

SERVICE UTILIZATION AMONG RELATIVE
CAREGIVERS: AN EXAMINATION
OF ETHNIC DIFFERENCES

By

SARAH R. RUOFF

Bachelor of Science in Human Environmental Sciences

Oklahoma State University

Stillwater, OK

2005

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
MASTER OF SCIENCE
July, 2007

SERVICE UTILIZATION AMONG RELATIVE
CAREGIVERS: AN EXAMINATION
OF ETHNIC DIFFERENCES

Thesis Approved:

Whitney A. Brosi, Ph.D.

Thesis Adviser, Committee Chair

Carolyn Henry, Ph.D.

Committee Member

Laura Hubbs-Tait, Ph.D.

Committee Member

A. Gordon Emslie, Ph.D.

Dean of the Graduate College

ACKNOWLEDGMENTS

This research was funded by the Borchard Foundation Center on Law and Aging, Dr. Whitney A. Brosi, Principal Investigator.

I would like to thank the faculty who have served as my mentors during this endeavor. First, I extend my sincere gratitude and appreciation to Dr. Whitney Brosi, who has supported, guided, challenged, and listened to me as I have grown academically, professionally, and personally over the past few years. Secondly, I would like to thank Dr. Carolyn Henry for your guidance, insight, and constructive suggestions not only through my thesis experience, but throughout my time as an HDFS student. Finally, I would like to thank Dr. Laura Hubbs-Tait for your guidance and dedication to helping make this project the best it could be. I have the utmost respect for each of you, and I truly appreciate your contributions of time, knowledge, support, and insight.

To all of my friends and coworkers at the OSU Family Resource Center—you have taught me so much about myself and the world in which we live, and I am truly grateful for the opportunity to know each and every one of you. I would like to extend a special thank you to Dave Stoddart, Dr. Jill Rohrbacker, and Eric Archer, who have given me continuous support, encouragement, and advice—I couldn't ask to work with a better group of people.

To my (large!) family—Mom and Dad, Blaine, Granny and Lee, Memaw and Pawpaw, the Arteberry's, the Wilkey's, the Thompson's, the Ruoff's, the Roark's, and the Caldwell's—throughout my life, I have always had your unfailing love and confident

support in anything I have set my mind to, and I can't thank you enough for all that you have done for me. I am so thankful to have been blessed with such an amazing family, and I love you all more than words can say. To my husband, Charles, thank you for encouraging me and believing in me, even when I doubt myself. You have always believed in my potential, and my success is your success. I love you very much!

Last but not least, to Jennifer, Amy A., Amy C., Nancy, Carrie, Emily, Jamie, and Kerissa, I couldn't have made it without your unfailing support and encouragement! You are all wonderful people and great friends, and I am a better person because I have you in my life!

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Research Questions	3
Hypotheses	3
Definition of Terms	4
II. REVIEW OF LITERATURE	6
Theoretical Framework	6
Race and Ethnicity	8
Gender	10
Review of Literature	11
Grandparent Well-Being	13
Social Well-Being	14
Emotional and Psychological Well-Being	15
Physical Well-Being	17
Financial Well-Being	17
Contributors to Positive Well-Being	18
Diversity Among Grandparents Raising Grandchildren	19
African American Families	21
Latino Families	22
American Indian/Alaskan Native Families	24
Caucasian/White Families	26
Service Utilization and Awareness	26
Policy Recommendations	31
III. METHODS	34
Sample	34
Recruitment and Data Collection	35
Measures	36
Reliability	37
Analysis	38

IV. RESULTS	39
Statistical Procedures	43
ANOVA	43
Multiple Regression Analysis	45
V. DISCUSSION	48
Demographic Differences	48
Well-Being	51
Service Utilization Patterns	52
Limitations	54
Implications and Directions for Future Research	55
Conclusion	57
REFERENCES	59
APPENDIXES	63
APPENDIX A: Research Question and Hypothesis Table	63
APPENDIX B: Survey	64

LIST OF TABLES

Table	Page
I. Participant Age, Income, and Household Size	42
II. Participant Gender and Relationship Status	43
III. Analysis of Variance for Service Utilization Differences Between Groups.....	44
IV. Hierarchical Regression Predicting Formal Service Utilization.....	4

CHAPTER I

INTRODUCTION

As the lifespan increases, becoming a grandparent has emerged as a common role for older adults, and more and more grandparents have assumed the role of caregiver for their grandchildren (Edwards & Mumford, 2005; Hayslip & Kaminski, 2005; Park, 2006). The statistics surrounding this phenomenon are daunting. After the 2000 census, it was determined that at least 2.4 million grandparents are responsible for raising their grandchildren and the majority of grandparents raising grandchildren are 65 years or younger (Hayslip & Kaminski; Park). Further, grandparents in the United States remain responsible for raising 3.9 million children under the age of 18 (Edwards & Mumford), and the number of children six years of age and younger being raised by their grandparents has risen by 30% since 1990 (Hayslip & Kaminski).

Of children who do not live with their parents, the majority live with grandparents (Brandon, 2005). However, grandparent-headed households are just one type of relative-headed household, and aunts, uncles, cousins, and other extended relatives are also kinship caregivers. To that end, research involving grandparents raising grandchildren uses samples that include other relative caregivers (Bachman & Chase-Lansdale, 2005; Brandon, 2005; Burnette, 1999a). In some of these studies, grandparent caregivers are separated from other caregivers in the sample; in others, relative caregivers are combined together, though the findings focus on grandparents raising grandchildren. For example, the sample used in the Burnette study included grandparents and extended family

caregivers ages 50 and older. Additionally, Brandon's sample included children who lived with neither parent but with other relatives. Further, in Gibson's (2002) study, the terms 'relative caregivers' and 'grandparents raising grandchildren' are used interchangeably in the literature review, though the focus of the study and the sample were solely grandparents raising grandchildren. Because relative caregivers and grandparents raising grandchildren are often combined into one group and not distinguished from one another, the present study also utilizes a sample of both relative caregivers and grandparents raising grandchildren. Though this may not be considered ideal in some regards because it could result in the failure to identify differences between grandparent and relative caregivers, the sample in which this study examines is made up of a group of both grandparent and relative caregivers that are remarkably similar in terms of mean age, income, and self-reported experiences.

The majority of research has noted similarities among relative caregivers (Hayslip & Kaminski, 2005; Kelley, Yorker, Whitley, & Sipe, 2001; Landry-Meyer, 1999). Many caregivers face the same challenges, including living in poverty, lower overall wellbeing, role overload, health problems, legal issues, and decreased social support (Hayslip & Kaminski, 2005; Park, 2006). However, many of these grandparents also face a variety of different circumstances based on their ethnicity or culture, and they are a diverse group. Custodial grandparents are found in urban, suburban, and rural regions and are made up of families from a variety of ethnicities and economic statuses (Burnette, 1999a; Edwards & Mumford, 2005). One of the key issues is how these individuals access and use services.

The diversity of those raising relative children as a group makes it difficult to discern the complexities involved in understanding individual service needs. Thus, cultural and ethnic differences are a key aspect of understanding the service utilization and awareness among grandparents raising grandchildren. Because beliefs, decisions, and awareness are affected by culture and ethnicity, these factors are likely to have an effect on taking on the caregiving role as well as on service utilization and awareness. The purpose of this study is to determine if minority status accounts for differences in experiences and service utilization patterns among those raising relative children. The following research questions and hypotheses will be explored in this study:

Research Questions

- 1) How do African Americans, Native Americans, and Whites differ on service utilization measures?
- 2) How does ethnicity interact with well-being to predict service utilization?

Hypotheses

- 1) African Americans, Native Americans, and Whites informal service utilization scores will differ from one another.
- 2) African Americans, Native Americans, and Whites formal service utilization scores will differ from one another.
- 3) African Americans, Native Americans, and Whites aging service utilization scores will differ from one another.
- 4) Controlling for income, well-being will be predictive of three types of service utilization among African Americans, Native Americans, and Whites.
- 5) Controlling for income, ethnicity will be predictive of three types of service utilization.

6) Controlling for income, ethnicity will interact with well-being to predict service utilization among African Americans, Native Americans, and Whites.

Definition of Terms

It is important to understand the meaning of several terms in the context of this study. For clarity purposes, the definitions for the following terms used throughout this study are as follows:

Service utilization—the act of receiving benefits, services, support, and/or assistance from a formal, informal, or aging agency or resource.

Informal services—for purposes of this study, assistance or aid (often voluntary) from unpaid individuals or groups in the caregiver’s extended family or community; examples include support groups, family members providing childcare, etc.

Formal services—for the purpose of this study, regulated services, benefits, and/or supports provided by a local, state, regional, or federal agency; examples include TANF, DHS services, kinship foster parent support, legal services, etc.

Aging services—for the purpose of this study, regulated services, benefits and/or supports provided by agencies that specifically serve older adults as a primary constituency; aging services also include agencies that address issues relevant to older persons and/or those that receive federal and/or state funding to assist older persons. Examples of such agencies include Area Agencies on Aging and the Aging Services Division of DHS.

Well-being—the self-reported evaluation of an individual’s condition, happiness, and/or prosperity; in this study, financial, physical, emotional, psychological, and overall well-being are assessed.

Relative caregiver—for the purposes of this project, the individual who attends to and is responsible for meeting the basic mental, physical, and emotional needs of a one or more children with whom he/she is related; a relative caregiver may be an aunt, uncle, sister, brother, grandparent, etc.

CHAPTER II

REVIEW OF LITERATURE

Theoretical Framework

The purpose of this study is twofold: 1) to describe the differences between Native American, African American, and White relative caregivers with regard to service utilization and well-being; and 2) to examine predictors of service utilization among the three ethnic groups. As grandparents raising grandchildren has become an increasingly prevalent phenomenon, many different cultural, ethnic, and gender-related issues have become embedded within the topic. Because these issues are also important components of feminist scholarship, this perspective will be used as a framework from which to examine the topic. Feminism is not one theory, but a range of perspectives that emphasize social change and encourage viewing the world through a lens other than ‘...the experiences of Euro-American, class-privileged, heterosexual men’ (Osmond & Thorne, 1993, p. 593).

Specifically, feminist perspectives include recognitions of difference, identity, and intersectionality, as well as emphasis on experience, culture, ethnicity, gender, societal constructs, social structure, and historical context (DeReus, Few, & Blume, 2005; Hardy, 1993; Ingoldsby, Smith, & Miller, 2004; Osmond & Thorne, 1993). Feminist perspectives acknowledge the experiences of domination, oppression, conflict, violence, power distribution, and culture among both men and women (Boss & Thorne, 1989). Further, rather than embracing the more patriarchal view of the traditional nuclear family

as the only functional or normal family, feminist perspectives support the idea that a range of family types, such as single parent, child free, lesbian and gay, and extended families are legitimate and acceptable family forms. These ideas are all relevant to the issue of grandparents raising grandchildren because they are all important aspects that must be considered in order to understand the diverse and varied experiences faced by this population.

