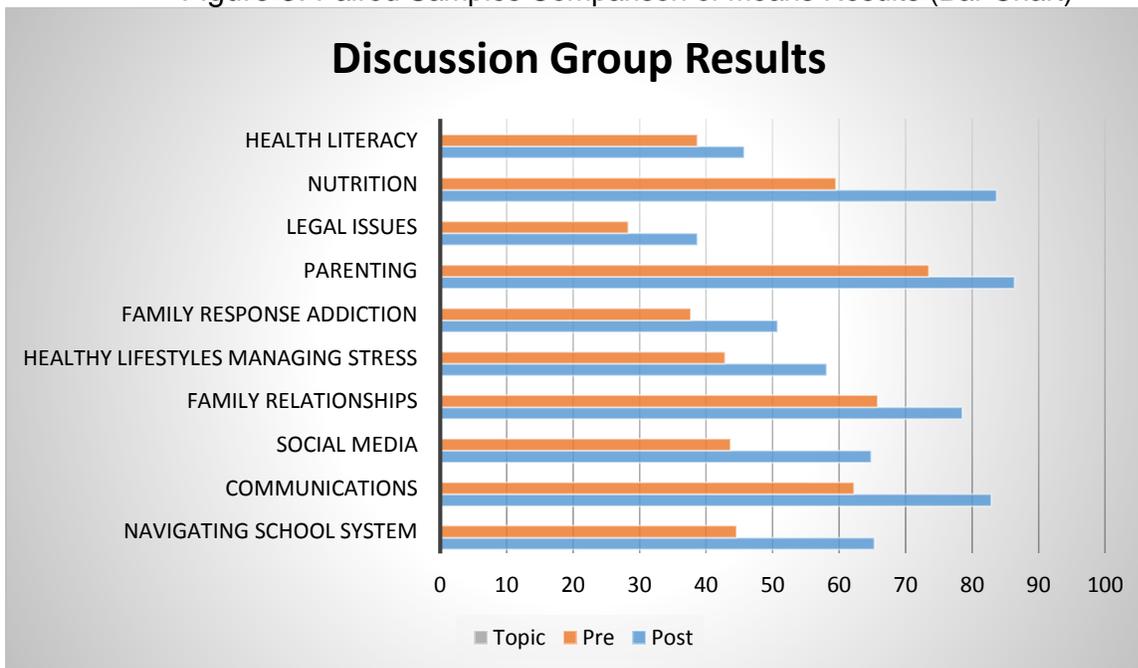
Challenges of Grandparents Raising Grandchildren

Grandparents were asked at baseline and again at the end of the intervention period to identify the challenges that they were experiencing as custodial grandparents. Table 11 shows the most commonly identified challenges beginning with the ones most frequently cited at baseline. The table shows how their perceptions of challenges changed by the end of the 6-month intervention period. These results indicate that for most challenges, the percent of grandparents who identified these challenges at baseline decreased at 6 months. For example, at baseline 83.2% of grandparents reported *financial burden* as a challenge, and this percent decreased to 52.8% by the end of the intervention. For two challenges however (*difficulty parenting* and *conflicts with biological parents*), the percent of grandparents who reported these issues as challenges actually increased (from 40.0% to 42.4% and 34.4% to 36.8%, respectively).

Table 11. Challenges of Grandparents (n = 125)

Challenge	Baseline (%)	6 months (%)
1. Financial burden	83.2	52.8*
2. Less time for myself	81.6	72.8*
3. Less privacy	73.6	64.8*
4. Feeling "tied down"	55.2	49.6*
5. Lack of sleep	40.8	28.0*
6. Difficulty parenting	40.0	42.4*
7. Conflicts with biological parents	34.4	36.8*
8. Fear of losing custody	32.8	13.6*
9. Dealing with bureaucracies	32.0	17.6*
10. Impact on my own physical health	29.6	21.6*
11. Feeling isolated or alone	27.2	20.8*
12. Difficulty getting public assistance	25.6	15.2**
13. Interferes with my job	25.6	16,8*
14. Legal difficulties	23.2	8.8**
15. Less time for family	17.6	6.4**
16. Difficulty with school system	16.0	8.8**
17. Relationship problems with spouse/partner	8.8	7.2
18. Difficulty with healthcare system/benefits	5.6	2.4
19. No challenges	1.6	2.4

