



## **Grandparents Raising Grandchildren In New Mexico**

### **Understanding the Trend & Stemming the Tide**

Anne Hays Egan, New Ventures Consulting  
With John W. Egan  
June 29, 2017

## *In Appreciation*

*I'd like to thank Dolores Roybal, Nelsy Dominguez, the staff team at CAHF, and the CAHF Community Advisory Committee (CAC). CAC members recommended people for Key Informant Interviews from rural areas of the state, which ensured we had diversity and good geographic coverage. We very much appreciated the time that Key Informants provided for Key Informant Interviews, and the perspectives and expertise they shared, which helped shape the document. Tom Scharmen, NM DOH epidemiologist, assisted with some data files and updated some of the census-tract level data on grandparents on the NM Community Data Collaborative website. Thanks also go to the reviewers who read and provided comments on the final draft document: Delfinia Romero, Kathy Sanchez, and Rex Davidson. Finally, many thanks to colleague, John W. Egan, for his superb data analysis.*

*Anne Hays Egan  
Project Principal Researcher and Consultant  
New Ventures Consulting  
[www.newventuresconsulting.net](http://www.newventuresconsulting.net)*

Funding Support Provided By



## Table of Contents

Introduction by Con Alma’s Executive Director	4
I. Executive Summary	5
II. Methodology	7
III. The National Picture: Summary of Data and Trends	10
IV. New Mexico’s Grandfamilies: Data, Analysis, Charts, and Maps	22
V. New Mexico’s Own Voices: Summary of Key Informant Interviews	46
VI. Public Policy Perspectives	54
VII. Summary and Recommendations	60
VIII. About the Project Research Team	63
Appendix	

INTRODUCTION FROM  
DOLORES E. ROYBAL, EXECUTIVE DIRECTOR, CON ALMA HEALTH FOUNDATION

With this report, we offer a guide for understanding the causes and issues behind the growing trend of grandparents raising grandchildren in New Mexico and how stakeholders can best support this population. New Mexico has a long history of grandparents (and other family members) raising grandchildren, a positive tradition of families relying on their extended family network. What is new is that grandparents have become a broader “safety net” and are increasingly being placed in the position to assume primary care of grandchildren because the children’s parents are unavailable due to a number of factors including incarceration, substance abuse, employment difficulties, or other negative issues. This trend of grandparents raising grandchildren has been increasing over the past thirty years in our state and across the country. The percentage of grandparent-headed households increased from 3% in 1970 to 8% in 2015 in the U.S. compared to 6.3% and 10.9% in NM for the same time period. In addition, New Mexico has seen a significant rise in these numbers just over the last decade – from 47,382 grandchildren being raised by grandparents in New Mexico to 55,259 in 2015. This is a critical issue with consequences for our families, our communities and our government.

For years we have been partnering with stakeholders to inform social-service advocates and state and community leaders about this trend and to support nonprofits that are working to address the needs of grandparents raising grandchildren. Las Cumbres Community Services in Española founded its Grandparents Raising Grandchildren program in January 2012 with funding support from Con Alma Health Foundation and others. In 2015, we helped sponsor the statewide conference: OTRA VEZ, Grandparents Raising Grandchildren. This free conference was offered to grandparents (or other relatives) raising grandchildren, as well as other stakeholders. Information included presentations on legal services, health care, and other resources available through nonprofit organizations and state government. The conference was also designed to raise awareness about the growing trend of grandparents raising grandchildren and included an exploration about some of the reasons for this as well as strategies to decrease and/or reverse this alarming trend.

To expand outreach on the issue, Con Alma partnered with the New Mexico Aging and Long-Term Services Department and Aging Conference to share information, and with Generations United to sponsor an updated fact sheet on grandfamilies in New Mexico.

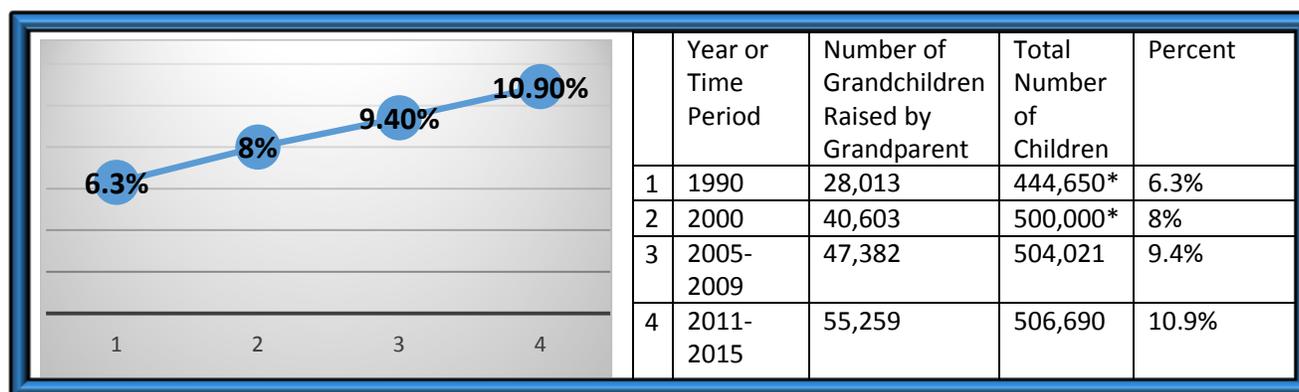
On behalf of Con Alma Health Foundation I would like to thank the report’s principal researcher and consultant, Anne Hays Egan, New Ventures Consulting and John W. Egan; Con Alma’s Community Advisory Committee, and Program Director, Nelsy Dominguez; Tom Scharmen, New Mexico Community Data Collaborative; the key informants and report reviewers. Special thanks to Delfinia Romero, Patty Shure, and Rex Davidson at Las Cumbres Community Services for its sponsorship of the Grandparents Raising Grandchildren Program.

