GRANDPARENTS AND RACE/ETHNICITY

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◼ Introduction

The unprecedented demographic changes in the United States during the last century, due primarily to increased longevity and low fertility rates, had profound implications for family relations, in particular for grandparent involvement with grandchildren. Grandparenting emerged as a salient family support structure and the grandparent role not only survived, but also became vital for many grandchildren in need of care. Researchers have examined the profile and characteristics of grandparents with particular emphasis on intergenerational relations and the quality of grandparent–parent–grandchild relationships (Hayslip & Kaminski, 2005; Szinovacz, 1998). Furthermore, several proposed conceptual models address intergenerational family relations, grandparents' stress and parenting practices, and the grandparents' influence on developmental outcomes and problem behaviors of their grandchildren (Goodman & Silverstein, 2002). From the beginning, most of the literature on intergenerational relations and grandparenting identified several determinants of the quality of such relations as well as outcomes for both grandparents and grandchildren (Hayslip, Fruhauf, & Dolbin-MacNab, 2017). Not surprisingly among the most studied social determinants, researchers focused on structural conditions (race, socioeconomic status, education, living arrangements, etc.) and cultural contexts (ethnicity, religious beliefs, personal and normative expectations, stereotypes about family, etc.).

This chapter reviews the main theoretical perspectives and specific causal models proposed to address important determinants of quality of life, psychosocial outcomes, and well-being among minority and ethnic grandparents. It also examines the empirical evidence in support of such models, and it provides recommendations for training and research-based supportive programs. Since previous research indicates that demographic factors such as gender, race, ethnicity, and socioeconomic status are significant determinants of becoming custodial grandparents, it is important to clarify variations in grandparent–grandchild relations to expand our understanding

of the mechanisms that shape child/parent/grandparent outcomes. In this chapter, we provide a brief summary on the demographic impact and trends regarding grandparents in the United States, review the current knowledge and available evidence associated with grandparent practices and values among grandparents of diverse racial and ethnic backgrounds, and encourage future research regarding multigenerational relations, grandparenting, and the development of culturally tailored interventions. We pay serious attention to the role of culture on the experience of grandparenthood and the provision of care to grandchildren. Many researchers refer to culture as an independent factor that helps to describe practices and meanings provided by grandparenting experiences among families from a diverse racial and ethnic background. However, we consider culture as the specific medium where the meanings and practices of relationships and interactions among grandparents, their adult children, and grandchildren develop at a particular place and time (Packer & Cole, 2015). We consider grandparenting to be a developmental transition where cultural practices are part of the larger sociocultural ecological system.

◼ Demographic Trends Among Minority and Ethnic Grandparent Families in the United States

Grandparents have always played an important role in families, but the past century has seen a marked change in the individual characteristics of grandparents living in the United States. Recent trends in life expectancy, single-parent families, female employment, policy, economic factors, and demographic and sociocultural shifts have changed the grandparenting landscape and portrait of what grandparents in the United States look like today (Ellis & Simmons, 2014).

Decreased fertility rates and increased longevity have broadened the age ranges of grandparents and time spent occupying grandparent status (Szinovacz, 1998). The average life expectancy today is approximately 78.8 years, which is 30 years longer than the life expectancy of 47 in 1900 (Administration on Aging, 2016). Due to this increased longevity, fewer than 50% of adolescents in 1900 had two or more grandparents alive, whereas the majority of children and adolescents today will have surviving grandparents throughout most of their childhood and 75% will have at least one surviving grandparent by age 30 (Casper & Bianchi, 2002; Uhlenberg, 1996).

Additionally, the birth rate has declined over the past several decades. The dependency ratio in 2010 was 22 people age 65 and older to every 100 people ages 18 to 64, and the ratio is expected to rise to 35 in 2030 and 37 in 2050 (Administration on Aging, 2016). This means that time spent occupying the grandparent role depends not only on the age of the grandparent, but also on the age and birth order of the children and grandchildren. Specifically, the firstborn children of firstborn parents will have surviving grandparents the longest compared to other birth orders (Szinovacz, 1998).

Gender differences in longevity also affect the timing and length of grandparent status in the United States. The average life expectancy for females in the United States is 80.8 years, compared to 75.5 years for males, suggesting that grandchildren will have surviving grandmothers longer than they will have grandfathers (Administration on Aging, 2016). Age differences between spouses also affect the amount of time grandchildren enjoy a surviving grandparent. Large age gaps between spouses have declined since 1900 (Rawlings & Saluter, 1994). As such, maternal grandparents occupied the grandparent role longer compared to paternal grandparents at the beginning of the century (Szinovacz, 1998). The decreased heterogeneity in spousal age suggests that grandchildren today are more likely to have grandmothers and grandfathers as well as maternal and paternal grandparents of similar ages.

In addition to gender, race and ethnic differences also contribute to the length and timing of grandparenthood. Today's older adults tend to become grandparents later in the life course compared to previous cohorts, due to increasing trends in delaying childbearing among couples in the United States (Bengtson, 2001). However, timing of childbearing varies by socioeconomic status and ethnicity. Minorities and individuals occupying a lower socioeconomic status tend to have children at earlier stages in the life course. As a result, Black and Hispanic adults tend to become grandparents at younger ages compared to other ethnic groups (Bertera & Crewe, 2013; Chen, Mair, Bao, & Yang, 2015; Minkler & Fuller-Thomson, 2005).

