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Hawai'i, like much of the United States, is rapidly aging. In 2015, more than one-fifth of the state's population consisted of adults age 60 and over. As the number of older adults increases, interest in their family context has also grown among policymakers, educators, and advocates, with particular attention centered on supporting the elderly. Although we tend to think of older adults as individuals who are in need of care, this characterization glosses over those older adults who are also providing substantial care to family members. Across the U.S., older adults act as an essential part of the family safety net, stepping in to assist family members during emergencies, such as the loss of a job or illness, or during family transitions, such as a divorce or the arrival of a new child.¹ One way grandparents frequently provide help to latter generations is through the care of young, minor-aged grandchildren.² This assistance ranges from providing limited, occasional childcare to daily childcare, or even custodial care when the middle generation is unable to parent. Grandchild care is a significant social contribution, allowing the middle generation to attend school and work, and participate in productive activities that benefit all members of society.

However, caring for young grandchildren is also associated with a number of potential disadvantages for older adults, especially among those who are the primary caregivers to grandchildren.³ These individuals are often referred to as custodial grandparents, and the families that they live in are referred to as grandfamilies, regardless of whether or not the middle generation is present. Recent estimates confirm that custodial grandparents are more likely to be poor, compared to similarly-aged peers.⁴ One reason for this is that those fami-



lies with fewer resources are more likely to need grandparents to step in and provide care in the first place.⁵ Raising grandchildren may also contribute to changes in older adults' labor force participation. Whereas one study documents a higher risk of retirement for older adults who become grandparents for the first time, most research indicates a greater likelihood of remaining employed, especially among custodial grandparents.⁶ In the latter case, prolonged labor force participation may be one way to provide financial support to grandchildren.

With respect to health, grandparents in grandfamilies tend to experience worse physical and mental health than those who provide occasional or no grandchild care at all.⁷ One recent study found that grandparents in grandfamilies where the middle generation is not present experienced greater depression and obesity than non-caregivers.⁸ The economic and health burdens experienced by older adult grandparents, especially those who are primary caregivers, compound the disadvantaged status of many older adults and suggest that this population may be in particular need of social support services.⁹

This brief report provides an overview of the socioeconomic and health characteristics of grandparents in Hawai'i and extends our previous work highlighting the demographics of elderly residents in the state.¹⁰ First, we examine the share of the older adult population who report having any grandchildren in order to understand who can potentially be called upon to assist in the caregiving role. Next, we look at which older adults live with their minor-aged grandchildren, and among those, who are primarily responsible for their care.¹¹ Ultimately, the report aims to shed light on socioeconomic and health characteristics of grandparent caregivers, concluding with a brief discussion of policy implications.

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DEFINITIONS

Older adult grandparent refers to an individual age 60 or older who is a grandparent.

Minor-aged grandchild refers to a grandchild under the age of 18.

Custodial grandparents are those grandparents who live with a grandchild and are the primary caregivers to that grandchild.

Grandfamilies refer to households where grandparents are the primary caregivers for grandchildren. This includes households where the middle generation may or may not be present.

Grandparent and Grandchild Coresidence

In 2014, 90.6% of adults aged 60 and over living in Hawai'i reported having at least one grandchild of any age—higher than the U.S. average, where 85.3% of older adults reported being a grandparent.¹² Although not all grandparents provide care to their grandchildren, grandparents who live close to their grandchildren are more likely to provide care.¹³ At the national level, grandchildren receive more hours of care from grandparents if they live in the same household, even compared to those grandchildren who live close to their grandparents.¹⁴ Thus, the following section focuses on older adults who share a home with at least one grandchild.

In 2015, nearly 3.5 million or 5.5% of U.S. adults aged 60 and older reported living with a minor-aged grandchild.¹⁵ In Hawai'i, the share of older adults who live with a grandchild is 11.8%, or more than double the national average. Table 1 shows the distribution of these 35,997 grandparents across Hawai'i's counties. We see that the prevalence of older adults living with a grandchild is similar across the different counties.¹⁶ The greater prevalence of grandchild coresidence in Hawai'i compared to the national average is not surprising given the state's high cost of living, as well as cultural preferences, such as filial piety among Asian Americans and the centrality of 'ohana among Native Hawaiian culture, which encourages multigenerational household arrangements.¹⁷

Data show significant racial/ethnic, socioeconomic, and health differences among older adults who live with a grandchild versus those who live apart.