We hope you gain insight from this report, learning more about the causes and implications of grandparents raising grandchildren so we can all work together to make sure our families can lead healthy, productive lives in New Mexico.

## I. Executive Summary

This research project and baseline report is looking at the trend of grandparents raising grandchildren (GRG) in New Mexico, focusing on those grandparent-headed families at risk. Since 1990, New Mexico has moved from having 9% of all children living with a grandparent to having 10.9% of all residents as children living with a grandparent in 2011-2015, with the trend staying relatively flat from 1990 to 2005, and with the most significant increases having occurred since 2005.

Figure #1. Rise in Grandchildren Being Raised by Grandparents <sup>1</sup>



Those grandfamilies at greatest risk are those whose birth parents are not engaged, or only intermittently involved. We realize that extended families are an important part of our New Mexico cultures and traditions, and often represent a significant asset to families and communities. These extended family traditions are mentioned in our research as an asset, but are not the primary focus. Grandfamilies where parents are not present are the primary focus of the research.

This research project is concerned about the root causes for the continued increase in grandparents raising grandchildren in cases where there is minimal to no parental involvement. The root causes are complex and intertwined with some of the cultural traditions and assets, so the distinction between different types of families is sometimes blurry.

Key findings from this research include the following:

1. The national and state trend has been increasing for over thirty years.

<sup>1</sup> Data from U.S. Census for two most recent time periods, and from both U.S. Census and *The Invisible Caretaker 2003-2004: Grandparents as Parents in New Mexico*, New Mexico Voices for Children (NMVC), undated document, approximately 2005; starred data created from NMVC's percentages.

2. The root causes for the rise in the trend in New Mexico include health disparities very much connected to the economic and social factors identified as Social Determinants of Health, as well as health risk behaviors (substance abuse, incarceration).<sup>2</sup>
3. There are two types of grandfamilies: (a) Three-Generation (or Extended Generation) Grandfamilies, where all generations are involved, often living together or in close proximity; and (b) Skipped Generation Families, where parents are absent or minimally involved.
4. Parents are most often not involved in Skipped Generation Families due to a multitude of factors including poverty, employment difficulties, substance abuse and mental health issues, incarceration, military deployment, and job-related and other moves out of the area.
5. The presence or absence of the birth parent in the extended family seems to be a critical factor, perhaps representing a tipping point between the sort of outcomes that all three generations face.
6. Native American and Hispanic grandparents raising grandchildren (GRG) represent a higher proportion of all GRG than in the population at large, indicating that this trend is strongest in and most disproportionately impacts these racial and ethnic groups.
7. The more responsibility that grandparents assume, the greater the poverty level, with Skipped Generation Families are the poorest of all grandfamilies.<sup>3</sup>
8. Many grandfamilies have significant levels of unmet need, challenges, and limited resources and benefits available. This issue greatly concerned Key Informants. The issue is mentioned in this report, however it is not the primary focus of this project.
9. People interviewed for the project shared information, personal experiences, and expertise that, when analyzed, showed close alignment with the data and research, regarding an analysis of key issues and root causes for the rise in the trend.
10. Stemming the tide needs long-term sustained work in policy, systems and financing.

This report includes a summary of national trends to provide a context. The report then looks at New Mexico's grandfamilies, with a presentation of facts, data analysis, and review of key informant interviews. These are addressed by focusing upon root causes. A brief policy analysis is provided, along with recommendations for work moving forward.

---

<sup>2</sup> Social Determinants and Health Risk Behaviors have been identified by key health organizations as the strongest determinants of health, detailed in the report.

<sup>3</sup> Grandparents who report to the U.S. Census that they are responsible, as well as those who report they are not responsible.

## II. Methodology

The methodology guiding this *Grandparents Raising Grandchildren in New Mexico* research project and report is to include both quantitative and qualitative information about grandchildren living with and being raised by grandparents. These families are referenced as extended families, grandfamilies, and kinship care families. Even though kinship care represents the wider reality of different forms of extended families, this project will be focused primarily upon grandparents living with and raising grandchildren because (1) most of the quantitative data is collected only about grandparents and grandchildren; (2) grandparents represent approximately 75% of all extended families, and the bulk of these types of families; and (3) the scope of this project is not large enough to include the wider array of family constellations in much of the data analysis. For the purposes of this report, we refer to households where grandparents are living with and raising grandchildren as “grandparents raising grandchildren,” or GRG. The scope of the project is also focused primarily upon those grandparents raising grandchildren without the presence or significant involvement of the parents, as they are the most stressed and at risk of all grandfamilies.

The purpose of this report is to develop a picture of grandparents raising grandchildren in New Mexico, and to answer the following questions:

1. Why are the number of grandparents raising grandchildren continuing to increase, and what are some of the root causes and larger systemic factors impacting the trend?
2. What sort of pictures do we have of grandfamilies in New Mexico, by county?
3. What elements of this trend are part of a long history of extended family systems of care? And how is the trend changing in a way that parents are not present, able or willing to care for their children, leaving the grandparents to step into the breach?
4. What systems issues, policies and laws related to root causes affect grandfamilies, and what changes are needed?
5. What recommendations does this report provide to address the key issues and root causes for this growing trend, particularly for those grandfamilies where parents are not involved?