Race and ethnic disparities also exist in the health and well-being status of grandparents in the United States. Based on data from the Health and Retirement Study (HRS), a longitudinal, nationally representative data set, researcher created a composite measure of health for White non-Hispanic, Black, and Hispanic grandparent participants (Chen et al., 2015), to assess overall frailty. The composite score included measures of chronic illnesses, disabilities in activities of daily living, disabilities in instrumental activities of daily living, depressive symptoms, self-reported health, and obesity. Results revealed that Black grandparents (20.46%) scored highest on the frailty index, followed by Hispanic (19.94%) and White non-Hispanic (15.15%) grandparents. These findings are in line with the overall trend for racial and ethnic minorities to experience greater health problems and higher rates of disability compared to the racial majority (Garcia et al., 2017; Hayward, Crinimins, Milies, & Yang, 2000). In terms of socioeconomic status, White non-Hispanic grandparents reported higher net wealth and more years of education compared to Black and Hispanic grandparents (Chen et al., 2015). White non-Hispanic grandparents were also more likely to have long-term care insurance and currently be receiving a pension compared to Black and Hispanic grandparents. Results from the HRS data set also revealed that White non-Hispanic grandparents were more likely to be married or have a partner compared to Hispanic and Black grandparents. Interestingly, Black grandparents were more likely to have a relative living nearby and interacted with their social network more frequently each compared to White non-Hispanic and Hispanic grandparents. Table 19.1 summarizes demographic and health differences by race/ethnic groups regarding age of grandparent, education, income, insurance, social support, and frailty differences among grandparents.

TABLE 19.1. **Sociodemographic Variables by Race/Ethnicity: Age, Education, Income, and Health Differences Among Grandparents.**

	BLACK (B)	LATINO (L)	WNH
Grandparent age (M, SD)	64.620 (0.261)	64.162 (0.535)	67.508 (0.213)
Education (mean years)	11.541	8.855	12.913
Net wealth (financial wealth divided by 100,000)	0.171	0.163	1.497
Has long-term care insurance (1 = yes, 0 = no)	0.068	0.037	0.130
Frailty index (%)	20.462	19.938	15.146

M, Mean; SD, Standard deviation; WNH, White non-Hispanic.

Differences in sociodemographic characteristics also lead to variability in household makeup, grandparenting responsibilities, and resulting health and well-being outcomes. Due to economic

factors, immigration patterns, and cultural influences, the number of multigenerational house-holds has increased over the past decade, with a majority of these households maintained by grandparents (Ellis & Simmons, 2014). Children living in grandparent-maintained households tend to be younger and are more likely to live in poverty and receive public assistance compared to those living in parent-maintained households or in households without a coresident grandparent.

In addition to socioeconomic differences, the structure of multigenerational households varies by race and ethnicity. Compared to 3% of White non-Hispanic grandparents, 7% of Hispanic grandparents and 6% of Black and Asian grandparents lived with grandchildren in 2012. Of these coresident households, White non-Hispanic and Black grandparents were more likely to maintain the household, with 51% of White non-Hispanic and 21% of Black grandparents living in grandparent-maintained households and 34% of White non-Hispanic, and 15% of Black grand-parents living in parent-maintained households. In contrast, only 23% of Hispanic grandparents lived in grandparent-maintained households, compared to 35% in parent-maintained households. Grandparents living in grandparent-maintained households were also more likely to work and live in poverty compared to those living in parent-maintained households (Ellis & Simmons, 2014).

Recent trends in social policy regarding foster care, unemployment rates, drug and alcohol abuse among parents, and incarceration have further necessitated the role of grandparent care-givers, especially in disadvantaged families (Seltzer & Bianchi, 2013). In 2012, 7.1 million grand-parents, 64% of whom were women, lived with their grandchildren and 39% of these individuals provided primary care for their grandchildren (Ellis & Simmons, 2014). Coresident grandparents who provide primary care for their grandchildren tend to be younger compared to coresident grandparents who do not provide primary care. Specifically, in 2012 47% of grandparents younger than 60 years reported being the primary caregiver, compared to 29% of grandparents 60 years and older.

Though many grandparents occasionally provide care while parents work, the need for grand-parents in the primary caregiver role is increasing and is associated with physical, emotional, and financial strain, all of which can be exasperated by racial discrimination and inequalities (Luo, LaPierrre, Hughes, & Waite, 2012). Compared to Hispanic and Asian coresident grandparents, Black and White non-Hispanic grandparents are more likely to assume primary caregiving duties for their grandchildren (Ellis & Simmons, 2014). These differences are likely due to the ethnic differences in the tradition of multigenerational living (Schwede, Blumberg, & Chan, 2005).

Race and ethnic difference as well as the presence of another adult in the home also impact the likelihood of grandparent caregivers living in poverty (Fuller-Thomson, Minkler, & Driver, 1997; Seccombe, 2000). In 2012, approximately 50% of grandparent-maintained households contained only one grandparent, most often the grandmother (45%) with no parents present. Only 33% of these households contained both grandparents and 30% contained a grandmother and one or both parents. Additionally, Black grandchildren (28%) were more likely to live with a grandparent without a parent present, compared to 24% of White non-Hispanic grandchildren, 12% of His-panic grandchildren, and 3% of Asian grandchildren (Ellis & Simmons, 2014). The likelihood of living in poverty is significantly greater for children living in grandparent-maintained households with only the grandmother present, and for Native American, African American, and Hispanic grandparent caregivers compared to White non-Hispanic or Asian grandparent caregivers.