Because feminist perspectives are deeply rooted in the concept of social justice, an important branch of feminism that is relevant to this particular study is feminist gerontology. Feminist gerontology is “an intellectual exchange between feminism and gerontology that focuses on the complexities of gender and gender relations, as well as the politics of research and theory-making regarding the lives of older people” (Ray, 1996, p. 675). Feminist gerontology acknowledges linked experiences, advantage, power differentials, and relations between groups, and it is an important lens through which to view the experiences of older adults because of its recognition of social inequalities, racism, elitism, and restrictive roles, beliefs, and stereotypes (Calasanti, 2004; Ray, 1996). As with other feminist perspectives, Calasanti insists that feminist gerontology is about more than gender, and to assume that it focuses only on women does not give justice to the experiences of women or to the theoretical approach because gender issues are linked to other social inequalities such as race, ethnicity, and class. Since feminist gerontology, along with other feminist perspectives, assumes that the oppressive experiences of individuals of different ages, races, ethnicities, and classes are experienced together, it provides a unique framework from which to view the experiences of relative caregivers.

Race and Ethnicity

Feminist frameworks include basic assumptions regarding oppression, privilege, and power (Hardy, 1993; Ingoldsby et al., 2004; McGoldrick, 1989; Osmond & Thorne, 1993). Specifically, feminist perspectives assume that power is held by those who have been assigned more value by society. This means that one could be oppressed because of gender, class, race, ethnicity, nationality, sexual orientation, religion, and/or physical ability (Ingoldsby et al.). In fact, feminist perspectives assert that ethnicity, class, culture, and orientation compound oppression, and both men and women of the dominant race and class play a role in the oppression of minorities (Osmond & Thorne). Thus, oppression is greater for those not belonging to the societal majority.

Racist, sexist, and class-based assumptions shape the experiences of the oppressed, and class disadvantage, scarcity of resources, and cultural characteristics explain family structures, attitudes, values, experiences, and choices (Osmond & Thorne, 1993). Cultural race feminist theory asserts that racism is the norm in American society, and feminism, in addition to fighting sexism, is about challenging power structures and working towards systematic, structural, social changes (Kim, 2001). According to DeRues et al. (2005), cultural race feminist theory specifically addresses the injustices minorities face in legal writings and public policies, because these works do not always consider cultural variations in decision making or the choices that families of various ethnicities make in regard to social issues. This is in line with Minkler and Fuller-Thomson's (2005) assertion that culture plays a role in the structure of and decision-making in minority families. These families may not have the same knowledge of services or go through the same decision-making processes when taking on the

caregiving role as families who belong to the dominant culture of a society (Minkler & Fuller-Thomson).

Further, the issues of difference and identity are important aspects of feminism as applied to custodial grandparenting. The construct of difference asserts that there are inter- and intragroup differences among all types of families, while identity refers to socially constructed definitions or labels applied to individuals or groups by other people (DeReus et al., 2005). Thus, phenomena like race and class, which are important components of identity, often help construct differences between people and groups (DeReus et al.). In addition, Kim (2001) maintains that the intersectionality of different identities means that race, class, gender, and ethnicity are interconnected, and attempting to separate any of these identities from another yields an incomplete understanding of the experiences of minorities.

This intersectionality is a key aspect of custodial grandparenting in minority families because it means that not only are different family types considered atypical in terms of societal standards, but minority grandparent-headed households face further scrutiny because they are members of socially constructed segments that traditionally are oppressed by society. Further, such oppression continues into old age, and since women are historically caregivers, issues faced by older women such as difficulties with finances, problems finding housing, and little legislative power, affect more than one generation (McGoldrick, 1989). In turn, grandparent-headed families may not have the same access to or knowledge about social services from which they could benefit.

Gender

Feminist perspectives also acknowledge the impact one's gender has regarding societal expectations and life experiences. First, the nature of grandparents raising grandchildren has gendered overtones, as women are historically caregivers (McGoldrick, 1989; Walker, 1992). Domestic work, private labor, and care for dependents are disproportionately the work of women (Boss & Thorne, 1989), and Walker contends that women are caregivers because society places lower value on women's work and ignores the cost of caregiving for women, adding that the government fails to meet the needs of its citizens. The notion of 'women as caregivers' is reflective of women's place in the broader society because caregiving is equated with home and family life (Walker). Thus, female relatives tend to be primary caregivers and studies focus mostly on custodial grandmothers.

Feminist perspectives assert that unpaid work, such as caregiving, is not viewed as work in our culture nor is it seen as a product of a political and economic system that does not sufficiently support citizen's needs (Walker, 1992). Further, traditional family roles and division of labor stereotypes mean that women are looked to as caregivers while men are seen as the 'real' workers and breadwinners of the family (Ingoldsby et al., 2004). Thus, when a grandchild needs a caregiver, tradition holds that a grandmother will take on the role. Sands, Goldberg-Glen, and Thornton (2005) noted that "...caring for one's grandchildren is a choice, although in some cases it may be experienced as a forced choice" (p. 66), which further reiterates that women may feel compelled to take on the caregiving role despite their own needs and wants. Similarly, gender roles and women's role in the family suggest that grandmothers become caregivers to grandchildren because

they feel it is their duty to keep their family together. As the traditional nurturer, a grandmother may feel compelled to become the primary caregiver for a grandchild because doing so will help sustain familial ties rather than relinquish such bonds to social service agencies or unrelated individuals (Bachman & Chase-Lansdale, 2005).

Because of the gendered division of family labor and a mother's (or grandmother's) involvement in caring for her family, grandmother caregivers may be more involved in connecting their families to important social service systems that provide them with much needed benefits (Minkler & Fuller-Thomson, 2005). This means that grandmothers may be more likely to receive help from outside sources, while grandfathers may not. In fact, because of gender-related factors, grandfathers may face barriers, such as social stigma and shame, which prevent them from accessing the aid and services they need (Minkler & Fuller-Thomson).

Review of Literature

Grandparents have taken on the caregiving role for many reasons. Often, grandparenting is viewed as the best alternative for children in unfortunate situations, such as those who have experienced the death of their primary caregiver or those who have been removed from their home due to neglect or abuse (Edwards & Mumford, 2005). Other reasons include parental substance abuse, parents' unwillingness to raise the child, child abandonment, financial difficulties, unemployment, incarceration, divorce, AIDS, teen pregnancy, and parental death or disability (Hayslip & Kaminski, 2005; Park, 2006). Many programs that require a child to be removed from the home consider a family member's home to be the next best placement, and grandparents are often a logical source of care and familiarity.

However, the number of grandparent-headed families varies across ethnicities. For example, Edwards and Mumford (2005) reported that of custodial grandparents, 39% are from African American households, 25% are from Caucasian households, and 23% are Hispanic; this translates into approximately 5% of all children in the United States being raised by their grandparents. Little to no information is available regarding custodial grandparenting among Asian Americans and Native Americans, though some research highlights trends among grandparent-headed families for Caucasians and African Americans (Hayslip & Kaminski, 2005; Minkler & Fuller-Thomson, 2005). The differences in the number of grandparent-headed households for these minority groups is important to note because the population is not evenly divided, so although more Caucasians are custodial grandparents, African Americans and Hispanics are disproportionately more likely to care for grandchildren than are Caucasians (Hayslip & Kaminski; Minkler & Fuller-Thomson). Thus, more minority children are living with their grandparents than their non-minority counterparts.

Aside from diversity in terms of ethnicity, grandparent-headed households are diverse with regard to household structure and custody arrangements. In terms of intergenerational caregiving, household structure is determined by the presence or absence of the grandchild's parent; this also determines whether the grandparent is a coparent or custodial parent (Goodman, 2003). Coparenting involves raising a grandchild in conjunction with support and assistance from other family members or the grandchild's parent (Goodman & Silverstein, 2005), while custodial grandparents are those that care for their grandchildren on a full-time basis without the help of the child's parent (Hayslip & Kaminski, 2005). Custodial grandparents live in skipped-generation

households where the grandparent and grandchild reside together without the presence of the child's parent(s). Of importance to note here is that the term 'custodial grandparent' is often used to describe grandparents who raise their grandchildren and carries no legal connotation, and the term 'custody' alone means a grandparent has legally assumed the responsibilities of being a full-time parent to a grandchild.

Clearly, grandparents raising grandchildren is an important part of family life for many Americans. In addition to the many reasons a grandparent becomes a caregiver and the various different household structures, grandparents raising grandchildren have many individual differences as well as similarities while facing a variety of challenges. Of particular importance to this study are the aspects of grandparent well-being, diversity among grandparents raising grandchildren, service utilization and awareness, and policy suggestions for this population. Each of these is discussed in detail in the sections that follow.

Grandparent Well-Being

Grandparent well-being is widely investigated in the literature. There are a variety of personal, social, physical, emotional, psychological, financial, and legal problems that grandparents raising grandchildren face (Hayslip & Kaminski, 2005; Kelley et al., 2001; Park, 2006). It is clear that raising a grandchild has effects on grandparents, particularly on well-being, and these effects can be both positive and negative. Each aspect of well-being (e.g., social, physical, psychological, etc.) can contribute to the other, as many stresses and problems from one aspect can contribute to stresses and problems from another aspect. For example, many of the reasons a grandparent became a caregiver to a grandchild were stressful, and that stress has an impact on grandparent well-being.

Caregiving itself can take an emotional and physical toll. Women report an increased risk of coronary heart disease when caring for grandchildren for nine or more hours per week, and many custodial grandparents face negative problems such as marriage strain, role overload, role confusion, and greater incidence of depression, diabetes, hypertension, and insomnia (Hayslip & Kaminski, 2005). However, despite any negative problems they may have faced, grandparents reported they would still take on the caregiving role if they were given a choice a second time (Hayslip & Kaminski). Sands et al. (2005) found that having a choice in whether or not he/she wanted to provide care is not associated with grandparent well-being.

Social Well-Being

Grandparents raising grandchildren face social and emotional problems for several reasons when they became caregivers. Edwards and Mumford (2005) found that custodial grandparents face role conflict when their desire to enjoy their 'golden years' conflicts with the needs of their grandchildren and family obligations. Such role conflict can have a negative effect on well-being. Several studies have shown that grandparents raising grandchildren report feeling isolated or invisible (Goodman & Silverstein, 2002; Hayslip & Kaminski, 2005; Landry-Meyer, 1999), and Hayslip and Kaminski observed that a sense of isolation came from being in the parenting role at a time when most of their peers were not parents, so grandparent caregivers felt that no one can relate to them.

Further, Hayslip and Kaminski (2005) found that the grief grandparents face related to the reasons they become caregivers may not be publicly recognized, which inhibits their opportunities to share their feelings and reach out for social support. Hayslip and Kaminski also noted that social support is related to well-being, while raising

healthy, well-adjusted grandchildren and adequate social support is related to role satisfaction. Clearly, the role of social support is an important aspect of grandparent well-being, and support groups could provide an outlet for grandparents to express their feelings and cope with their new role as caregiver (Hayslip & Kaminski; Sands et al., 2005).

Emotional and Psychological Well-Being

The need for support groups and social support is at least in part related to the many emotional and psychological issues that grandparents raising grandchildren face. Goodman and Silverstein (2002) state that “custodial grandparenthood is often unanticipated, involuntary, and indefinite, and is therefore a risk factor for psychological distress” (p. 445). There are several common concerns and uncertainties that contribute to such distress. Kelley et al. (2001) identified social isolation, stress, perceived caregiver burden, child problem behavior, and psychopathology of the grandchild’s parent as contributors to psychological distress.

