

THE EFFECTS OF ATTENDANCE AT A SENIOR CENTER ON THE QUALITY OF
LIFE AND WELL BEING OF GRANDPARENTS REARING GRANDCHILDREN

LaTrica Q. Rhynes, M. S.

Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

December 2009

APPROVED:

Stan Ingman, Major Professor
Bert Hayslip Jr., Co-Major Professor
Dennis R. Myers, Committee Member
James H. Swan, Committee Member
Nichole Dash, Chair of the Department of
Applied Gerontology
Thomas L. Evenson, Dean of of the College of
Public Affairs and Community Service
Michael Monticino, Dean of the Robert B.
Toulouse School of Graduate Studies

Rhynes, LaTrica Q. The effects of attendance at a senior center on the quality of life and well being of grandparents rearing grandchildren. Doctor of Philosophy (Applied Gerontology), December 2009, 79 pp., 38 tables, references, 69 titles.

The purpose of this study was to determine the effects of attendance at a senior center on the well being and quality of life of grandparents that were rearing grandchildren. Using convenience sampling, grandparents ($N=130$) who were rearing grandchildren were given a self administered demographic data survey along with an attendance at a senior center questionnaire, the Quality of Life Scale, the Well Being Scale by Liang, the UCLA Loneliness Scale, the Caregiver Burden Scale, and the Role Satisfaction Scale.

An initial MANOVA ($F_{7,69} = 2.72, p < .01$) suggesting that senior center attendance affect the measures as a set was conducted and then a series of one way ANOVAs were carried out to test the hypothesis that attending a senior center has an effect on the dependent variables: well being, quality of life, role satisfaction, caregiver burden, loneliness, current health, and health one year ago. Subsequently, a hierarchical regression analysis was conducted to find out whether frequency and quality of attendance of a senior center predicted quality of life, caregiver burden, well being, loneliness, and role satisfaction, controlling for the demographic data.

The results of the MANOVA showed that the dependent variables: quality of life, caregiver burden, well being and role satisfaction were impacted positively by the attendance of a senior center. The results of the regression analyses showed that for each of the major dependent variables, after controlling for the demographic data, the quality and frequency of involvement at the senior center did not have a uniquely significant role in predicting the dependent variables.

The results of this study shows that further research need to be conducted to answer other questions regarding grandparents who are rearing minor grandchildren and the affects that senior centers may have in assisting in the management of this new task that grandparents have found themselves dealing with.

Copyright 2009

by

LaTrica Q. Rhynes

ACKNOWLEDGEMENTS

I want to thank my committee for their support and guidance in working with me on this project. My special appreciation goes to Dr. Bert Hayslip, Dr. Stan Ingman, and Dr. Dennis Myers who believed in me, saw my dream, and encouraged me to fulfill it.

I'd like to thank the grandparents, the senior centers (their staff), and the support groups that were a part of this project, my hope is the results of this research will change programming to better your lives.

I'd like to thank my best friends Kevin W. Seeley of Chino Hills, California, Samuel L. Ausborne and Kimberly Ann Ellis-Smith both of Dallas, Texas, for supporting me throughout the years; my accomplishments are yours. To my Godchildren: Frederick L. Crawford Jr., Kayren M. Cox, and Lillianna E. Conley, my hope is through my accomplishment your belief will be that you have the ability to accomplish anything if you seek God first.

I'd like to thank my church family, New Birth Baptist Church in Dallas, Texas. Last but not least, I thank my family for being the support I need to accomplish the goals God has set forth for me. I thank my parents for allowing me to know that I can do all things through Christ who strengthens me. To my little "big" brother, we have always relied on each other and shared one another dreams and this is just one more dream of ours that has come true. To my grandmother, Lillie J. Harris, I thank you for sharing your belief in God, your strength, your endurance, and your compassion for people with me. I also thank you for "speaking things as though they are" because you called me your doctor before I ever thought of being one and now I am one. You were and will always be the wind beneath my wings.

This project is dedicated to:

My grandmother, Lillie J. Harris (April 9, 1937-September 21, 2008)

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	iii
Chapters	
1. INTRODUCTION TO THE STUDY	1
Research Statement	1
Rationale for the Study	1
Assumptions.....	2
Theoretical Orientation.....	2
Limitations	3
Overview.....	4
2. REVIEW OF LITERATURE	5
The Grandparent-Grandchild Relationship.....	5
An Overview of Custodial Grand-parenting.....	7
Ethnicity and Grandparent-Headed Households.....	8
Diverse Types of Grandparent Caregiving	9
Reasons Grandparents Rear Grandchildren.....	10
The Rewards of Custodial Grand-parenting	11
The Effects of Custodial Grand-parenting.....	12
Custodial Grandparents' Self Care.....	14
Custodial Grandparents' Needs for Their Grandchildren.....	15
Where do Custodial Grandparents Receive Assistance?.....	16
The Evolution of Senior Centers.....	16
Who Attends Senior Centers?.....	18
Types of Services Offered at Senior Centers.....	18
Barriers to Senior Center Participation.....	19
3. METHOD	21
Method.....	21
Sample Participants	21
Procedure	22

	Measures	23
	Purpose of Study	25
	Hypotheses	25
4.	RESULTS.....	26
5.	DISCUSSION.....	33
	Summary of Findings	33
	What do the Findings Mean: Benefits for Grandparents	34
	Implications for Senior Centers	34
	Implications for Grandparents.....	35
	Recommended Changes to Senior Centers.....	35
	Enhancing Access to Senior Centers.....	38
	How to Encourage Seniors to be more involved in Activities.....	40
	Implications of Findings for Directors, Managers, and Staff	41
	Recommendations for Future Research.....	42
	Limitations of Study	44
	Summation of the Study	45
Appendices		
	A. DEMOGRAPHIC DATA RESULTS.....	46
	B. ATTENDANCE DATA RESULTS	50
	REFERENCES	74

CHAPTER 1

INTRODUCTION TO THE STUDY

This study focuses on the relationship between the level of attendance at a senior center and the dependent variables of (a) well being, (b) quality of life, (c) role satisfaction, (d) caregiver burden, (e) loneliness, (f) present health status, and (g) health status relative to a year ago. The independent variable for this study was attendance at a senior center, while the dependent variables were: Well being, quality of life, caregiver burden, role satisfaction, loneliness, current health, and health relative to one year ago.

The principal research question was whether or not attending a senior center has an effect on the well being and the quality of life of grandparents who are rearing minor grandchildren.

Secondly, does attending a senior center have an effect on caregiver burden, role satisfaction, current health status, the health status a year ago, and feelings of loneliness?

Rationale for the Study

Grandparents are increasingly becoming caretakers for their grandchildren (U S Census Bureau, 2004). Among the 4.6 million grandparents who are rearing their grandchildren (U S Census Bureau, 2006), there is some dissimilarity across ethnicity and family form, where the literature revealed ethnic, cultural, and circumstantial influences which impact grandparents who rear their grandchildren in different contexts.

Grandparents have noted that the rewards outweigh the effects of caring for their grandchildren (COTA National Seniors, 2003) but face challenges such as inadequate health care, legal support, counseling, and respite care for the children (Hayslip & Hicks-Patrick, 2006). Moreover, grandparents' failing health, inadequate social/financial support, and a lack of opportunities to build supportive relationships still remain (Hayslip & Hicks-Patrick, 2006).

Many of these challenges occur due to barriers such as the lack of legal authority, the lack of information of available services, and misinformed administrators of services (Stowell-Ritter, 2004).

Assumptions

- The assumptions that were made for this research are as followed:
- Grandparents care for their grandchildren because they choose to do so
- Grandparents needs are being met to assist with caring for their grandchildren
- Grandparents will be willing to complete the survey
- There will be an adequate number of grandparents who will answer the survey completely and accurately.

Theoretical Orientation

The theoretical bases for understanding the effects of attending a senior center on the quality of life and well being of grandparents rearing grandchildren is the person environment fit theory and the successful aging theory. The person environment fit theory explains that the alignment between the characteristics of people and their environments will result in a positive outcome for both the individual and the organization (Lawton & Nahemow, 1973). Lawton and Nahemow (1973) describe person fit environment as a transaction. Within their environmental press model they described individuals who had high competency being able to interact with their environments which allow them to maximize their adaptability within the particular environment, with positive effects from the interaction. The environment with greater press is defined in terms of the complexity and it's repeatability and/or predictability in addition to the perception that it can be controlled. In the case of grandparents that are caring for their grandchildren, if the grandparent chooses to attend a senior center within their community and

the organization offers the proper services, the organization could possibly have a great impact on the individual as well as the grandchildren they are caring for. This would result in an improved fit between the grandparent needs and raising a grandchild.

The successful aging theory discussed by Rowe and Kahn (1998) begun within the framework of health promotion. The basis of this framework as it applies to aging successfully was the avoidance of disease, the maintenance of high cognitive and physical functioning, and ongoing engagement with life (Rowe & Kahn, 1998). Though there are some individuals who have contracted a disease in later life, not all older adults will have issues with disease. For those who have some form of illness, such illness results in the compression of morbidity, which is the notion of shortening the onset of any chronic infirmity in relationship to the time the individual passes away. This compression is therefore an indication of successful aging. The compression of morbidity is achieved through interventions such as the cessation of smoking, exercising on a regular basis, reducing cholesterol levels which would in turn, reduce the risk of a heart attack and other cardiovascular illnesses such as stroke or multi-infarct dementia, which may extend the healthy lifespan of the individual (Fries, 1996).

In the context of the present study, maintaining a high level of cognitive and physical functioning can be beneficial to the well being of the older individual, which may also be achieved at a senior center. However, the key idea is that the senior center will help to create a positive alignment between the older adult and his or her environment and help the person age more successfully.

Limitations

The limitations of this study are as follows: 1) The sample size may not be large enough to detect the effects of the independent variable on the dependent variables, 2) Grandparents may

not want to disclose personal feelings of rearing their grandchildren and 3) Respondents may be embarrassed about reporting that they need help.

Overview

The array of problems that has arisen with grandparents rearing their grandchildren will increase if services are not provided to meet the challenging role of being a parent again (Hayslip & Kaminski, 2005). Outreach through programs in which older adults frequent or that are within the community should enhance already set programs to meet the needs of the population. Senior centers have been noted as a prominent fixture within the community that meets some of the needs of older adults (Wacker, Roberto, & Piper, 2008), and although senior centers have been noted to meet the needs of some grandparents that are rearing grandchildren (Aday, 2003), it is not truly known if senior centers have the potential to meet their needs. This unknown suggests a need for further research regarding the impact of attending a senior center on grandparents who are rearing grandchildren. This study will examine the effects of attending a senior center on the quality of life and well being of grandparents who are rearing minor grandchildren, with or without the presence of the child's parents.

CHAPTER 2

REVIEW OF LITERATURE

A review of literature was conducted to review any available information on the well being and quality of life of grandparents who are rearing minor grandchildren as it relates to their attendance at a senior center. There is limited research on the attendance at a senior center and its effects on the well being and quality of life of grandparents rearing minor grandchildren. The literature review also revealed that there were only two noted senior centers that have a stated program that support grandparents rearing grandchildren. The few studies that were done were on the well being of grandparents rearing grandchildren who are not attending senior centers. The literature review will be presented under the following sub-headings: (a) the grandparent-grandchild relationship, (b) an overview of custodial grandparenting, ethnicity and grandparent-headed households, (c) diverse types of grandparent caregiving, the reasons grandparents rear grandchildren, (d) the rewards of custodial grandparenting, (e) the effects of custodial grandparenting, (f) custodial grandparents' needs for themselves, (g) custodial grandparents' needs for their grandchildren, (h) where custodial grandparents receive assistance, (i) the evolution of senior centers, (j) who attends senior centers, (k) types of services offered at senior centers, and (l) barriers to senior center participation.

The Grandparent-Grandchild Relationship

Though some grandparents have begun to be the primary caretaker for their grandchildren, this new living situation may not mark the beginning of a new relationship but a continuation of a bond within the grandparent and grandchild relationship, wherein this relationship was clarified via a American Association of Retired Persons grandparent study in 2002 by Davies & Williams. Within the study grandparents were given a list of activities and

asked which activities they felt was their role to participate with the child versus the activity being the child's parent role. Grandparents reported that all of the activities were characteristic of both the grandparent and the parent role, but entertaining the children was the most popular activity divided between the two roles (87%). Other noted roles were to spoil the children, teaching family history, giving children treats, and listening to the children's problems. The AARP (Davies & Williams,2002) study further shed insight into the grandparent-grandchild relationship by explaining that grandparents visit with their grandchildren every one to two weeks and faced barriers such as living too far away, their grandchildren having very busy schedules, the lack of energy, health problems, the lack of money, and the child parents being divorced. Topics discussed and activities that grandparents and grandchildren engaged in were discussions of morals and values, plans for a future visit, daily activities, current news events, and activities such as having dinner, watching entertainment on TV, reading to their grandchildren, and taking their grandchildren shopping (Davies & Williams, 2002). Regardless of the activities that grandparents engage in with their grandchildren, the roles they play in their grandchildren lives, the time they spend with their grandchildren, and the barriers that prevent them from engaging with their grandchildren, the grandparent- grandchild relationship is one of kind. This relationship is full of unconditional love that is uninhibited and has less psychological complexity than that of the parent- child relationship (Bosak, 2000).