Although caring for grandchildren can result in increased stress, financial strain, and health problems, it is worth noting that relatively few grandparents providing primary care for their grandchildren report significant declines in health. Interestingly, caring for grandchildren may encourage interactions with social networks and physical activity, which in turn improves health

and well-being outcomes (King, Rejeski, & Buchner, 1998; Pruchno & McKenney, 2002; Rozario, Morrow-Howell, & Hinterlong, 2004).

Racial and ethnic disparities in health and well-being outcomes associated with caring for grandchildren may also reflect the influence of cultural traditions and contextual practices and values of grandparents. For example, White non-Hispanic grandparents of middle to high socioeconomic status tend to provide less physical care and support for grandchildren compared to other racial and ethnic groups. In contrast, Black and Latino grandparents tend to play a more hands-on role in caring for grandchildren. The extensive nature of this care may be accepted as culturally normative (Cherlin & Furstenberg, 1992). The amount and type of care provided to grandchildren can also differentially affect health outcomes by race and ethnicity (Chen et al., 2015). Results from the HRS data set indicated that compared to grandparents who provided minimal care (0–99 hours in the past 2 years), White non-Hispanic and Black grandparents providing moderate (100–499 hours in the past 2 years) and high amounts (500 hours or more in the past 2 years) of care to grandchildren experienced a decrease in frailty (Chen et al., 2015). Interestingly, providing high amounts of care to grandchildren resulted in a decrease in frailty for Hispanic grandparents that was twice as strong as the decrease in frailty for White non-Hispanic grandparents providing the same level of care. Declines in overall health tend to be associated more so with lack of support and living situations (Hughes, Waite, LaPierre, & Luo, 2007).

Providing primary or custodial care is especially difficult for grandparents living in low-income neighborhoods and lacking social and financial support from a spouse or from the grandchild's parents, and these individuals report greater stress and health issues (Bachman & Chase-Lansdale, 2005; Hayslip & Kaminski, 2005). Overall, compared to grandparents who do not reside with or provide primary support for their grandchildren, coresident grandparents tend to have less education, higher rates of poverty, and greater instances of disabilities (Ellis & Simmons, 2014). Racial and ethnic disadvantages further exacerbate these negative effects on health and well-being outcomes.

Significant health and socioeconomic disparities exist between grandparents of racial and ethnic minorities and their majority counterparts. Overall, racial and ethnic minorities experience shorter life spans and greater rates of chronic disease, cognitive impairments, and functional disability compared to older adults of majority racial and ethnic backgrounds (Garcia et al., 2017; Hayward et al., 2000). These disparities are also evident between racial and ethnic minorities who provide primary care to their grandchildren and those who do not. Specifically, Black and Hispanic grandparents who provide primary care tend to have lower education levels, greater functional disabilities, and higher rates of poverty, and are more likely to receive public assistance compared to their noncaregiver counterparts (Luo et al., 2012; Minkler & Fuller-Thomson, 2005).

Additionally, African American, Native American, and White non-Hispanic grandparent caregivers report significantly more health problems and physical limitations compared to Hispanic and Asian grandparent caregivers (Chen et al., 2015; Mutchler, Lee, & Baker, 2002). Significantly, greater instances of poverty and health problems are also prevalent in custodial Black grandparents providing primary care for their grandchildren compared to those who do not provide care (Minkler & Fuller-Thomson, 2005). Researchers also indicate that some of these racial disparities may not be the direct result of caregiving strain, but rather, according to the cumulative advantage/disadvantage perspective, could result from the accumulation of disadvantage minorities tend to experience over the life course (Dannefer, 2003; Ferraro, Shippee, & Schafer, 2009). Table 19.2 summarizes demographic differences by race/ethnic groups regarding

TABLE 19.2. **Sociodemographic Variables by Race/Ethnicity: Risk Factors and Health Disparities Among Grandparents Raising Grandchildren.**

	BLACK (B)	LATINO (L)	WNH
Risk level for low education	Greater risk than WNH	Greater risk than WNH	Less risk than B, L
Likelihood of being the primary caregiver to grandchild	More likely than WNH	Less likely than WNH	More likely than L
% living with grandchildren	6%	7%	3%
% living in grandparent households	21%	23%	51%
% households with no parent present	28%	12%	24%
Comparison of physical limitations	More than L	Less than B, WNH	More than L

Race/Ethnicity B = Compared to B; L = Compared to L; W = Compared to WNH, WNH, White non-Hispanic.

living situations and socioeconomic and health disparities among grandparents providing primary care for grandchildren.

Though grandparents have always played an important role in the lives of their grandchildren, the past several decades have seen a shift in the structure of families and support provided by grandparents. Medical and technological advances have led to an increased life span for both men and women, affording older adults the luxury of greater time spent with their children and grandchildren. Economic shifts, societal and policy changes, and immigration patterns have also contributed to the increasing number of families living in multigenerational households with many of these households maintained by the grandparent(s). The number of grandparents assuming primary childcare responsibilities has also increased and depending on sociodemographics and race and ethnicity factors, the role of primary caregiver may have deleterious impacts on health, well-being, and financial security.

■ Social Science Perspectives of Grandparenting Families

Demographic aging changes are in part responsible for the importance of intergenerational relations, along with the fact that many grandparents are assuming family functions as they become subrogate parents. This section examines current knowledge and available evidence associated with racial and ethnic minority grandparents. We review racial and ethnic research using social science conceptual approaches employed by researchers during the last decades to understand the experience of grandparenting in the United States.