*p = ≤.01. Note: p values were calculated using Chi-Square tests for categorical variables.
**p = ≤.05. Note: p values were calculated using Fisher's Exact Test

Needs of Grandparents

Grandparents were asked at baseline and again at 6 months to identify services they were already using as well as services they still needed (unmet needs) related to raising grandchildren. Table 12 identifies the services reported as being used at baseline compared to the use of these same services at 6 months. These results show that participants substantially increased their use of services by the end of the 6-month intervention period. The one exception was for homemaker services/home health aide services, which saw no change in service use. The services which saw the greatest increases in use were those provided directly by the *Healthy Grandfamilies Project*,

either through Project Staff or through Community Partners. These services included *assistance with school system, legal assistance, educational workshops, information about services,* and *assistance in accessing services.*

Table 12. Services Used at Baseline and at 6 Months

Service	Used at baseline (%) (n = 125)	Used at 6 Months (%) (n = 125)
Support Group	1.6	9.6
Assistance with School System	4.8	22.4
Legal Assistance	5.6	43.2
Educational Workshops	0.8	98.4
Information about Services for Custodial Grandparents	2.4	93.6
Assistance in Accessing Available Services	1.6	87.2
Respite Services	0.8	7.2
Homemaker Services/ Home Health Aide	2.4	2.4
Counseling for Self	12.0	15.2
Housing Assistance	4.8	8.0
Self-Management of Chronic Health Conditions	4.8	5.6
Transportation Assistance	0	1.6

Table 13 identifies the services that Grandparents reported that they were not using at baseline but would like to have as compared to what they reported that they would like to have at 6 months. Results indicate that the services most wanted at 6 months were those services not already provided through the *Healthy Grandfamilies Project*. These services included *support group* and *respite services.*

Table 13. Services Grandparents Would Like to Have (Baseline vs. 6 Months)

Service	Needed at Baseline (%) (n = 125)	Needed at 6 Months (%) (n = 125)
Support Group	84.8	74.4
Assistance with School System	28.0	6.4
Legal Assistance	39.2	4.0
Educational Workshops	92.0	1.6
Information about Services for Custodial Grandparents	95.2	1.6
Assistance in Accessing Available Services	95.2	2.4
Respite Services	32.8	21.6
Homemaker Services/ Home Health Aide	8.8	6.4
Counseling for Self	13.6	4.0
Housing Assistance	12.0	9.6
Self-Management of Chronic Health Conditions	9.6	4.0
Transportation Assistance	4.8	2.4

Needs of Grandchildren

Grandparents were asked at baseline and again at 6 months to identify services they were already using for their grandchildren as well as services their grandchildren still needed (unmet needs). Table 14 identifies the services reported as being used at baseline compared to the use of these same services at 6 months. These results indicate that, although the *Healthy Grandfamilies Project* did not provide direct services to grandchildren, grandparents were able to increase their use of many services for their grandchildren during their time in the program. Services that showed the greatest increases were *daycare* (from 5.6% to 15.2%), *after school programs* (from 11.2% to 20.8%), *help with homework* (from 8% to 14.4%), and *tutoring* (from 8.8% to 18.4%).

Table 14. Services Used for Grandchildren (Baseline vs. 6 Months)

Service	Used at Baseline (%) (n = 125)	Used at 6 Months (%) (n = 125)
Daycare	5.6	15.2
After School Program	11.2	20.8
Mentoring Program	6.4	9.6
Help with Homework	8.0	14.4
Tutoring	8.8	18.4
Individual Counseling	42.4	50.4
Special Education	19.2	13.6
Drug Awareness	4.8	7.2
Sex Education	4.0	5.6
Support Group	0.0	0.0
Summer Camp	3.2	4.0
Scholarship Information	0.0	0.0

Table 15 shows the services grandparents said they weren't using at baseline for their grandchildren but would like to have compared to services they weren't using at 6 months but would like to have for their grandchildren. These results indicate that the perceived need for services for grandchildren decreased in all categories at the end of the 6-month intervention period. The most frequently identified services needed for grandchildren at both baseline and 6 months were *summer camp*, *mentoring*, *support group*, and *after school program*.

