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Demographic Profile, Geographic Distribution, Disability Prevalence, and Likelihood of being In-Poverty amongst Grandparents Responsible for Grandchildren

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Research Brief

Demographic Profile, Geographic Distribution, Disability Prevalence, and Likelihood of being in Poverty amongst Grandparents Responsible for Grandchildren

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Abstract

Evidence-based research on Grandparents Responsible for Grandchildren (GRfG) continues to grow in recent decades. This brief report expands global knowledge on custodial grandparents by making use of a large data resource in the United States (US). The specific aim was to delineate the demographic profile, geographic distribution, and prevalence of specific-disabilities for the GRFG population in the US mainland. We also explore how demographic factors are associated with likelihood of being in-poverty. The analysis used data from the 2009-2013 American Community Survey (ACS) 5-year Public Use Microdata Sample (PUMS) file. The ACS is a nationally representative, yearly, statistical survey administered by the US Census Bureau and is the premier source for detailed information about the U.S. population. The 141,270 actual units in the microdata are estimated to represent about 2,704,327 GRfGs. Population-weighted estimates detail the GRfG population and population-weighted multivariable logistic regressions indicate all race-ethnic GRfG minorities were at greater risk for being in-poverty when compared to Non-Hispanic-White GRfGs. Investigations should continue to paint the population profile of GRfGs using large-scale data sources to better understand the needs of custodial grandparents.

Keywords: grandparents; inequality; disability; race; Mexican; ACS; PUMS; PUMA;

Introduction

Developing evidence-based knowledge on custodial grandparents is important to understand the needs and conditions of the population. The importance of Grandparents Responsible for Grandchildren (GRfG) increased when the Adoption Assistance and Child Welfare Act of 1980 was enacted, and later extended under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Under these policies, GRfGs were made a desirable option for the placement of children needing alternative care. Since then, investigations on grandparents who care for their grandchildren have grown (Byers, 2010; Cross et al., 2010; Goodman & Silverstein, 2002; Keene, Prokos, & Held, 2012; Lipscomb, 2005; Minkler & Fuller-Thomson 2005; Mutchler & Baker, 2004; Mutchler, Baker, & Lee, 2007; Strom & Strom, 1993; Weibel-Orlando, 1997). Our analysis contributes to this body of literature by presenting the demographic profile, geographic distribution, disability prevalence, and likelihood of being in poverty among grandparents responsible for grandchildren. The novelty of the present study is that it uses data from the largest survey on GRfG to delineate the characteristic of this important population.

Investigating the characteristics of GRfGs is important because although rewards from caring for grandchildren may be present (Fuller-Thompson, Serbinski, & McCormack, 2014), grandparents face some barriers in caring for grandchildren (Crowther, Ford, & Peterson, 2014). This is why research continues to investigate (and find) race-ethnic differential in health consequences in grandparents caring for grandchildren (Chen, Mair, Bao, & Yang, 2014). For example, a previous publication presented

information on GRfG by focusing on adults aged 21 and above who reported being responsible for grandchild(dren) for less than 6 months (Siordia, 2014). The analysis concluded race-ethnic minority GRfGs seem to be economically and socially vulnerable than Non-Latino-Whites. Providing detailed information on the GRfGs has the potential to inform policy makers on how best to provide them with assistance.

The current analysis expands on previous work by delineating characteristics of the GRfG population. In this report, GRfGs are those who report caring for grandchild(dren) for any amount of time. The specific aim of this research brief was to present the demographic profile, geographic distribution, and prevalence of disability amongst GRfGs within the U.S. mainland. We complement the descriptive analysis by exploring how the likelihood of being in poverty varies by demographic characteristics among GRfGs. Achieving the specific aim and complementary analysis will provide researchers, practitioners, and policy makers additional information on the GRfG population from an important data source.

Methods

Data & Sample

Information on GRfGs was obtained from Public Use Microdata Sample (PUMS) 5-year (2009-2013) files from the American Community Survey (ACS). The ACS is a nationally representative, yearly, statistical survey administered by the U.S. Census Bureau and is the premier source for detailed information about the U.S. population (Siordia, 2016a). Data from the ACS plays a key role in helping inform the allocation of federal funds aimed at helping GRfGs (Reamer, 2010; Siordia, 2014). The ACS sample is nationally representative, randomly selected, large, and representative of all segments within the US population (Siordia, 2015a; 2015b).

Details on the collection of ACS data are available on the Internet. The use of this secondary and de-identified data source does not require Internal Review Board approval. Data on GRfGs from the ACS is not only unique because of its large scale and quality, it is also valuable as it helps evaluate programs and policy formation capable of affecting the financial and social well-being of custodial grandparents (Siordia, 2014). The ACS uses scientific sampling methodologies to collect information via mail, phone, Internet, and in-person. The ACS collects data on language, labor force participation, educational attainment, marital histories, and other characteristics. GRfGs are people with a "yes" response to the following question: "Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?"