During the second part of the last century, family studies attracted the interest of researchers from different disciplines. Sociologists and others attempted to answer important questions about the structure and the changing functions of families in industrialized societies (Burgess, 1960; Laslett, 1965; Streib & Thompson, 1960). Family relations, kinship structure, and intergenerational contacts became salient concepts of inquiry (Shanas, 1979; Townsend, 1957). Research findings

supported the view of families as the main providers of care for older parents and family members, and contrary to expectations, we learned that older adults were interested in maintaining healthy ongoing family contacts between generations. These studies of intergenerational relations and families in later life examined multiple areas of family cooperation and conflict between generations.

Most of these research studies use primarily a conceptual framework centered on the concept of family consensus and solidarity. The main goals of the *solidarity models* (Atkinson, Kivett, & Campbell, 1986; Markides & Krause, 1985; Roberts, Richards, & Bengtson, 1991; Rossi & Rossi, 1990) developed during the past decades attempt to examine those family conditions under which intergenerational relations are stronger and more beneficial for family members. A second conceptual perspective to understand family relations and intergenerational interaction use the stress process models as they apply to family caregiving studies and the parenting literatures. The *Family Stress Models* attempt to understand the conditions under which family members adapt to stressful situations, overcome conflict, increase support among generations, and underscore the need to identify relevant skills and other resources associated with successful intergenerational family adaptation (Choi, Sprang, & Eslinger, 2016; Folkman, 2008; Kahana & Kahana, 1996; Pearlin, Mullan, Semple, & Skaff, 1990; Smith et al., 2017). In the following section we examine research findings within the two social science perspectives on grandparenting families—the intergenerational solidarity and the family stress and parenting models—and review the role that race and ethnicity play for grandparents. We also identify significant moderator factors associated with outcomes among racial and ethnic grandparents in the United States. Previous literature clearly implies that structural characteristics and cultural values are important in understanding the causal relations influencing grandparent outcomes, and their contribution for developing culturally tailored supportive services for grandparents (Choi et al., 2016).

Structural and cultural factors can affect grandparents in multiple ways, either as buffers against stress and depression, as barriers to service utilization, or as significant contributions to family solidarity, providing positive conditions for improving relationships and personal growth. The diversity of race and ethnic grandparents shall contemplate unique normative practices, preferences, and values embedded in their grandparenting context. For example, for Latinos grandparents in the United States, it is important to consider the impact of acculturation to describe their complexity of family relationships, and their perceived grandparenting roles and associated duties within the family. Acculturation refers to the degree to which someone has adopted the values of the dominant culture, and this process may vary from community to community, from region to region, and from individual to individual. Central values among Latino grandparents place a strong emphasis on family as the major source of one's identity and protection against adversity (Montoro-Rodriguez & Kosloski, 1998). The concept of *familismo* refers to the centrality of the family as a group where individuals support family members and consult with the family when making decisions. Latino grandparents sharing these normative family values will support both their nuclear and extended family members. Their patterns of interaction, exchange, and intergenerational relations can promote positive outcomes (solidarity), but also can be a source of conflict (need to solicit extended family consultation). Culturally specific services must be mindful of the different levels of acculturation and modify their programs to make them meet the expectation of that group's collective acculturation level.

THE SOLIDARITY MODEL: AN APPROACH TO INTERGENERATIONAL RELATIONS

The solidarity model of intergenerational relations and connections evaluates intergenerational cohesion, integration, and solidarity in families (Roberts et al., 1991). Drawing from classical sociological theories, social psychology group dynamics, and human exchange theory, the model of solidarity includes the following dimensions: normative integration, functional interdependence, similarity or consensus, mutual affection, and interaction. Roberts and Bengtson (1990) also examined the type of relationships among the solidarity dimensions to specify the structure of intergenerational solidarity among parents and their grandparents. Findings indicated that the grandparents' and their children's level of normative commitment to intergenerational solidarity are positively associated with affection and solidarity between them. Rossi and Rossi (1990) further developed and modified the model of solidarity to test the parent–child relations over the life course. Their results supported the structure of relations among the dimensions of solidarity (Figure 19.1), confirming the positive effects of norms, affection, and constraints on associational and functional solidarity. The greater the intergenerational perceived consistency in values, the more likely to demonstrate intergenerational affection, and the more affection the greater exchange of assistance among generations.

Research studies using the *Intergenerational Solidarity Model* have also confirmed different aspects of the structural model and identified specific moderator mechanisms by which solidarity exerts its positive influence on family adjustment. For example, Schwartz (2015) examined the family conditions under which adolescents' relationships with grandparents are more beneficial for them. These conditions can help elucidate variations in grandparent–grandchild ties and expand our understanding of the mechanisms that shape child outcomes. Results from the moderated mediation model indicated that adolescent adjustment and emotional closeness to parents were partially mediated by emotional closeness to grandparents (Schwartz, 2015). Recent studies provide additional support for the intergenerational solidarity model. For example, Moorman and Stokes (2016) examined the influences of affinity, contact, and functional exchange in the grandparent–adult grandchild relationship upon the depressive symptoms of both members of the dyad using data from the Longitudinal Study of Generations with a sample of 374 grandparents and 356 adult grandchildren across the period 1985 to 2004. Results indicated that
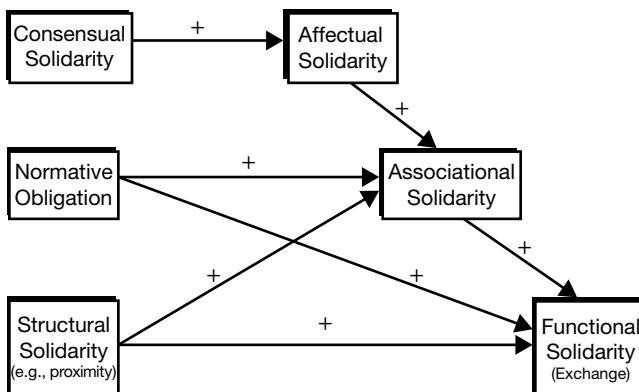
FIGURE 19.1 Simplified version of Rossi and Rossi (1990) model of structural relations among intergenerational family solidary elements.