Still, grandchild coresidence differs substantially across individuals. The next section examines racial/ethnic, socioeconomic, and health differences among older adults who share and do not share a household with a grandchild. Because grandparents who live with a grandchild are more likely to provide care than those who do not, we assess the demographic and health characteristics of this population to better understand who is more likely to fall into the caregiving role.

Figure 1 shows significant racial/ethnic variation among older adults who live with a minor-aged grandchild in Hawai'i. On one hand, Native Hawaiians are overrepresented, contributing to 21.5% of older adults who live with a grandchild. Whites, on the other hand, are underrepresented, comprising only 12.5% of the population with a coresident grandchild. These differences may in part be attributed to higher fertility among Native Hawaiians (compared to non-Hispanic Whites) that lead to more grandchildren, thus increasing the likelihood of living with at least one grandchild.¹⁸

Across the U.S., coresidence with grandchildren tends to be associated with socioeconomic disadvantage. This is true of multigenerational living among older adults in general. For decades, the improved health and increased wealth of older adults through private pensions and Social Security enabled those in later life to live alone.¹⁹ But, individuals with the fewest resources are more likely to live with kin, and Americans tend to “double up” (or “triple up” in the case of grandchildren) when financial resources are constrained.²⁰

However, in Hawai'i, unlike the rest of the nation, grandparents who live with a grandchild are less likely to be poor. One reason is that in Hawai'i, coresidence with grandchildren and multigenerational living more broadly may be used as a strategy by families to avoid economic distress in a state where the cost of living and housing costs are exceptionally high.²¹ In this state (see Figure 2), 5.4% of older adults with a coresident grandchild live at or below the poverty line, compared to the 10.6% among those who do not live with a grandchild. This stands in contrast to the national average, where the poverty rates among coresident (12.7%) and non-coresident grandparents (11.7%) are similar.

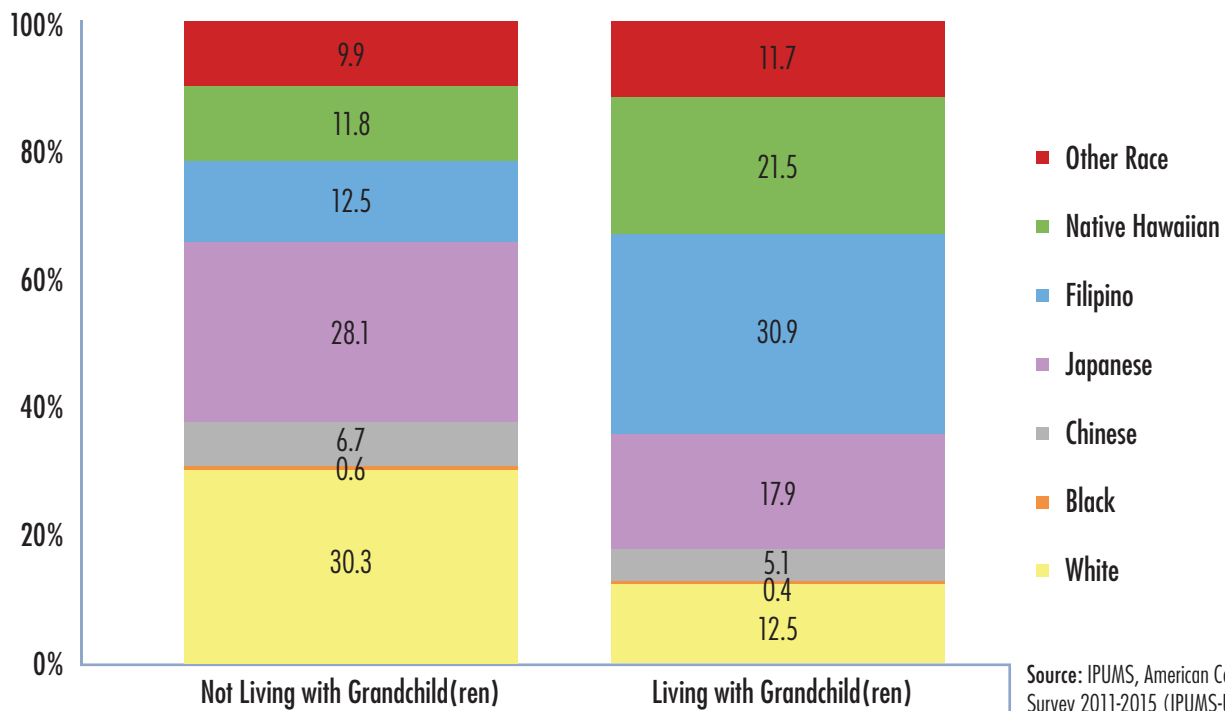
So far, we see that older adults who live with a grandchild are more likely to be Native Hawaiian and are also less likely to be poor, compared to those who do not share a household with a grandchild. Next we turn to health differences, given research at the national level that points to health disadvan-