Often grandparents attempt to make up for not being in the lives of their grandchildren on a consistent basis, grandparents do so by overcompensating when they are with their grandchildren by buying them presents. Other reported reasons grandparents spend money on their grandchildren is for their birthday gift, for the holidays, to provide entertainment for their grandchildren, and to help with educational, living, and medical/dental expenses of their

grandchild. Items that grandparents have purchased for their grandchildren are clothing, books, fun foods, toys, music, and electronic devices (Davies & Williams, 2002). Despite the overcompensation that is given by grandparents, there is a message that they attempt to convey to their grandchild(ren) which is that they are important to them. Grandparents also convey that any level of attachment or connection they may have with their grandchild(ren), they are either trying to regain, maintain, or increase it by the action they display while being in the presence of their grandchild(ren).

When dynamics within the immediate family of children change, it at times affects the rearing of the children involved and grandparents are sought out to assist in caring for their grandchildren. Once grandchildren are being reared by their grandparents the noted activities, the topic of conversation, items purchased, and the reasons financial assistance is given by grandparents detailed in the above discussed AARP 2002 grandparent study may change, which often creates role confusion for such grandparents.

An Overview of Custodial Grandparenting

For centuries parents have relied upon their cousins, siblings, aunts, uncles, and/or parents to assist them in the rearing of their children. Family members have assisted in day care, respite care, providing a temporary home or even a permanent home for the children. From the array of possible caregivers, grandparents have been noted as the most likely family member to assist in the care of children, especially for those children who have been abused (*Senior Journal*, 2006). With grandparents being the most common choice for an alternate caretaker, this population has become the fastest growing head of household type in the United States (U.S. Census Bureau, 2000a). It has been reported that there were almost 5 million children being reared by their grandparents (U.S.

Census Bureau, 2000b) and though grandparents who are rearing their grandchildren have been noted as head of household, many adult children (the child's parent) are living within the same household. According to the US Census Bureau (2000a), an estimated 4.9 million children who live with their grandparent(s) also have at least one parent present within the home (Kreider, 2007) which leaves around 1.3 million (Bryson & Casper, 1999) grandparents living within a skipped generation household (grandparent headed households with neither parent present). It was also reported that 933,408 of the almost 6 million children have been living with their grandparent for over 5 years (US Census Bureau, 2000a) and in 2000, of the total number of grandparents who were rearing grandchildren, 52% were under the age of 55, 31% were between the age of 55 and 64, and 17% were 65 years old and older (Henderson & Daniel, 2009).

Ethnicity and Grandparent-Headed Households

Though grandparents of all ethnic backgrounds have assisted in caring for their grandchildren, there are some distinctive differences among ethnic groups within this population. Research has shown that the likely skipped generation household consists of African American grandmothers as the caretakers. According to Bryson and Casper (1999), African American children were twice as likely to live with their grandparent(s) compared to other racial groups and grandmothers' were more likely than grandfathers' to care for their grandchildren within this skipped generation family. The cultural background of the African American family has also been noted to be an integral factor in determining the decision to care for grandchildren.

According to the National Centers for Frontier Communities (2004), cultural factors have played an important part in the prevalence of custodial grandparenting in the African American population. Specifically grandmothers take a significant role in raising grandchildren and it is

due to the history of forced familial separations that stem from slavery times(Ruiz, 2000). According to Ruiz (2000) the crucial role of African American grandmothers, that began during slavery, to care for grandchildren is broad and has been a major force in the stabilization of African American families. The African American cultural factor is also seen within the Native American family, were by tradition, grandparents are expected to care for their grandchildren and if they agree to do so, they encounter less stigma and more social acceptance. Native Americans also believe that grandchildren benefit from the intergenerational contact which is similar to the beliefs in the African American culture (National Centers for Frontier Communities, 2004).

Other noted differences between ethnic groups include the Hispanic and Asian American culture, which are known to have three or more generations living within the same household (National Center for Frontier Communities, 2004). These two ethnic groups are much different from those of the Native and African American ethnic groups. Within the Hispanic and Asian cultures parents are expected to take on the sole responsibility to care for their own children and if grandparents take on the responsibility, they experience much stigma with little or no social acceptance (National Center for Frontier Communities, 2004). The U. S. Census Bureau 2000 Brief stated that within the population, higher proportions of children living in grandparent maintained homes were among Pacific Islander children, Black children, Hispanic children, Alaska Native children (10%), and American Indian children (8%), Asian children (6%) and although white children were stated as the largest number of children living with their grandparents, they only represented 2% of the population (Simmons & Dye, 2003).

Diverse Types of Grandparent Caregiving

There are several forms of caregiving that grandparents represent. According to Jendrek (1994), the first type of caregiving is custodial grandparent(s) who have legal custody of their grandchild(ren). This individual provides all of the care for their grandchild (ren) and makes all decisions as to the best care for the child(ren). The main focus in this relationship is to provide a sense of security and stability for the child(ren). Then there are grandparent(s) who just take on the responsibility of caring for their grandchild(ren) but do not have legal custody of the child and therefore are unable to legally make decisions for the child. The main purpose of this type of relationship is to provide an economical and stable environment for the child(ren). This form of care-giving is referred to as “living with” grandparent(s). The third form of grandparent(s) style care-giving is providing daycare to help the child’s parent by supervising their grandchild(ren) during the day and afterwards the child returns home with their parent(s) in the evening. This form of care is considered as “co-parenting,” due to the one or more parents being involved in the care and rearing of the child(ren).

Reasons Grandparents Rear Grandchildren

There are several reasons in which grandparents take on the responsibility for their grandchild(ren) care, either for several hours or for a permanent stay. Grandparents rear their grandchildren to shape the child’s personal and cultural identity, to prevent placement in a foster home, to protect the child against the negative effects of divorce, to support the child parent’s who is experiencing single parenthood, to provide financial and emotional support (Henderson & Stevenson, 2009), teenage pregnancy (Goodman & Silverstein, 2002), and parental death (Jendrek, 1994). Grandparents are also rearing their grandchildren to help them during a crisis, such as physical, psychological, and sexual abuse, or neglect, or to share traditional ways of their cultural. Other noted reasons for grandparent(s) rearing their grandchild is due to their own child(ren) being incarcerated or have contracted AIDS or some other debilitating illness, such as

diabetes or lupus, which can prevent parents to adequately provide for their children (Henderson & Stevenson, 2009).

The Rewards of Custodial Grandparenting

Regardless of the reason grandparents are rearing their grandchildren and in spite of the challenges they may have in doing so, grandparents have reported that being in a caregiver role is rewarding in that they enjoy a close relationship with their grandchildren. This new role enhances the grandparent's sense of purpose in life which contributes to their well being and their feelings of maintaining the identity of the family unit. Grandparents also see this opportunity as rewarding in that they are granted another chance to be parents and improve their parenting skills based on their previous experiences and learned mistakes. Grandparents also expressed that they would do anything to protect and support their grandchildren (COTA National Seniors, 2003) and believe that they are very important in the lives of their grandchildren (Davies & Williams, 2002). Last, it has been noted that grandparents are grateful that they are capable of providing for their grandchildren (Chancy-Ferrer, Forthun, Falcone, & Pergola, 2002).

Grandchildren also view their grandparents in a positive manner when they are being reared by them. According to Dolbin-MacNab, Nielson, and Keiley (2005), grandchildren who are being reared by their grandparents described their relationship as close and trusting. These children feel as though, their grandparents are their parents and they believe their grandparents provide stability in their lives and want to help them to grow into productive adults. These grandchildren also feel as though their grandparents give them a strong work ethic and a desire to succeed in their endeavors.

Grandchildren recognize the sacrifices that their grandparents make in order to provide care for them but this does not prevent the grandchild(ren) from thinking that they are a burden and wondering if their grandparents' really wanted to care for them or were they "forced" to do so (Dolbin-MacNab, Nielson, and Keiley, 2005). Despite those thoughts, grandchildren think of their grandparents as individuals whom bring enjoyment and emotional ties into their lives. Younger grandchildren define their relationship with their grandparents based on what their grandparents do for them while adolescents see them as someone that is willing to listen to them and maintain their trust. Young adult grandchildren view their grandparents as someone who influences their lives in regards to value laden topics such as politics and religion (Bosak, 2009).

The Effects of Custodial Grandparenting

It is clear that custodial grandparents face many challenges when they take on the responsibility of rearing their grandchildren. Cox (2000) reported that grandparents many times give up their jobs to stay at home to raise their grandchildren and due to the lost of an income, adequate benefits such as health care diminishes. According to Denkiska (2007), Whitney Brosi, OSU faculty member, stated that many grandparents believe that when they begin to rear their grandchildren, it is a temporary situation but it often times becomes permanent. Other thoughts expressed by grandparents who are rearing grandchildren include: feelings of guilt because they did something wrong in raising their own child, having feelings that they are going to have to change their lifestyle and make sacrifices to care for their grandchildren, feelings of sadness due their grandchildren being victims of abuse, and feelings of being ashamed of their child's failures (Chancy-Ferrer, Forthun, Falcone, & Pergola, 2002). Grandparents have also expressed their feelings of being let down by the government because they took in their grandchildren at the

request of the State's protection agency and have received little to no support in caring for their grandchildren whom have been abused (COTA National Seniors, 2003).

The sacrificial recognition that grandchildren bestow on their grandparent(s) does not prevent the grandchild(ren) and their grandparent(s) from having conflict or tension within their relationship. Dolbin-MacNab, Nielson, and Keiley (2005) noted that when conflict or tension arises within the grandchild and grandparent relationship, it is due to a generation gap and grandchildren may not agree with their grandparents when it comes to decisions on clothing, music, leisure activities, household rules, chores, and dating. This conflict either begins or causes more strain and/or stress within the relationship. The stress that is caused by the tension in the relationship can begin or cause a further decline in the caretaker's health.

Failing health is considered as another effect of being a custodial grandparent, although it has been noted to increase with age. Minkler, Fuller-Thomson, Miller, & Driver (2000) noted that as individual's age they have a greater chance of becoming ill and having illnesses such as diabetes, depression, hypertension, and insomnia which are greater among grandparent caregivers. Studies have also shown that the well being, which has a lot to do with the health of an individual, is compromised with caregiving grandparents versus non-caregiving grandparents. Marx and Solomon (2000) compared a self reported health study of 123 grandparent caregivers to 1,152 non-caregiving grandparents. The results of the study indicated that grandparent caregivers were more likely to report fair to poor physical health than non-caregiver grandparents. The findings in this study are consistent with a report by Shore and Hayslip (1994) that mentioned that among the sample they studied, custodial grandparents scored lower than non-custodial grandparents on psychological functioning which included the custodial grandparents overall psychological well-being. Minkler et al., 2000 research resulted in the

conclusion that grandparent caregivers failing health cause them to have difficulty in performing activities of daily living, which include cooking, cleaning, and toileting on their own.

Other noted effects of custodial grandparenting include role overload and role confusion (Emick & Hayslip, 1999), social isolation and inadequate social support, the experience of feeling lonely or invisible to others (Wohl et al., 2003), depression, financial difficulties (Musil, 1998), and even poverty. According to Casper and Bryson (1998) many skipped generation families are living in poverty and 58 % of custodial grandparents in a study by AARP, 479 grandparents reported that they were living on a fixed income and attempting to raise their grandchildren.

Custodial Grandparents' Self Care

Once grandparents have begun to care for their grandchildren, they quickly learn that they are in need of assistance either for themselves or for their grandchildren they are rearing. Services that grandparents find that they need for themselves include financial assistance to help pay utilities, rent, medication, medical bills and food, and adequate transportation. The most noted service grandparents need is adequate health coverage which maybe largely due to the higher risk of being ill with the increasing age of the grandparent (Minkler et al., 2000).

In caring for their grandchildren, grandparents also noted that there were services that they desired to have for themselves to assist in their grandchild(ren) rearing. Fifty-four percent of participants in a pilot study on grandparents who are rearing grandchildren mentioned that there were desired services that are not currently provided; those services included: more opportunities to build supportive relationships, counseling, written resources (reading lists for information), parenting advice, legal advice, and accessing other services (Hayslip & Hicks-Patrick, 2006).

Custodial Grandparents' Needs for Their Grandchildren

The noted services grandparents need for their grandchildren include assistance in learning skills in child development, financial support, educational support, such as tutoring to help in educating their grandchildren, emotional support for grandchildren with behavioral issues, medical support for adequate medical coverage, and legal support to be able to make decisions in the best interest of their grandchildren legally, and respite support for assistance in caring for grandchildren a few hours to a few days to give grandparents time to be alone (Whitley et al., 2007). Personal experience with grandparents who are rearing grandchildren has shown grandparents exhibiting other needs for services such as support groups, childcare, free to low cost activities after school and during the summer, transportation, health care information, counseling, a case manager to help filter through the array of services, and food to support their grandchildren. Though these services have been identified as a need, grandparents reported difficulties in receiving some and/or all of the services. In a pilot study of 120 grandparents on the extent of variability in needs for informal social support, 56% reported no difficulties in obtaining services but 18% reported difficulties in counseling, 13% reported difficulties in finding legal help, 13% reported difficulties in getting medical services, 10% reported difficulties in obtaining medical insurance, 10% reported difficulties in obtaining dental care, 5% reported difficulties in obtaining for food stamps, 3% reported difficulties in obtaining Medicaid, and 8% reported difficulties in obtaining other services such as child support, child care, and paying an electric bill (Hayslip & Hicks-Patrick, 2006). In an AARP report on barriers to successful kin caregiver, there were several causes noted that bring difficulties to grandparents who are rearing their grandchildren to have access to services (Stowell-Ritter, 2004). Those barriers are: the caregiver lack information about the availability of services, the caregiver has little or no legal

authority to make informed decisions on the financial, health, and education of the child they are caring for, and staff members that administer services to children are uninformed about the caretakers needs (Stowell-Ritter, 2004).