Source: Rossi, A. S., & Rossi, P. H. (1990). *Of human bonding: Parent-child relationships across the life course.* New York, NY: Alydine De Gruyter.

for all grandparents, depressive symptoms increased over time and the rate of increase became faster at older ages. However, grandparents in relationships characterized by high solidarity (i.e., high affinity, frequent contact, and reciprocal functional exchange) experienced fewer depressive symptoms throughout the 19-year period than did grandparents in relationships characterized by low solidarity. For all grandparents and adult grandchildren, more frequent contact lead to increased symptoms. In addition, for grandparents only, receiving functional support without also providing it increased depressive symptoms. It appears that intergenerational relations offer both support and strain, and that there is great diversity and variation between dyads and within a single dyad over time.

Researchers using the intergenerational solidarity model and examining variations in grandparent–parent–grandchild relations have reported an array of *racial and ethnic differences* during the past few years. Giarrusso et al. (2001) compared solidarity dimensions (affection and consensus) between Euro-Americans and Mexican American grandparents and their adult children. Their findings showed that ratings of affection by grandparents and their adult grandchildren were high for both ethnic groups. However, they also revealed that their affection level was not always symmetrical, but rather a generational gap emerged, with Euro-American grandparents reporting greater affection for their granddaughters than their granddaughters have for them, and Mexican Americans' grandsons indicating greater affection for their grandfathers than their grandfathers have for them. Granddaughters' affection for grandfathers was substantially lower than their affection for grandmothers, which may have implications for caregiving of older frail grandfathers since women are more likely to provide family care. On the other hand, Mexican American grandsons reported equally higher affection for their grandfathers than their grandfathers reported for them, which the authors believed was consistent with their Latin collectivistic culture where the family unit takes precedence over an individual's welfare, and where grandsons' normative filial piety may serve as a way to preserve the family. Regarding the level of consensus, both Euro-Americans and Mexican Americans reported much lower levels of perceived consensus than affection. Likewise, Euro-American dyads exhibited asymmetry, with grandmothers perceiving greater similarity in attitudes and values with their grandchildren than their grandchildren perceived. Mexican American dyads, though, reported equal levels of consensus between grandparents and grandchildren.

THE FAMILY STRESS PROCESS MODEL: AN APPROACH TO FAMILY ADJUSTMENT

Building on the myriad of studies within the caregiving literature aimed at understanding the experience of family care and its impact on caregivers' well-being, theoretical models examined sources of caregiver stress as well as how stress and burden affect psychological outcomes, depression, anxiety, physical health, service utilization, and/or institutionalization of a care recipient. Development of these theories began in the 1960s with the work of Thomas Holmes and Richard Rahe confirming a direct link between stress and physical and psychological illness (Holmes & Rahe, 1967). This theory was the foundation for the stress process model developed by Leonard Pearlin and colleagues (Pearlin et al., 1990) and the revised stress model (Folkman, 2008), which examined care demands on the caregiver as stressors, as well as exploring the role of coping mechanisms to ameliorate the deleterious impact on the caregiver's well-being. Folkman argued that the coping abilities of the stressed individual were also a predictor of whether the person would experience physical and/or mental health declines. Someone with excellent coping abilities, for example, would experience better adjustment compared to someone with poor coping

abilities. More recently, a comprehensive model developed by Kahana et al. (2015) incorporates proactive behavioral adaptations in addition to internal dispositions and external resources as important moderators of stress on quality of life and well-being.