Table 1. Grandchild Coresidence and Care, Adults Aged 60+	United States	State of Hawai'i	Hawai'i Counties			
			Hawai'i County	Honolulu County	Kaua'i County	Maui County
All adults age 60+	63,031,158	305,805	47,184	207,361	16,889	34,341
Percent not living with any grandchild(ren) ¹	94.5%	88.2%	92.3%	87.1%	89.1%	88.7%
Percent living with 1+ grandchild(ren)	5.5%	11.8%	7.7%	12.9%	10.9%	11.3%
Adults age 60+ living with 1+ grandchild(ren)	3,477,047	35,997	3,636	26,654	1,838	3,869
Percent not responsible for grandchild(ren)	71.4%	82.7%	68.6%	84.1%	86.4%	84.9%
Percent responsible for grandchild(ren)	28.6%	17.3%	31.4%	15.9%	13.6%	15.1%

Notes: ¹Includes those who have no children and/or grandchild(ren).

Source: American FactFinder, American Community Survey 2011-2015 Table S0102 & B10051.

Figure 1. Race/Ethnicity of Older Adults by Grandchild Coresidence in Hawai'i



Source: IPUMS, American Community Survey 2011-2015 (IPUMS-USA, University of Minnesota, www.ipums.org)

tages for grandparent caregivers. Our analysis shows that older adults in Hawai'i who live with a grandchild tend to have similar health profiles as those who do not. These individuals experience similar proportions of difficulty hearing, seeing, or moving (walking, reaching, lifting, etc.), regardless of grandchild coresidence.²² However, those who do not live with grandchildren are slightly more likely to report cognitive problems (8.3%) compared to those who live with a grandchild (6.4%).²³ It is possible that shared living arrangements reduce cognitive problems by enabling social interaction.²⁴

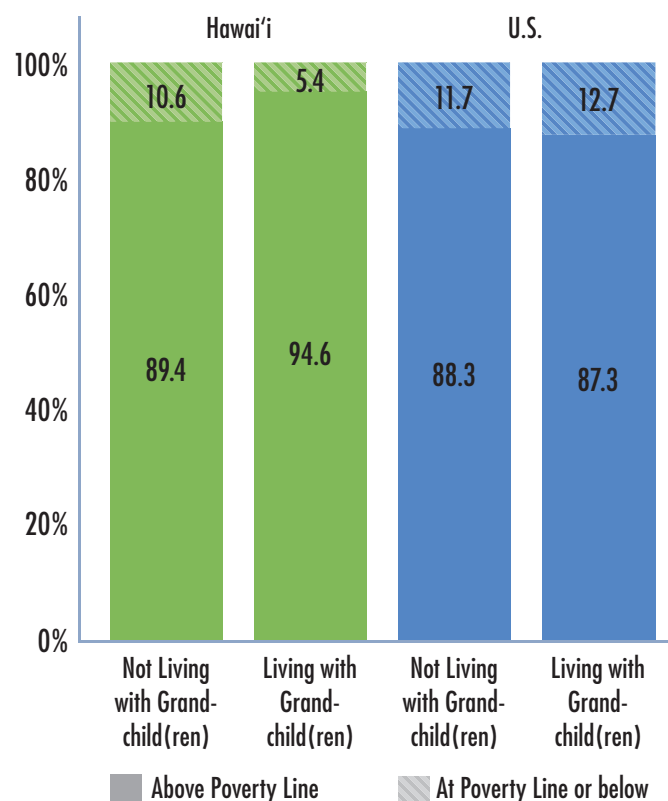
Among older adults who live with a grandchild, custodial grandparents tend to be younger and poorer, but more likely to be working than those who are not primary caregivers.