As indicated above, several family-related tensions have an effect on grandparent emotional and psychological well-being. Tensions and worries surrounding the relationship with the grandchild’s parent can take a toll on well-being because many grandparents experience feelings of loss, grief, shame, guilt, anxiety, and disappointment (Hayslip & Kaminski, 2005). Also, the relationship with the adult child has been related to legal concerns; legal concerns often translate into additional fears and worries, particularly because without legal custody, grandparents have no legal rights and often fear that their grandchild’s parent would return and take their grandchild away (Glass & Huneycutt, 2002). In addition to issues with the parent, psychological distress is

heightened when grandmothers are caring for children with behavioral or emotional problems and/or developmental disabilities (Bachman & Chase-Lansdale, 2005; Burnette, 1999b; Hayslip & Kaminski). Family problems are well-recognized contributors to psychological distress, and this is clearly no different in the case of custodial grandparents. However, concerns for family and previous life experiences as a parent seem to help buffer mental health issues for grandmothers because grandmothers want to keep their family in tact and their previous experiences as a parent provided grandmothers with knowledge on how they handled similar parenting situations and issues in the past (Bachman & Chase-Lansdale).

Finally, perceptions of stress are an important aspect to consider when discussing the issue of emotional and psychological well-being. Sands et al. (2005) found that grandparents' perception of stress is a critical factor in determining well-being, as low perception of stress and higher levels of social support are related to positive well-being. One can infer that higher perceptions of stress have a negative effect on well-being, and this is critical to understand when trying to determine how stress could effect emotional and psychological issues for those raising grandchildren. Depressive symptoms are especially noted in younger grandmothers who experienced a non-normative, abrupt transition into the grandparent role, which indicates that such a transition may be more stressful (or perceived as more stressful) for grandparents considered to be among the young-old (Bachman & Chase-Lansdale, 2005). Further, Burnette (1999b) noted that perception of stress may be culturally and/or ethnically mediated, another crucial aspect to consider when discussing emotional and psychological well-being because some cultures associate feelings of increased stress and burden with caregiving, while others

see raising grandchildren as an enriching opportunity to give back to their family and younger generations.

Physical Well-Being

Physically, caring for grandchildren can be demanding, and several studies have examined the physical toll caregiving has on grandparents. Age is an important factor in physical well-being. Bachman and Chase-Lansdale (2005) asserted that grandmothers of all ages report worsened physical well-being as compared to other mothers or noncaregiving grandmothers. Further, the older the grandparent, the more difficult it is to care for grandchildren, and the more deleterious the effects of caregiving are on grandparents' health (Burnette, 1999b; Edwards & Mumford, 2005). Another contributor to physical health that should not be overlooked is the effect that lifelong poverty and low socioeconomic status (SES) has on an individual's physical health. Grandparent-headed households are often poverty stricken, and many have lived in poverty for years before becoming a caregiver. Thus, grandparents' health may have deteriorated as a result of caregiving, or it may simply be that lower-income grandparents with poorer health are taking on caregiving responsibilities (Bachman & Chase-Lansdale).

Financial Well-Being

Just as the previous section alluded to, the families most likely to encounter circumstances that lead to grandparents raising their grandchildren are those with low incomes (Park, 2006). Park documented that the poverty rate is higher among grandparent-headed households, and 19% of all grandparent-headed households live in poverty. Even if a grandparent is not struggling financially prior to taking on a grandchild, custodial grandparents face increased economic strain because caring for a

child is costly, and grandparents are at or quickly approaching the age in which their income may be decreased due to their retirement (Kelley et al., 2001).

Contributors to Positive Well-Being

Though there are many documented disadvantages and negative effects on well-being for custodial grandparents, it is important to note that many positive aspects of custodial grandparenting have been found. First, caring for grandchildren can be a rewarding experience, and many grandparents enjoy a closer relationship with their grandchild, a second chance at parenting, a chance to maintain the family's well-being, companionship, and enhanced feelings of self-worth (Hayslip & Kaminski, 2005; Szinovacz, DeViney, & Atkinson, 1999). Sands et al. (2005) noted that some grandparents may perceive their caregiving role as an enriching chance to give back, which is consistent with Erikson's notion of generativity.

Besides the positive feelings some grandparents felt toward becoming a parent again, researchers have found a variety of factors that relate to higher levels of positive well-being. For example, life satisfaction has an effect on well-being, and factors such as being married, having a higher education, and the presence of dependent children in the home help promote grandparents' life satisfaction (Sands et al., 2005). Further, the same study by Sands et al. revealed that internal resources (i.e., informal social supports) and external resources (i.e., counseling services and financial support) help grandparents manage their lives and experience greater levels of well-being and life satisfaction.

Finally, although the issue of grandparents raising grandchildren has been represented as common for females, there have been important findings related to grandmothers and grandfathers alike (Reitzes & Mutran, 2004; Szinovacz et al., 1999).

One such finding involves the ideas of identity development and generativity. Reitzes and Mutran maintained that all grandparents face issues with identity, such as generativity and ego integrity, and grandparenting may help enhance the well-being of aging adults by helping them work through psychosocial issues. Further, Reitzes and Mutran asserted that the interrelatedness of the parent and grandparent roles suggests that the experiences of grandparenthood are tied to those of parenthood, and those overlapping meanings have an effect on well-being because many grandparents associate positive feelings with the parenting role. Szinovacz et al. found specific positive effects of raising grandchildren on grandfathers' well-being. Specifically, the study found that though grandfathers may not become as closely involved in the care of grandchildren as grandmothers, they do derive some benefits, including companionship and a new focus in life (Szinovacz et al.)

Diversity Among Grandparents Raising Grandchildren

It is easy to assume that the term diversity only encompasses ethnicity or race. However, this is not the case, especially among grandparents raising grandchildren. Diversity refers not only to race and ethnicity (of which there are literally thousands), but also to geography, gender, lifestyle, family structure, experience, social class, economic circumstance, ability, education, age, and health. With this in mind, it is also important to point out that the literature regarding diversity among grandparents raising grandchildren focuses mostly on race and ethnicity (Burnette, 1999a, 1999b; Goodman & Silverstein, 2005; Minkler & Fuller-Thomson, 2005; Pruchno & McKenney, 2002). Specifically, African American, Latino, American Indian/Alaskan Native (AI/AN), and Caucasian/White grandparent-headed households have received the most focus. However, because the primary independent variable in this study is ethnicity rather than

one of the other many kinds of diversity, this review will focus only on diversity among these ethnicities.

Before discussing the many differences among relative caregivers, it is important to point out that there are similarities within the group. Grandparents raising grandchildren are found in urban, suburban, and rural regions and are made up of families from a variety of ethnicities and economic statuses (Burnette, 1999a; Edwards & Mumford, 2005). Park (2006) found that grandparents in skipped generation families, or those in which the grandparent is the sole caregiver of a grandchild and the child's parent(s) is not present, tend to be older and are less likely to have completed high school, less likely to have never been married, and less likely to have incomes greater than \$10,000. Additionally, single grandmothers raising grandchildren are the most disadvantaged, as they are more likely to have failing health and live in poverty (Park), which is in line with Bachman and Chase-Lansdale's (2005) finding that economic hardship varies by family structure.

Despite these similarities among relative caregivers, several differences have been noted. When comparing grandparent-headed families, it is important to consider that the prevalence of grandparents raising grandchildren is similar in AI/AN and African American communities, slightly lower in Hispanic communities, and much lower in white communities (Fuller-Thompson & Minkler, 2005). This is in agreement with the earlier assertion that minority grandparents are more likely than those from Caucasian families to care for grandchildren. Further, African Americans and Latinos tend to emphasize the importance of the family as a continuous entity and have greater expectations for intergenerational assistance (Hayslip & Kaminski, 2005). Culture and

ethnicity have important influences on the custodial grandparenting role. Goodman and Silverstein (2002) asserted that “the incidence of grandparents who are raising their grandchildren varies by...ethnic groups, suggesting culturally relevant pathways to caregiving roles, shaped by different family composition and values and unique role expectations regarding grandparenting” (p. 677). This notion is important to keep in mind when comparing African American, Latino, AI/AN, and Caucasian families.

African American Families

African American families face several unique challenges. First, African Americans are more likely to live with peers, to be raised in multigenerational families, and to receive formal services and support (Hayslip & Kaminski, 2005). For African American custodial grandparents, the reasons for becoming a caregiver are more likely due to teenage pregnancy or unemployment than any other (Hayslip & Kaminski), although several other factors have contributed to the prevalence of grandparent-headed African American households. For example, some have asserted that higher rates of grandparents raising grandchildren in African American families is reflective of an increase in female incarceration, as well as the long-lived cultural traditions of family survival and extensive grandparent involvement in children’s lives (Goodman & Silverstein, 2002; Minkler & Fuller-Thomson, 2005). Additionally, single caregivers are found more often in African American families (Park, 2006), and African American custodial grandparents tend to be young, female, less educated, living in poverty, from nonurban areas, and report higher rates of receiving public assistance (Minkler & Fuller-Thomson).

In terms of well-being, several unique factors contribute to increased overall well-being among African American grandparent caregivers. As indicated previously, family structure can have an effect on well-being. Connected family triads (where bonds between grandchild, parent, and grandparent are all close) are common in African American families (Goodman, 2003). This means that the relationship between the grandparent and his/her adult child is not necessarily disconnected, thus reducing tension and stress, which has a positive effect on well-being. Also, religious involvement was found to be an important coping mechanism for African American grandparent caregivers (Bachman & Chase-Lansdale, 2005), which suggests these grandparents have a support system that helps them to effectively maintain positive social and emotional well-being. Further, Pruchno and McKenney (2002) stated that “the caregiving role has greater centrality for Black grandmothers, suggesting that this role is more important in the lives of Black grandmothers” (p. 450). This suggests that well-being may be bolstered by positive feelings of worth and importance. Finally, it is important to note that, like in other ethnicities, marital status, employment, education, and age are related to well-being for African American grandparents (Sands et al., 2005).

Latino Families

Latino grandparent-headed families also have unique characteristics. In particular, findings with regard to Latino families have a distinct focus on family structure and service utilization. However, Burnette (1999b) noted that, as with other cultural groups, poverty is prevalent for Latino grandparents, partly because of low levels of education and language barriers.

For Latino grandparents raising grandchildren, family structure plays an important role in their experiences as a caregiver. This is particularly evident in the finding that, although there are inherent stresses, grandparent caregiving for Latinos is often positive and is in part tied to the concept of familism, or high family unity and involvement, which is prevalent in Latino culture (Burnette, 1999b; Goodman & Silverstein, 2002, 2005). Consistent with this finding, the structure of Latino families is somewhat unique in that grandparenting and caring for relatives is considered a positive, common experience. Most noticeably, coparenting is regularly practiced in Latino families, where grandparents help raise grandchildren in conjunction with support and assistance from other family members or the grandchild's parent (Goodman & Silverstein, 2002, 2005; Hayslip & Kaminski, 2005). Also, parent-linked (where the parent mediates the link between the grandchild and grandparent) and isolated grandparent (where the main relational link is between the grandchild and his/her parent and the grandparent is rather uninvolved) relational triads are more common in Latino families (Goodman, 2003), which further supports the ideas of coparenting and familism.