Where do Custodial Grandparents Receive Assistance?

In spite of grandparents having challenges and overcoming barriers to receive services for their grandchildren, they continue to seek services. Often time, grandparents turn to family, friends, and even social service agencies to seek assistance. Many find that their family and/or friends are either unable to help or not willing to, which lead grandparents to reach out to social service agencies. Agencies such as the City of Dallas Grandparents rearing Grandchildren Program, Texas Department of Health and Human Services, and the Urban League of Greater Dallas: Grandparents Resource Group assist grandparents with direct services geared towards the rearing of their grandchild(ren), while other agencies assist grandparent(s) with their direct needs, such as health care, financial assistance, and transportation assistance. One particular agency that assists older adults is senior centers.

The Evolution of Senior Centers

It took over 65 years for senior centers to evolve into a center that offers multiple services geared towards older adults. It began in 1943 when the first senior center was constructed in New York City to help alleviate loneliness among older adults (Leanse, Tiven, & Robb, 1977), then in 1965 the Older Americans Act (OAA) became an advocate in the creation and support of more senior centers due to the emergence of senior centers being one of the main resources for the older adults in the community (Wacker, Roberto, & Piper, 2008), and later in 1973 the amendment to the OAA act for senior centers occurred. This amendment made services for older adults the focal point and allowed for a range of delivery of services. The amendment also

introduced the new term for senior centers, “multipurpose senior centers” (Wacker, Roberto, and Piper, 2008). The term “multipurpose senior centers” meant that services that were offered at the center included health (including mental health), social, nutritional, and educational services, along with recreational activities for older adults were to be offered (Wacker, Roberto, & Piper, 2008).

Senior centers have become a major community institution that is geared towards maintaining good mental health and to prevent the deterioration of mental, social, and emotional functioning of older adults (Dal Santo, 2009). A literature review on senior centers by the California Commission on Aging revealed that senior centers should provide a social environment conducive to the development of a social support system thereby reducing loneliness and depression, and enhancing life satisfaction (Dal Santo, 2009).

Available literature suggests that senior centers have complied with the terms of the AOA mandates on senior centers. A study conducted by Aday (2003) surveyed 734 senior centers in Florida, Maine, Iowa, New Hampshire, Texas, and Tennessee. Of these surveyed over 75% of the respondents reported that the senior center helped them to remain independent. Though there were a high percentage of respondents stating that senior centers assisted in them remaining independent, it is not known if attending a senior center will have an effect on the quality of life and the well being of an older adult who is rearing minor grandchildren either part-time or full-time.

Though some senior centers do not provide direct services for grandparents who are rearing grandchildren, some facilities have opt to add a separate center and/ or program to meet the needs of grandparents. The Wilmington Senior Center Grandparent Resource Center (GRC), located in Delaware, was created in 1997 to support the growing number of grandparents who

are raising their grandchildren. The program is considered as the first program in the state to offer services for individuals who are parenting for the second time around. One of the main services offered by the center is supportive services which is what is needed when a grandparent is rearing a grandchild (W.S.C., 2008). Another center which offers a grandparent rearing grandchildren program at their center is the North Shore Senior Center, located in Illinois. N.S.S.C. provides a support group for grandparents and other senior relatives who are the primary caretaker for children. During the support meetings, participants are provided support and information on available resources (N.S.S.C, 2008).

Who Attends Senior Centers?

The Older Americans Act, has stipulated certain criteria to attend a “multipurpose” senior center. One of those criteria is that the individual be 60 years old or older to be a participant. More recent research found that senior center use increases with age, up to 85, which suggests that the younger older adults that attend senior centers are “aging in place” (Wacker, Roberto, & Piper, 2008). Calsyn and Winter (1999) found that race was not a predictor of senior center participation but reported that overall, 8% of the participants were black, 5% Hispanics, and 2% were Asian and Native Americans. It was also reported that older minority adults are underrepresented at most senior centers for the exception of those centers that primarily serve them within the community.

Types of Services Offered at Senior Centers

According to the Texas Department of Aging and Disability Services (2007), senior centers have traditionally offered recreational and leisure activities such as bingo, dominoes, card games, board games, a nutritional lunch, and arts/crafts. Due to the demand in services from more active older adults, senior centers have begun to offer exercise classes (e.g., Tai Chi,

yoga), trips to outside venues (e.g., festivals, ballgames), oil painting classes, cook-offs, line dancing, foreign language classes, computer classes, senior dances, balloon volleyball, and musical entertainment. Other services that are offered at senior centers include information and referral, outreach, transportation services, health education, health screenings (City of Dallas: Senior Services, 2009), home delivered meals, friendly visits, telephone buddies, consumer information, crime prevention, financial/tax assistance, housing information, legal assistance, and assistance with Social Security and Medicare, adult day care services, job training and placement, protective services, and peer counseling (City of Culver, 2009).

Barriers to Senior Center Participation

Though there are senior centers available to older adults, there are some barriers that prevent the older adult from utilizing them. The noted causes of barriers in attending senior centers include the lack of bi-lingual staff, the lack of other participants from the participants culture attending the program, the lack of awareness of available senior center programs, the lack of understanding what the senior center programs offer, the lack of the participant experience in using public transportation and taxi service, and the lack of having intergenerational activities (Fairfax County, 2006). Another barrier to the use of senior centers is personal factors such as feeling too young to be apart of a senior center (Di & Berman, 2000).

Though it is not specifically mentioned as a barrier of senior center participation, assistance with rearing grandchildren may have become a barrier to senior center participation. It has been noted that grandparents who are rearing grandchildren do not have time to do anything else but to care for their grandchildren, wherein Henderson & Stevenson (2009) reports that grandparents find they have little time to themselves. Tight schedules mean less time for

other family members and friends and to take part in church and community activities (Henderson & Stevenson, 2009).

An older adult caring for a grandchild faces many challenges, which include gaining assistance for their grandchild as well as for themselves. Agencies such as senior centers could possibly assist individuals who participate at their centers as well as other grandparents within the community who has challenges in rearing their grandchildren. To specifically meet the needs that have been identified by older adults who are rearing grandchildren, a change should occur in regard to the services that are offered at senior centers. According to Wacker, Roberto, and Piper (2008), senior centers will be challenged to respond to the needs and demands of a new generation of older adults and senior centers of the future must reflect the diversity of services that exist in the United States. Though there are challenges in regards to older adults attending a senior center, the centers have been found to assist older adults to remain independent but it is unknown if attending a senior center has an effect on the quality of life and well being of an older adult who is rearing minor grandchildren, either part-time or full-time.

CHAPTER 3

METHOD

Sample Participants

The participants in this project were recruited through 12 nutrition senior centers, which were located in Dallas, Ellis, Collin, and Tarrant Counties. The participants were also recruited through visits made to 3 Grandparent Rearing Grandchildren Support Groups.

Grandparents rearing grandchildren were identified by the management of each nutrition site. The researcher gave explanation of the research to each manager of the nutrition site and then asked permission to make a small presentation regarding the nature of the survey and each person's participation in the project. After permission was given, the researcher went to the sites which were identified as having grandparents rearing grandchildren that were willing to participate in the study and conducted the surveys.

The eligibility criterion for this study was the individual needed to be a grandparent raising his or her grandchildren. The participants that met the criteria for participation in this study were given verbal and written instructions. Notification of the rights to discontinue the completion of the survey at any time, was given to each participant. The survey which included a demographic survey questionnaire, the level of attendance at a senior center questionnaire, the Quality of Life Scale by Flanigan, the Well Being Scale by Liang, the UCLA Loneliness Scale by Russell, the Caregiver Burden Scale by Novak and Guest, and the Role Satisfaction Scale by Thomas, along with a letter describing the study, the informed consent information, contact information on the researcher and a committee member of the dissertation were given to the identified grandparents who were rearing grandchildren. Individuals who were unable to complete the survey due to visual or manual dexterity problems, were given help in completing

the survey by the researcher. Completion of the survey was conducted at the nutrition senior centers and the grandparent rearing grandchildren support group meetings which were held in several libraries and in a senior center. The independent variable of attendance at a senior center was examined for its effects of the dependent variables quality of life, well being, caregiver burden, role satisfaction, loneliness, current health, and health one year ago.

The study sample consisted of 130 participants. In the sample, the average age of the respondents was 64. The sample consisted of 23 males and 107 females. The marital status of the respondents was 16 single, 52 married, 7 separated, 22 divorced, and 33 widowed. Four respondents were Asian, 66 African American, 49 were Caucasian, 10 were Hispanic, and 1 noted “other” as ethnicity. There were 21 individuals that reported that they work full time, 12 worked part time, 87 were retired, and 9 volunteered. The average income of the respondents was \$20,001-\$30,000, the average number of children living in the home with their grandparents was 1, the average age of the grandchild was 10, the average number of years grandparents have been caring for their grandchildren was 7, the average number of hours grandparents cared for their grandchildren was 42 hours a week, and on average grandparents cared for their grandchildren part time (52%) rather than full time (40%). Seventy two percent of the sample would be described as co-parenting in nature (grandparent living with adult child) while the remainder would be described as skipped generation in nature (parent is absent). The current health status of the respondents was fair and the health status of the respondents one year ago was good (see Appendix A).

Procedure

Prior to data collection, this research project was submitted to the University of North Texas Institutional Review Board for the Protection of Human Subjects in Research to guarantee

the rights of each participant in the study is protected. Once the document was reviewed by the IRB and approval was given to conduct the study. Prior to participating in the study, participants were given verbal and written instructions in regards to the study. Information such as the voluntarily participation, participants informed rights, the right to withdraw from the study, contact information of the researcher and one of the researchers committee members was provided. While conducting the research, no identifying information regarding the participants was entered, this was to assure that the privacy of each participant was maintained.

Measures

The measure for the quality of life was based on a 16 question Quality of Life Scale created by Flanagan (1982) and later modified by Burckhardt (1989) for use in the chronic illness populations. The QOLS is scored by summing up the score on each item to yield a total score for the instrument; scores can range from 16 to 112. The Cronbach's alpha for this scale was .84 (Burckhardt, 1989). The high scores on the quality of life scale meant that the individual had a high quality of life.

The well being of grandparents was measured through the Well Being Scale created by Liang (1985). This scale is a 15 question survey that was designed to measure the respondent feelings about their lives. The Cronbach's alpha for this scale was .67 (Liang, 1985). High scores on the well being scale meant the individual well being was high.

The Quality of Life and the Well Being Scale required the individual to read each statement and determine if they strongly agree to strongly disagree. Other indicators that were measured in this study were loneliness, caregiver burden, and role satisfaction.

Loneliness was measured by using the UCLA Loneliness Scale by Russell (1996). Instructions for this scale were to answer the questions given by choosing never, rarely,

sometimes, or often. To compute the score, each letter was assigned a number. The scale was as followed 1 pt for an answer of “never,” 2pts for an answer of “rarely,” 3 pts for an answer of “sometimes,” and 4 pts for an answer of “often.” To interpret the score, a reading between 15 and 20 is considered as normal experience of loneliness. Scores above 30 indicated a person was experiencing severe loneliness. The Cronbach’s alpha for this scale is .89 to .94 (Russell, 1996).

Caregiver Burden was measured by using the Burden Scale by Novak and Guest (1989). The scale measured the impact of caring for minor grandchildren have on grandparents. The scale covers the caregiver’s flexibility of time, physical health, social relationships, emotional well-being, and life course development issues, yielding a total score. If an individuals’ total score was 36 or above, he or she was considered to be at risk of experiencing caregiver burnout and should consider respite care or other supportive services. The higher the caregiver burden score, the higher the caregiver burden was. The Cronbach’s alpha for this scale for the flexibility of time is .85, for physical health is .86, for social relationships is between .69 to .73, for emotional well-being is between .77 to .81, and for life course development issues is .85 to .87 (Miyashita et al., 2006).

Role satisfaction (Thomas, 1990), was measured by individuals answering 15 questions with regard to their role as a parent to their grandchild. The use of the 5 point Likert type scale, *strongly disagree* to *strongly agree* was used. Higher scores meant that the individual was satisfied. The higher the scores the higher role satisfaction was. The Cronbach’s alpha for this scale is .90 (see Hayslip, Shore, Henderson, & Lambert, 1998).

Purpose of the Present Study

This study focuses on the relationship between the level of attendance at a senior center and dependent variables (a) well being, (b) quality of life, (c) role satisfaction, (d) caregiver burden, (e) loneliness, (f) present health status, and (g) health status a year ago.

Hypotheses

The research and the null hypothesis for the study were:

H₁: The well being, quality of life, role satisfaction, caregiver burden, loneliness, present health status, and the health status a year ago for grandparents that are rearing minor grandchildren either full time or part time is related to attendance at a senior center.

H₀: The well being, quality of life, role satisfaction, caregiver burden, loneliness, present health status, and the health status a year ago for grandparents that are rearing minor grandchildren either full time or part time is not related to attendance at a senior center.