Among grandparents who live with their grandchildren, a smaller share is responsible for their grandchildren's everyday needs when the middle generation is absent or unable to fulfill parental roles. These custodial grandparents tend to be poorer and in worse health than families where grandparents are not solely responsible for grandchild care.²⁵ In Hawai'i, 17.3% of older adults who live with a grandchild are their primary caregivers—significantly lower than the national average of 28.6% (see Table 1). However, grandparent responsibility varies across the state, with Hawai'i County reporting the greatest share at 31.4% and Kaua'i reporting the lowest at 13.6%.

This next section compares Hawai'i's grandparents who simply live with a grandchild to those who are custodial grandparents. Table 2 presents these differences. In Hawai'i,

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Figure 2. Poverty Among Older Adults by Grandchild Coresidence in Hawai'i and U.S.



Source: IPUMS, American Community Survey 2011-2015 (IPUMS-USA, University of Minnesota, www.ipums.org)

custodial grandparents tend to be younger than those who are not primary caregivers. Grandparents in grandfamilies are three times more likely to be poor than those grandparents who live with grandchildren, but are not responsible for them. However, custodial grandparents are slightly more likely to have completed college (21.3%) than their peers (16.7%). Tied to their young age and possibly their responsibility for grandchildren, 37.9% of custodial grandparents in Hawai'i are in the labor force, compared to 31.0% of those who simply live with a grandchild. At the national level, this difference is much more pronounced, where 36.7% of custodial grandparents work, compared to 24.0% of non-custodial grandparents.²⁶ This difference parallels a recent report suggesting higher rates of labor force participation among older adults in Hawai'i compared to the national average.²⁷

Finally, the bottom rows of Table 2 show that, contrary to much of the literature on the health disadvantages of grandparents in grandfamilies, levels of disability between custodial grandparents and non-custodial grandparents tend to favor those in grandfamilies. Indeed, older adults without disabilities may be more likely to be in a position to provide care than those with disabilities. We should note, however, that the disability markers used to indicate health status in this report do not capture the myriad chronic conditions or other markers of physical or mental health (e.g., obesity or depression) that have been linked to grandchild caregiving in other studies. Thus, we urge our readers to assess these findings with caution.

Summary and Policy Implications

Over 90% of older adults in Hawai'i report being a grandparent. However, the enactment of the grandparent role differs substantially across individuals. In Hawai'i, 11.8% of older adults share a household with at least one minor-aged grandchild, which increases their likelihood of providing grandchild care. Furthermore, 17.3% of those coresident grandparents are their grandchild's primary caregiver. These 35,997 older adults in grandfamilies may face challenges in caring for their grandchildren, including a greater likelihood of living in poverty. At the same time, custodial grandparents are also more likely to have completed college and are more likely to be working, statuses that likely reflect their younger ages. More data on the demographic and health characteristics of older adults at the state level — including information on the reasons why certain grandparents provide custodial care, how providing childcare changes labor force participation, and whether the health and financial needs of grandparent caregivers are being met — would provide a more detailed portrait of grandparent caregiving.

Fortunately, community resources are available to help grandparent caregivers. Support groups throughout the state are offered through the Queen Lili'uokalani Children's Center. The Na Keiki Law Center provides representation for

Table 2. Demographic and Health Characteristics of Adults Aged 60+ Living with a Grandchild in Hawai'i by Caregiving Status

	Not Primary Caregiver	Primary Caregiver
Age		
60-69	51.3	65.2
70-79	34.7	28.0
80+	14.1	6.8
Gender		
Male	40.5	45.7
Female	59.5	54.3
Poverty		
Above Poverty line	96.1	87.9
At Poverty Line or Below	3.9	12.1
Education		
Less Than High School	26.6	13.8
High School	33.7	31.7
Some college	23.0	33.2
College or Above	16.7	21.3
Labor Force		
Not in labor force	69.0	62.1
In labor force	31.0	37.9
Elders with Any Care Difficulty		
Vision	3.7	4.0
Hearing	12.3	9.6
Ambulatory	20.1	16.1
Cognitive	7.9	8.1
Self care	6.6	5.5
Independent living	14.4	7.9
Sample Size (weighted)	28,841	6,154