In addition to family structure, studies on Latino families have also focused on service utilization. Burnette (1999b) found that Latinos tend to underutilize services and entitlements aimed to help alleviate poverty because they are often unaware of them. Besides lack of knowledge, the most common other barriers to service utilization for Latinos included economic and cultural issues (Goodman & Silverstein, 2005). Also, it is important to note that Latino grandparents raising grandchildren, immigrants, and families are especially vulnerable to certain policies and legislation, especially those that affect monitoring of pooled resources (Burnette). This suggests that certain cultural

factors and experiences (e.g., immigration) may mediate the use of social services and supports for this population.

Finally, some research has briefly discussed grandparent well-being in Latino families. In particular, parental presence (coparenting), better health, and higher income are linked to higher levels of well-being among Latina grandmothers raising grandchildren (Goodman & Silverstein, 2005). Similar to custodial grandparents in general, protective factors for the social and financial challenges faced by immigrant Latino grandmothers include being married and coparenting (Goodman & Silverstein). Also consistent with other grandparent-headed households, the major factors that contributed to health risks for Latino grandparents raising grandchildren are poverty, age, gender, ethnicity, language barriers, immigration issues, and acculturation (Burnette, 1999b). Finally, while being bilingual does not provide Latino grandparents with a mental health advantage (Goodman & Silverstein), informal support networks are important to Latino elders, and perceptions of inadequate support contribute to psychological distress for this population (Burnette).

American Indian/Alaskan Native Families

There are over 550 federally recognized AI/AN tribes, each with their own unique history, society, traditions, experiences, culture, and norms (Fuller-Thomson & Minkler, 2005). The sheer number of tribes has had an enormous impact on the diverse experiences of AI/AN grandparents raising grandchildren. Fuller-Thomson and Minkler profiled these custodial grandparents and found that, they are more likely to be female, to live in poverty, to not have completed high school, to be out of the labor force, to live in overcrowded homes, to live on an Indian reservation, to report sole AI/AN ethnicity, to

be unable to communicate in English, and to report more functional limitations than grandparents of other ethnicities; AI/AN grandparents are only less likely to be widowed or divorced than grandparents of other ethnicities.

Clearly, these families experience great disadvantage. However, grandparents play an important role in socialization and caregiving for grandchildren in many different tribes. Thus, AI/AN grandparents report immense satisfaction in raising their grandchildren; nevertheless, there are still negative outcomes, such as financial, emotional, and physical disabilities. In addition to these negative outcomes, AI/AN families and communities have been especially influenced by historical circumstances, forced relocation, forced acculturation, and discrimination. These injustices have had an effect on both the reasons AI/AN grandparents take on the caregiving role and the frequency of service utilization for these families (Fuller-Thompson & Minkler, 2005).

AI/AN families tend to be geographically isolated. This has influenced the reasons these grandparents become caregivers, because aside from high instances of adult mortality, substance abuse, and female incarceration, employment outside of the reservation also contributes to AI/AN custodial grandparenting. Further, geographic isolation limits resources and services for these families. To help address the isolation and social injustices AI/AN families have encountered, laws such as the Indian Child Welfare Act have been enacted, which gives preference to culturally similar caregivers (and extended family) when children are removed from the home. Such laws have helped AI/AN families by providing special services, but they also have contributed to custodial grandparenting because grandparents are preferred caregivers under the law (Fuller-Thompson & Minkler, 2005).

Caucasian/White Families

While few studies have focused exclusively on Caucasian/White families, important findings have been obtained in studies that compared this group with other ethnicities. For Caucasian/White grandparents, the reasons for taking on caregiving are more influenced by the grandparent's perception of family dysfunction (Hayslip & Kaminski, 2005). Further, White grandparents consistently report more caregiving burden, particularly when contrasted with African American grandparents (Sands et al., 2005). These findings are somewhat different than those for any other ethnic group discussed in this review.

In terms of family structure, the findings for Caucasian/White families are also somewhat unique. Isolated parent triads (where the main relational link is between the grandchild and the grandparent and the parent is rather uninvolved) are more common in White families (Goodman, 2003). This suggests a greater disruption in the relationship between the grandparent and their child (grandchild's parent). Supporting this notion, Pruchno and McKenney (2002) noted that family dynamics play an important role in understanding the experiences of white caregiving grandmothers, as the grandparent-adult child relationship tends to be more conflictual in these families than in families of other ethnicities.

Service Utilization and Awareness

Another important aspect surrounding the issue of grandparents raising grandchildren, and one that is central to this investigation is service utilization and awareness. The adequacy of support for grandparents raising grandchildren has been questioned, and grandparents have often been excluded from the process of service

planning (Gibson, 2002; Park, 2006). Edwards and Mumford (2005) asserted that many of the policies surrounding social supports and services are not created with the grandparent caregiver in mind. Further, Brandon (2005) noted that many variables, including education, poverty, ethnicity, employment, and household size influence the probability that a child/family will receive welfare benefits. Because of the many factors involved, the child welfare system has come under scrutiny, and the barriers to service utilization have been investigated.

Many governmental support systems have been examined in empirical studies to help understand the ways in which they do or do not help grandparent caregivers. One major dilemma these caregivers face is that government services and supports for grandparents raising grandchildren varies from state to state, as do entry points to services, timeliness of service receipt, regulations, guidelines, eligibility requirements, and exemptions (Gibson, 2002; Landry-Meyer, 1999; Park, 2006). This is not only confusing, but it also can result in complicated access to services. Further, complicated and inflexible regulations are not sensitive to custodial grandparents' needs.

Grandparents' needs are found to be role-related rather than age-related; some needs and service utilization patterns have been linked to developmental stage and chronological age, not just cumulative disadvantage (Burnette, 1999a; Landry-Meyer). For example, certain regulations, like those that require recipients to work, are found to be impractical for grandparents because their age may make them less competitive in the workforce, and many face issues regarding their physical health that prohibit them from working (Park).

Along the same lines, certain regulations may prohibit custodial grandparents from receiving services they need because grandparents do not have access to specific

information such as what services are available or eligibility requirements. As such, biological parents play an important role in service utilization, as many policies and regulations treat relatives as if they are biological parents, when in fact relative caregivers do not always have the same access to pertinent information and required documents (such as birth certificates) as biological parents do (Gibson, 2002). Thus, because the parent is missing in skipped generation households, these families have a lower probability of receiving welfare benefits (Park, 2006).

Though some difficulties exist, custodial grandparents also indicate they receive some services and supports. The main sources of support for these grandparents are assistance and grants through the welfare system (e.g., TANF) and payments for foster care through the child welfare system (Park, 2006). In Park's nationally representative sample, the most common income support received by grandmother-headed households are food stamps, cash welfare benefits, and SSI, while only 4% of the participants receive foster care payments. Even still, the support received by most grandparents is not sufficient. Single grandmother caregivers are the most likely to have an income lower than the poverty level and are the most likely to report receiving income support; this means that targeted income assistance may help decrease, but does not always eliminate, the poverty gap for grandparent-headed families (Park).

Another source of assistance for custodial grandparents can be found through foster care payments, which are part of the child welfare system. An advantage to such assistance is that foster care payments and subsidies, which include financial, clothing, and medical assistance for each child, are greater than welfare benefits, which tend to be dependent on the ages and number of children for which the grandparent provides care

(Glass & Huneycutt, 2002; Park, 2006). Though foster care payments provide more services than welfare benefits, grandparents are only eligible for foster care payments if they relinquish custody of the child to the state or if the child has been court-ordered into the grandparents' home (Park). Thus, becoming foster parents is not always a viable option for grandparents because the licensing standards are often difficult for grandparents to meet, and states are not required to help grandparents qualify for or overcome obstacles to begin the program (Burnette, 1997; Park).

There are several criticisms of the foster care assistance/child welfare system. Park (2006) argues that the child welfare system causes state-sanctioned poverty and exacerbates the economic strain of familial caregivers because the children are placed into family members' homes without giving family members sufficient support. Other options, such as adoption, are not practical either. Under current adoption laws, grandparents are treated as strangers and biological ties to the grandchild's parents have to be severed; this means that grandparents have to testify against their own child, which produces more stress and often violates cultural norms (Burnette, 1997; Landry-Meyer, 1999).

Aside from the aforementioned complications with regulations and policies, other barriers to service utilization have also been investigated. Hayslip and Kaminski (2005) found that custodial grandparents report difficulty in acquiring at least one of the services they need. Barriers to service utilization include lack of childcare, lack of information about programs, lack of time to attend, fears of being misunderstood, and social workers' attitudes (Gibson, 2002; Hayslip & Kaminski).

Lack of knowledge is a major barrier to service utilization, particularly for minorities. Burnette (1999a) asserted that knowledge of services is a strong predictor of service utilization, and among minorities, knowledge tends to be greater in high-density ethnic areas, though language barriers tend to interfere with awareness. Thus, minorities tend to underutilize services for which they are eligible and need because of a combination of personal, social, cultural, and environmental factors (Burnette). Lack of knowledge has been found in non-minority populations as well. Bachman and Chase-Lansdale (2005) found that grandparents raising grandchildren who are not involved in the child welfare system report significant underutilization of social services. This could be because the child welfare system provides services to those individuals within the system, or because these individuals are monitored more closely and have better connections with workers who can link them with the services they need. Further, agencies that provide services to aging individuals, such as Area Agencies on Aging or the Aging Services Division of DHS, could provide relative caregivers with services they need but are not utilized because many relative caregivers do not believe these services are available to them unless they are “old”, as there is a stigma with regard to the term ‘aging.’

Another significant barrier to service utilization is insensitivity on behalf of social agencies, policies, and workers. For some grandparents, seeking assistance from welfare is embarrassing and humiliating, especially if the social service agency is insensitive to the needs of the grandparent (Glass & Huneycutt, 2002). Grandparents report being treated harshly by social service workers, and they describe feeling like second-class citizens (Gibson, 2002; Glass & Huneycutt), which demonstrates the insensitivity with

which they have been treated while trying to utilize necessary services. Gibson noted that “...clients, especially those who are culturally different, are excellent readers of subtle negative attitudes” (p. 67). Further, various insensitivities to cultural norms and beliefs as well as language barriers, differences in parenting, poverty, poor legislation, Eurocentric assessment tools, and discriminative philosophies all are linked with underutilization of services (Gibson). Thus, Gibson plainly noted, “the lack of attention to cultural norms results in unused available services” (p.57).

Policy Recommendations

Many researchers investigating the topic of grandparents raising grandchildren have delved into the topic of policy suggestions. The findings regarding diversity coupled with knowledge regarding service utilization results in logical recommendations to help grandparent-headed households. Suggestions include changing policies, providing education for grandparents, and more culturally sensitive practices.

Park (2006) recommended that policies should be changed so that grandparents raising grandchildren are no longer at a disadvantage. She suggested that states should ease the licensing procedures or even change policies that force grandparents to relinquish custody to the state so that relatives can be appropriately supported for foster care. Further, others have suggested that alternatives to adoption, like kinship adoption, should be considered because these adoptions helped recognize the importance of biological family and can help balance the needs of the family and child with the necessity of legal authority for grandparents (Landry-Meyer, 1999). Lastly, it has been suggested that even policy changes aimed at children (e.g., in education), are helpful for grandparents raising grandchildren because they help provide support and sensitivity to

children, which can help them be better adjusted, which makes things easier for the grandparent raising them (Edwards & Mumford, 2005).