CHAPTER 4

RESULTS

This section presents the results of data analyses conducted for this research study. The data was acquired through surveys that were self administered. A total of 130 surveys were given to participants who met the study criteria, after the surveys were completed by the participants they were returned to the researcher. There were 8 questions to answer on the demographic data survey, 20 questions on the senior center attendance questionnaire, 16 questions on the Quality of Life Scale, 15 questions on the Well Being Scale, 10 questions on the Loneliness Scale, 24 questions on the Caregiver Burden Scale, 15 questions on the Role Satisfaction Scale, and 20 questions on the Senior Center Participation Scale.

On the senior center attendance questionnaire, the participants were asked do they attend a senior center, if so, how many days do they attend the senior center. The participants were also asked if they attended a senior center before they began rearing their grandchildren and if so how many days they attend. With regard to their attendance of the senior center after rearing their grandchildren, participants was also asked if they were attending a senior center before rearing their grandchildren and no longer attend, what are the reasons in which they do not attend. The participants of this study were also asked when they attend a senior center, how long did they stay when the go, how satisfied they were with the senior center they attend, how did they get to the senior center when they go, and how long have they been attending a senior center. The results for those questions are presented in Appendix B.

The number of participants reported that they attended a senior center was 67, while the most frequent amount of days the participant attended the center within a week was 3. The number of participants that reported that they attended a senior center before they began to rear

their grandchildren was 31, and the most frequent number of days the participants attended the center within a week for these individuals was 3. The most frequent reason why individuals who were attending a senior center but no longer attend after they began to rear their grandchildren was they did not attend when watching their grandchildren. The most frequently reported amount of hours at the center was 4 hours. The most frequently reported degree of satisfaction with the center was that the participants were somewhat satisfied. The most frequently reported form of transportation to the center was by the participant driving their own car but on average the senior center transported them. The most frequently reported amount of time the participants had been attending a senior center was 5 or more years (see Appendix B).

Those participants that attended a senior center were asked if they participated in any activities while at the center. Fifty- five respondents said that they participated in activities while at the center. The most frequent activity reported by the respondents was eating a meal. For those individuals who attended a senior center, the extent in which the center met their needs was also asked. The most frequently stated need that was being met was transportation provided by the senior center to the grocery store, followed by a nutritional meal from the senior center, getting groceries from the senior center. In addition, substantial (more than 50%) of those attending a senior center reported that assistance in paying bills, getting counseling, legal advice, assistance in medical insurance, and assistance in a variety of activities and services for their grandchildren (see Appendix B).

The participants were then asked if their needs are not being met at the senior center, where are their needs being met at. The most frequent agency in which individuals were getting their needs met was human services followed by the community center. The participants were asked if they do not attend a senior center would they attend if certain services were available to

them. The most frequent services provided at a senior center that was chosen as an incentive to attend was help with finding resources to pay bills (see Appendix B).

Participants were asked if they attended as senior center what services would they expect to be provided at the center, the most stated services was financial help. Participants were asked if they do not attend a senior center, why not. The most frequent responses were that they did not have time, they were not interested, and they were too busy. The participants were then asked if they attend a senior center what programs would they like to be involved in, the most frequent response was sewing and crafts. Those individuals that said they attend a senior were asked if they attend but do not partake in any activities, why not? The most frequent response varied from “I’m not allowed to participate to I don’t have time.” The respondents were then asked in what aspects of caregiving do they feel they need help with and the most frequent response was financial help. The respondents were then asked, what aspects other than caregiving do they feel they need help with and the response was clothing, counseling, and financial help was mentioned in the responses. The participants were asked while they were attending a senior center, did they volunteer and forty- five of the individuals reported that did. The respondents reported doing various things such as calling bingo, helping in the kitchen, singing, and decorating while at the senior center. Participants were asked if they do attend a senior center, has the senior center given them any type of assistance and 28 individuals said yes. Of those individuals who said that a senior assisted them, they were then asked what type of assistance were they given for themselves and then for their grandchildren. A nutritional meal was the most frequently stated assistance received as a senior center for the grandparent. The assistance received for the grandchild varied amongst several things such as clothing, food, and school supplies (see Appendix B).

The Impact of Senior Center Attendance

The first major question to be answered was if attending a senior center was beneficial to grandparents who were rearing minor grandchildren. The results showed that there were 67 individuals currently attending a senior center versus 31 individuals who noted that they had attended a senior center before they began rearing their grandchildren. Thus, while 52% of the sample was currently attending a senior center, only 24% had attended prior to raising their grandchildren (Table 1).

Table 1

Attendance at a Senior Center

	Attendance at present	Attendance before rearing grandchildren
1 yes	67	31
2 no	62	77
%	52	24

Following an initial multivariate analysis (MANOVA, $F_{7,69} = 2.72, p < .01$) suggesting that senior center attendance affect the measures as a set, a series of one way ANOVAs were then carried out to test the hypothesis that attending a senior center has an effect on the well being, quality of life, role satisfaction, caregiver burden, loneliness, current health, and health one year ago.

These results using the dependent variables of well being, quality of life, role satisfaction, caregiver burden, loneliness, current health, and health one year ago showed that many of these dependent variables were impacted by attendance of a senior center. In this sample, quality of life, well being, caregiver burden, and role satisfaction were each positively affected by the

attendance of a senior center, as shown in Table 2. Controlling for a number of variables (e.g. age, gender, race, income) attenuated this effect, and there were no effects due to whether caregiving was part-time or full-time.

Table 2

Effects of Attendance at a Senior Center on the Well Being, Quality of Life, Role Satisfaction, Caregiver Burden, Loneliness, Current Health, and Health One Year Ago

		<i>n</i>	Mean	<i>SD</i>	Min	Max
Attended	a. Current Health	66	2.98	.794	1	5
	b. Health one year ago	67	3.24	.818	2	5
	c. Quality of life	46	62.91	7.42	47.00	80.00
	d. Well being	59	55.59	8.25	37.00	71.00
	e. Loneliness	62	15.34	6.12	10.00	30.00
	f. Caregiver burden	59	18.15	11.37	.00	48.00
	g. Role satisfaction	59	58.31	7.54	41.00	75.00
Did not attend	a. Current Health	62	2.92	.911	1	5
	b. Health one year ago	62	3.03	.849	1	5
	c. Quality of life	50	57.82	7.29	39.00	75.00
	d. Well being	59	51.05	8.42	30.00	63.00
	e. Loneliness	60	16.95	6.56	10.00	31.00
	f. Caregiver burden	53	27.30	17.49	.00	72.00
	g. Role satisfaction	57	54.93	6.77	34.00	66.00

- a. $F_{1,126}=1.89$ $p<.665$
- b. $F_{1,127}=1.98$ $p<.162$
- c. $F_{1,94}=11.48$ $p<.001$
- d. $F_{1,116}=8.76$ $p<.004$
- e. $F_{1,120}=1.97$ $p<.163$
- f. $F_{1,110}=10.99$ $p<.001$
- h. $F_{1,114}=6.42$ $p<.013$

Subsequently, a hierarchical regression analysis was conducted to find out whether frequency and quality of attendance of a senior center predicted quality of life, caregiver burden, well being, loneliness, and role satisfaction, controlling for age, gender, ethnicity, work status (retired or working), income, number of hours a week caring for grandchildren, marital status,

current health status, health status one year ago, where the interest was in the unique role that satisfaction with the senior center, the amount time the participant had been attending the senior center, and the activities that the participants participated in while at the senior center.

The results of the regression analyses showed that for each the major dependent variables, that after controlling for age, gender, ethnicity, work status, income, number of years caring for grandchildren, the number of hours a week caring for grandchildren, and martial status, that the frequency and quality of involvement at the senior center did not have a uniquely significant role in predicting quality of life, role satisfaction, well-being, loneliness, and caregiver burden (see Table 3).

Table 3

Models Summary

	Model	R^2 Change	F Change	$df1$	$df2$	Sig. F Change
Quality of Life	1	.240	1.102	8	28	.391
	2	.455	19.394	2	26	.00
	3	.091	2.352	4	22	.86
Caregiver Burden	1	.320	2.355	8	40	.035
	2	.010	.297	2	38	.745
	3	.073	1.036	4	34	.403
Well Being	1	.252	1.682	8	40	.133
	2	.045	1.228	2	38	.304
	3	.016	.197	4	34	.938
Loneliness	1	.175	1.142	8	43	.356
	2	.008	.190	2	41	.828
	3	.002	.023	4	37	.999
Role Satisfaction	1	.124	.690	8	39	.698
	2	.123	3.036	2	37	.060
	3	.039	.447	4	33	.773

Table 4

Statistically Significant Predictors at Each Step in the Regression Analyses

DV	Model 1	Model 2	Model 3
QOL	(Race) -.476 *	(Health) .546**	(Senior Services Satisfaction) .376*
Role Satisfaction	-----	(Health) .417*	-----
Well Being	-----	-----	-----
Burden	(Marital Status) -.500**		
	(Income) .301*	-----	-----
Loneliness	(income) .337*	-----	-----

* $p < .05$ ** $p < .01$

CHAPTER 5

DISCUSSION

The purpose of this study was to examine the attendance of a senior center and its effects on grandparents that are rearing minor grandchildren either part time or full time. In this sample, 130 grandparents rearing minor grandchildren were surveyed to learn if attending a senior center has an effect on their well being, quality of life, caregiver burden, role satisfaction, current health status, health status one year ago, and feelings of loneliness.

The hypotheses tested here were whether attending a senior center does have a positive effect on the well being, quality of life, caregiver burden, role satisfaction, current health status, health status one year ago, and feelings of loneliness on grandparents that were rearing minor grandchildren.

Summary of Findings

Findings indicated that there were 67 (52%) individuals who noted that they attended a senior center, while only 31 (24%) said that they attended a senior center after they began to rear their minor grandchildren. Thus, there was an increase in senior center attendance of grandparents that were rearing minor grandchildren after they had begun to caring for their grandchildren.

The ANOVA findings of this study showed that attending a senior center does have a positive effect on the well being, quality of life, caregiver burden, and role satisfaction of grandparents rearing minor grandchildren. The findings also showed that once the individuals went to the senior center, the frequency in which they engaged in activities did not have a statistically significant effect on well being, quality of life, caregiver burden, and role satisfaction. Thus, within this sample, simply going to the senior center was beneficial.

What do the Findings of This Study Mean: Benefits of the Findings for Grandparents

The findings in this study implies that going to a senior center is beneficial to grandparents that are rearing their grandchildren in that once the individual gets to the center, their quality of life along with their well being, role satisfaction, and caregiver burden are impacted in a positive way, while the frequency in which they engage in the activities offered by the senior center does not have any bearing on these positive benefits. With that in mind, the difficulty comes when trying to get the grandparent to attend a senior center, which is discussed below.

Jendrek (1993) found that amongst custodial grandparents their level of well being decreased in terms of having privacy. Grandparents have noted that their well being has suffered due the lack of support from the children's parents and the lack of other supportive support to help raise their grandchildren. Attending a senior center that offer these supportive services or can effectively refer this population to the proper service can assist in their overall well being.

Implications for Senior Center

The implication of this study for senior centers is that the services and the perception of a senior center need to change, in light of the fact that better grandparent caregiver functioning was associated with senior center attendance. Beginning in 1943 when the first senior center was constructed in New York to prevent the continuation of the isolation of older adults, the center targeted older adults, so that they would be more motivated to be more social and to interact with one another to prevent isolation. As time went on, just going to a senior center for socialization was not enough and another movement ensued to assist older adults in being healthy and nutritionally fit. This movement led to many senior centers becoming what we know them to be today: as multipurpose centers whose aims was to provide a spectrum of services that included

health, social, nutritional and educational services. With the improvement in the health of older adults, also came increased longevity and the desire to be more active. With this in mind, the look of the older adult has changed and so has their expectations of a senior center. The findings of this research showed that older adults expect activities such as life exercises, ballroom dancing, bible study, parenting classes, child activities, respite care, social services, job placement, good lunches, computer classes, weight training, transportation, computer classes, and financial assistance to be offered at a senior center.

Implications for Grandparents

Grandparents are increasingly becoming the parents of their grandchildren. The increase suggests the increase of the need of resources for this population, to assist in the rearing of their grandchildren and also supportive services to help the grandparent to adjust and maintain themselves in their new role. It would be logical for grandparents to attend a senior center which is located within their community to receive socialization, a nutritional meal, and other support instead of visiting multiple locations for various issues, rather than not attending and receiving no help. This very notion goes along with the results of the study that suggests that simply attending a senior center regardless of the frequency in partaking in activities can improve the lives of not just older adults but those individuals who have found themselves rearing their grandchildren.

Recommended Changes to the Senior Centers

As stated above, the objective and the priorities of the senior center need to change and be more geared to enhancing the services that are offered at senior centers. Currently the majority of the senior centers are nutrition sites that are only geared to enhancing the health of those that attend by making sure they receive a meal that is nutritionally balanced. Though a

nutritional meal is beneficial, a meal is not enough when an individual is heavily burdened, stressed, and overwhelmed due to the lack of supportive services that are geared toward the management of their grandchildren and their own life.

The setting and the management of a senior center has often times predicted what services are being offered. In Dallas County (Texas), the majority of nutrition sites are located within park and recreation facilities while the other centers are located within churches. For the most part the basic service of a park and recreation senior center is transportation to and from the center, a nutritional meal, occasional trips, health education, groceries, scheduled trips to the grocery store, and resources such as benefits counselors that are approved through the Area Agency on Aging, which governs the policies of senior centers, that are set forth by Dallas County. This explains the data result of my research of the population that were surveyed, from which the most frequent service being offered completely at a senior center were transportation to the grocery store, nutritional meal, groceries at the center, and assistance with medical insurance for themselves.