A growing number of researchers examining families in later life and grandparenting have adopted the stress process model (Choi et al., 2016; Hayslip, Fruhauf, & Dolbin-MacNab, 2017; Hayslip & Kaminski, 2005). For example, Choi et al. (2016) have assembled a comprehensive stress approach to represent the causes and consequences of grandparents raising grandchildren (Figure 19.2). The transition to the role of custodial grandparent may come with a great level of anxiety and difficulties that, along with other factors such as health and family support, may affect family functioning. This comprehensive stress and coping framework helps to understand the challenges grandparents face and the potential behavioral and psychological consequences for their grandchildren (Figure 19.2). Ethnicity and other sociodemographic factors are equally important since they (a) may be a source of inequality (coresidence and deprivation of socioeconomic status for Black grandparents and other minorities); (b) may promote empowering support (coping regulation through religious values and other psychosocial cognitive behavioral abilities among Latino or Jewish grandparent families); and (c) may serve as buffering mechanisms (social support and intervention programs) to ameliorate the consequences of custodial grandparenting.
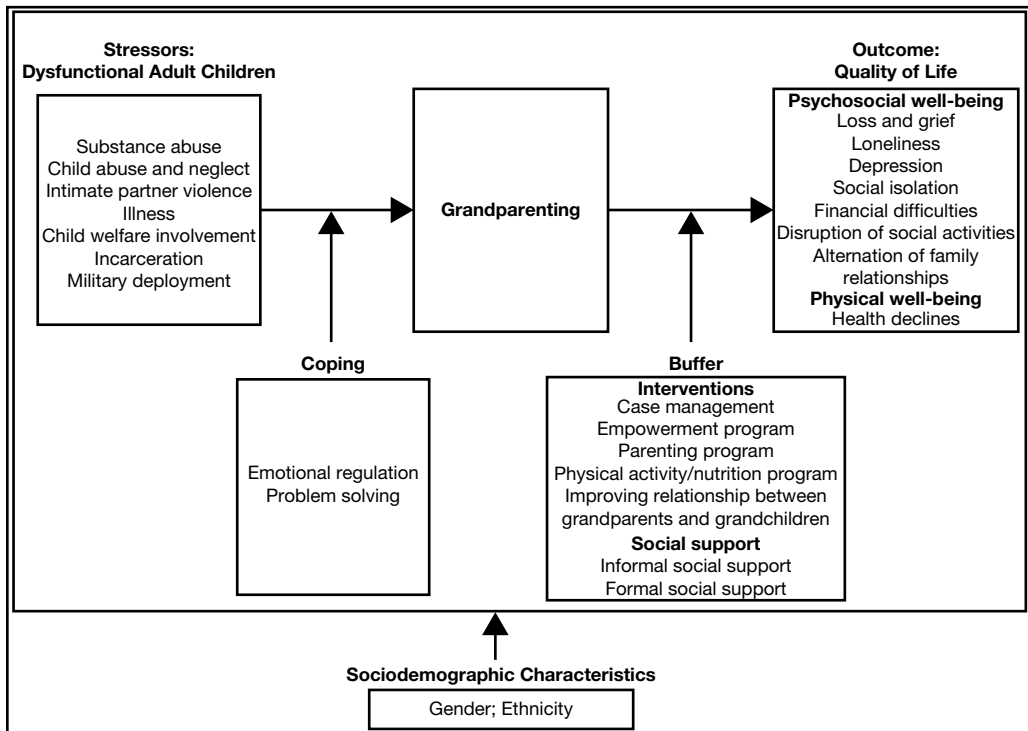
FIGURE 19.2 Conceptual model of the causes and consequences of custodial grandparenting. It illustrates elements of grandparenting such as stressors, coping, outcome, and buffer using the stress-coping framework.

Source: Choi, M., Sprang, G., & Eslinger, J. G. (2016). Grandparents raising grandchildren: A synthetic review and theoretical model for interventions. *Family and Community Health, 39*(2), 120–128. doi:10.1097/FCH.0000000000000097

Studies using the stress and coping framework confirm that family values, normative expectations, and traditions among ethnic groups provide relevant cultural contexts that affect differently how grandparents experience their role as custodial caregivers. For example, Goodman and Silverstein (2002), using a sample of 1,058 grandmothers in Los Angeles, reported that Black grandmothers experience equal well-being in coparenting and custodial grandparent families, but after controlling by stresses of the parents' problems, Black grandmothers appear to adapt with greater well-being to custodial rather than coparenting situations. Latino and White grandmothers in custodial and coparenting structures fared equally well after accounting for the effects of parental and relationship problems. Family values among Latinos include the expectation that grandmothers will participate in the upbringing of their grandchildren, and it appears that the impact of custodial and coparenting care situations and stressful experiences on the grandmothers' well-being is conditioned by these normative values.

The recent study by Chen et al. (2015) explores different mechanisms that affect the health of grandparent caregivers of diverse race/ethnic groups, using the HRS, a longitudinal panel study in the United States. Their findings indicate that racial/ethnic grandparents experience different consequences of caregiving on their health measured as their level of frailty. They also point to individual propensities and life-course cumulative contextual influences that modulate differently their caregiving experiences. For example, for non-Hispanic Black grandparents, living in a skipped generation appears to be very detrimental to their health. On the other hand, Hispanic grandparents fare better than non-Hispanic Black grandparents, after controlling for their caregiving intensity and rate of coresidence. They also report that financial and social resources assist in buffering negative effects of coresidence on their level of frailty, and that this buffer mechanism differs by race/ethnicity.

The results by Chen et al. (2015) indicate that caring for grandchildren affects health through a complex process of role strain and role enhancement. This impact has different trajectories for ethnic grandparents because of cumulative effects associated with each racial/ethnic group. Their main propositions are based on the fact that the likelihood of providing care for grandchildren is not the same for all racial/ethnic groups, and it appears to be contingent on the parents' needs (employment, addiction), the grandparents' characteristics (socioeconomic status, health), and the cultural context (family values and traditions). Chen et al. (2015) find that for grandparent caregivers, coresidence is associated with negative health, but only for Whites and Blacks. They argue that custodial Black grandparents may be subjected to other financial and physical challenges that could lead to further levels of health deficit, and places Black grandparents at a higher health risk. On the other hand, Hispanics report better health but coreside more than Whites coreside and are less likely than Black grandparents to live in skipped-generation households. The emphasis for family values and support among Hispanics grandparents may enhance their health resiliency; that is, family values and available social resources may buffer or moderate the relationship between household structure and negative health outcomes.