Educational interventions have also been suggested as policy and programmatic possibilities. Kelley et al. (2001) indicated that multimodal interventions may be helpful because they can have an impact on mental health, psychological distress, and social support and can also help address any legal or public assistance issues pertinent to grandparents raising grandchildren. Providing education can help make grandparents more aware of what is available to them, and it can also help provide them with the knowledge they need to navigate life as a caregiver again. For example, greater literacy education and English language classes can help diminish unmet needs in ethnic populations (Burnette, 1999b). Also, Hayslip and Kaminski (2005) indicated that such educational endeavors such as training in parenting skills can be met with resistance because grandparents may feel that such training implies they are not adequate in parenting their grandchild's parent. Thus, even when providing education, helpers must remain sensitive to such issues.

Finally, policies and social workers must be sensitive to the needs of the populations with which they work. Several studies (Fuller-Thomson & Minkler, 2005; Minkler & Fuller-Thomson, 2005) provide ample evidence that culture matters in the field of social services. Service providers must be culturally sensitive, educated on the needs of grandparents, and more accessible and willing to advocate on the grandparents' behalf (Gibson, 2002; Hayslip & Kaminski, 2005). Sensitivity and understanding must be important aspects of any policy, support, or assistance, and, as Landry-Meyer (1999)

pointed out, “providing grandparent caregivers with services and support enhances their parental efficacy which strengthens families” (p. 338).

CHAPTER III

METHODS

Sample

The purpose of this study is twofold: 1) to describe the differences between Native American, African American, and White relative caregivers with regard to service utilization and well-being; and 2) to examine predictors of service utilization among the three ethnic groups. The sample for this analysis comes from a sample of 323 relatives raising relative children who reside in the state of Oklahoma. The larger study from which this sample was drawn was funded by the Borchard Foundation Center on Law and Aging and assessed the legal service utilization and policy needs of grandparents raising grandchildren. Participants were from all areas of the state and identified themselves to be from a variety of ethnic backgrounds including African-American, American Indian, Asian, Hispanic, White, or other.

The selection criteria for this study mandated that all individuals were either the primary caregiver for a relative child (i.e., niece, brother, cousin, grandchild, etc.), or had been a primary caregiver for a relative child within the previous six months. Thus, not all individuals in the sample were grandparents raising grandchildren, but all were raising relative children. Any participants who did not respond to the ethnicity question on the survey instrument and those participants who identified themselves to be of an ethnicity other than African American, Native American, or White were excluded from this study.

Thus, the subsample used in this study consisted of 274 individuals: 25 African Americans, 31 Native Americans, and 216 Whites.

Recruitment and Data Collection

Data were collected using surveys made up of five original scales that assessed demographic, service utilization, barriers to service, needs assessment, and well-being variables (see Appendix B). In order to obtain both qualitative and quantitative data, each of the five scales included closed- and open-ended questions. The survey took approximately 30 minutes to complete and was administered both on paper and via phone. Reliability and validity for the instrument sub-scales were determined using Cronbach's alpha. All procedures were approved by Oklahoma State University's Office for Research Compliance (Institutional Review Board).

Participants for this study were recruited in three ways. The recruitment process that yielded the majority of participants was conducted through the Oklahoma Department of Human Services Kinship Foster Parent Program. Cover letters and surveys were distributed to 3,279 foster parents raising relative children; these materials were mailed directly from the DHS resource division office in order to maintain the anonymity of all individuals. Of these letters, 230 were returned as undeliverable. Of the 3,049 surveys remaining, 242 surveys were returned for a 7.9% response rate.

A second recruitment process was conducted through the Oklahoma Social Indicator Survey (OSIS), which is administered each fall by Oklahoma State University's Bureau for Social Research. The OSIS is administered to a random sample of 1,200 Oklahomans via phone; participants who met the criteria for this research based on their responses to the 2005 OSIS were surveyed. This recruitment effort yielded 137 potential

participants, of which 39 completed the entire survey via phone for a response rate of 28.5%, bringing the total number of participants to 278.

A third recruitment effort was conducted during the Oklahoma Grandparents Raising Grandchildren Conference sponsored by the Aging Services Division of the Oklahoma Department of Human Services. This annual conference attracts more than 120 attendees; data collectors for this project were also in attendance. Further, project team members attended support groups across the state to distribute surveys. Overall, 150 surveys were distributed, and these efforts produced 42 completed surveys for a response rate of 28%, bringing the final total of participants in this sample to 323 with a 9.68% overall response rate.

Measures

Service utilization scores were obtained using the original scale Service Utilization Scale. The Service Utilization Scale was divided into three subscales: formal services, informal services, and aging services. These scales included multiple questions which measured participants' dichotomous self-reports of service utilization. Subscale score totals were obtained by adding up the number of "yes" responses in that particular subscale. Totals for each subscale within the overall scale were added together to form an overall service utilization score.

Questions assessing formal service utilization were: "In your role as a grandparent raising a grandchild, have you ever received: TANF support? Kinship foster parent support? Free legal services? Mediation support? Assistance from your local DHS office?" Scores for this subscale range from zero to five with zero indicating that no formal services had been used. Questions assessing informal service utilization were: "In

your role as grandparent raising a grandchild, have you ever received informal support from: Your grandchild's school? Your place of employment? A support group for grandparents raising grandchildren? Family members?" Total scores for the informal service utilization subscale range from zero to four with zero indicating no services had been used. Questions assessing aging service utilization were: "In your role as a grandparent raising a grandchild, have you ever received support from: An Area Agency on Aging? The Aging Services Division of DHS? Respite services?" Scores for this subscale could range from zero to three with zero indicating no services had been used.

Personal well-being scores were obtained using an original four-item scale that measured financial, physical, emotional/psychological, and overall well-being. The scale consists of four questions, each pertaining to a specific aspect of personal well-being. The four questions on the scale were: "How would you rate your financial well-being?" "How would you rate your physical well-being?" "How would you rate your emotional and psychological well-being?" and "How would you rate your overall well-being?" Participants were asked to answer each question using a five-point likert scale. Possible answers could range from one to five; an answer of one represented a rating of "very poor", two represented "poor", three represented "average", four represented "good", and five represented a rating of "very good". Answers for each question were added together to form a total well-being score, and total well-being scores could range from four to 20.

Reliability

To determine reliability of the total well-being scale in the survey instrument, Cronbach's alpha scores were computed. Cronbach's alpha for the total well-being scale was .78. It should be noted that the when financial well-being was removed from the

scale, Cronbach's alpha rose to .826. Cronbach's alpha was not computed for the formal, informal, and aging service utilization scales used in this instrument because the items on the scales were computed using a sum score (the number of services used) rather than information regarding the rate at which services were utilized and did not necessitate computing Cronbach's alpha to determine reliability.

Analysis

All data were entered into SPSS version 14.0. Hypotheses one through three were analyzed using ANOVAs; hypotheses four through six were analyzed using hierarchical multiple regression (see Appendix A).

- 1) African Americans, Native Americans, and Whites informal service utilization scores will differ from one another.
- 2) African Americans, Native Americans, and Whites formal service utilization scores will differ from one another.
- 3) African Americans, Native Americans, and Whites aging service utilization scores will differ from one another.
- 4) Controlling for income, well-being will be predictive of three types of service utilization among African Americans, Native Americans, and Whites.
- 5) Controlling for income, ethnicity will be predictive of three types of service utilization.
- 6) Controlling for income, ethnicity will interact with well-being to predict service utilization among African Americans, Native Americans, and Whites.

CHAPTER IV

RESULTS

The results in this chapter address the two research questions in this study:

- 1) How do African Americans, Native Americans, and Whites differ on service utilization measures?
- 2) How does ethnicity interact with well-being to predict service utilization?

The specific hypotheses tested in this study were:

- 1) African Americans, Native Americans, and Whites informal service utilization scores will differ from one another.
- 2) African Americans, Native Americans, and Whites formal service utilization scores will differ from one another.
- 3) African Americans, Native Americans, and Whites aging service utilization scores will differ from one another.
- 4) Controlling for income, well-being will be predictive of three types of service utilization among African Americans, Native Americans, and Whites.
- 5) Controlling for income, ethnicity will be predictive of three types of service utilization.
- 6) Controlling for income, ethnicity will interact with well-being to predict service utilization among African Americans, Native Americans, and Whites.

The subsample used in this study consisted of 274 individuals: 25 African Americans, 31 Native Americans, and 216 Whites. The three ethnicities represented in the sample for this study were selected for several reasons. First, there is ample

information in the literature regarding the differences between African American and White families and caregivers, and including these two groups helps to add to this discussion. Second, the inclusion of Native Americans allows a relatively unrepresented group in the literature to be examined and acknowledged. Finally, the composition of this sample will allow for comparisons to be made not only between majority and minority groups (i.e. African Americans and Whites) but also between two distinct minority groups (i.e., African Americans and Native Americans).

Individuals were categorized into one of the three ethnic groups represented in the sample based on self identification. Participants were asked “How would you describe yourself?” and were instructed to choose an ethnic category from a list of six ethnic categories; participants were given room to write any clarifications or qualifications to their choice as they saw fit. This self-classification procedure resulted in 25 self-identified African Americans, 216 Whites, and 31 Native Americans. Based on narrative description of themselves, five individuals identified who themselves to be ‘white/other’ indicated they were at least one-half Native American. As such, of the 31 Native Americans included in this study, 26 identified themselves as Native American and an additional five described themselves to be at least half Native American. Although participants were not asked about their ‘card’ status (i.e., whether or not they are recognized by tribal and/or governments as a Native American/American Indian), several participants voluntarily revealed that they were not card-carrying members of a tribe.

Demographically, there were notable similarities and differences among the three ethnic groups (see Tables 1 and 2). The mean age for all three groups was between 51-53 years. Approximately 88% of participants in each ethnic group were female. Also,

household size averaged approximately four people per family for African Americans, Native Americans, and Whites. Despite these similarities, differences among the groups were found. In terms of household income, African Americans reported the least amount of monthly income (\$2164.25 per month), while Native Americans and Whites reported much higher monthly incomes (\$3079.93 and \$3476.98 respectively), though Whites reported the highest monthly income of all the groups. T-test analyses were run to examine differences between each of the group pairs. African American and Native American income levels were found not to be significant ($t = 1.63$; $p = .109$) as with Native American and White income levels ($t = -.622$; $p = .535$). However, the difference in mean income between African Americans and Whites was statistically significant ($t = -2.349$, $p = .02$). In terms of relationship status, a higher percentage (74.2%) of Native Americans were married than any other group, with African Americans reporting the lowest percentage of married individuals (40%) of any of the groups. More African Americans reported being divorced (32%, compared to 22.6% of Native Americans and 18.2% of Whites) and never married (8%, compared to 0% of Native Americans and 3.2% of Whites), while African Americans and Whites were much more likely than Native Americans to be widowed (12.6%, compared to 12% of African Americans and 3.2% of Native Americans).