Guidelines to the function of Dallas County senior center nutrition sites were made by the AAA and Dallas County Older Adult Services and were given to management, which were given to staff. Much like any message that is given from one person to pass on to others, the interpretation of the message is at times distorted or altered due to how the messenger interpreted it when they originally received the message and as with messages, policies are often times distorted or altered. I have found this to be the case for the park and recreation senior center nutrition sites while conducting this research. As I discussed the propose of this research and asked if certain services such as help with finding resources or assisting in reading documents the participants do not understand, were offered at the senior center, I was quickly told, “Oh no

we don't do that," we refer the individual to 211 to find a resource. I was astonished and thought how difficult would it be to read a simple paper to find out if it is truly an important document or junk mail or simply calling 211, which is an automated machine which causes an individual to follow several prompts to maybe finally getting the resource that they need, if they are able to hear it with possibly wearing a hearing aid, to get the needed resource for the individual. It is not my believe that the AAA nor Dallas County intended for their guidelines of duties to be so rigid that staffing are not able to make a simple phone call or just simply look at a piece of paper. This very notion brings out another issue that may need to be looked at and that is empathy for the individuals in which are being served at the senior centers.

Respondents of my research also noted counseling for themselves, counseling for their grandchildren, respite care, parenting advice, assistance with summer activity programs, and a case manager to help filter the array of services as being the most frequent resource being completely offered, these results stem from the population of respondents that were surveyed at senior centers that were located in churches. It is within this organization that individuals have greater support, not only for the obvious of the religious aspect of their life but also for the social aspects of their life and the larger the organization is, the more resources that are likely to be offered to meet the demands that have been identified within their congregation, therefore it would not be unreasonable to find an array of services to provide the support to grandparents and the grandchildren that they are caring for.

If the two models of senior centers that were outlined above were merged together to offer one cohesive service, the lives of older adults which include grandparents that are rearing grandchildren may change and have a greater impact on the grandchildren they are caring for.

Enhancing the Access to Senior Centers

By being a previous manager of a senior center nutrition site, that was located in a park and recreation facility, I witnessed many active vibrant individuals join the center and soon after cease from attending. I questioned those individuals as to why they no longer attend the senior center and I was told that the services that were offered at the center were not enough and that when they attend the center, the activities that were provided were too slow and nothing was really ever going on. The results of the research from the sample surveyed showed that individuals also stopped attending senior centers because they begun to “help with their grandchildren” or “taking care of their grandchildren”.

Other individuals at the senior center that were less mobile complained that there were not enough activities that catered to their inability to walk around or stand a long period of time. Then there were a sector of individuals that were assisting in the rearing of their grandchildren. Those grandparents complained of the lack of supportive services that prevented them from coming to the center or partaking in many of the activities while they were there. Some of those supportive services were counselors or advisors to assist in finding resources such as after school programs, financial help, and counseling for behavioral issues of their grandchildren.

Some of the reasons in which individuals do not attend a senior center were implicated through the results of this research. Of the sample that were surveyed respondents said the reason they do not attend a senior center is as followed: not being old enough, not having a need, they are working, too busy with medical appointments, they did not think they were old enough, they don't have time, they don't qualify, have no desire to go, haven't thought about it, have other things they are involved in, their needs are provided at home, and no senior center available in the area that they know of.

With personal experience and the information that was gained from the results of this study, I would enhance access to senior centers by making the centers friendlier, livelier, and filled with various activities that would cater to those that are very mobile and those that are not. Therefore by simply implementing programs such as exercise that is more impact that encourages cardiovascular health like cycling, power walking, aerobics, after hour dancing, cooking and computer classes for the more mobile seniors that are more active could gain or retain mobile seniors. By having chair exercises and balance classes, mind teasers, ceramic classes, and other stationary programs for those individuals that are less mobile and have possibly aged in place, but would still like to be apart of the senior center could increase the participation of immobile individuals and then for special populations that have been identified, cater to their particular need by having a social worker that is trained to resolve issues and advocate for the resources that have been identified such as grandparents rearing their grandchildren and all of the support that is required to be as successful as possible in rearing their grandchildren. I would also implement a program that is much like the intergenerational program at the Allen Senior Center, located in Allen, Texas. This program is one of the very few programs that I found during my research that had a stated specialized program that encourages the grandparent grandchild interaction other than on Grandparents Day in September. I would use the idea of Allen Senior Center of having an intergenerational program but would add other components to this model which would include support groups.

Due to many older adults not wanting children around them when they are at senior centers, I think that having a intergenerational event only several times a year and still supporting grandparents who are rearing grandchildren is a great compromise to those involved in that the events would be planned ahead of time and those who wanted to attend could and those that

didn't would not have to. Also the events would be for everyone who are grandparents and therefore this would not alienate the sector of individuals that are rearing their grandchildren but in return would be a big event for grandparents and their grandchildren.

I would also try to dispel the perception of senior centers being just for "old people" that are stationary and the misconception that senior centers are adult daycares or nursing homes by having multiple open house events that would invite the community to come view the center. Though when you have a facility that is full of different individuals from different environments, social economical backgrounds, and personalities the ability to please everyone is impossible but it is my thought that if various activities and support is available in one location, there will be more happy individuals than there are unhappy.

How to Encourage Older Adults to be More Involved in Activities

Encouraging older adults to change their regular routine can be a difficult task especially if the individual have some form of emotional issue such as depression. Though the task is difficult, I have found that if you have something that the individual want he or she will come to the location in which they can get it. My tenure at a senior center has allowed me to coin the phrase "if it is free, it is for me." I developed this phrase after witnessing an influx of older adults coming to the center whenever they learned that the center had a special event and was giving something away. It could have been a simple item such as an ink pen, a sticker, or a jar opener, if it was there and it was free, they wanted it and they wanted all of it if they could have it and although these items can get an individual to a center there is difficulty in getting them to be more involved in activities. As the results of this study have shown, the frequency in which the individual partakes in activities while at a senior center is not important on the well being and other aspects of their life. The results of the study also showed that the reason individuals do not

partake in activities while at a senior center is because they don't have the time, they don't qualify, they are not allowed to, they just started the program, and they are not interested. So the question is how to get someone to be more involved in activities when they attend the center? It is my thought that just simply asking individuals what it is that they would like to do and then truly implement those activities to include the desires of all of those that are apart of the center. Many individuals have given suggestions as to programming for senior centers but they never saw a change or were given an explanation as to why the change didn't occur and therefore decided what is the use in suggesting anything if nothing will happen. Therefore, it is in my opinion, after a suggestion has been made and it is feasible and conducive to the improvement of the senior center, implement the programs or give the participants an explanation as to why a particular program was not implemented so that they will have a better understanding of programming and the decisions that are made regarding them.

Implications of Findings for Director, Managers, and Staff

The implications of this study is that directors and managers (those decision makers) need to take a closer look at the way in which senior centers are functioning, what are the causes of the increase/decrease of participants, the activities that motivate individuals to become a part of a center and that will retain them as active members, are the policies that were implemented for the program being carried out as directed, and how empathetic is staff towards the population they serve. From personal experience, the changes that need to be implemented would be to encompass socialization, fitness, support groups, special events, and nutrition into one model at one location instead of various locations. This would be an all encompassed model that will be geared towards the physical, mental, spiritual, and social aspects of an individual. This model is much like the medical model that was formed at the Baylor Geriatric Assessment Center, in

Dallas, Texas, whose prime focus is the physical (health) aspects of older adults but also encompasses the social, mental, and spiritual aspects. Of course this would call for an increase in funding and an expansion of the budget for senior centers but my thought is, isn't that what the Older Americans Act was constructed for, to improve the life of older adults. It was in 1965 when the act was constructed to respond to the concerns of policymakers in regards to the lack of community social services for older persons. Though the act was amended in 2000, it seems as though the original plan, which was to provide information and access services for older adults, has been altered. Most directors of senior centers impress on their managers to increase the number of enrollments because this program is "number driven" meaning that their success is evaluated by the number of enrollees obtained but what about the retention rate, which does not account into their number driven equation. It is in my opinion that just because a particular center received 20 enrollees in one month, does not mean the center is successful therefore if directors spend money to provide the adequate staff and implement an array of services at senior centers, this may increase the enrollment and also increase their retention rate which would then be a true success.

Recommendations for Future Research

The results of this study leads to more questions with regard to grandparents rearing grandchildren and therefore more research should be conducted to learn the answer to certain questions that were left unanswered in this study. Those questions include: 1) how empathetic are directors, managers, and staff of senior centers toward the population they serve?, 2) on average is it the older sector of grandparents that benefit from attending a senior center and would this notion change across socioeconomic status?, 3) what is the 6 month retention rate of individuals that join a senior center?, 4) what are the reasons grandparents continue to come or

cease from coming to senior centers?, and 5) what is the overall perception of senior centers in meeting grandparent caregivers' needs?

The list of unknown questions can go on and on but there is one thing that is apparent and that is, grandparents that are rearing grandchildren are underserved and agencies that are in the community can be of more assistance if the services were available. Simply attending a senior center has been acknowledged as a benefit in this study but there are other benefits in attending a senior center such as being around like minded individuals, being amongst peers, having socialization, a nutritional meal, receiving health information, and obtaining other resources that is pertinent to a particular issue such as grandparents rearing grandchildren. Over time, these benefits are durable and can easily be implemented within community agencies such as senior centers. It is my belief that these benefits can have an effect over different subgroups of grandparents rearing grandchildren regardless of race, economical background, age, or the location in which they live. My reasoning behind this is that within all ethnic backgrounds there are grandparents that have taken on the responsibility of caring for their grandchildren and can benefit from support. Though individuals whom have higher incomes may have better access to resources and the ability to provide for their grandchildren without the assistance of the child's parents or the government, this money can't buy peace of mind, resolve behavioral issues of the grandchild, improve well being, quality of life, role satisfaction, health or decrease caregiver burden and loneliness. Even the age of the grandparent shouldn't be a factor in attracting such persons to senior centers, though senior centers require individuals to be a certain age to attend.

There are other methods that can be implemented to enhance attendance at senior centers, such as having a support group for grandparents rearing grandchildren after hours or simply displaying the information regarding grandparents rearing grandchildren so that individuals can

simply walk up to the information section and obtain the information that is needed, which could be in the form of a referral sheet for resources and although grandparents vary by socioeconomic class, as the results of this study suggest, despite the fact that there are grandparents who are rearing grandchildren living in other communities they might nevertheless still seek out similar assistance with rearing their grandchildren. The results of this research showed that the sought out assistance include after school programs, babysitting, extracurricular activities, counseling for their grandchild, counseling for the entire family, tutoring for their grandchildren, mentoring programs, transportation, dental assistance for grandchild, updates for age appropriate games for grandchildren, parenting advice, respite care, support groups, summer programs, and financial assistance, which was the most frequent request for assistance in care-giving. Grandparents also noted in this research that the other help that was needed but did not pertain to caring for their grandchildren were help with paying the bills, help with chores around the house, counseling for themselves, finding a job, transportation, socialization, and financial assistance.

Despite the noted need of resources, the results of this study showed that grandparents had received some assistance from senior centers for themselves and for their grandchildren. Some of the assistance included a wheelchair when the spouse became disabled, donation for food, medical tests, wellness check up, and resources on where to get a bill paid. The assistance grandparents received for their grandchildren were clothing, counseling, educational classes, and school supplies.

Limitations of Study

Though this study has shed some light on the fact that attendance at a senior center has positive affect on the well being, quality of life, role satisfaction, and caregiver burden of grandparents rearing minor grandchildren, there were still some limitations associated with this

study. Those limitations include: 1) Not all individuals that attended the senior centers and were rearing grandchildren took part in the survey and thus the sample size could have been much larger than what it was, 2) Within this study not all of the individuals answered all of the questions within the survey while others gave answers that were not pertinent to the question they were answering, 3) There could have been other measures researched within this study such as “is the director, managers, and/or staff empathetic towards you?” or “do you receive assistance from your grandchild(ren) parents?”, and 4) Not all of the senior centers within the Dallas-Ft. Worth area that had grandparents rearing grandchildren attending were surveyed, nor were all of the grandparents rearing grandchildren support groups.

Summation of the Study

The results of this study indicated that attending a senior center had an effect on the well being, quality of life, caregiver burden, and role satisfaction of grandparents that are rearing minor grandchildren regardless of their frequency of partaking in activities. The results also suggested that loneliness, the current health, and health one year ago of the grandparent weren't affected by the degree of attendance at a senior center.

The benefits of this study for grandparents that are rearing minor grandchildren are that attending a senior center can possibly improve their lives just by simply going to the center and if the center offered more supportive services in this respect, such individuals maybe better off still.

The findings of this study will give voice to what grandparents believe they need and also shed light on some of the resources that grandparents rearing minor grandchildren are in need of, that can be obtained at a senior center that is located within their respective communities. After all, that is what multipurpose centers were designed to do.