Quantitative data is gathered from (1) national lead organizations working in this field, (2) state policy and service organizations, (3) articles and reports, and (4) U.S. Census and NM Department of Health data.<sup>4</sup> This way, the pictures that emerge from secondary data analysis,

---

<sup>4</sup> U.S. Census has not been gathering data on grandparents raising grandchildren for many decades, as is the case for much of the other data, and this represents a relatively new category. The data comes from census taker surveys of householders, asking questions about any grandchildren living in the household ([www.census.gov/prod/2003pubs/c2kbr-31.pdf](http://www.census.gov/prod/2003pubs/c2kbr-31.pdf)). Terms include “living with,” “raising,” and “co-resident.” (<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p20-576.pdf>) U.S. Census non-decennial year data represents “estimates,” which are modified over time, maintained in web-based repositories with periodic updates, with periodic updates to most recent data, with changes that are not dated. Some report data differs from 2010 data reported by Generations United in *Grandfacts*. We have dealt with this by checking and re-checking our data findings and analysis, citing the sources and data capture dates, and utilizing multiple sources. This creates anomalies in the data, and some differences in statewide figures based upon whether data is disaggregated by county or

correlations, and trends we identify are as realistic and fact-based as possible, given updates that are made in key data sources.

It is important to note that, in decennial census-taking, where surveyors visit homes, they ask the homeowner questions about GRG topics; however some of our key informants interviewed indicated they and people they know do not necessarily share detailed information with the U.S. Census regarding the status of grandparents, parents and children. Therefore, the distinction between grandparents actually raising and fully responsible for their grandchildren and grandchildren being raised primarily by parents with the assistance of grandparents is blurry, and a category that is difficult to precisely quantify. However, this research project is interested more in how different data represent trends.

Another important data issue is the difference between overall categories related to GRG. The U.S. Census measures both the total number of children in New Mexico and its counties, as well as children being raised by grandparents; this makes for an easy comparison between the proportion of children being raised by grandparents and the universe of all children. The U.S. Census gathers data about the number of grandparents reporting they are (a) living with and state they are not responsible for, (b) living with and state they are responsible for, and (c) living with and state they are responsible for grandchildren, without parents present. However, they do not gather data on total number of grandparents in the population as a whole. Since more than half of the grandparents raising grandchildren are under age 65, it is not a wise course to extrapolate to the over-60 or over-65 age category of adults. Grandparents as a whole, and especially grandparents raising grandchildren, include people from their thirties to their nineties, and not all people over 60 or over 65 are grandparents. So, comparisons are made more difficult because of the lack of equivalent U.S. Census categories between children and grandparents.

Many people working in the field, and those raising, or helping to raise grandchildren, report much higher overall percentages of grandparents involved with supporting grandchildren in their communities or school districts. This perceived gap, and difference in reported percentages of grandparents involved, should be studied in a future research project.

A final note to clarify our methodology is to report that different data sources use terms “raising” and “living with” often interchangeably. The U.S. Census asks grandparents to indicate whether they are the primary adults responsible for raising grandchildren, not whether they are the legal guardians, which further blurs the issue. Many grandparents themselves, and professionals working with them, also use the terms interchangeably. Grandparents who help care for grandchildren, especially with parents present, are frequently co-parenting the children, or assisting their own children with the care. It is only in those cases where grandparents are raising grandchildren with parents not present where the distinction

is clearest, that the grandparents are primarily, often solely responsible for their care. This is also the category of grandparents with whom the report is most concerned.

Although quantitative data provides facts, some of the most important information is qualitative, gathered from people who are working directly with the issue: grandparents, service providers, advocates, government bureaus, funders, and interested community members. The research project gathered this data through 36 key informant interviews. The key informants represent a diversity of people based upon geographic location, race and ethnicity, and type of experience. People from around the state were selected who are involved in the issue as grandparents, service providers, content experts, governmental and association executives, funders, and policymakers. Many of the key informants filled multiple roles. Potential key informants were recommended by Con Alma staff, the consultant, Con Alma Community Advisory Committee members, and others in the field. Key informants were interviewed by phone, with the interview key findings summarized and analyzed in the report.

The policy section briefly summarizes national and state policy and policy resources. It identifies the work that needs to be done in New Mexico and nationally to link policies that address health disparities and root causes related to grandfamilies with that topical area. There are some national resources tracking health disparity legislation at the state level, but much more work needs to be done, if root causes are to be identified, addressed, and linked to one another, policy and legislation.

The research team used data available between January and May of 2017. Although there have been data updates between the time the report was finished (June 29, 2017) and when it was printed in December, 2017, those updates were not added retroactively to the report.