Table 1
Participant Age, Income, and Household Size

	African American			Native American			White		
	Mean	Range	SD	Mean	Range	SD	Mean	Range	SD
Age	52.33	29-66	8.32	51.45	28-70	10.14	53.44	23-82	10.34
Income	2,164.25	435 to 7,807	1834.48	3,079.93	0 to 8,333	2010.44	3315.44	0 to 15,000	2162.21
HHold Size	4.12	2-9	1.72	4.65	2-15	2.7	4.15	2-15	1.52

Table 2
Participant Gender and Relationship Status

	African American		Native American		White		χ^2
	N	%	N	%	N	%	
Gender							
Male	3	12	4	12.9	26	12	
Female	22	88	27	87.1	190	88	
Relationship Status**							
Married/Remarried	10	40	23	74.2	145	65.4	29.041
Never Married	2	8	0	0	7	3.2	
Divorced/Separated	8	32	7	22.6	41	18.5	
Widowed	3	12	1	3.2	28	12.6	
Other	1	4	0	0	1	.5	

** $p < .01$

Statistical Procedures

One-Way Analysis of Variance (ANOVA)

ANOVA is a statistical procedure used to determine differences in group means. In this study, three ANOVAs were run to explore descriptive differences between the three ethnic groups on three types of service utilization (informal, formal, and aging). These descriptive analyses allow for the identification of differences, while the multiple regression analyses examine predictors.

ANOVA was used to test the first three hypotheses in this study (Table 3). There were statistically significant differences between the three groups for formal service utilization ($F = 3.421, p < .05$). The mean scores for formal service utilization were highest for African Americans ($M = 2.17$). Whites had the next highest mean score for service utilization ($M = 1.80$), while Native Americans had the lowest mean scores for

formal service utilization ($M = 1.38$). Furthermore, the Native American versus African American contrast revealed that Native Americans used significantly less formal services ($t = 2.475$, $p < .05$) and an equal amount of informal and aging services. T-tests for informal and aging services revealed that Native Americans and African Americans were not statically significantly different.

There were no statistically significant differences between the three ethnicities for informal or aging service utilization. For informal service utilization, the mean scores for Native Americans, African Americans, and Whites were very similar ($M = 1.14$, $M = 1.29$, and $M = 1.12$, respectively). Further, mean scores for Native Americans, African Americans, and Whites were quite similar for aging service utilization ($M = .13$, $M = .04$, and $M = .05$, respectively). Finally, there were no statistically significant differences in well-being scores among the three ethnicities, though African Americans reported the highest well-being ($M = 14.88$), while Whites reported the next highest scores ($M = 14.30$) and Native Americans reported the lowest well-being of the three groups ($M = 14.23$).

Table 3
Analysis of Variance for Service Utilization Differences Between Groups

	M	SD	df	F	p
Formal Service Utilization	1.79	1.11	232	3.421*	.034
Informal Service Utilization	1.14	.97	243	.281	.756
Aging Service Utilization	.062	.241	258	1.401	.248
Well-Being Scores	14.35	2.53	262	.620	.539

* $p < .05$

Multiple Regression Analysis

Multiple regression was used to determine the relationship between several independent predictor variables and a dependent variable. In this study, in order to use a categorical variable as a predictor, ethnicity was dummy coded, with 'White' used as a reference category. In this study, Whites were used as the reference group because, based on the ideas of feminist frameworks, white people are the most privileged ethnic group in American society. Further, policies, procedures, and other societal structures in the United States are developed for and by White individuals/families, based on research with these groups. Thus, Whites are the logical and appropriate reference group in this study. This allows for comparisons between Whites and African Americans, Whites and Native Americans, and African Americans and Native Americans.

As described in Cohen, Cohen, West, and Aiken (2003), when assigning numbers for dummy coding, Whites (the reference group) were always coded as "0", while each of the two comparison groups was coded as "1" when that particular group was the one being compared to the reference group and "0" when the other group was the one being compared to the reference group. For example, when Native Americans were the comparison group, Native American was coded as "1", and African Americans and Whites were coded as "0". In order to compare African Americans and Native Americans, Whites were selected out and the regression analyses were rerun using this subsample. Therefore, for the "African Americans versus Native Americans" comparison, African Americans were coded as "1", Native Americans were coded as "0", and the interaction vector was removed from the third block of the analyses as it was redundant.

Since utilization scores were computed as a sum score and cases with missing data were addressed in the following way. In the event that a participant did not respond to one question for formal and informal service utilization scores, the participant's mean score for that type service was computed and used in place of that missing value. If a participant did not respond to two or more questions on the scale, their responses were excluded from the analyses.

Multiple regression analyses were used to examine hypotheses four through six (Table 4). With regard to hypothesis four, regression analyses revealed that well-being alone was not a statistically significant predictor of service utilization for any of the three types of services (formal, informal, and aging). For hypothesis five, though the ethnicity block did not predict informal or aging service utilization significantly, the 'Native American versus others' contrast did predict the utilization of formal services ($p = .025$). Native Americans used fewer formal services than everyone else, even with income controlled. However, ethnicity was not predictive of formal, informal, or aging service utilization for the "White versus African American" contrast. With regard to hypothesis six, the interaction of ethnicity and well-being did not significantly predict formal, informal, or aging service utilization. However, the interaction of the "Native Americans versus others" contrast with well-being approached significance ($p = .080$) for aging service utilization.

Table 4

Hierarchical Regression Predicting Formal Service Utilization

Outcome	Model Summary			Coefficients ^a			
	<i>R</i> ²	df	<i>p</i>	β	B	SE	<i>p</i>
Formal Service Utilization	.02	1, 231	.055				
Income					.126	.000	.055
Block 2	.03	3, 228	.052				
Well-being score (centered)				.042	.094	.03	.16
Native Americans (dummy coded)				.504	.147	.224	.025
African Americans (dummy coded)				-.237	-.059	.264	.372
Block 3	.003	2, 226	.772				
African American interaction vector				-.073	-.041	.127	.566
Native American interaction vector				.045	.035	.091	.617

^a β is the standardized and B is the non-standardized regression coefficient. SE is the standard error of B.

CHAPTER V

DISCUSSION

The purpose of this study was twofold: 1) to describe the differences between Native American, African American, and White relative caregivers with regard to service utilization and well-being; and 2) to examine predictors of service utilization among the three ethnic groups. The results of this study provided evidence that ethnicity plays a role in the experiences of relative caregivers. Rather than examining only one ethnic group, this study examined three: Native Americans, African Americans, and Whites. This sample was unique in that the inclusion of Native Americans allowed for characteristics of a relatively unrepresented group in the literature (as noted by Fuller-Thomson & Minkler, 2005) to be examined and acknowledged. Further, the composition of this sample allowed for comparisons to be made not only between majority and minority groups (i.e. African Americans and Whites) but also between two distinct minority groups (i.e., African Americans and Native Americans). Finally, this study focused on three different types of services (formal, informal, and aging), which allowed for the examination of ethnic differences in service utilization in not only the amount but also the type of services.

Demographic Differences

The sample in this study was unique in that, demographically, the sample was quite similar in terms of age, gender, and household size regardless of ethnicity. Consistent with the feminist assumption that women are historical caregivers and

domestic work, private labor, and care for dependents is disproportionately the work of women (Boss & Thorne, 1989; McGoldrick, 1989; Walker, 1992), the participants in this sample were predominately female. Though women were not intended to be the primary focus of this study, the characteristics of this sample meant that the majority of the participants examined were female.

Feminist and feminist gerontology notions that individuals of different ages, races, ethnicities, and class have varied experiences, attitudes, values, and choices (Calasanti, 2004; Osmond & Thorne, 1993) are supported in this study, as different ethnicities were found to have differences in characteristics such as income and relationship status. Though the differences in average monthly income between African Americans and Native Americans were not found to be statistically significant (likely due to sample size), the difference in average income between the two has practical significance. Native Americans reported making \$915.68 (or 33%) more than African Americans, which is a meaningful amount of money in terms of one's ability to provide for his/her family. Also, Native Americans were more likely to report being married, while African Americans were the least likely of all the groups to be married and also were more likely to report being divorced or never married.

In this sample, the Native American and White individuals were homogenous on many variables, while African American caregivers reported greater disadvantage. This finding is interesting, as one would expect the three ethnicities to be very different from one another based on information found in the literature (Fuller-Thomson & Minkler, 2005; Hayslip & Kaminski, 2005). The disparities found among African Americans and Native Americans in this study differ from Fuller-Thomson and Minkler's assertion that

Native American relative caregivers were more likely to be living in poverty than other minority groups. Rather, in the current study, African Americans reported the greatest economic disadvantage, while Native Americans and Whites tended to have similar income levels. However, these data did support the ideas that Native Americans were less likely to be widowed or divorced and more likely to have a larger household size (Fuller-Thomson & Minkler) and that African American relative caregivers were more likely to be single (Park, 2006).

The similarities between Native Americans and Whites in this sample could be attributed to several factors. First, the participants were all residents of the state of Oklahoma, which has a much higher percentage of Native Americans than the national average per state - 8.1% and 1%, respectively (US Census Bureau, 2005). In fact, in Oklahoma, the percentage of the population that is Native American (8.1%) is higher than the percentage of African Americans (7.7%) (US Census Bureau). This means that, although research documents that many Native Americans tend to be geographically isolated and lack access to services (Fuller-Thomson & Minkler, 2005), this may not be the case in Oklahoma as the state of Oklahoma has, since its beginning as Indian Territory, been a state with a large population of Native Americans. Thus, though the state is made up of many small, rural, somewhat isolated towns, it is not uncommon for Native Americans to be well integrated into communities across the state, and most Native Americans are no more isolated than a person of any other ethnicity. Further, Native Americans in this study may have had greater access to services since Oklahoma is a small state and tribal and state governments in Oklahoma may be better equipped

than those in other states where historical injustices (such as forced removal, relocation, and acculturation) are not such a prevalent part of the state's history.

Well-Being

Sands et al. (2005) noted that perception of stress is a critical factor in determining well-being, and stress has been found to be higher in the young old (Bachman & Chase-Landsdale, 2005). It should be noted, however, that the mean age of participants in this study ranged from 51 to 53 years of age, which is younger than what is typically classified as 'young old'. Since the perception of stress is related to well-being and Burnette (1999b) suggested that the perception of stress may be culturally or ethnically mediated, one would expect to see differences in well-being scores in this sample. In particular, other studies have shown that caregiving burden differs among ethnicities, as African Americans are more likely to have higher expectations for intergenerational assistance and derive satisfaction from giving care (Hayslip & Kaminski, 2005), while Whites report more caregiving burden (Sands et al., 2005). This would lead one to believe that, for whites, a greater perception of burden would relate to increased stress, which should translate to lower well-being scores than a person who does not find their duties to be so burdensome. However, this idea was not supported in this study, as the three ethnic groups examined here did not differ significantly on measures of well-being. In fact, the mean scores for African Americans, Native Americans, and Whites were very similar.

However, results of this study indicated a trend towards significance for the interaction of well-being and ethnicity to predict aging service utilization, particularly for Native Americans. This supports Kim's (2001) idea that ethnicity and experience (in this

study, well-being is arguably at least indirectly a measure of experiences) are interconnected—separately, the two variables did not predict the outcome variable, but the interaction of the two produced a prediction that approached statistical significance. It is important to make note of this trend toward significance since it was found specifically with regard for Native Americans and the literature reflects so few findings for this population.