APPENDIX A
DEMOGRAPHIC DATA RESULTS

Table A.1

Age of Grandparent, Age of Grandchild

	Mean	SD	N	N missing	Total
Age of grandparent	64.38	10.66	130	0	130
Age of grandchild	10.33	4.853	126	4	130

Table A.2

Gender of Grandparent, Gender of Grandchild

	Frequency	%
Mean 1.82 SD=.383		
1 Male	23	17.7
2 Female	107	82.3
	Frequency	%
Mean 1.54 SD=.501		
1 Male	58	44.6
2 Female	67	53.6

Table A.3

Marital Status

	Frequency	%
Mean 3.03 SD=1.446		
1 Single	16	12.3
2 Married	52	40.0
3 Separated	7	5.4
4 Divorced	22	16.9
5 Widowed	33	25.4

Table A.4

Ethnicity

	Frequency	%
Mean 2.52 SD=.718		
1 Asian	4	3.1

2 African American	66	50.8
3 Caucasian	49	37.7
4 Hispanic	10	7.7
5 Other	1	.8

Table A.5

Work Status

	Frequency	%
Mean 2.65 SD=.835		
1 Full Time	21	16.2
2 Part Time	12	9.2
3 Retired	87	66.9
4 Volunteer	9	6.9

Table A.6

Income

	Frequency	%
Mean 3.16 SD=2.094		
1 Less than \$10,000	4	3.1
2 \$10,001-20,000	66	50.8
3 \$20,001-30,000	49	37.7
4 \$30,001-40,000	10	7.7
5 \$40,001-50,000	8	6.2
6 \$50,001-60,000	6	4.6
7 More than \$60,000	17	13.1

Table A.7

Number of Grandchildren Caring for

	Frequency	%
Mean 1.41 SD=1.214		
0	34	26.2
1	37	28.5
2	28	21.5
3	17	13.1
4	6	4.6
5	1	.8

Table A.8

The Number of Years Caring for Grandchild, the Number of Hours a Week Caring for Grandchild, and Full time or Part time Caretaker

	Mean	SD	N	N Missing	Total
The number of years caring for grandchild	7.22	4.843	127	3	130
The number of hours a week caring for grandchild	42.49	41.303	115	15	30
Full time or part time caretaker	1.56	.498	119	11	130

Table A.9

Current Health and Health one year ago

	Mean	SD	N	N missing	Total
1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent					
1 Current Health	2.95	.847	129	1	130
2 Health one year ago	3.15	.836	130	0	130

APPENDIX B

ATTENDANCE DATA RESULTS

Table B.1

The Number of Participants Attending a Senior Center

	Frequency	%
1 yes	67	51.5
2 no	62	47.7
Total	129	
Missing data	1	
Total	130	

Table B.2

Days of Attendance at a Senior Center

Days of attendance	Frequency	%
1	7	10.3
2	9	13.2
3	25	36.8
4	13	19.1
5	14	20.6
Total	68	
Missing	62	
Total	130	

Table B.3

Number of Grandparents Attending a Senior Center before Rearing a Grandchild

	Frequency	%
1 yes	31	23.8
2 no	77	59.2
Total	108	
Missing data	22	
Total	130	

Table B.4

Days of Attendance at Senior Center before Rearing Grandchildren

Days of attendance	Frequency	%
1	4	13.3

2	2	6.7
3	9	30.0
4	7	23.3
5	8	26.7
Total	30	
Missing	100	
Total	130	

Table B.5

Reasons stop Attending a Senior Center after Rearing Grandchildren

Reason	Frequency	%
Away from the country	1	.8
Did not attend	1	.8
I didn't attend when watching my grandchildren	1	.8
I never attended a senior center	1	.8
n/a	40	30.8
n/a	32	24.6
Started helping with grandchild	1	.8
Still attend two days a week	1	.8
To take care of my grandkids	1	.8
Total with non-missing	130	

Table B.6

Number of Hours Stay at a Senior Center

Number of hours stay at the center	Frequency	%
1	4	6.0
2	10	14.9
3	13	19.4
4	27	40.3
5 or more	13	19.4
Total	67	
Missing	63	
Total	130	

Table B.7

Satisfaction with the Senior Center

Level of satisfaction	Frequency	%
1 not at all	2	2.8
2 somewhat	50	70.4
3 satisfied	18	25.4
4 extremely satisfied	1	1.4
Total	71	
Missing	59	
Total	130	

Table B. 8

How do you get to the Senior Center

Mode of transportation	Frequency	%
1 center transports me	20	27.8
2 my own car	43	59.7
3 family/friend	4	5.6
4 public transportation	3	4.2
5 other	2	2.8
Total	72	
Missing	58	
Total	130	

Table B.9

How long have you been a Member of the Senior Center

Length of attendance	Frequency	%
1 0-6 months	8	11.8
2 7-12 months	4	5.9
3 1-2 years	11	16.2
4 3-4 years	12	17.6
5 5 years or more	33	48.5
Total	68	
Missing	62	
Total	130	

Table B.10

Do you Partake in Activities at the Senior Center

	Frequency	%
1 yes	55	69.6
2 no	23	29.1

0	1	1.3
Total	79	
Missing	51	
Total	130	

Table B.11

Activities Partake in while at a Senior Center

	Frequency	%
1 play cards		
0 no	100	76.9
1 yes	30	23.1
2 volunteer		
0 no	95	73.1
1 yes	35	26.9
3 play game boards		
0 no	118	90.8
1 yes	12	9.2
4 movies		
0 no	118	90.8
1 yes	12	9.2
5 yoga		
0 no	129	99.2
1 yes	1	.8
6 dominoes		
0 no	107	82.3
1 yes	23	17.7
7 watch tv		
0 no	112	86.2
1 yes	18	13.8
8 casino trips		
0 no	115	88.5
1 yes	15	11.5
9 eating meals		
0 no	76	58.5
1 yes	54	41.5
10 sewing		
0 no	123	94.6
1 yes	7	5.4
11 go fishing		
0 no	129	99.2
1 yes	1	.8
12 relaxation retreat trips		
0 no	119	91.5
1 yes	11	8.5

13 swimming		
0 no	127	97.7
1 yes	3	2.3
14 crafts		
0 no	112	86.2
1 yes	18	13.8
15 exercise		
0 no	95	73.1
1 yes	35	26.9
16 tai chi		
0 no	126	96.9
1 yes	4	3.1
17 other		
Aerobics	1	(.8%)
Billiards	1	(.8%)
Bingo	2	(1.5%)
Bocce Ball	1	(.8%)
Clogging, tap dancing, piano	1	(.8%)
Computer center, teach/tutor	1	(.8%)
Computer use	1	(.8%)
Conversation	1	(.8%)
Dance	1	(.8%)
Dance class	1	(.8%)
Dancing granny/bingo committee	1	(.8%)
Defensive driving class, medic	1	(.8%)
Gardening	1	(.8%)
Help in the kitchen	1	(.8%)
Sing in the choir	1	(.8%)
Jewelry making	1	(.8%)
Librarian	1	(.8%)
N/A	1	(.8%)
Parenting	1	(.8%)
Play the Wi Game	1	(.8%)
Playing Skipbo	1	(.8%)
Senior Pilates/weight training	1	(.8%)
Socialize	1	(.8%)
Stepping Grannies dance group	2	(1.5%)
Trips	1	(.8%)
Water Aerobics	1	(.8%)
Wii game, pool	1	(.8%)
Worked the senior RX enrollment	1	(.8%)

Table B.12

The Extent Needs are being met at a Senior Center

Needs		Frequency	%
1Not all			
2Somewhat			
3Completely			
4I don't need help with this			
Financial help with food			
	1	44	58.7
	2	4	5.3
	3	27	36.0
	4	0	0
A nutritional meal			
		8	10.5
		12	15.8
		56	73.7
		0	0
Transportation to the grocery store			
		10	13.5
		6	8.1
		58	78.4
		0	0
Groceries from the senior center			
		12	16.0
		8	10.7
		55	73.3
		0	0
Help with finding resources to pay bills			
		20	27.0
		20	27.0
		34	45.9
		0	0
Counseling for yourself			
		20	27.0
		9	12.2
		45	60.8
		0	0
Counseling for your grandchildren			
		19	26.0
		6	8.2
		48	65.8

	0	0
Assistance with medical insurance for yourself		
	17	23.9
	6	8.5
	48	67.6
	0	0
Transportation to appointments outside of the center		
	17	23.3
	10	13.7
	45	61.6
	1	.8
Respite support		
	20	27.4
	3	4.1
	50	68.5
	0	0
Legal advice		
	17	23.6
	7	9.7
	48	66.7
	0	0
Assistance in helping your grandchildren learn in school		
	25	33.8
	4	5.4
	45	60.8
	0	0
Tutoring to help in educating your grandchildren		
	28	37.8
	4	5.4
	42	56.8
	0	0
A case manager to help filter through the array of services		
	22	31.0
	7	9.9
	42	59.2
	0	0
Assistance with childcare		
	27	37.0
	4	5.5
	42	57.5
	0	0

Assistance with summer activity programs		
	26	36.1
	4	5.6
	42	58.3
	0	0
Assistance with medical coverage for your grandchildren		
	29	39.2
	3	4.1
	42	56.8
	0	0
Assistance with after school activity programs		
	30	40.5
	6	8.1
	38	51.4
	0	0
Parenting advice		
	28	37.8
	5	6.8
	41	55.4
	0	0
Assistance with low cost to free leisure for your grandchildren		
	29	39.2
	7	9.5
	38	51.4
	0	0

Table B.13

Needs being met Elsewhere

	Human Services	Metrocare	Community Center	Area Agency on Aging	Meals on wheels	Other agencies
Financial help for food	21	0	2	0	0	
A nutritional meal	5	0	0	0	1	
Transport to grocery store	1	0	0	0	0	
Groceries from the senior center	5	0	1	0	0	
Helping with finding resources to pay bills	3	0	12	0	0	
Counseling for yourself	1	1	1	0	0	
Counseling for your grandchildren	1	1	1	1	0	
Assistance with medical insurance for yourself	10	0	1	1	0	
Transportation to appointments outside of the center	1	0	0	0	0	
Respite support	1	0	0	0	0	
Legal advice	1	0	1	0	0	
Assistance in helping your grandchildren learn in school	1	0	1	0	0	
Tutoring to help in educating your grandchildren	1	0	1	0	0	
A case manager to help filter through the array of services	2	0	2	0	0	
Assistance with childcare	1	1	1	0	0	
Assistance with summer activity programs	1	1	3	0	0	
Assistance with medical coverage for your grandchildren	10	1	1	0	0	
Assistance with after school activity programs	1	1	1	0	0	
Parenting advice	1	1	1	0	0	
Assistance with low cost to free leisure activities for	1	1	3	0	0	

your grandchildren						
--------------------	--	--	--	--	--	--

Table B.14

Would you attend if Certain Services Where Offered

Services	Frequency	%
Financial help for food		
0 no	27	38.6
1 yes	43	61.4
A nutritional meal		
0 no	23	33.3
1 yes	46	66.7
Transportation to the grocery store		
0 no	31	43.7
1 yes	40	56.3
Groceries from the senior center		
0 no	27	39.1
1 yes	42	60.9
Help with finding resources to pay bills		
0 no	21	29.6
1 yes	50	70.4
Counseling for yourself		
0 no	28	39.4
1 yes	43	60.6
Counseling for your grandchildren		
0 no	29	40.8
1 yes	42	59.2
Assistance with medical insurance for yourself		
0 no	32	45.1
1 yes	39	54.9
Transportation to appointments outside of the center		
0 no	28	39.4
1 yes	43	60.6
Respite support		
0 no	31	44.9
1 yes	38	55.1
Legal advice		
0 no	27	38.6
1 yes	43	61.4
Assistance in helping your grandchildren learn in school		
0 no	27	38.6
1 yes	43	61.4
Tutoring to help in educating your grandchildren		
0 no	24	34.8
1 yes	45	65.2
A case manager to help filter through the array of		

services		
0 no	26	37.7
1 yes	43	62.3
Assistance with childcare		
0 no	35	50.0
1 yes	35	50.0
Assistance with summer activity programs		
0 no	22	31.9
1 yes	47	68.1
Assistance with medical coverage for your grandchildren		
0 no	28	40.0
1 yes	41	98.6
Assistance with after school activity programs		
0 no	30	42.9
1 yes	40	57.1
Parenting advice		
0 no	32	45.7
1 yes	38	54.3
Assistance with low cost to free leisure activities for your grandchildren		
0 no	21	30.0
1 yes	49	70.0

Table B.15

What Services are Expected at a Senior Center

Expectation activity	Frequenc y	%
Active life activities	1	.8
Activities and socializing	1	.8
Activities health & tips to care for grandchild and assistance with child activities	1	.8
Allen does a wonderful job	1	.8
Am not a senior citizen	1	.8
Arts, crafts, and movies	1	.8
Attend a senior center	1	.8
Ball room dancing	1	.8
Being friendly and making a person feel welcome	1	.8
Bingo, crafts	1	.8
Bible study, parent classes	1	.8
Childcare, child activities, respite services, social events, exercise room	1	.8
Communication, food services	1	.8
Computer classes, exercise classes, and trips to different places	1	.8
Computer classes	1	.8
Computer classes and weight program	1	.8
Don't qualify	1	.8
Entertaining, church activities	1	.8
Entertainment, play cards, games, crafts, lunch	1	.8
Exercise programs, dancing	1	.8
Fellowship, bingo, other games	1	.8
Finance& food, help with transportation	1	.8
Finances and resources	1	.8
Financial assistance, help with grandkids	1	.8
Financial help	3	2.3
Fit center	1	.8
Flu shots, counseling	1	.8
Food, help with bills	1	.8
Food, activities, help with paying bills	1	.8
Food, activities, help with paying bills	1	.8
Games, arts & crafts, and sewing	1	.8
Games, etc..	1	.8
Games, food, walking, dancing	1	.8
Good exercise program	1	.8
Good lunches, reasonable price, transportation sometimes, advice, exercise class and short trips	1	.8
Help	1	.8
Help find job and help with care for kids	1	.8
Help with my grandchild, social services, activities	1	.8
Help with bills	1	.8
I attend senior center	1	.8