Limitations with survey questions have been discussed before (Siordia, 2014). For example, the phrase "responsible for most basic needs" is ambiguous enough to allow for considerable differences between respondents as each is allowed to self-define the meaning of "responsible" and "basic needs" (Mutchler & Baker, 2004). Our analysis only included GRfGs age > 21 who reside in the contiguous U.S. The 141,270 actual units in the microdata are estimated to represent about 2,704,327 GRfGs. Our tables only provide "population weighted" estimates stratified by race-ethnic groups.

Measures

GRfGs are divided into the following racial-ethnic groups: Non-Hispanic-White (NHW: the racial-ethnic majority group in the US); Non-Hispanic-Black (NHB); Non-Hispanic-Others (NHO); Hispanics of Mexican-origin (MEX); and Non-Mexican Hispanics (NMH). The race-ethnic categories followed prescribed categorization schemes (Siordia, 2016a). Previous research has found the

percentage of GRfGs varies sharply by race and Hispanic origin (Simmons & Dye, 2003). NHWs are the reference group in regression models for race-ethnic comparisons.

Demographic variables included poverty, sex, nativity, educational attainment, marital status, age, and time caring for grandchild(ren). We identified prevalence for the following six disabilities: independent living= because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?; ambulatory= does this person have serious difficulty walking or climbing stairs?; self-care= does this person have difficulty dressing or bathing?; cognitive= because of a physical, mental, or emotional conditions, does this person have serious difficulty concentrating, remembering, or making decisions?; hearing=is this person deaf or does he/she have serious difficulty hearing?; vision=is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Disability in the ACS is discussed at length elsewhere (Siordia, 2015c; 2015d; 2016b). We used nine geographic divisions created by the US federal government. Geographic divisions are shown in Figure 1.

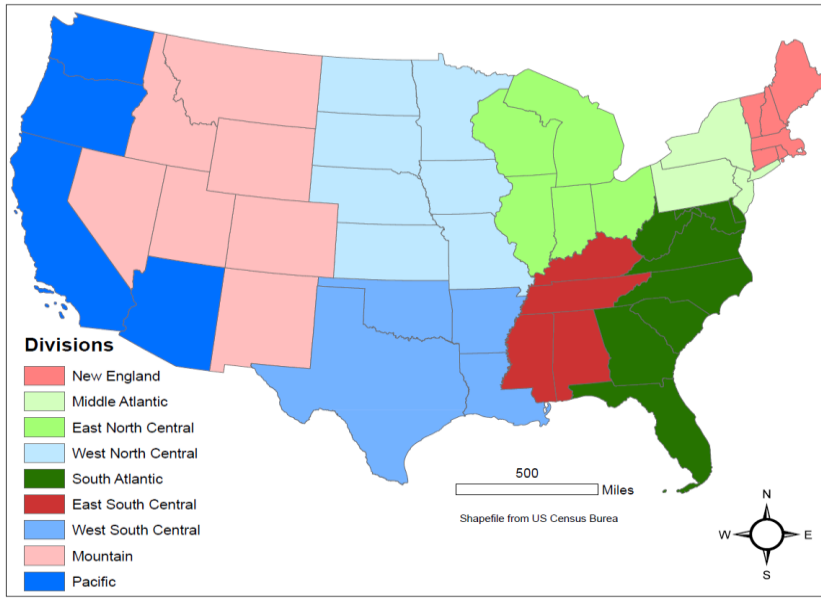

Figure 1. Federal government geographic divisions

We measured poverty by using the Income-to-Poverty Ratio (IPR) variable in the data to assign GRfGs as being "in poverty" if they had an IPR<100. IPRs range from 0 to 500 and provide a simple measure of economic vulnerability. The inflation-adjusted but non-geographically varying poverty measure is created by the U.S. federal government. For example, in 2013, a family of three that included a child under 18 would have been under the poverty threshold if the family reported a yearly income < $18,222. We explored how various demographic factors explained between-people differences in likelihood of being in poverty.

Analytical Approach

The main goal was to provide a demographic profile, the geographic distribution, and prevalence of disability amongst GRfG. It is complemented by exploring how

demographic factors are associated with the likelihood of being in poverty. Because we aimed to make our results generalizable to all GRfGs age > 21 residing within the U.S. mainland during the 2009-2013 ACS survey period, we only provided population-weighted estimates. We only used the PWGTP variable to weight estimates and conduct multivariable logistic regressions using SURVEYLOGISTICS procedures in SAS® 9.3. The PWGTP variable is a person weight in data used for generating population-weighted statistics. The SURVEYLOGISTICS procedure fits a linear logistic regression model for categorical variables by the method of maximum likelihood.

Results

From the 2,704,327 GRfGs, approximately 52% are NHW. Poverty was most prevalent amongst NHBs at 31% (Table 1)—where the majority (72%) of GRfGs are female and native born (92%). The lowest levels of educational attainment are amongst MEX. We found only 19% of MEX have at least some college or beyond. About three-fourths of MEX and NHW GRfGs are married. About two-thirds of GRfGs are age > 51. Caring for grandchildren for more than five years is most prevalent amongst all race-ethnic groups. For example, 42% NHB GRfGs report being responsible for their grandchild(ren) five or more years. Approximately three-fourths of GRfGs are not disabled. For those who report a disability, difficulties with ambulatory tasks are the most prevalent across all groups (Table 1).