The report includes the following sections:

- Introduction
- I. Executive Summary
- II. Methodology
- III. The National Picture: Summary of Data and Trends
- IV. New Mexico's Grandfamilies: Data and Analysis, Charts, and Maps
- V. New Mexico's Own Voices: Summary of Key Informant Interviews
- VI. Policy Perspectives
- VII. Summary and Recommendations
- Appendices

### III. The National Picture: Summary of Data and Trends

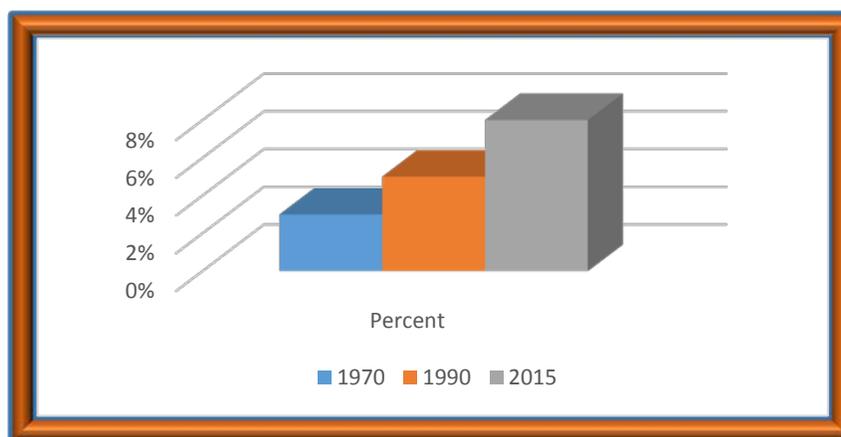
In the United States, the multi-generational or extended family has existed for much of the nation's history, and is central to a number of cultures, including Native American, Hispanic or Latino<sup>5</sup>, African American, Southern, Appalachian, and immigrant groups living on both coasts. In the Southwest, Native and Hispanic cultures have hundreds of years of history of families living in many different extended-family configurations within a family compound. This cultural history includes a respect for families, the culture, the land, and one's elders. These deeply rooted traditions represent important history that shapes and often brings significant cultural and community assets to families today.

Grandparents raising grandchildren does not represent a new phenomenon per se. However, what is new is a significant increase nationally and statewide in the number of grandparent caregiving households during the past thirty to forty years, with a significant growth in the extended family households where grandparents are raising grandchildren with no parent present. This situation where parents are unwilling or unable to care for their children represents a new twist to the centuries old phenomena. Whereas the extended family has brought many strengths to families and communities; the extended family with no parent present represents what is called the "skipped generation" grandfamily. Skipped generation grandfamilies encounter greater levels of poverty, more problems, and wider health disparities.

#### A. National Profile

In 1970, grandparent headed households, or grandfamilies, represented 3% of the total households in the country. This increased to approximately 5% in 1990, and 8% in 2015.<sup>6</sup>

Figure #2. National Increase in Grandparents Raising Grandchildren



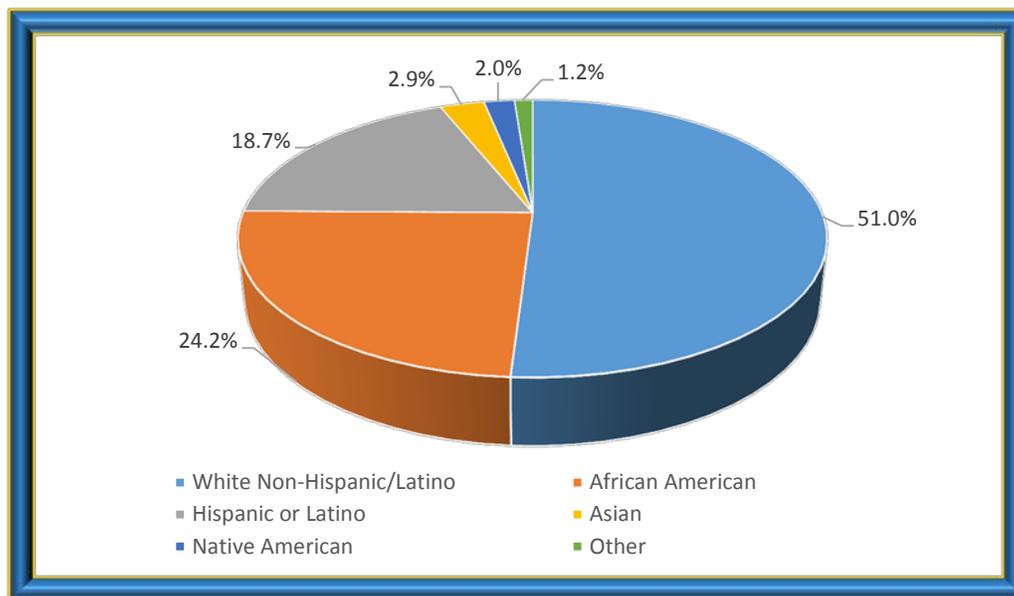
<sup>5</sup> The terms Hispanic and Latino are often used interchangeably; the term Hispanic is used more often in this report, reflecting the term most often used in New Mexico.

<sup>6</sup> Renee R. Ellis and Tavia Simmons (2014), *Coresident Grandparents and their Grandchildren: 2012*, U.S. Census Bureau, for 1970 and 1990 figures; 2015 figures U.S. Census aggregated national data website report, 1/14/2017.