Do not need to attend a senior center	1	.8
I haven't given this much thought	1	.8
Info resources	1	.8
Information on resources for my grandchild	1	.8
Leisure opportunity	1	.8
Leisure trips, exercise, help with grandparents caring for grandchildren	1	.8
Maybe food	1	.8
Meals	1	.8
Medical, nutritional, social	1	.8
n/a	17	13.1
n/a	23	17.7
None	4	3.1
Not sure	1	.8
Nothing	1	.8
Recreational	1	.8
Recreational activities, social activities	1	.8
Recreational and trips	1	.8
Resources	1	.8
Same as what they have	1	.8
Senior Services	1	.8
Sewing & Crafts	1	.8
Social activities	1	.8
Social activities & games	1	.8
Social activities	1	.8
Social services	1	.8
Social services, meals, activities, and trips	1	.8
Social	1	.8
Someone to give me advice on parenting again	1	.8
Swimming, crafts , dancing, walking paths	1	.8
The service listed on page ell would be awesome	1	.8
Transportation & help with grandchildren	1	.8
Transportation to doctors appts & more social activity field trips	1	.8
Transportation to the center	1	.8
Tutoring for my grandchild, counseling for me & my grandchild	1	.8
Volunteering in the library	1	.8
Total	130	100.0

Table B.16

Reasons Grandparents do not Attend a Senior Center

Reason not attending a senior center	Frequency	%
At the present I have no need for these services. I am fortunate to work full time and can afford expenses	1	.8
Away from the country	1	.8
Currently attend pulmonary rehab program two-three times per week	1	.8
Day trips, travel, games, informative programs	1	.8
Did not think I am old enough	1	.8
Don't have the time	1	.8
Don't have time	2	1.5
Don't qualify	1	.8
Don't think I need to! I won't know what they provide	1	.8
Don't want to go at this time	1	.8
Energy level, sickness	1	.8
Have not thought of didn't no it was there	1	.8
I am forty seven years old	1	.8
I choose not to	1	.8
I do attend two days a week in my neighborhood and Texas instrument retirement association	1	.8
I do not have time	1	.8
I don't think I am old enough to use the senior center. At this time I don't have time to go with housework, yardwork, and my church activities	1	.8
I don't want to	1	.8
I exercise, I volunteer, and I have church meetings. I am too busy right now	1	.8
I have a lot of interests and do not need to use the senior center at this time	1	.8
I have my own transportation, I have no need at this time	1	.8
I have other things I am involved in	1	.8
I have plenty of things to keep me busy around my house, active in church and take leisure trips	1	.8
I prefer to stay at home because I don't need anymore friends. I just want peace	1	.8
I still work	1	.8
I work and bills, not the time	1	.8
I'm forty eight and not a senior	1	.8
I'm not interested in attending a center	1	.8
I'm too young and too busy	1	.8
My age fifty five	1	.8
My needs are provided for at home	1	.8
n/a	26	20.0

n/a	24	18.5
Never have felt the need	1	.8
Never thought about & too busy	1	.8
Never thought about attending	1	.8
Never thought about it & not old enough	1	.8
No need	1	.8
No need at this time	1	.8
No time	1	.8
No time at this time	1	.8
Not available in area that I know of	1	.8
Not eligible yet	1	.8
Not familiar with the services they offer to help me	1	.8
Not interested	2	1.5
Not interested at this time	1	.8
Not interested, too busy	1	.8
Not old enough	1	.8
Not old enough yet	1	.8
Not old enough	1	.8
Still working	1	.8
To busy	1	.8
Too busy	2	1.5
Too busy with my grandchildren, don't have time	1	.8
Too busy	1	.8
Too young and don't have time	1	.8
Too young and too busy	1	.8
Transportation issues	1	.8
We are in our forty raising our two year old granddaughter	1	.8
Total	130	100. 0

Table B.17

Activities Grandparents Would like to be more involved in While at a Senior Center

Programs desiring to be more involved in	Frequency	%
All that I could	1	.8
All types	1	.8
As above	1	.8
Be the site manager	1	.8
Bingo, fellowship	1	.8
Casino trips	1	.8
Community service, exercise programs	1	.8
Computer classes, program for grandchildren	1	.8
Crafts, dominoes	1	.8
Do not attend	1	.8
Dominoes & soual activities	1	.8
Dominoes, cards, special event trips	1	.8
Don't know yet have to think about it	1	.8
Don't qualify	1	.8
Eating nutritional meal and being accepted at the center	1	.8
Exercise	2	1.5
Exercise such as Tai Chi but can not afford it	1	.8
Exercise /health education	1	.8
Fit work outs, self defense classes	1	.8
Home health care and more activities	1	.8
I would like to travel more	1	.8
I'm as involved as I have time for	1	.8
I'm involved in all desired activities	1	.8
I'm involved in the activities that I like	1	.8
I'm involved with all programs I'm interested in	1	.8
I'm satisfied at this time	1	.8
I'm satisfied with everything	1	.8
Kitchen, working the dances	1	.8
Leisure trips	1	.8
Like to be more involved in computer classes and AARP	1	.8
Modeling	1	.8
More arts & crafts programs, special events	1	.8
n/a	13	10.0
n/a	26	20.0
None	24	18.5
None, too busy	1	.8
Only fifty three	1	.8
Playing cards and sewing	1	.8

Senior Services	1	.8
Sewing& computer classes& arts/crafts	1	.8
Sewing & crafts	3	2.3
Sewing, exercise	1	.8
Social activities, sewing room	1	.8
Socials, games, exercise	1	.8
Swimming and other activities for grandparents	1	.8
Swimming ,walking	1	.8
Trips and special event	1	.8
Work out, dancing, trips	1	.8
Total	130	100.0

Table B.18

Reasons for lack of Involvement at a Senior Center

Reasons	Frequency	%
Did not attend	1	.8
Don't attend a senior center very often	1	.8
Don't have time, I work part time	1	.8
Don't qualify	1	.8
Energy level sickness	1	.8
Just started	1	.8
I do	1	.8
I'm not allowed to participate in many	1	.8
Just started the program	1	.8
Lazy	1	.8
N/A	35	26.9
NA	43	33.1
NONE	1	.8
Not interested	1	.8
Only fifty three	1	.8
Time	1	.8
Too busy	1	.8
Too busy and I work part time	1	.8
Too busy to use all available	1	.8
Yes, have to be involved	1	.8
	32	24.6
Total	130	100

Table B. 19

Aspects of Parenting Grandparents Need Help With

	Frequency	%
After school program	1	.8
Babysitting, financial assistance, extracurricular activities	1	.8
Bills	1	.8
Counseling for my grandchild & financial help	1	.8
Counseling	1	.8
Counseling & financial help	1	.8
Counseling for my grandson, his mother, and myself	1	.8
Decision making	1	.8
Family support and communication	1	.8
Financial	2	1.5
Financial assistance	1	.8
Financial Help	6	4.6
Financial help& counseling for grandchild	1	.8
Financial help & counseling	1	.8
Financial help, tutoring	1	.8
Financial help, tutoring for my grandchild	1	.8
Financial help, tutoring	1	.8
Financial support & Social support. Access to big Bro/Sis Mentoring Program	1	.8
Financial, counseling	1	.8
Financial	1	.8
Medical, Dental Insurance	1	.8
Meeting friends	1	.8
Money, babysitting, transportation	1	.8
More activities for disabled grandchildren	1	.8
More in caregiving assistance in dental help	1	.8
More tutoring	1	.8
My husband and friends help when I need it	1	.8
n/a	1	.8
n/a	5	3.8
None	50	38.5
None I have help from my family	1	.8
None right now	1	.8
None	1	.8
Nothing at this time	1	.8
Occasional updates for age appropriate games and interests	1	.8
Only fifty three	1	.8
Parenting skills	2	1.5
Patience	1	.8

Physical abilities, finances	1	.8
Respite care	3	2.3
Respite care so I can have a break	1	.8
School activities	1	.8
School tutoring	1	.8
She's a preteen and all that come with it. Sound advice about changes in teenagers attitude would be healthful	1	.8
Shopping	2	1.5
Some activities for the grandchildren	1	.8
Someone to mentor my grandchild	1	.8
Support groups/sharing problem & though with others	1	.8
Timeout for myself	1	.8
Tutoring & counseling	1	.8
Tutoring & summer program	1	.8
Wife has Alzheimer's is now a priority!	1	.8
Total	130	100.0

Table B.20

Aspects of help, other than Caregiving, Grandparents need help with

Other needs needing help with	Frequency	%
Bills, help with paying them	1	.8
Chores of the house	1	.8
Clothes	1	.8
Counseling	1	.8
Counseling	1	.8
Counseling for myself	1	.8
Finance help & parenting advice	1	.8
Finance is always needed	1	.8
Financial assistance	1	.8
Financial Help	14	10.8
Financial Help	1	.8
Financial Help	1	.8
Finding a job	1	.8
Finding a job, transportation	1	.8
Getting out mixing with people more	1	.8
Help with lawn landscaping	1	.8
Info on programs available for children with special needs	1	.8
Medical Help	1	.8
Meeting new people	1	.8
Money, babysitting	1	.8
More financial assistance	1	.8

More socialization	1	.8
n/a	1	.8
n/a	6	4.6
None	54	41.5
None at this time	1	.8
None- I have help from my family	1	.8
None	2	1.5
None at this time	1	.8
Nothing at this time	1	.8
Only fifty three	1	.8
Public assistance for utility bills & home renovations	1	.8
Respite care	1	.8
Sporting/coach athletic	1	.8
Transportation	1	.8
Transportation	1	.8
Whatever is there	1	.8
Total	130	100.0

Table B. 21

Volunteer

Do you volunteer at a senior center	Frequency	%
1 yes	45	34.6
2 no	52	40.0
Total	97	
Missing	33	
Total	130	

Table B. 22

Types of Volunteer Activities

Volunteer activities	Frequency	%
Call bingo, anything she ask of me	1	.8
Call out bingo, help serve the meals	1	.8
Communion delivered to nursing home	1	.8
Computer classes teach & tutoring	1	.8
Computer classes, ebay buy sell	1	.8
Computer coach	1	.8
Cook in the kitchen and help serve meals	1	.8
Cook, exercise, play games	1	.8
Craft teacher, full volunteer, whatever Debbie needs	1	.8
Decoration, sing, and dance	1	.8

Deliver meals on wheels	1	.8
Desk, meals	1	.8
Did not attend	1	.8
Did not attend but do volunteer through my work when I can	1	.8
Don't qualify	1	.8
Give information on resources & bookclub (special program)	1	.8
Hand and foot	1	.8
Help fill registration papers out and help with computer classes	1	.8
Help in kitchen	1	.8
Help in the kitchen	1	.8
Help in the kitchen and serve meals	1	.8
Help in the kitchen and with special events	1	.8
Help in the kitchen, call bingo	1	.8
Help other	1	.8
Help serve lunch	1	.8
Help serve lunches	1	.8
Help serve meals	1	.8
Help w/ bingo, Sunday school	1	.8
Help w/ special events. Party planning	1	.8
Help with food preparation	1	.8
Help with meal serving	1	.8
Helping in library	1	.8
I have volunteered with the school system to read to the first and third graders	1	.8
I sit with other participants who can not do for themselves	1	.8
In the kitchen on the senior council, on the games committee	1	.8
Kitchen; I put in for it but no one has called me yet	1	.8
n/a	20	15.4
n/a	24	18.5
None	3	2.3
Office work & Health fair & special events	1	.8
Only fifty three	1	.8
Pick up bread and bring to the center	1	.8
Sing in the choir, belong to stepping grannies, and sewing classes	1	.8
Special events	1	.8
Teach mental aerobics class, librarian for two days a week	1	.8
Time sheets, serve meals, nutrition, in service, b/p	1	.8
We read to elder persons in the hospital and nursing homes	1	.8
Whatever they ask	1	.8
When I go to nursing center I feel as though I'm giving my time; its such	1	.8
Work in kitchens and special events	1	.8
Work in the kitchen	1	.8
Work in the office, help with meals	1	.8
Work with bible study program, greeter of the center	1	.8
Total	130	100.0

Table B. 23

Have you Received any Assistance from a Senior Center

Has a senior center assisted you	Frequency	%
1 yes	28	26.9
2 no	76	73.1
Total	104	
Missing	26	
Total	130	

Table B. 24

Assistance Grandparents have Received from a Senior Center

Assistance grandparents received from a senior center	Frequency	%
A wheelchair provided for my husband	1	.8
Assistance loan of a wheelchair	1	.8
Donation for food	1	.8
Fin and Resource on where to pay bill	1	.8
75		
Food	2	1.5
Food, organization	1	.8
Help with thanksgiving	1	.8
Meals and activities	1	.8
Medical tests	1	.8
n/a	2	1.5
n/a	20	15.4
NA Do not attend	1	.8
None	7	5.4
Nutritional meal	3	2.3
Thanksgiving dinner and a few during the summer months	1	.8
Volunteer , bring bread patron	1	.8
Wellness center. BLD Press Diabetes, lots of fun and games	1	.8
	84	64.6
Total	130	100.0