Table 15. Services Grandparents Would Like to Have for Grandchildren (Baseline vs. 6 Months)

Service	Baseline (%) (n = 125)	6 Months (%) (n = 125)
Daycare	17.6	7.2
After School Program	27.2	17.6
Mentoring Program	35.2	27.2
Help with Homework	27.2	13.6
Tutoring	24.8	14.4
Individual Counseling	23.2	12.0
Special Education	7.2	2.4
Drug Awareness	24.0	15.2
Sex Education	23.2	13.6
Support Group	33.6	20.8
Summer Camp	52.0	47.2
Scholarship Information	20.8	16.0

Grandparent Well-Being

Grandparents were asked at baseline and again at 6 months to agree or disagree with seven statements designed to serve as indicators of their overall well-being. Table 16 provides the seven statements and shows the results at baseline and 6 months. These results indicate that a majority of grandparents reported having the energy, health behaviors, and support needed to raise their grandchildren. Overall, they also reported feeling happy and able to cope with the daily stress in their lives. However, 9.6% of grandparents at baseline, compared to 10.4% at 6 months, reported feeling upset most of the time, and 21.6% (at baseline and again at 6 months) reported having health problems that made it difficult to care for a grandchild. Although there was a positive change in at 6 months for three of the seven indicators (*able to cope with daily stress*, *feeling happy most of the time*, and *living a healthy lifestyle*), these changes were not statistically significant.

Table 16. Grandparent Well-Being

Statement	Agree Baseline (%)	Agree 6 Months (%)
I have the energy needed to raise my grandchild(ren).	76.0	76.0
I have health problems that make it difficult to care for my grandchild(ren).	21.6	21.6
I feel upset most of the time.	9.6	10.4
I often feel unable to cope with the daily stress in my life.	20.8	18.4
I feel happy most of the time.	84.0	88.8
I have the support I need to care for my grandchild(ren).	68.8	64.0
Overall, I live a healthy lifestyle. (*healthy eating, sufficient physical activity, regular visits to healthcare providers, effective stress management, etc.*)	93.6	96.8

Participant Satisfaction

At 6 months, grandparents were asked to reflect on their experience participating in nine of the ten discussion groups (note: the discussion group on the topic of "family response to addiction" was added halfway through the program and was therefore not included on the participant satisfaction survey instrument). Table 17 ranks the nine discussion group topics from most frequently to least frequently reported as being "most" helpful. These results indicate that *parenting*, *legal issues*, and *communications* were the top three topics viewed as being most helpful

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Table 17. Most Helpful Discussion Group Topics (n = 122)

Discussion Group Topic	Ranking Based on Grandparent's Responses(%)
Parenting	72.1
Legal Issues	53.3
Communications	50.0
Family Relationships	46.7
Navigating the School System	27.9
Social Media	18.0
Healthy Lifestyles/Managing Stress	18.0
Health Literacy/Self-Care	7.4
Nutrition	6.6

Note: Total % exceeds 100 because participants could identify more than one topic.

Grandparents were also asked at 6 months to agree or disagree with eight statements designed to measure their satisfaction as participants in the *Healthy Grandfamilies Project.* Table 18 provides the results of grandparents' responses to the satisfaction items. The results indicate that participants were highly satisfied with the discussion group and social support components of the intervention and felt that their participation in the project helped them to be better prepared to raise a grandchild and to live a healthier life. Agreement with all eight statements ranged from 94.3% to 99.1%.

Table 18. Grandparent Satisfaction (n = 122)

Statement	% of Grandparents Who Agreed
My participation helped me live a healthier lifestyle.	95.1
Discussion groups were relevant to my situation as a grandparent.	99.1
Action plan helped me apply discussion group information.	94.3
Follow-up services provided by the social worker were helpful.	95.9
Participating in this project I feel better prepared.	98.3
If a similar project was open to others, I would recommend it.	98.4
Project staff members were knowledgeable.	98.4
Project staff were helpful and supportive.	98.4

The Participant Satisfaction Survey included the following open question:

"Please add any other comments about your satisfaction with the *Healthy Grandfamilies Project.*"

Only about 11% of participants chose to write comments on the satisfaction survey form. Table 19 provides a summary of these comments. These comments were overwhelmingly positive.