In this study, well-being was not a predictor of service utilization, though Sands et al. (2005) maintain that informal social supports and formal services help grandparents experience higher levels of well-being. Thus, an important direction for future research would be to explore the pathways through which service utilization predicts well-being for people of different ethnicities. Future research on this topic would have important implications for caregivers and their children alike.

Service Utilization Patterns

Brandon (2005) noted that poverty, ethnicity, and household size influence the likelihood that a family will receive welfare benefits. In this study, income was controlled for in order to help assess the true influence of ethnicity on service utilization. Formal services were the only service for which ethnicity helped predict utilization, which suggests that ethnicity does at least in some way play a role in utilization patterns. The fact that ethnicity predicted formal service utilization and not informal or aging service utilization helps support the idea that the main sources of assistance for custodial grandparents are supports gained through the welfare system, such as TANF and foster care payments (Park, 2006).

However, it is interesting to note that utilization of aging services was very low among this sample (means ranged from .04 to .13, which indicates almost no use of aging services), and some studies have found that needs and service utilization patterns have been linked to developmental stage and chronological age, not just cumulative disadvantage (Burnette, 1999a; Landry-Meyer, 1999). This finding suggests that aging services might be especially helpful for relative caregivers since aging services are specifically for older adults, and relative caregivers and grandparents raising grandchildren tend to fall in this age group. However, in this study, aging services were rarely used. This sample consisted of individuals, who, while relatively young (mean age 51-53 years), do qualify for aging services, which are so named because they are provided through agencies that are state and/or federally funded to assist with improving quality of life for older adults. For example, in Oklahoma, services such as legal aid and grandparents raising grandchildren support groups are provided through the Oklahoma Department of Human Services, Aging Services Division. However, many adults who could benefit from such services may not consider themselves to be 'old' or 'aging', and thus may not realize they qualify for services through that division.

Another interesting finding in this study is that African Americans reported the highest mean scores for formal service utilization, while Native Americans reported the lowest. Burnette (1999a) asserts that minorities tend to under utilize services for which they are eligible because of a combination of personal, cultural, and environmental factors. However, Hayslip and Kaminski (2005) maintain that African Americans are more likely than other minorities to receive formal services and support. The findings in this study support the findings in the literature, as Native Americans reported lower

service utilization scores on the measures assessed in this study. However, it is important to note that Native Americans may qualify for other tribal services not listed in this survey, so their service utilization scores (and benefits) may be higher than this study indicates (at least in the state of Oklahoma).

Limitations

Several limitations to this study should be noted. First, it is recognized that the sample used in this study was gathered using mostly opportunity or purposive sampling—only 11% of the total sample was randomly selected. Also, it is important to note that the Native Americans included in this study did not necessarily have cards that officially identified them as members of a tribe. It is essential, at least for this study, not to assume that identifying oneself as Native American means that the individual is recognized by a tribal or federal government as such.

Several limitations to the survey instrument also exist. First, since the survey instrument is new, it has not been tested with multiple samples and is thus not cross-validated. Also, the questions in the survey were phrased with the words “Have you ever....” (e.g., “Have you ever received support from family members?” rather than with the words “How much...” (e.g., “How much support do you receive from family members?”). This phrasing could make a difference in the service utilization scores reported. For example, it is quite likely that, at some point during their time as a caregiver, all participants received help from their friends or family members. What is not assessed here is how much or how often help was received—a factor that may in some way be predicted or moderated by ethnicity.

In addition, the use of this survey instrument assumes that respondents were proficient and literate in the English language (except those surveyed via phone), as the survey was not offered in other languages. Also, the data regarding services received are not based on a formal analysis of the services each participant received. Answers were based on self-report with the assumption that participants know and understand where their services come from and can correctly identify these sources, and this is not always the case. For example, a participant may have answered that he/she does not receive any legal services but does receive support through a support group, when in fact a legal consultant has addressed the support group.

Implications and Directions for Future Research

The findings of this study have implications for researchers and practitioners alike. In a country where ethnic diversity is increasingly prevalent, the finding that differences exist between ethnic groups with regard to service utilization is especially important. It is essential to recognize that a variety of methods for referral to various services (or, at the very least, ways of articulating information regarding available services) are important to consider when working with people from different ethnic backgrounds. This ensures that individuals and families are at least aware of the services for which they need and qualify. The fact that this study was conducted in Oklahoma, which is a unique state both demographically and geographically, demonstrates the need to recognize the differences among diverse groups of people in order to understand service utilization and awareness patterns. Future research should continue to sort out the differences of people in different regions and localities so that policies and procedures are made to better serve all people, rather than just the majority or privileged.

Future work in the area of assessing the service needs of relative caregivers should also pay close attention to the survey instruments used in assessing data, particularly with regard to ascertaining information regarding financial and psychological well-being. In this study, self-reported financial well-being was the least reliable of the four items on the well-being scale; if it had been removed from the scale, Cronbach's alpha would have increased from .780 to .826. In the future, research should separate financial well-being from psychological and social measures of well-being. Researchers and practitioners alike should not be quick to assume that having a low income means an individual will have low psychological well-being (or, for that matter, that a higher income means an individual has high levels of psychological well-being). In this study, the group with the lowest reported income (African Americans) actually reported the highest mean scores on well-being.

Future work on relative caregivers should also continue to sort out the differences between specific ethnic groups, as it is important to understand not only the differences between Whites and minorities, but also the differences among minority groups themselves. This study shows that differences do exist among ethnic groups with regard to service utilization, and it is important for future research to further explore these differences among larger samples that are geographically and ethnically diverse. This study did not assess several issues that may be helpful in adding to existing knowledge or supporting/refuting findings in the literature regarding ethnic differences. Such issues include reasons for becoming a caregiver, difficulties (or lack thereof) in obtaining services, and spirituality and/or religion as a type of informal support or contributor to well-being. Exploring variables such as these will continue to add to what is known

regarding the resources, services, and supports that are important to the various groups in our society.

Finally, more work should be done especially with samples that include minority populations that have been excluded from or are altogether absent in other studies. Future research should include Native Americans, especially research regarding relative caregivers, since the literature is so lacking in this specific area. Further, because the findings of this study are specific to Oklahoma, which has a unique population of Native Americans, more studies should be done to determine the differences among similar groups in various regions (e.g., Native Americans in the eastern United States vs. Native Americans in Oklahoma) to help determine service utilization patterns and identify barriers to utilization.

CONCLUSION

Relative caregivers are a diverse group who face a variety of different circumstances based on, among other things, their ethnicity and culture. The diversity of this group makes it difficult to discern the complexities in understanding their service needs and utilization patterns. However, understanding these intricacies is imperative in order to better reach and serve children and families. This study examined three ethnic groups, and the composition of the sample allowed for comparisons to be made not only between majority and minority groups, but also between two distinct minority groups. Further, this study focused on three different types of services, which allowed for the examination of ethnic differences in service utilization patterns in not only the amount but also the type of services.

This study determined that ethnicity does account for some of the differences

found in service utilization patterns of relatives raising relative children. Specifically, this study found that African Americans were more likely to utilize formal services than were Native Americans or Whites. Further, ethnicity was found to predict the utilization of formal services for Native Americans, though it did not predict service utilization for African Americans or Whites. Also, there was a trend towards significance for the interaction of well-being and ethnicity to predict aging service utilization for Native Americans but not for any other group. In a country where ethnic diversity is increasingly prevalent, it is essential to continue to recognize the differences that exist among ethnic groups, not only with regard to service utilization, but with all other aspects of family life; doing so will allow researchers and practitioners to better serve all individuals and families.

References

- Bachman, H. J., & Chase-Lansdale, P. L. (2005). Custodial grandmothers' physical, mental, and economic well-being: Comparisons of primary caregivers from low-income neighborhoods. *Family Relations*, 54, 475-487.
- Boss, P. G., & Thorne, B. (1989). Family sociology and family therapy: A feminist linkage. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 78-96). New York: W. W. Norton & Company.
- Brandon, P. D. (2005). Welfare receipt among children living with grandparents. *Population Research and Policy Review*, 24, 411-429.
- Burnette, D. (1999a). Custodial grandparents in Latino families: Patterns of service use and predictors of unmet needs. *Social Work*, 44, 22-34.
- Burnette, D. (1999b). Physical and emotional well-being of custodial grandparents in Latino families. *American Journal of Orthopsychiatry*, 69, 305-318.
- Burnette, D. (1997). Grandparents raising grandchildren in the inner city. *Families in Society*, 78, 489-499.
- Calasanti, T. (2004). Feminist gerontology and old men. *The Journals of Gerontology*, 59B, 6, 305-314.
- Cohen, J., Cohen, P., West, S.G., & Aiken, L.S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd Ed.). London: Lawrence Erlbaum Associates.
- De Reus, L. A., Few, A. L., & Blume, L. B. (2005). Multicultural and critical race feminisms: Theorizing families in the third wave. In V. L. Bengtson, A. C. Acock,

- K. R. Allen, P. Dilworth-Anderson, & D. M. Klein (Eds.), *Sourcebook of Family Theory & Research* (pp. 447-468). London: Sage Publications.
- Edwards, O. W., & Mumford, V. E. (2005). Children raised by grandparents: Implications for social policy. *International Journal of Sociology and Social Policy*, 25, 18-30.
- Fuller-Thomson, E., & Minkler, M. (2005). American Indian/Alaskan Native grandparents raising grandchildren: Findings from the Census 2000 Supplemental Survey. *Social Work*, 50, 131-139.
- Gibson, P. (2002). Barriers, lessons learned, and helpful hints: Grandmother caregivers talk about service utilization. *Journal of Gerontological Social Work*, 39(4), 55-74.
- Glass, J. C., & Huneycutt, T. L. (2002). Grandparents raising grandchildren: The courts, custody, and educational implications. *Educational Gerontology*, 28, 237-251.
- Goodman, C. C. (2003). Intergenerational triads in grandparent-headed families. *The Journals of Gerontology*, 58B, 281-289.
- Goodman, C. C., & Silverstein, M. (2005). Latina grandmothers raising grandchildren: Acculturation and psychological well-being. *International Journal of Aging and Human Development*, 60, 305-316.
- Goodman, C. C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist*, 42, 676-689.
- Hardy, K. V. (1993). Implications for practice with ethnic minority families. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.),

- Sourcebook of family theories and methods: A contextual approach*. New York: Plenum Press.
- Hayslip, B., Jr., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist*, 45, 262-269.
- Ingoldsby, B. B., Smith, S. R., & Miller, J. E. (2004). *Exploring family theories*. Los Angeles: Roxbury.
- Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare*, 80, 27-50.
- Kim, L. M. (2001). "I was (so) busy fighting racism that I didn't even know I was being oppressed as a woman!": Challenges, changes, and empowerment in teaching about women of color. *NWSA Journal*, 13, 98.
- Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for grandparent caregivers. *Family Relations*, 48, 381-889.
- McGoldrick, M. (1989). Women through the family life cycle. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 200-226). New York: W. W. Norton & Company.
- Minkler, M., & Fuller-Thomson, E. (2005). African American grandparents raising grandchildren: A national study using the Census 2000 American Community Survey. *The Journals of Gerontology*, 60B, 82-92.
- Osmond, M. W., & Thorne, B. (1993). Feminist theories: The social construction of gender in families and society. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R.

- Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 591-623). New York: Plenum Press.
- Park, H. H. (2006). The economic well-being of households headed by a grandmother as caregiver. *The Social Service Review*, 80, 264-295.
- Pruchno, R. A., & McKenney, D. (2002). Psychological well-being of Black and White grandmothers raising grandchildren: Examination of a two-factor model. *The Journals of Gerontology*, 57B, 444-452.
- Ray, R. E. (1996). A postmodern perspective on feminist gerontology. *The Gerontologist*, 36, 674-680.
- Reitzes, D. C., & Mutran, E. J. (2004). Grandparent identity, intergenerational family identity, and well-being. *The Journals of Gerontology*, 59B, 213-219.
- Sands, R. G., Goldberg-Glen, R., & Thornton, P. L. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. *Journal of Gerontological Social Work*, 45(4), 65-82.
- Szinovacz, M. E., DeViney, S., & Atkinson, M. P. (1999). Effects of surrogate parenting on grandparents' well-being. *The Journals of Gerontology*, 54B, 376-388.
- US Census Bureau. (2005). State and country quickfacts: Oklahoma. Retrieved May 13, 2007 from <http://quickfacts.census.gov/qfd/states/40000.html>.
- Walker, A. J. (1992). Conceptual perspectives on gender and family caregiving. In J. W. Dwyer, & R. T. Coward (Eds.), *Gender, families and elder care* (pp. 34-46). Newbury Park, CA.

APPENDIX A: Research Question and Hypothesis Table

Research Question	Hypothesis	Variable	Statistical Test
How do African Americans, Native Americans, and Whites differ on service utilization measures?	African Americans, Native Americans, and Whites informal service utilization scores will differ from one another.	IV-Race (AA, NA, W) DV-Informal Service Utilization	ANOVA
	African Americans, Native Americans, and Whites formal service utilization scores will differ from one another.	IV-Race (AA, NA, W) DV-Formal Service Utilization	ANOVA
	African Americans, Native Americans, and Whites aging service utilization scores will differ from one another.	IV-Race (AA, NA, W) DV-Aging Service Utilization	ANOVA
How does ethnicity interact with well-being to predict service utilization?	Controlling for income, well-being will be predictive of three types of service utilization among African Americans, Native Americans, and Whites.	IV-Well-being (1-item) Ethnicity DV-Informal Service Utilization Formal Service Utilization Aging Service Utilization	Hierarchical Multiple Regression
	Controlling for income, ethnicity will be predictive of three types of service utilization.	IV-Well-being (1-item) Ethnicity DV-Informal Service Utilization Formal Service Utilization Aging Service Utilization	Hierarchical Multiple Regression
	Controlling for income, ethnicity will interact with well-being to predict service utilization among African Americans, Native Americans, and Whites.	IV-Well-being (1-item) Ethnicity DV-Informal Service Utilization Formal Service Utilization Aging Service Utilization	Hierarchical Multiple Regression

Demographic Scale

Are you male or female?

☐ Male ☐ Female

Are you 60 or older?

☐ Yes ☐ No

What age will you be on your next birthday? _____

How many people reside in your home currently? _____

What is your relationship to them? What are their ages?

Relationship	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your relationship status?

- ☐ Married
☐ Remarried
☐ Never Married
☐ Divorced / Separated
☐ Widowed
☐ Other: _____

How would you describe yourself?

- ☐ African-American
☐ American Indian
☐ Asian
☐ Hispanic
☐ White / Non-Hispanic
☐ Other: _____

How would you describe your living arrangements?

- ☐ I own my own home
- ☐ I live in a home owned by someone else
- ☐ I rent my own home
- ☐ I rent an apartment
- ☐ I live in a retirement community
- ☐ Other, please describe _____

Have you ever had difficulty accommodating your grandchild, based on your living arrangements?

- ☐ Yes ☐ No

If yes, why?

How many hours did you work last week? _____ (if 0, skip next question)

Are you a salaried, hourly, or volunteer employee?

- ☐ salaried
- ☐ hourly
- ☐ volunteer

What is your total monthly, household income (including all incomes)?
\$ _____

Do you have health insurance?

- ☐ Yes ☐ No

If yes, does it cover the grandchild(ren) you are raising?

- ☐ Yes ☐ No

Service Utilization Scale

In your role as a grandparent raising a grandchild, have you ever received:

TANF support

- ☐ Yes ☐ No

If yes, what type of support did you receive? _____

Kinship foster parent support

- ☐ Yes ☐ No

If yes, what type of support did you receive? _____

Free legal services

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Mediation support (where a mediator helped you discuss difficult issues with members of your family)

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Assistance from your local DHS office?

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Other – please specify

How did you learn about these services?

In your role as a grandparent raising a grandchild, have you ever received informal or formal support from:

your grandchild's school

☐ Yes ☐ No

If yes, what type of support did you receive? _____

your place of employment

☐ Yes ☐ No

If yes, what type of support did you receive? _____

a support group for grandparents raising grandchildren

☐ Yes ☐ No

If yes, what type of support did you receive? _____

an Area Agency on Aging

☐ Yes ☐ No

If yes, what type of support did you receive? _____

the Aging Services Division of DHS

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Respite services

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Family members

☐ Yes ☐ No

If yes, what type of support did you receive? _____

Other – please specify _____

How did you learn about these services?

Barriers to Services Scale

Are you aware that as a grandparent raising a grandchild you may qualify for:

TANF support?

☐ Yes ☐ No

kinship foster parent support?

☐ Yes ☐ No

free legal services?

☐ Yes ☐ No

low or no-cost mediation (to help you discuss difficult issues with members of your family)?

☐ Yes ☐ No

other services through an Area Agency on Aging?

☐ Yes ☐ No

other services through Aging Services Division of DHS?

☐ Yes ☐ No

other services through your local DHS office?

☐ Yes ☐ No

free or reduced prescription drugs?

☐ Yes ☐ No

**How likely is it that you:
could hire a private attorney?**

1	2	3	4	5
Very Unlikely	Unlikely	Neither	Likely	Very Likely

**would consider mediation to assist in discussions between you and your
grandchild's parents?**

1	2	3	4	5
Very Unlikely	Unlikely	Neither	Likely	Very Likely

would attend a meeting with other grandparents raising grandchildren?

1	2	3	4	5
Very Unlikely	Unlikely	Neither	Likely	Very Likely

would attend kinship foster parent meetings?

1	2	3	4	5
Very Unlikely	Unlikely	Neither	Likely	Very Likely

**would personally advocate for a state or federal law that funded
additional needed resources for GRG?**

1	2	3	4	5
Very Unlikely	Unlikely	Neither	Likely	Very Likely

**As a grandparent raising a grandchild, what has been difficult about
getting resources to help you in parenting again?**

What has been difficult in getting resources for your grandchild?

While accessing services, what has gone well? What has gone poorly?

Have you ever been denied services that you requested as a grandparent raising a grandchild?

☐ Yes ☐ No

If yes, why were you denied these services?

Do you currently have any legal relationship to your grandchild?

☐ Yes ☐ No

If yes, what is that relationship?

- ☐ legal guardian
- ☐ agent under a power of attorney granted by the child's mother or father;
- ☐ custodian under an order of custody granted by a court
- ☐ other, please describe

If no, have you ever considered pursuing a legal relationship with your grandchild? Why or why not?

Have you been denied any services specifically because you lacked a legal relationship with your grandchild?

☐ Yes ☐ No

If yes, what were the circumstances?

Needs Assessment Scale

If you could have assistance with any aspect of raising your grandchild, what would it be? (you may choose more than one)

- ☐ Financial support
- ☐ Legal support
- ☐ Emotional support
- ☐ Child care support
- ☐ Other _____

As a grandparent raising a grandchild, if you were to attend a program that covers issues of today's youth, what areas would you be most interested in learning about? (you may choose more than one)

- ☐ Peer pressure
- ☐ Identification of drug use /Access
- ☐ Adjustments related to family stress
- ☐ Plans for the future / college / post-high school plans
- ☐ Other _____

If you could create a law, what would it include?

Personal Well-Being Scale

How would you rate your financial well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would you rate your physical well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would you rate your emotional and psychological well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would you rate your overall well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How has raising your grandchild affected your overall well-being?

Think about the adult with whom you spend the most time...what is your relationship to this person (they are my ...)? _____

How would the above listed person rate your financial well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would the above listed person rate your physical well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would the above listed person rate your emotional and psychological well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would the above listed person rate your overall well-being?

1	2	3	4	5
Very Poor	Poor	Average	Good	Very Good

How would the above listed person say that raising your grandchild has affected your well-being?

Thank you for your time!

VITA

Sarah Ruth Ruoff

Candidate for the Degree of

Master of Science

Thesis: SERVICE UTILIZATION AND AWARENESS AMONG RELATIVE
CAREGIVERS: AN EXAMINATION OF ETHNIC DIFFERENCES

Major Field: Human Development and Family Science, Developmental and Family
Science

Biographical:

Personal Data: Born June 12, 1983 in Oklahoma City, OK, the daughter of Curtis and Cindy Wilkey; sister to Blaine Wilkey; married to Charles Ruoff on October 24, 2006

Education: Graduate of Coyle High School, Coyle, OK in May 2001; received Bachelor of Science and Honors College degrees from Oklahoma State University in Human Environmental Sciences with a major in Human Development and Family Science in May 2005; completed the requirements for the Master of Science degree at Oklahoma State University with a major in Human Development and Family Science, emphasis in Developmental and Family Science and Gerontology, in July 2007.

Experience: Employed as Residence Director for Community Development and Marketing, Oklahoma State University Family Resource Center, 2005-present; Volunteer for Stillwater United Way Mobile Meals, 2005-present; Research Assistant, Oklahoma State University Department of Human Development and Family Science, 2006-2007; Youth and Family Programs Intern, Oklahoma State University Family Resource Center, 2005.

Professional Memberships: National Council on Family Relations, Gerontological Society of America, Association of College and University Housing Officers International, Phi Kappa Phi Honor Society, Kappa Omicron Nu Honor Society, Golden Key Honor Society, National Society for Collegiate Scholars

ABSTRACT

Name: Sarah Ruth Ruoff

Date of Degree: July, 2007

Institution: Oklahoma State University

Location: Stillwater, Oklahoma

Title of Study: SERVICE UTILIZATION AND AWARENESS AMONG RELATIVE
CAREGIVERS: AN EXAMINATION OF ETHNIC DIFFERENCES

Pages in Study: 72

Candidate for the Degree of Master of Science

Major Field: Human Development and Family Science, Developmental and Family
Science

Scope and Method of Study: The purpose of this study was to describe differences between Native American, African American, and White caregivers raising relative children. Specifically, service utilization and well-being variables were examined through mean comparisons and multiple regression analyses. Participants included 274 Oklahomans who were primary caregivers to a relative child or had been within the past six months. Data were collected using surveys consisting of five original scales that assessed demographic, service utilization, barriers to service, needs assessment, and well-being variables.

Findings and Conclusions: This study determined that ethnicity accounts for some differences found in service utilization patterns of relatives raising relative children. Specifically, African Americans were more likely to utilize formal services than Native Americans or Whites. Further, ethnicity predicted the formal service utilization for Native Americans but did not predict service utilization for African Americans or Whites. Finally, descriptive analyses revealed that the demographics of White and Native American participants were very similar.

ADVISER'S APPROVAL: Whitney Brosi, Ph.D.