Researchers interested in the influence of parenting practices on behavioral and psychological adjustment of children have expanded the family stress process model by examining the impact of parenting practices and skills on grandparent families. The main outcomes include the grandparents' well-being and the impact of family stressors and parenting skills on the well-being of the grandchildren (Hayslip, Fruhauf, & Dolbin-MacNab, 2017; Hayslip & Smith, 2013; Kirby & Sanders, 2014; Smith, Cichy, & Montoro-Rodriguez, 2015; Smith et al., 2017). The Family Stress Model contains elements of the caregiving and parenting literature, and its main proposition is that increased psychological distress reduces the quality of parenting, which then
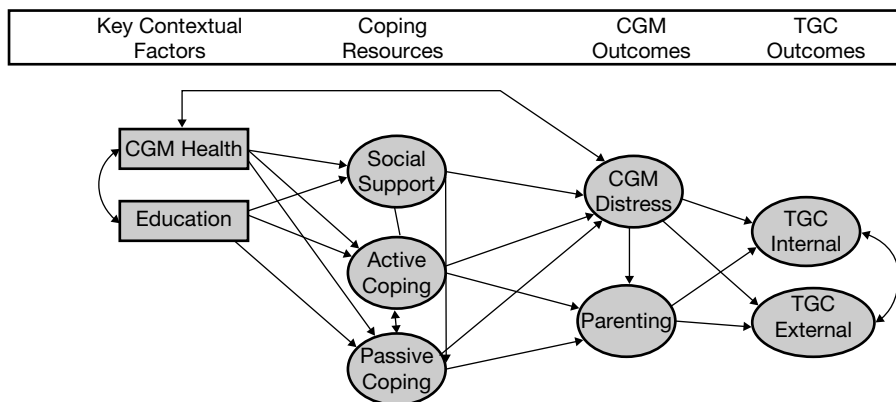
FIGURE 19.3 Model of custodial grandmothers' coping and parenting outcomes.
CGM, custodial grandmother; TGC, target grandchild

leads to increased psychological difficulties for the child (Conger, Rueter, & Conger, 2000). Smith et al. (2015), using the expanded Family Stress Model, examined the direct and indirect effects of custodial grandmothers' coping resources (i.e., active strategies, passive strategies, and social support) on their psychological distress, parenting practices, and their grandchild's internalizing and externalizing symptoms among a national sample of 733 Black and White grandmothers providing care to a grandchild (Figure 19.3).

The main findings by Smith et al. (2015) indicated that social support and active coping were associated with lower distress and with fewer ineffective parenting skills. Likewise, passive coping was associated with increased distress and more ineffective parenting. Even more, ineffective parenting had direct effects on grandchildren's outcomes, whereas grandmothers' coping resources had direct effects on ineffective parenting and indirect effects (through ineffective parenting) on grandchildren's externalizing and internalizing difficulties (Figure 19.3). The authors conclude that the grandmothers' coping resources affect the psychological well-being of both generations. There are no studies addressing directly the role of race/ethnicity on the coping resources and parenting abilities of grandmother caregivers from different groups; however, as the model indicates, attitudinal and demographic characteristics may influence the well-being of grandparents and their grandchildren.

■ Discussion: Cultural Contexts and Grandparent Families

Since the late 1990s, racial and ethnic aging and family studies have contributed significantly to improving our understanding of the dynamics and diverse experiences of families in later life. Most of the efforts attempted to understand the unique conditions that distinguish or separate families from a variety of racial and ethnic backgrounds. As the demographic changes accelerate and the baby boomers in particular trail blaze through a constellation of family arrangements, researchers have directed their attention to both structural and cultural determinants of intergenerational relations and psychosocial and behavioral adjustment across all families in later life. Grandparenting in the United States has been and continues to be on the rise for all families. The role of grandparenting is also becoming very diverse among families. Race and ethnicity are important originators of diversity and inequality among grandparent families. However, researchers still have to understand the dynamics of those structural and cultural conditions

that influence the quality of life of grandparents. Additionally, very few studies have examined the impact of racial and ethnic disparities among grandparents and only a handful of programs address culturally appropriate professional practice models in working with grandparents. This chapter summarized current knowledge, research, and practice available for diverse grandparents. More specifically, we reviewed ethnic and cultural models developed by prominent social science theories addressing families in later life. After reviewing the impact of race and ethnicity on intergenerational relations and grandparents, we propose that the complexity of factors that influence the grandparent experiences requires the development of theoretical frameworks that understand the cultural contents of grandparents. Therefore, we encourage the use of a system dynamics approach that incorporates the constellation of family reciprocal relationships for grandparents raising grandchildren over time.

Numerous studies employing different theoretical perspectives confirm that cultural contexts contribute significantly to the grandparents' transition and adaptation to their caregiver and/or coparenting roles. Today, multigenerational relations are particularly critical for a growing number of grandparents providing care to their grandchildren. Many of these grandparents are low-income and underserved, facing challenges due in part to their history and state of subjection (African Americans), immigration and acculturation (Mexican Americans), family values and filial obligations (Asian Americans), religious values (Jewish Americans), and/or any combination of those. The available research includes both qualitative and quantitative studies addressing the cultural contexts of grandparent. However, methodological shortcomings and the difficulties associated with access, recruitment, and participation of minorities limits the scope of what we know about grandparents and intergenerational relations. Furthermore, the purpose of such studies is primarily descriptive and in search of exciting differentiation and contrast with minority groups. Nevertheless, researchers do not have consensus about what constitutes the main individual characteristics and group normative expectations that influence the experiences of grandparents and grandparenting. Similarly, there is not much information about how cultural contexts or a combination of them are shared across grandparents regardless of their history, living arrangements, acculturation experience, family, and religious values. In other words, we do not know how much of these cultural practices/contexts maybe shared by grandparents of any race/ethnic group.

