

ADVANCES *in Aging*

Grandparent Family Connections Supports Grandparent-Led Families in Baltimore

Grandparent Family Connections (GFC) is a family-strengthening program of the University of Maryland School of Social Work's Ruth H. Young Center for Families and Children that helps grandparent-led families in Baltimore city meet their grandchildren's needs and prevent neglect.

"GFC accomplishes this goal by employing a comprehensive community-based model," says program director Fred Strieder, Ph.D., L.C.S.W. "We work with the family to identify its strengths, overcome its challenges, and bolster its resiliency."

According to Strieder, approximately 9,700 grandparent-led families reside in Baltimore. "Thirty-three thousand children live with their grandparents or other relatives. That's 22 percent of the city's children and as many as 30 percent in some neighborhoods—double both the state and national percentages," Strieder says. "Being a parent is a changing role for the grandparents, most of whom have not raised children in 20 years.

It is also a challenging one. "In Baltimore, the majority of the grandchildren come to their grandparents from homes where there is substance abuse or abuse and neglect, so the kids come to their grandparents already in crisis, many with behavioral problems or learning difficulties," Strieder explains.

To make matters worse, most of the grandparents are poor even before the grandchildren arrive. "It's a double whammy for the grandparents, whose average household income is \$15,400 a year," Strieder notes. "But they take the grandchildren into their homes anyway to keep them in the family and out of foster care."

Each year, GFC helps more than 100 families obtain food, clothing, furniture, school supplies, presents at holidays, and numerous other services. GFC social workers and interns meet with the grandparent-led families weekly, usually in their homes, and help them solve any problem the family is facing—such working with the



GrandPOWER Class Graduate and GFC Staff

Department of Social Services, obtaining energy assistance, or accessing health care or special education services. "They also help the family address issues related to intergenerational conflict and managing reactions due to exposure to trauma," Strieder says.

Grandparents hear about GFC from other service providers or through grandparents who've already been helped by the program.

By the time they find GFC, the grandparents have typically had unsatisfying and frustrating encounters with numerous agencies and are feeling defeated, notes Strieder.

"These families often fall through the cracks in the system. The grandparents generally do not receive support from the children's parents or social services, and they struggle to keep the family together," Strieder says. "At that point, a key issue for them is trusting that someone can help. But once they realize we're committed and sincere, they are willing to put faith in us and consequently to revitalize belief in themselves."

Roxann McKoy, who works as a nurse and has four grandchildren living with her,

says she heard about GFC from a therapist who provides in-home services to her grandchildren. She says the program gave her confidence to be a parent again. "It taught me how to get us what we need, what we are entitled to. It also taught me not to lose sight of my own needs in the process," McKoy says.

One of GFC's new services is the GrandPOWER empowerment group, a support group for GFC grandparent clients, which was developed by Qiana Cryer, a second-year social work student. The GrandPOWER group meets for two hours a week for four months and focuses on building grandparents' confidence and self-esteem, creating fellowship, improving relationships with their grandchildren, *[continued pg. 7]*

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preventive measures. Although there is an enormous literature on the returns to healthy behaviors and preventive measures, relatively little has focused on the elderly, and no study the investigators are aware of provides policy makers with comparisons of potential Medicare savings from alternative preventive measures or differences in persistence in behaviors over time.

2. To identify population characteristics that can be used to optimally target preventive interventions. Based on previous work the Lamy group expect to find that selective targeting to low spenders, minorities, and beneficiaries with low socioeconomic status will provide the greatest returns in program savings over time and will also serve to significantly reduce disparities in health and well being within the beneficiary population.
3. To focus on the mechanisms by which behavior can be changed. The Lamy team propose to develop simulation models to show how selectively reducing beneficiary cost sharing for primary and secondary prevention measures can achieve significant cost offsets in reduced spending on traditional Medicare services. This approach, characterized as "value based insurance design" or VBID is being analyzed by policy researchers for the private insurance market, but applications using VBID have yet to be explored with regard to traditional Medicare services or for Medicare Part C or Part D contractors.

The background to the proposal recognizes that health policy makers are concerned with explosive growth in US Medicare expenditures typically look for solutions among the highest cost beneficiaries. Despite considerable research devoted to identifying the characteristics of high cost Medicare beneficiaries, a recent CBO report cautions that prospectively identifying such individuals for purposes of intervention will be very difficult. Moreover, focusing on costly patients and expensive services may divert attention from potentially significant savings from relatively inexpensive interventions designed to improve beneficiary health behaviors and utilization of proven preventive measures.

Ann Gruber-Baldini Receives R01 Funding from NIA



Ann Gruber-Baldini, PhD, Division of Gerontology, Department of Epidemiology and Preventive Medicine has been awarded funding for her study entitled, "FOCUS Hip Fracture Transfusion

Trial: Delirium and Other Cognitive Outcomes." The three year study was funded for \$2,058,301 and is an ancillary study to a large clinical trial (the Transfusion Therapy Trial for Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip Fracture Repair, known as FOCUS). The main study looks at different levels of blood transfusion to treat blood loss after hip fracture surgery. This ancillary study adds delirium as an outcome, and examines whether transfusion helps prevent short-term (post-randomization) and long-term (30 day) changes in delirium. Data will be collected in a sample of 200 subjects (100 per randomization group) across approximately 17 clinical sites in the U.S. and Canada. This ancillary study will extend the understanding the effects of transfusion thresholds on delirium.

Grandparents, cont.

[from pg. 1] bridging the generation gap, and teaching self-advocacy.

On Jan. 22, 2008, GFC celebrated the graduation of its first GrandPOWER "class." Of the fifteen members in the empowerment group, nine grandmothers and one grandfather attended the event, which featured caps and gowns, an award ceremony, and refreshments. GFC provided transportation to enable all the grandparents and their grandchildren to attend the event, which was held at the University of Maryland School of Nursing auditorium.

Sharon McKnight, a GrandPOWER graduate, says she was ready to give up her grandchildren before she found GFC. "I was ready to let them go, but the program and the support I received from the other grandparents built up my self esteem, which was pretty much destroyed. It also helped me deal with the 'system,' which is often a failure for people like us," McKnight says.

GrandPOWER graduate Barbara Belcher says friends and family had told her for years to give up taking care of her grandchildren. "They told me, 'You did your job. You raised your kids,'" she says. "But I just can't throw my grandchildren away. Now I feel a sense of well-being and I feel that we have so much potential."

Carrie Johnson, another GrandPOWER graduate, credits GFC and GrandPOWER with teaching her how to go out and advocate for her kids and support other seniors raising their grandchildren.

"The program taught me how to stand up for my kids. Today, I have the services I need, and now I help other grandparents with advocacy," Johnson says. "GFC helped me to stand on my own two feet. But they are still there for me if I need backup, and that's nice too."

Grandparent Family Connections has been recognized for its effectiveness and innovation and continues to expand its range of services. In 2007, with the support of the Annie E. Casey Foundation, the Isabelle and Zanvyl Krieger Fund, and the Helena Foundation, it became the lead agency in developing a plan to initiate a grand-family housing and services model in Baltimore City. ■