Table 19. Participants' Comments on Satisfaction with Project

Comments
Program was more relevant and applicable to parenting than previous programs I have attended. Much of the info would help foster/adoptive parents who are not grandparents. I hope it continues.
Loved workshops. Glad I participated.
I enjoyed the classes, speakers, and interacting with the other grandparents. Overall, I know it was a lot of work for everyone, but I thought it was great.
I was well pleased with the classes. I would recommend it to all grandparents.
Loved Legal Aid.
I feel confident in taking the grandfamilies class, and I feel it has bettered me to be the best grandparent I can be for my grandbabies.
Enjoyed all classes, very informative.
Great program. Every foster grandparent should attend.
Great help with legal process.
I found these meetings helpful in many ways. It also helped being around people that understand our challenges. Would love to see a grandparent support group to attend.
I learned enough that I know I am ready to take it to the next level helping other grandparents who need information and help in any kind of way. Let them know about camps, Big Brother Big Sister programs.
Loved the class; wish it would never end!
Due to time, I was unable to complete program. But I feel the program is needed.
Recommend evening for other grandparents.

Action Plans: Content Analysis

A content analysis was conducted with 59 Action Plans. Of these 59 Action Plans, 41 (69.5%) indicated a need for help from the social worker to address specific follow-up issues identified by a grandparent. These needs fell into seven catagories as follows:

➢ Assistance in obtaining concrete services/benefits – these included things like foodstamps, clothing, bedding, transportation, DNA testing, SSI/disability benefits, PRIDE (kinship care payments), financial benefits through DHHR, and HUD/housing benefits;

➢ Legal services – grandparents requested help in obtaining free legal services related to custody, guardianship, adoption, and issues related to child protective services;

➢ Self-care/health related needs – some grandparents, especially older ones with multiple chonic health conditions, requested help with locating services (such as

home health aide, oxygen tank services); following through with nutrition and exercise plans; managing stress; and using social emotional support services.

➤ School-related issues – help was sometimes needed by grandparents to navigate the school system, especially when a grandchild had a special need.

➤ Day care services – grandparents sometimes had a difficult time either finding or paying for day care. This was especially true for grandparents who were working outside the home, either part-time or full-time.

➤ Child mental health/behavioral health services – specialized services for grandchildren, especially trauma-informed care, was requested by a number of grandparents.

➤ Support services for grandchildren – some grandparents were interested in receiving ongoing support for grandchildren such as mentoring, tutoring, help with homework, and social media management.

Figure 4 depicts the percentage of requests in the seven categories. About 61% of the requests for specific follow-up services were for assistance in obtaining concrete services; 34.1% were related to legal services; 26.8% were in the category of self-care/health related needs; 19.5% were school-related issues; 14.6% were related to the need for day care services; 12.2% were in the category of child mental health/behavioral health services; and, 12.2% were in the category of support services for grandchildren.

Figure 4. Requests for Specific Follow-up Services
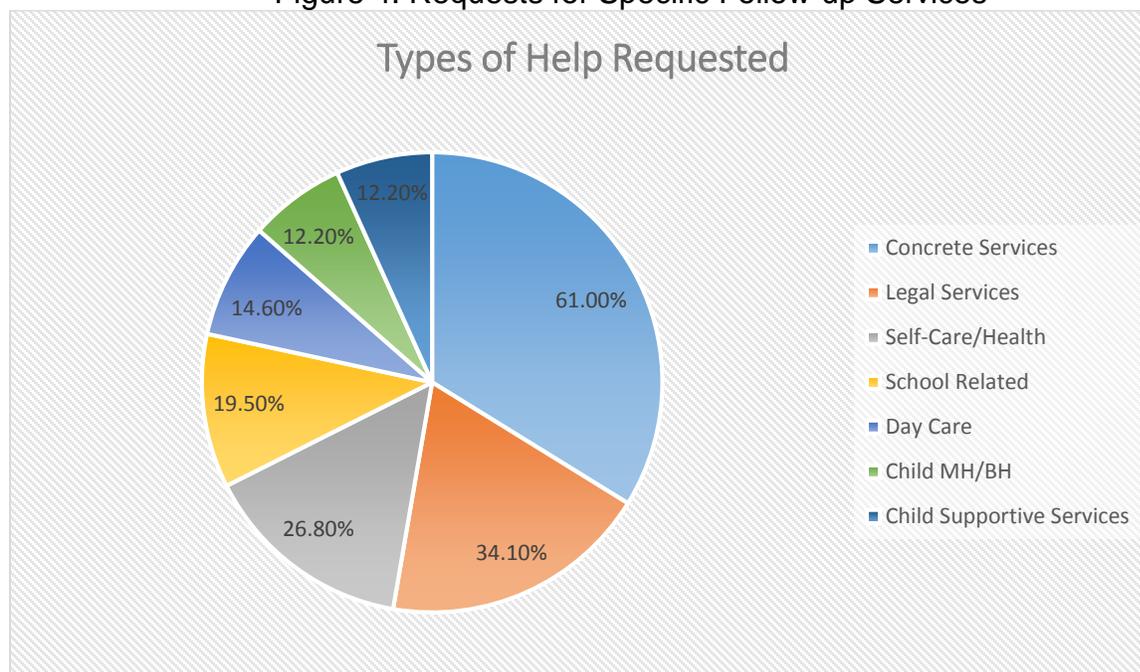
Note: Percentages exceed 100% because grandparents could identify requests in more than one category.