Table 1.
Demographic and Health Characteristics Stratified by Race/Ethnicity Group

	Non-Hispanic			Hispanic	
	White[1]	**Black**[2]	**Other**[3]	**Mexican**[4]	**Other**[5]
Demographics					
In-poverty	15%	31%	22%	28%	27%
Female	59%	72%	65%	59%	66%
Native	97%	92%	51%	39%	46%
≥ Some college	45%	43%	45%	19%	29%
Married	73%	48%	66%	73%	59%
Age ≤ 40	4%	6%	4%	9%	6%
Age 41-50	23%	26%	19%	32%	30%
Age ≥ 51	73%	67%	77%	58%	64%
Time with Grandchild					
≤ 6 months	11%	9%	12%	12%	11%
6 to 11 months	11%	10%	10%	11%	10%
1 to 2 years	24%	22%	23%	26%	24%
3 to 4 years	17%	16%	17%	17%	18%
≥ 5 years	37%	42%	38%	35%	37%
Disability					
Not disabled	75%	73%	75%	82%	78%
Self-care	4%	6%	4%	3%	3%
Independent-living	4%	6%	6%	3%	4%
Ambulatory	10%	11%	8%	7%	8%
Cognitive	2%	2%	2%	1%	2%
Hearing	4%	1%	3%	2%	2%
Vision	1%	2%	2%	2%	2%
Geographic Division					
New England	4%	2%	3%	0%	8%
Middle Atlantic	9%	12%	12%	1%	31%
East North Central	17%	14%	7%	6%	5%
West North Central	7%	3%	7%	2%	1%
South Atlantic	22%	35%	13%	4%	24%
East South Central	12%	13%	3%	1%	1%
West South Central	14%	16%	12%	35%	9%
Mountain	7%	2%	15%	14%	8%
Pacific	10%	5%	29%	36%	14%

For example, 12% of NHB and 10% of NHW GRfGs report having serious difficulty walking or climbing stairs. GRfGs report the least amount of difficulties with being blind or having serious difficulty seeing even when wearing glasses. The South Atlantic geographic division has the largest concentration of NHB (35%) and NHW (22%) GRfGs. MEX (36%) and NHO (29%). GRfGs are most concentrated in the Pacific division and NMH (31%) GRfGs in the Middle Atlantic geographic division.

The fully-adjusted population-weighted multivariable logistic regression (Table 2) revealed all race-ethnic minority statuses are associated with a greater likelihood of being in poverty when compared to NHW GRfGs. For example, NHB GRfGs were found to be 79%

Table 2
Logistic Regressions Predicting Likelihood of Being in Poverty

	OR[1]	**LCL**[2]	**UCL**[3]		**OR**	**LCL**	**UCL**	
Non-Hispanic-White	1.00	Ref	Ref		1.00	Ref	Ref	
Non-Hispanic-Black	2.42	2.33	2.52	*	1.79	1.72	1.87	*
Hispanic Mexican	2.09	1.99	2.19	*	1.86	1.75	1.97	*
Hispanic Non-Mexican	2.01	1.87	2.16	*	1.54	1.42	1.68	*
Non-Hispanic-Other	1.50	1.40	1.61	*	1.47	1.36	1.59	*
Female					0.81	0.78	0.84	*
Age					1.03	1.03	1.03	*
Married					0.30	0.29	0.31	*
$\geq$ Some college					0.44	0.42	0.46	*
Disabled					2.28	2.19	2.37	*
Native					1.01	0.95	1.07	

* $p \leq 0.001$
[1] Odds ratio= e^{β};
[2] 95% Wald lower confidence limit; [3] 95% Wald upper confidence limit

more likely to be in poverty relative to NHW GRfGs after adjusting for age, sex, marital status, educational attainment, disability, and nativity status.

Discussion

This research brief presented a profile on the GRfG population within the U.S. mainland and explored how demographic characteristics were associated with the likelihood of being in poverty. GRfGs are an increasingly common familial configuration in the United States (Henderson & Bailey, 2015). Because policies affect GRfG's financial well-being (Siordia, 2016c), public health researchers should continue to consider them an understudied population (Baugh, Taylor, & Bates, 2016). Other research studies have suggested how evidence-based parenting interventions can be modified to include grandparents (Kirby, 2015). However, interventions should also consider the needs of GRfGs and how they use both formal and informal networks in identifying resources (Guastaferro, Guastferro, & Stuart, 2015). Future research efforts should continue to use large-scale and policy relevant data to study GRfGs.

Author's Note: Dr. Carlos Siordia completed and submitted the manuscript while employed at the University of Pittsburgh. He is currently a federal employee at the Substance Abuse and Mental Health Services Administration (SAMHSA) in Rockville, MD.

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