This growth rate has also been accompanied by some interesting changes in the involvement of birth parents. From 1970 to 1990, there were increases in the number of grandparents raising grandchildren with only one parent present. The majority of the increase between 1990 and 2015 has been in the number and percentage of grandparents raising grandchildren with no parent living in the household.<sup>7</sup>

The national picture of grandparents raising grandchildren indicates that, in 2010, a total of 5.8 million children (7.9%) in the U.S. lived with grandparents, and a total of 7.8 million children (10.5%) lived with grandparents or other relatives. National data from the 2005-2009 U.S. Census shows that, of more than 2.5 million grandparents, the majority (51.1%) were white, non-Hispanic; 24.2% African American; and 18.7% Hispanic or Latino. The racial and ethnic composition of grandparents raising grandchildren is disproportionately high among African Americans and Hispanic or Latino people. More than one third of the grandfamilies reported having no birth parent present in the home. Of grandparents raising grandchildren, 67% of these grandparents were under the age of 60. About 20% of these families lived at or below the poverty level, a proportion higher than the national overall poverty rate.<sup>8</sup>

Figure #3. Grandparents Raising Grandchildren in the U.S.



Other interesting facts to note are that 60% of the caregivers were female; two thirds were married (67%); and 79% were homeowners.<sup>9</sup>

<sup>7</sup> Renee R. Ellis and Tavia Simmons (2014), *Coresident Grandparents and Their Grandchildren: 2012*, US Census Bureau.

<sup>8</sup> *Grandfacts: National Fact Sheet for Grandparents and Other Relatives Raising Children*, (2015) AARP, Brookdale Foundation, Casey Foundation, Child Welfare League of America, Children's Defense Fund, and Generations United (a consortium of national agencies focused upon issues of kinship care). Data from the 2005-2009 and 2010 US Census.

<sup>9</sup> *The Health and Well Being of Grandparents Raising Grandchildren* (December, 2011) (No Authors Cited) Program and Policy Implications Newsletter, National Institutes on Aging Policy Reference Bureau

## B. Grandparents and Poverty

Nationally, grandparents raising grandchildren, as a group, were more likely than the population at large to be living in poverty. This makes sense because grandparents raising grandchildren are represented in disproportionately higher numbers within minority population groups, which are poorer than the population as a whole; and grandparents often shoulder additional financial responsibilities when they care for grandchildren. Experts indicate that, although many Hispanic/Latino and Native American and other ethnic groups of grandfamilies come from strengths based traditions of extended families and cultures of interfamilial care, the risks are substantial, with higher rates of poverty, and reported problems with accessing resources.<sup>10</sup>

It is extremely important to note that those grandparents raising grandchildren include a larger proportion of racial ethnic minority populations than does the population at large, at both the national level, and in New Mexico.

## C. The Significance of the Two Different Types of Grandfamilies

One of the most important issues to consider when reviewing the national trends is to realize that the national picture is increasingly one with two primary types of grandfamilies.

Researchers report that these two are:

- a. Three Generation Families, extended families where the grandparent is raising or helping to raise grandchildren with the parents present, often being responsible or sharing parenting responsibilities, rooted in history and culture; and
- b. Skipped Generation Families where the grandparents are raising grandchildren without the parents being present.

The Three Generation Families of today reflect the traditional model of extended families rooted in Hispanic, Native American and other cultures. They have more relationships, resources assets and capacity than do the Skipped Generation Families. Three Generation Families are more resilient, with better financial resources, personal and family assets and capabilities than one finds with Skipped Generation Families.

Skipped Generation Families are significantly poorer than are Three Generation Families, with many more challenges to face since the parent is unwilling or unable to care for the child. Skipped Generation Families often face legal hurdles and challenges, communication problems with the parents, difficulty accessing needed resources, and many other challenges.

---

<sup>10</sup> Lean on Me: Support and Minority Outreach for Grandparents Raising Grandchildren (2003)(No Authors Cited), research conducted by the AARP Grandparent Information Center.

Nationally and in New Mexico, we find significant differences in both the grandfamily profiles as well as causative factors, which are linked to many of the core Social Determinants of Health and behaviors, which shape overall population health outcomes<sup>11</sup>. It is also highly probable that, with such variations in grandfamily profiles, these differences must be understood relative to root causes, and used to guide the framework for policy, program, and resource strategies that both respond to needs and work to stem the tide of the grandfamily phenomena.<sup>12</sup>

The report will often call the nationally termed “Three Generation Families” by the name “Extended Family Grandfamilies” because they are rooted in the culturally positive extended family tradition, and because, in New Mexico, there are increasing numbers of great-grandparents raising their great-grandchildren, encompassing four generations.

#### D. The Impact of Race and Ethnicity

Native Americans in the country and in New Mexico have the longest history of living on the land, and are our First Peoples. Cultural assets include this long history of connection to the land, and living in multi-layered extended families that include the family, extended family, clan, and tribe. Following many centuries of self-sufficiency with a land, hunting-based and agrarian economy and social structure, and art, the colonization of Native peoples by dominant cultures in some way parallels slavery experienced by African Americans. Native peoples were removed from their lands, sent to schools where they spoke a strange language. They were uprooted from the family systems, social structures and values that had sustained them for centuries. Many native nations and communities were reduced to a fraction of their size through colonization, occupation, and sickness. Native grandfamilies are rooted in this history which includes a woven tapestry of extended family and tribal strengths and assets, combined with trauma related to internalized oppression which is manifested in many different Social Determinants and health disparities.<sup>13</sup>

Hispanic, or Latino, culture shares much in common with Native culture in part, in terms of the strengths of extended families and current health disparities. Hispanic families throughout the U.S. have their own unique histories, shaped by whether they were residents prior to statehood (as is in the case in much of the Southwest), or migrated from Spain, Mexico, or other areas of the world. Hispanic families have historic strengths-based traditions of caring for one another in many different extended family configurations, often in compounds or living in close proximity to one another. Relatives have played a key role in helping one another address problems and access resources. Grandparents are considered to be respected elders, and often fit the more traditional stereotypes of grandparents, as we often find with Native

<sup>11</sup> Harry J. Heiman and Samantha Artiga, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (2015), Kaiser Family Foundation’s diagram of the key factors shaping health.