Source: IPUMS, American Community Survey 2011-2015 (IPUMS-USA, University of Minnesota, www.ipums.org)

Notes: Tests for statistical differences between adults who are not primary caregivers and those who are primary caregivers indicate significant difference at $p < .05$ for all demographic and health characteristics presented above.

caregivers and pro bono legal counseling for those wishing to establish legal relationships with the children they are raising. The 'Ohana Caregivers Project at the University of Hawai'i at Mānoa (<https://www.ctahr.hawaii.edu/ohana-caregivers/>) has compiled data on state and local agencies, as well as non-profit organizations that serve grandparent caregivers. The 'Ohana Caregivers Project delivers relevant and timely information to grandparents on topics ranging from healthcare fraud, to managing caregiver stress, to recommendations on how to discuss substance abuse with young children.

Other programs, such as Tūtū and Me (www.pdf.org/programs/tutu_and_me/), fulfill the important need of providing direct services to children in the care of grandparents through an innovative traveling preschool. By emphasizing and integrating respect for elders in a caregiving role, the program encourages family-child interaction and supports positive child development, including school readiness, peer socialization, and parent education. The program strengthens family caregiving and is also a potential source of social support for grandparents.

The benefits of programs offered through support groups, counseling services, and programs like Tūtū and Me cannot be minimized. However, given that the findings in this report highlight certain economic disadvantages for older adults who provide extensive care for grandchildren, it is clear that these caregivers also need more systematic support. For example, because many grandparents raising grandchildren remain in the labor force, work-family conflict is likely when grandchildren are sick or experience severe health conditions. Although some grandparent caregivers may be able to use paid sick days or family leave to care for grandchildren, existing leave policies may not be adequate, and not all employees have access to paid sick days or family leave.²⁸ Increasing access to these leave policies would benefit these families. In addition, the extra costs associated with raising grandchildren may mean that some grandparents are no longer able to afford their current housing. Space in existing housing may no longer be sufficient when grandparents become the custodial guardians of grandchildren. Compounded by high housing costs across the state, legislation that subsidizes housing for grandfamilies would also help.



With increased longevity, a greater share of older adults today will become grandparents. In Hawai'i, a substantial proportion of grandparents provide care for minor-aged grandchildren. The state greatly benefits from this invisible care. At the national level, the economic value of grandparent childcare is estimated to be between \$26.6 to \$44.5 billion per year, a number that represents substantial cost savings to the public.²⁹ Grandparent caregivers perform the everyday labor of taking care of the next generation; thus, understanding the toll this takes on grandparent health, and whether sufficient resources exist to support this group, is critical.

DATA SOURCES

This report uses recent data from the 2014 Survey of Income and Program Participation (SIPP) and the 2011-15 American Community Survey (ACS), both collected by the U.S. Census Bureau. SIPP data were downloaded via the Census Bureau website, and we use the most recently available data from 2014, Panel Wave 1 (<https://www.census.gov/sipp/>). Five-year ACS estimates from 2011 to 2015 were downloaded via the Integrated Public Use Microdata Series (IPUMS) project (<https://usa.ipums.org/usa/>). For comparable county-level data, we use data released through American FactFinder at the U.S. Census Bureau because ACS-IPUMs data are not available at all counties in Hawai'i given the small sample sizes. Footnotes at the bottom of each table and figure note specific data sources.

Note that because the estimates from Table 1 are derived from American FactFinder (Table S0102 & B10051) and Table 2 was calculated using the IPUMS ACS 2011-2015 data, the total number of older adults who report living with at least one grandchild in Table 1 does not match the total number of coresident parents in Table 2. This is acceptable within the margin of error reported by American FactFinder.

Where possible, we conduct significance testing to assess differences in indicators between Hawai'i and the broader U.S. population. Significance testing in the context of survey data based on the U.S. population allows the reader to assess whether an observed contrast is due to random sampling alone. In this report, we use the standard significance level of $p < .05$, with one interpretation being that we are 95% (1-p-value) confident that the contrasts we present are true and not simply due to sampling error. All contrasts in the text reported here were tested for statistical significance and unless noted otherwise, are significant at the $p < .05$ level. Note that significance testing is not available at the county level for Hawai'i due to small sample sizes.

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