Key Findings and Limitations
Based on the results of the program evaluation, key findings include the following:

Sociodemographic Characteristics

- Grandparents were most likely to be female (73.6), in their early 60's (Mean age = 62.8 years), married (66.4%), not employed (71.0%), with Social Security or retirement/pension as their primary source of non-employment income (58.4%).

- Although grandparents were mostly Caucasian (88.8%), African Americans were overrepresented (9.6%) when compared to the general population of the counties served (Kanawha, Putnam, Jackson, Clay, Braxton) where the makeup of African Americans range from 0.2% (Clay County) to 7.6% (Kanawha County) of the population. The percent of minority grandchildren in the project was even greater with 19.2% being either African American or more than one race. (Note: published research by others indicates that, in general, African Americans are disproportionately represented in the grandfamilies population).

- Grandfamilies represented households with a range of incomes (33.6% <$24,999, 45.6% between $25,000 to $49,999, and 20.8% ≥$50,000 and a range of educational levels (6.4% <high school, 48.8% high school, and 44.8% >high school).

Health Status

- Grandparents reported that their overall health worsened after they started caring for grandchildren. However, it is unknown if changes in health status were related to becoming a custodial grandparent or due to other factors such as normal aging, sociodemographic characteristics, or length of time in the caregiving role.

- All grandparents reported having at least one chronic health condition with the top five being arthritis (33.6%), heart disease (24.0%), diabetes (22.4%), chronic pain (20.8%), and obesity (19.2%).

- Although 60.8% of grandchildren were reported by their grandparents as being in excellent health, 39.2% were reported to be in only good or fair health. The top three chronic health problems for grandchildren were hyperactivity (19.2%), behavior problems (19.2%), and obesity (17.6%).

- 12.0% of grandchildren were reported to be suffering from mental health issues, and 12.0% were reported to have problems with substance misuse.

- 94.4% of grandchildren were covered by Medicaid, 3.2% had private insurance, and 2.4% had no health insurance.

Legal Status

- The two most common types of legal relationship of grandparents to grandchildren were guardianship (43.2% at baseline, 44.8% at 6 months) and legal custody (22.4% at baseline, 25.6% at 6 months).

- The percent of grandparents who adopted a grandchild increased from 8.8% at baseline to 12.0% at 6 months.

- The percent of grandparents with no legal relationship to grandchildren decreased from 15.2% at baseline to 8.0% at 6 months.

Caregiving Characteristics

- A drug-related problem was the primary reason that grandparents reported that they were caring for a grandchild (84.8%).

- A majority of grandparents (56.8%) reported caring for grandchildren for three years or more.

- The average number of grandchildren per household was 1.82 (range = 1-7).

Grandparent Outcomes (Pre/Post)

- After completing their participation in discussion groups, grandparents reported significant improvement in awareness, knowledge, and comfort level related to the topics of navigating the school system, communications, social media, family relationships, healthy lifestyles/managing stress, family response to addiction, parenting, legal issues, nutrition, and health literacy/self-care.

- Grandparents reported fewer challenges at 6 months than at baseline related to financial burden, less time for self, less privacy, feeling "tied down", lack of sleep fear of losing custody, dealing with bureaucracies, impact on own physical health, feeling isolated or alone, difficulty getting public assistance, interference with job, legal difficulties, less time for family, and difficulties with school system.