<sup>12</sup> Paola Scommegna, *More U.S. Children Raised by Grandparents* (2012), Population Reference Bureau.

<sup>13</sup> John R. Chavez, *Beyond Domestic Empire: Internal and Post-Colonial New Mexico* (2015) Southern Methodist University SMU Digital Repository, History Faculty Publications.

and African American communities. The grandparents and other members of the extended family and friends provide a network of support for children growing up, and provide one of the “it takes a village” models described by Hillary Clinton in her global work with women and children. However, many aspects of family, the land, land-based economy, and religion, to name a few, that were significant assets for many Hispanic families for centuries, have changed. Family and land-based traditions that enabled many families to handle the Great Depression with more success than many others have been undermined by the economic developments of the last century.<sup>14</sup> Responding to these economic and social changes has been challenging for many communities in the U.S. In the Southwest, we find that the change is especially difficult for racial and ethnic minority groups that, in many cases, have lived in the area the longest, and is fueled by economic, educational, social, and familial restructuring.

Consequently, as groups, Hispanic and Native families already facing inequities demonstrated in the Social Determinants, face greater financial risks and inequities when they reside in a part of the county that has experienced multiple waves of immigration and conquest, and which faces much greater health disparities than the nation at large. When grandparents absorb the additional responsibilities of caring for grandchildren, the costs, and challenges multiply, according to the President of the National Association for Hispanic Elderly.<sup>15</sup>

Native American and Hispanic populations each have some unique challenges they face both nationally, and especially in New Mexico. The increasing numbers of immigrants in the state without legal standing face a growing risk of deportation, and immigration law places Hispanic immigrant families at greater risk, according to some experts who have been analyzing immigrant grandparent caregiver’s immigration status. Grandparents can be deported without the grandchildren, further destabilizing the lives of multiple generations. The immigration law is one key policy that requires attention.<sup>16</sup> Native American grandparents, parents and children also face some unique additional legal challenges, impacted by tribal rights and tribal sovereignty laws and policies. While representing critically needed family preservation, human rights, and cultural protection legislation, they also represent an additional layer of legal navigation required by Native Americans, which can complicate the life of these grandfamilies.<sup>17</sup>

---

<sup>14</sup> Analysis provided by the director of the Northern New Mexico College Sostenga! Program.

<sup>15</sup> Reference materials include Susan Adcox’s *Grandparents Important to Hispanic Families: Abuelos and Abuelas Both Give and Receive Help (Not Dated)*, [www.about.com](http://www.about.com); Carmelo LeCayo, President of the National Association for Hispanic Elderly ([www.anppm.org](http://www.anppm.org))

<sup>16</sup> Marcia A. Yablon-Zug, *Deporting Grandma: Why Deportation May be the Next Immigration Crisis and How to Solve It (2009)*, University of South Carolina Scholar Commons, Faculty Publications.

<sup>17</sup> Lee Allen, *Assistance for Native American Grandparents Raising Grandchildren (2011)*, Indian Country Media Network reporting about NAPPR ([www.nappr.org](http://www.nappr.org)) and the Grandparents Raising Grandchildren Conference in Albuquerque in October, 2011.

Nationally, the proportion of African Americans is much larger among grandfamilies than for the population as a whole. These grandfamilies also reflect both the many strengths and challenges that come from African American history, culture, slavery, economic exploitation, domestic servitude, and the diaspora. The culture, like Hispanic and Native American cultures, has a long history of extended family kinship and community relationships. Mothers and grandmothers play an extremely important role in the African American tradition, which can be considered matriarchal in practice. Like Native and Hispanic cultures, the African American traditions have left their own unique and indelible imprint on the arts. The cultural experiences and stories of overcoming slavery and racial prejudice both in the Underground Railroad and the 20<sup>th</sup> century diaspora provide biblically rooted Exodus narratives that have very much shaped the culture, placing a heavy importance of caring for one's own within one's own community. The impact of slavery, genocide and severe economic disparities are painful and significant Social Determinants that continue to shape the culture.<sup>18</sup>

Why is this summary of cultural history, experience, and tradition important? Because it provides a critically needed context in which to understand the strange juxtaposition of amazing family and community strengths and assets, combined with significant health disparities reflected in the Social Determinants that are rooted in this historical experience. When describing the significance of Social Determinants upon our lives as a people, one expert in the field has often commented "you can understand a lot about a person's overall health and wellbeing by knowing the color of their skin, and their zip code."<sup>19</sup>

This is the context that gives rise to the root causes that shape the landscape upon which our nation and state's grandfamilies live. For those grandparents raising grandchildren without parents present, the challenges are immense, because many of the assets created by the extended family tradition are not at work in the skipped generation grandfamily.

This important context needs to be understood and parsed, in order to realistically address the different issues that (1) represent root causes of this growing trend, which (2) primarily applies to Skipped Generation Families, and which (3) should not create the unintended consequence of criticizing those healthy elements of the extended family tradition that represent significant and long-standing cultural, family and community strengths, or assets.