We propose that research conceptualize the interactive nature of family dynamics for grandparents and their families, using linear models addressing causal relations between causes of social determinants and quality of life and well-being, and recognizing the influence of the cultural and structural context and the changes or continuities that arise from the interaction of grandparents and their support system. This approach may require an ecological system approach similar to the proposed mode of organization of the bioecological framework of Bronfenbrenner (1986), and in line with the concept of culture as the cultural medium where developmental transitions such as grandparenthood emerges out of practices and values hold by diverse grandparents. For example, recent research using the bioecological approach as the guiding theory to review empirical research and identify factors defining the experiences of Latino grandparent caregivers in the context of strengths and challenges has identified specific themes for Latino grandparents (Mendoza, Fruhauf, Bundy-Fazioli, & Weil, 2017). Their findings provide evidence suggesting that Latino grandparents raising grandchildren share many challenges with caregivers of all ethnicities and experience similar cumulative disadvantages. They point to individual attributes such those that refer to their health status, language barriers, and family situation. For example, Latino grandparents' ability to speak only Spanish may condition their access to other resources

available to them and their grandchildren. In addition, contextual factors refer to the dynamics of the different systems and whatever positive or negative impact they exert on the individual. Other salient practices/contexts for Latino grandparents may include their financial challenges, intergenerational exchanges, and family values, including their acculturation experience.

We encourage an approach that uses the lenses of a system dynamic perspective that is able to illustrate how changes in one factor can have wide-ranging and reciprocal impacts on other factors (Morrow-Howell, Halvorsen, Hovmand, Lee, & Ballard, 2017). The goal in a system dynamics approach is to examine how cultural contexts and relationships between social determinants and endogenous variables (such as family values, family support, and availability of family resources for grandparents) can explain system behavior over time (e.g., grandparents' well-being, physical and mental health, or grandchildren's psychological adjustment). From a systems perspective, the development of models and programs to support diverse grandparents and their families will entail the use of a mixed methodology approach, where researchers working with grandparents, families, and community partners in the broader communities participate in a discussion to develop a qualitative system dynamics conceptual model that represents the reciprocal relationships influencing their specific needs. This approach highlights the interplay of the specific race/ethnic group existing resources (human and social capital) and the grandparent aspirations/outcomes, in the context of the larger social and organizational opportunities that contribute to support or neglect such aspirations.

From a systemic perspective, the expected system outcomes for grandparents (such as well-being) can be subjected to either reinforcing (positive) or balancing (negative) impacts at any specific time. For instance, the core cultural beliefs of Latino grandparents (such as family orientation, multigenerational family structure, or intergenerational affect) may influence their well-being as a reinforcing factor (decreasing stress and depression) and in turn increase the ability of the family to provide quality of care for their members. On the other hand, cultural practices/values (such as the duty to care, the expected caregiving role for women, or the lack of generational contact and discrimination) may affect negatively the well-being of Latino grandparents and in turn diminish their ability to seek the help they need or to maintain or increase their available network of support. A system dynamics approach that considers the constellation of these reciprocal relationships over time and that includes the main cultural contexts that influence the group/minority of grandparents in connection to their strengths and challenges may offer a promising path to understand the complexity of the caregiving experience among Latino grandparents.

◼ Future Research

Conceptual models have spurred an examination of the main issues associated with becoming a grandparent and grandparenting. These include the nature and type of intergenerational relations, the recognition of the main stressors for grandparents raising grandchildren, technological and environmental factors, and the examination of determinants of family adjustment and well-being for grandparents, adult children, and grandchildren. Additionally, the matters of the cultural context of intergenerational relations and their impact on grandparent caregiving have received the most attention in the literature (Hayslip, Fruhauf, & Dolbin-MacNab, 2017). The role of race and ethnicity and its impact on grandparents is central to understanding the dynamics of intergenerational family relations. However, researchers still have not developed a comprehensive model that fully incorporates the role of culture in the experience of grandparenting. We need to understand the specific direct and indirect contributions of cultural factors on the quality of life

and family adjustment among grandparent families. Moreover, it is necessary to recognize their contribution to cumulative advantages and disadvantages across the life course.

In considering the progress made during the past years and looking at what needs to be done to address race/ethnic diversity among grandparents, we are encouraged by the many efforts directed to develop culturally tailored knowledge for racial and ethnic grandparents (Ojeda, Flores, Meza, & Morales, 2011). However, we encourage researchers to develop models and interventions directed at and applicable to all grandparents, not just to middle-class White Americans. Such models need to identify the main barriers that limit access to social and medical health services, and address the main challenges associated with grandparents' lower socioeconomic status, higher level of health problems, and struggle with their own cultural values in the midst of their process of acculturation. Finally, we would like to encourage the development of a cultural-mapping process to transfer specific knowledge and intercultural hands-on techniques to professionals seeking to become culturally competent in providing health and social services to grandparents and their grandchildren (Valle, 1998). Cultural mapping will entail the training on cultural competence of professionals and advocates to meet the needs of grandparents and understand the salience of cultural practices for grandparent families of any racial/ethnic group targeted for services.

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