- Grandparents substantially increased their use of educational and support services by the time they completed the program at 6 months. The services which saw the greatest increases in use were educational groups, information about services, assistance in accessing services, assistance with school system, and legal assistance.

- The most frequently identified unmet needs at baseline and again at 6 months were those not provided by through the *Healthy Grandfamilies Project* and included support group and respite services.

- Community-based services for grandchildren showing the greatest increases were daycare, after school programs, help with homework, and tutoring.

- The most frequently identified services needed for grandchildren at both baseline and 6 months were summer camp, mentoring, support group, and after school programs.

Participant Satisfaction

- 98.3% of grandparents reported that participating in the program helped them to feel better prepared to be a custodial grandparent.

- 95.1% of grandparents reported that participating in the program helped them live a healthier lifestyle.

- 98.4% of grandparents said they would recommend the program to others.

One limitation of this project was the use of a convenience sampling design, which might limit generalizability to other grandfamily populations or to other regions of the state or country. The lack of a control group also limits the ability to draw cause and effect relationships. These limitations notwithstanding, findings from this evaluation allow us to draw several important conclusions about the helpfulness of the *Healthy Grandfamilies Project* in improving the lives of grandfamilies in important ways.

Conclusions

The *Healthy Grandfamilies* project can be seen as a successful model for helping grandparents raising grandchildren for several reasons. It was effective in reaching the intended target population; it achieved proposed participant outcomes; and, participant satisfaction was very high.

Target population – With a final enrollment of 125, the project exceeded its enrollment goal of 120. Grandparents who participated in the project met all criteria established for enrollment and as a result, a profile of grandfamilies was created that serves as a basis for recruiting future cohorts. It should be noted, however, that because the model did not provide transportation services, some grandparents might have been prevented from participating, especially those in remote rural areas.

Participant outcomes - Results of the program evaluation provide evidence that the *Healthy Grandfamilies* project was successful in achieving proposed participant outcomes (see Figure 5 for description of proposed outcomes).

Figure 5. Proposed Participant Outcomes

As a result of their participation in the Healthy Grandfamilies Project, grandparents will report:

- Improved knowledge and behaviors in nutrition/obesity prevention, parenting, family relationships, communication, technology/social media, legal issues, health literacy/self-care, stress management, and their ability to negotiate the public school system.
- Improvements in social support through better connections with community resources.

Evaluation results support the following conclusions:

- After completing their participation in discussion groups, grandparents felt better prepared to raise grandchildren. Significant improvements were found in their awareness, knowledge, and comfort level related to the topics of navigating the school system, communications, social media, family relationships, healthy lifestyles/managing stress, response to addiction, parenting, legal issues, nutrition, and health literacy/self-care.

- Grandparents reported fewer challenges at 6 months than at baseline related to financial burden, less time for self, less privacy, feeling "tied down", lack of sleep, fear of losing custody, dealing with bureaucracies, impact on health, feeling isolated/alone, difficulty getting public assistance, interference with job, legal difficulties, less time for family, and difficulties with school system.

- Participation in the project greatly reduced the number of unmet needs reported by grandparents especially in terms of their reported need for access to educational groups, information about services, assistance in accessing services, assistance with school system, and legal assistance. Two unmet needs that were not addressed by the project were greater access to 1) support group services and, 2) respite services.

- In addition to the general support provided by the social worker as follow-up to the discussion groups, grandparents were most likely to request specific help with obtaining concrete services; legal services; self-care/health related services; help with school related concerns; help with obtaining day care; and, help with getting mental health, behavioral health, and supportive services for grandchildren.

Participant satisfaction – Grandparents reported high satisfaction with their participation in the project. They were highly satisfied with project staff, discussion groups, social work services, and the overall relevancy of the project. They reported being better prepared to raise grandchildren and believed their participation helped them lead a healthier lifestyle. They would feel comfortable recommending the project to other grandparents.

Summary Conclusion

Healthy Grandfamilies holds the potential to become a nationally recognized evidence-based model. It is a model that grandparents are willing to try, and once that do, they tend to complete all aspects of the program resulting in a high completion rate. The program model has shown positive outcomes, which argues for continuation and replication of *Heathy Grandfamilies* going forward.

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