Because grandfamilies are disproportionately poorer and consist of higher proportions of racial and ethnic minorities than the population at large, these grandfamilies face greater challenges. It is clear, according to the Social Determinants of Health, that there are probably more health disparities and barriers facing the grandfamily population than the population as a whole. Because of these connections, root causes for the grandparenting trend should be identified,

---

<sup>18</sup> Fengyan Tang, Heejung Jang, and Valire Carr Copeland, *Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications* (2015), Grandfamilies: The Contemporary Journal of Research, Practice and Policy.

<sup>19</sup> Dolores E. Robyal, Con Alma Health Foundation, national leader in philanthropy.

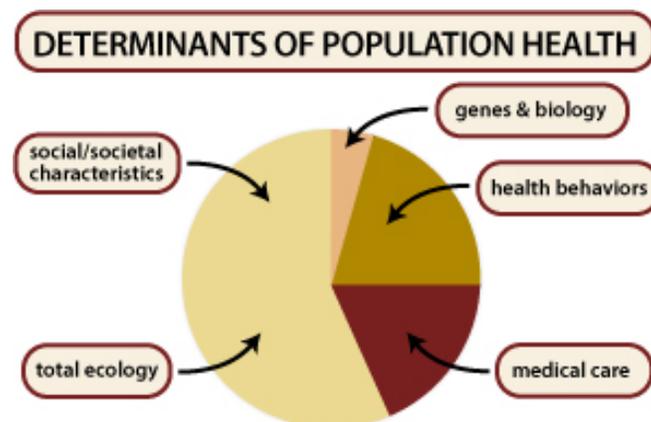
because they are inextricably linked to history, tradition, cultural and economic inequities and to the Social Determinants of Health (SDOH). Structures and systems that contribute to health disparities should also be identified and addressed. Additionally, as people develop strategies for responding to the issue, these should be widely shared, in order to affect system change and improvement.

#### E. Causes for the National Growth of Grandfamilies, Extended-Family or Kinship Care

What are the causes of this growth in kinship care? There have been a number of causes analyzed and reported by researchers involved with studying the topic of grandfamilies. The causes go beyond the historical precedent of an extended family culture where elders help younger generations. Today, we have a complex mix of root causes related to the Social Determinants of Health (SDOH) and behavioral risk factors.

The U.S. Department of Health and Human Services, Center for Disease Control (CDC), Kaiser Family Foundation, Robert Wood Johnson Foundation and others have carefully researched the mix of factors that impact health.<sup>20</sup> The greatest determiner of health is the cluster of population social characteristics or SDOH (income and assets, race and ethnicity, educational level, built environment). The second largest factor impacting health includes a cluster of behavioral factors termed “behavioral risk factors,” which include mental health, substance abuse, anger and violence and others. The federal Centers for Disease Control (CDC) has developed a pie chart showing the most important factors that impact health.

Figure #4. Determinants of Population Health – Social Determinants of Health and Health Risks<sup>21</sup>



The purpose of this pie chart, utilized by many health professionals, is to demonstrate the overwhelming impact of social characteristics/SDOH and health behaviors (or behavioral risks) on overall health. Taken together, the combination of Social Determinants and health

<sup>20</sup> Center for Disease Control, *Determinants of Population Health*, <https://www.cdc.gov/nchhstp/socialdeterminants/faq.html>;

<sup>21</sup> Determinants of Population Health, developed and utilized in this and other revised forms by the CDC, Kaiser Family Foundation, Robert Wood Johnson Foundation and others to demonstrate the significance of the Social Determinants and behavioral risk factors on overall health. The CDC's pie chart does not include percentages.

behaviors/behavioral risk factors represent the vast majority of influencers on population health outcomes.

The SDOHs and behavioral risk factors are very much at work in a fast changing economy and social fabric that is experiencing:<sup>22</sup>

- (1) Increasing rates in loss of jobs and capital, especially in rural and poor communities;
- (2) Rise in the proportion of low wage service-sector jobs;
- (3) Loss of the ratio of the middle class to the population at large, rising poverty rates, and increasing income disparities;
- (4) Lower overall educational levels for younger generations;
- (5) Growth in the proportion of teenage and young adult single parent mothers;
- (6) High rates of incarceration, especially among racial and ethnic minorities;
- (7) Behavioral health risks, and an opioid epidemic.

This challenging combination of factors has led to a much higher percentage of birth parents who are unwilling or unable to care for their children due to: substance abuse, poverty, incarceration, divorce, increased challenges for single parents, stresses of working multiple part-time jobs, military deployment, or job loss.<sup>23</sup> Teenage or young adult parents often need help from their own parents for themselves and in raising their children.<sup>24</sup>

Extended Family Grandfamilies face many of the issues listed above, however, they bring to the table the strengths of the traditional cultural models. These monetary and non-monetary assets include a home, community ties, skills, experience, and intergenerational relationships, including with their grown children who remain connected and involved with their own children. People in Skipped Generation Families may or may not have cultural roots in the extended family structure. However, it appears that the most important differentiating factor between these two groups is the presence or absence of the birth parent and the impact of this absence on grandparent poverty and risk factors. Researchers in the field like Generations United, American Association of Retired Persons (AARP) and others have analyzed some of the Social Determinants of Health and behaviors that have been fueling the growth of grandfamilies, and report that substance abuse is the largest contributing factor to the rise in the number of Skipped Generation Families.<sup>25</sup>