Table B. 25

Assistance Received for Grandchildren at a Senior Center

Assistance grandchildren received from a senior center	Frequency	%
Clothes, food	1	.8
Counseling	1	.8
Do not attend	1	.8
Educational classes on finances & health	1	.8
Fan & resources	1	.8
Food	1	.8
Food and school supplies	1	.8
Help	1	.8
Help with resources	1	.8
I get groceries and household items sometimes	1	.8
Medicaid, food stamp	1	.8
n/a	25	19.2
n/a	15	11.5
None	19	14.6
Nutritional meals	1	.8
Recreational therapy, and social activity	1	.8
Reserve for bill paying	1	.8
Thanksgiving basket	1	.8
Turkey basket	1	.8
Turkey basket	1	.8
Total	130	100.0

REFERENCES

- Aday, R. H. (2003). *Identifying important linkages between successful aging and senior participation*. Paper presented at the joint conference of the National Council on Aging and American Society of Aging in Chicago, IL.
- Bailey, S. J. (2008). *The issue of grandparents raising grandchildren*. Lincoln, NE: Cooperative Extension Systems. Retrieved December 30, 2008, from http://www.extension.org/pages/The_Issue_of_Grandparents_Raising_Grandchildren
- Beatitudes Center for Developing Older Adult Resources (2009). *Helping to raise your children's children: A grandparents guide*. Retrieved April 10, 2009, from http://www.centerdoar.org/03-1249_GPGenglish.pdf
- Blackburn, J. A. & Dulmus, C. N. (2007). *Handbook of gerontology: Evidence-based approaches to theory, practice, and policy*. New York: John Wiley & Sons.
- Bosak, Susan. (2000). *How to build the grandma connection: The complete pocket guide*. Retrieved June 6, 2009, from <http://www.tcpnow.com/books/gcexcvip.html>
- Bosak, Susan. (2009). *Grandparents Today*. Whitchurch-Stouffville, ON: Legacy Project. <http://www.legacyproject.org/guides/gptoday.html>
- Bryson, K.R. & Casper, L. (1999). *Co-resident grandparents and grandchildren*. (Current population reports, p. 23-198). Washington, DC: U.S. Bureau of the Census.
- Burckhardt, C.S., Woods, S.L., Schultz, A.A., & Ziebarth, D.M. (1989). Quality of life of adults with chronic illness: A psychometric study. *Research in Nursing and Health*, 12, 347-354.
- Caslyn, R. & Winter, J. (1999). Who attends senior centers? *Journal of Social Service Research*, 26(2), p. 53-69.
- Casper, L.M. & Bryson, K.R. (1998). *Co-resident grandparents and their grandchildren: Grandparent maintained families*, #26. Washington, D.C.: U.S. Bureau of the Census, Population Division.
- Chancy-Ferrer, M., Forthun, Larry F., Falcone, A., & Pergola, D.. (2006) *Grandparents raising grandchildren: Understanding relationships. Part I*. Publication FCS2190. Retrieved June 6, 2009 from <http://edis.ifas.ufl.edu/FY435>
- City of Dallas. (2009). *Senior services: Senior center*. Retrieved June 1, 2009 from www.dallascityhall.com
- Cox, C. (2000). *To grandmother's house we go and stay: Perspectives on custodial grandparents*. New York: Springer.

- C.O.T.A. National Seniors (2003). *Grandparents raising grandchildren*. Retrieved May 10, 2009 from <http://www.dest.gov.au/NR/rdonlyres/5628C0E8-EE57-4626-99FE-7EE0A12404A6/21941/GrandparentsRaisingGrandchildrenReport.pdf>
- City of Culver. (2009). *Senior center activities*. Retrieved June 1, 2009 from http://www.culvercity.org/senior/sc_activities.asp
- Dal Santo, Teresa S. (2009). *Senior center literature review: Reflecting & responding to community needs*. California: Archstone Foundation.
- Davies, Curt & Williams, Dameka.(2002). *The grandparent study 2002 report*. Washington, DC: AARP. Retrieved April 10, 2009 from http://assets.aarp.org/rgcenter/general/gp_2002.pdf.
- Denkinska, Alex. (2007). OSU assists states outreach to grandparents raising grandchildren. Retrieved May 14, 2009 from http://osu.okstate.edu/index.php?option=com_content&task=view&id=669&Itemid=1.
- Di, J. & Berman J. (2000). Older New Yorkers' use of senior center services: Effect of family support networks. *Gerontologist*, 40, 390.
- Dolbin-MacNab, M. L., Nielson, L. R., & Keiley, M. K. (2005, November). *Family relationships of adolescents being raised by grandparents*. Paper presented at the annual meeting of the National Council on Family Relations in Phoenix, AZ.
- Emick, M., & Hayslip, B.(1999). Custodial grandparenting: Stresses, coping skills, and relationships with grandchildren. *International Journal of Aging and Human Development*, 48(1), 35-62.
- Fairfax County Service Development. (2006). *Senior day programs*. Retrieved June 6, 2009 from <http://www.fairfaxcounty.gov/hd/lccc/ltpdf/servicedev-2006.pdf>.
- Flanagan, J.C. (1982). Measurement of quality of life: Current state of the art. *Archives of Physical Medicine and Rehabilitation*, 63, 56-59.
- Fries, James F.(1996). Physical activity the compression of morbidity, and the health of the elderly. *Journal of the Royal Society of Medicine*, 89:64-68.
- Goodman, C., & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *Gerontologist*, 42, 676-689.
- Hayslip, B. & Hicks-Patrick, J. (2006). *Custodial grandparenting*. New York: Springer Publishing Company.
- Hayslip, B. & Kaminski, P. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *Gerontologist*, 45(2), 262-269.

- Hayslip B., Shore, R.J., Henderson, C.E., and Lambert, P.L.(1998). Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*,53:S164–S173.
- Henderson, T. L. & Stevenson, M. (2009). *Grandparents rearing grandchildren: Rights and responsibilities*. Retrieved April 10, 2009 from <http://www.ext.vt.edu/pubs/gerontology/350-255/350-255.pdf> .
- Henderson, T. L. & Daniel, LaNell. (2009). *Facts about contemporary grandparents rearing grandchildren*. Oklahoma City, OK: Oklahoma Geriatric Education Center & Oklahoma State University's department of Human Development and Family Science.
- Jendrek, M. P. (1993). Grandparents who parent their grandchildren: Effects on lifestyle. *Journal of Marriage and the Family*, 55, 609-621.
- Jendrek, M. (1994a). Grandparents who parent their grandchildren: Circumstances and decisions. *Gerontologist*, 34(2), 206-16.
- Jendrek, M. (1994b). Policy concerns of White grandparents who provide regular care to their grandchildren. *Journal of Gerontological Social Work*, 23(1/2), 175-200.
- Kleiner, H.S., Hertzog, J. and Targ, D. (1999). *Grandparents acting as parents: Implications for professionals and agencies*. University of Wisconsin National Satellite Video Conference, January 12, 1999. University of Wisconsin Cooperative Extension - Family Living Programs (Producer). Madison, WI: University of Wisconsin.
- Kornhaber, A. (1998). *Grandparents Raising Grandchildren*. Retrieved on April 12, 2009 from http://www.grandparenting.org/Grandparents_Raising_Grandchildren.htm.
- Kreider, Rose M. (2007). *Living arrangements of children: 2004* (Current Population Reports, P.70-114). Washington, DC: U.S. Census Bureau.
- Krout, J. (1985a). Senior center activities and services. *Research on Aging*, 7, 455-471.
- Lawton, M. Powell & Nahemow, Lucille. (1973). The social environment of aging. In C. Eisdorfer & M. P. Lawton (Eds.), *The psychology of adult development and aging*. Washington, DC: American Psychological Association.
- Leanse, J., Tiven, M. and Robb, T. (1977). *Senior Center Operation: A guide to organization and management*. Washington, DC: The National Council on the Aging.
- Liang J., 1985. A structural integration of the Affect Balance Scale and the Life Satisfaction Index A. *Journal of Gerontology* 40:552-561.
- Marx, J., & Solomon, J. C. (2000). Physical health of custodial grandparents. In C. B. Cox (Ed.), *To grandmother's house we go and stay: Perspectives on custodial grandparents* (pp. 37-55). New York: Springer.

- Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (2000). Grandparent caregiving and depression. In B. Hayslip book & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives*. New York: Springer.
- Musil, C. M., Warner, C. B., Zauszniewski, J., Alexandra B., & Kercher, K. (2006). Grandmothers, caregiving, and family functioning. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 61:S89-S98.
- Musil, C. (1998). Health, stress, coping, and social support in grandmother caregivers. *Health Care for Women International*, 19, 101-114.
- Musil C. M., (2000). Health of grandmothers as caregivers: A ten month follow-up. *Journal of Women and Aging*, 12(1/2), 129-145.
- Miyashita, M., Yamaguchi, A., Kayama, M., Narita, Y., Kawada, N., Akiyama, M., Hagiwara, A., Suzukamo, Y., Fukuhara, A. (2006). Validation of the Burden Index of Caregivers (BIC), a multidimensional short care burden scale from Japan. *Health and Quality of Life Outcomes*, 4, 52.
- National Centers for Frontier Communities. Frontier Education Center: Issues Brief (2004). *Grandparents raising grandchildren: Caring for children in the frontier*. Retrieved June 1, 2009 from <http://frontierus.org/Grandparents.htm>.
- North Shore Senior Center. (2008). *Senior center*. Retrieved January 3, 2009 from <http://www.nssc.org/Content.aspx?Id=23>.
- Novak, M., & Guest, C. (1989). *Caregiver Burden Inventory and role satisfaction*. Retrieved June 1, 2009 from <http://aging.utah.edu/gerontology/RespiteBooklet.pdf>.
- Pruchno R., (1999). Raising grandchildren: The experiences of Black and White grandmothers. *Gerontologist*, 39, 209-221.
- Pruchno R., & McKinney D., (2000). The effects of custodial and co-resident households on the mental health of grandmothers. *Journal of Mental Health and Aging*, 6, 291-310.
- Rowe, John W. & Kahn, Robert L. (1998). *Successful aging*. New York: Dell Publishing.
- Ruiz, D. (2000). *Intergenerational households maintained by African American grandmothers: New roles and challenges for the 21st century*. Retrieved November 24, 2008 from <http://www.rcgd.isr.umich.edu/prba/perspectives/springsummer2000/druiz22.pdf>.
- Russell, D. (1996). The UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66, 20-40.
- Senior Journal. (2006). *Grandparents increasingly asked to care for abandoned children*. Retrieved May 30, 2009 from <http://seniorjournal.com/NEWS/Grandparents/6-05-25-GrandparentsIncreasingly.htm>.

- Shore, R. J., & Hayslip, B., Jr. (1994). Custodial grandparenting: Implications for children's development. In A. E. Gottfried & A. W. Gottfried (Eds.), *Redefining families: Implications for children's development* (pp. 171-218). New York: Plenum.
- Simmons, T. & Dye, J.L. (2003). Grandparents Living with grandchildren: Census 2000 Brief. Washington, DC: U.S. Bureau.
- Stowell-Ritter, Anita M. (2004). *AARP New York Report on Barriers to Successful Kin Caregiving of Children*. Washington, DC: American Association for Retired Persons.
- Texas Department of Aging and Disability. (2007). *Senior centers*. Retrieved November 23, 2009 from http://www.agingtexaswell.org/recreation/senior_centers.html.
- Thomas, J.L. (1990). The grandparent role: A double bind. *International Journal of Aging and Human Development*, 31, 169-177.
- U.S. Census Bureau. (2000a). *Children under 18 living in their grandparents' household by state*. Retrieved December 13, 2008 from <http://www.census.gov/population/www/cen2000/briefs/phc-t30/tables/tab04.pdf>.
- U.S. Census Bureau. (2000b). *Marital status by sex, unmarried-partner households, and grandparents as caregivers: 2000*. Retrieved May 29, 2009 from http://factfinder.census.gov/servlet/QTTable?_bm=y&-geo_id=01000US&-qr_name=DEC_2000_SF3_U_QTP18&-ds_name=DEC_2000_SF3_U&-redoLog=false.
- U.S. Census Bureau. (2004). *Annual Social and Economic Supplement: 2003 Current Population Survey: "America's Families and Living Arrangements: 2003" and earlier reports* (Current Population Reports, Series P20-553).
- U.S. Census Bureau, (2006). *2005 American Community Survey: Grandchildren Characteristics*. Retrieved December 13, 2008 from http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2007_3YR_G00_S1001&-ds_name=ACS_2007_3YR_G00_&-lang=en&-redoLog=false&-CONTEXT=st.
- Wacker, R., Roberto, K. A., and Piper, L. E. (2008). *Community resources for older adults*. Sacramento, CA: Pine Forge Press.
- Whitley, Deborah M., Kelley, Susan J., Williams, Carlis, and Mabry, Dorothy. (2007). *Grandparents raising grandchildren: A call to action*. Retrieved June 1, 2009 from <http://chhs.gsu.edu/nationalcenter/docs/Grandparentsbroch2-8.pdf>.
- Wikipedia Encyclopedia. (2008). *Quality of life*. Retrieved December 23, 2008 from http://en.wikipedia.org/wiki/Quality_of_life.
- Wilmington Senior Center. (2008). *Senior center*. Retrieved January 3, 2009 from <http://www.wilmingtonseniorcenter.org/grc.html>.

Wohl, E., Lahner, J., & Jooste, J. (2003). Group processes among grandparents raising grandchildren. In B. Hayslip & J. Patrick (Eds.), *Working with custodial grandparents* (pg. 195-212). New York: Springer.