---

<sup>22</sup> Systemic job loss and rise in low-wage jobs have been reported by *Forbes* in October 19, 2016; *MIT Technology Review*, November 2016; *Worker's Compensation Watch*, November 13, 2014. Loss of middle class reported in "Low Wage Recovery and Growing Inequality," *National Employment Law Project*, August 2012; "The American Middle Class is Losing Ground," *Pew Research Center*, December 9, 2015. "The Decline of American Education," Vindis; *LBJ School of Public Policy*, July, 2012. "What Can be Done to Reduce Teenage Pregnancy and Out-of-Wedlock Births," Sawhill; *Brookings Institute*, 2001; and "Disparities: Health Risks Seen for Single Mothers," Rabin; *New York Times*, June 13, 2011. "Incarceration and Social Inequality," Western & Petit, *American Academy of Arts & Sciences*, Summer, 2010; "The Ten Most Startling Facts About People of Color and the Criminal Justice System in the United States," Kerby, *Center for American Progress*, March 13, 2012. Behavioral health data from NM IBIS, BRFSS, "Community Snapshots," and *Generations United 2016 Annual Report*.

<sup>23</sup> Reports from *GrandFacts* and *Generations United's 2016 Annual Report*.

<sup>24</sup> According to New Mexico Voices for Children Public Policy Director.

<sup>25</sup> *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies* (2016) Generations United

It appears that the causes for this rapid increase in the number of kinship care families, or grandfamilies are not so much rooted in historical culture and tradition as they are in a range of modern challenges related to Social Determinants of Health (SDOH) that severely stress families and add to health disparities. Experts have written articles about some of the most important perceived causes for the increase in grandparents and other relatives raising children, and providers have cited many of the same causes based upon their experiences working directly with families. These include the impact of (1) the rising pressures on single parent families; (2) the 2008-2012 fiscal crisis and related job losses; and (3) the rising substance abuse epidemic, and its deleterious impact on birth parents, and which fuels the increasing numbers of grandparents raising grandchildren.

In 2008, an article appeared in the *Journal of Social Policy* indicating that the composition of families was changing rapidly. The authors explained that our country was not only seeing an increase in the numbers of single parent families and divorced families, but that these single parents were increasingly depending upon their parents to help raise the children. The authors indicated that both the single parent and grandparents were under increasing pressures, and that the social policies were not keeping pace with the changes, often creating financial challenges and barriers for grandparents raising their grandchildren.<sup>26</sup>

By 2010, experts at the federal Department of Health and Human Services were indicating that there was an increase in grandparent headed or multi-generational households, in large part caused by “increased divorce rates, the proliferation of single-parent families, and patterns of economic stagnation which cause the birth parents to increasingly depend upon their parents and other members of extended families to care for, or help care for children.”<sup>27</sup>

In 2010, AARP cited a growing trend in the number of grandparents and other relatives raising grandchildren, stating:

*These changes could be an indicator of the broad swath of families, in all socio-economic categories, who have been affected by the economy... As increasing numbers of grandchildren rely on grandparents for the security of a home, their grandparents are taking on more of the responsibility for raising them in a tough economy – many with work challenges of their own.*<sup>28</sup>

Since 2014, Generations United (GU), a core national resource, has provided annual reports on grandfamilies and kinship care.<sup>29</sup> The *2016 GU Annual Report* on the state of grandfamilies has a strong focus upon the impact of substance abuse on parents and grandparents raising

<sup>26</sup> Lindsey A. Baker, Merril Silverstein, and Norella M. Putney (2008), *Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies*, Journal of Social Policy

<sup>27</sup> Lindsey A. Baker, Merril Silverstein and Norella Putney (2010), *Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Policies*, US Department of Health and Human Services.

<sup>28</sup> Amy Goyer (2010), *More Grandparents Raising Grandkids: New Census Data Shows Increase in Children Being Raised by Extended Family*, AARP

<sup>29</sup> The term “kinship care” refers to relatives raising children, whereas the term “grandfamilies” refers to grandparents raising grandchildren. Most of the data collected is focused upon grandfamilies.

grandchildren, and is titled *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies*. This annual report indicates that substance abuse is the most common reason for kinship care, that there has been a recent increase in children cared for by grandparents and other relatives, with 29% of all children in foster care under the care of relatives; representing 5% of all children being raised by grandparents in the U.S. The report further states that data from 2014 demonstrates that over a third of all children who were removed from their homes were removed because of parental substance abuse, and placed with relatives, fueled in part by the opioid epidemic which has seen rates of heroin overdoses quadruple between 2002 and 2013. The overall long-term trend in foster care placements had been dropping nationally; however, between 2008 and 2014, the rate increased from 24% to 29%, with experts indicating the primary cause for the increase being substance abuse. Finally, the report calls for more resources to help kinship care and grandfamilies, services to birth parents who are at risk, promulgation of models and effective practices, and development of policies and funding to support grandparents and other relatives, birth parents, and children. Although the Generations United report does list a range of policy categories, they do not explicitly focus on the broader structural and systemic policies that can address root causes and stem the tide.<sup>30</sup>

Experts from GU, the U.S. Department of Health and Human Services (DHHS), and the national consortium of agencies focused upon grandfamilies have indicated that many grandfamilies are particularly vulnerable. Both U.S. and state policies can present barriers, and can create problems, as they have often not kept up with kinship care and the changing faces of American families. This can create negative effects for grandparent caregivers, ranging from difficulties navigating school and healthcare systems, to problems accessing benefits to which nuclear families are entitled, but grandfamilies find difficult to obtain. There are also unintended consequences of some types of legislation which exacerbate health disparities resulting from root causes, such as deportation, war on drugs, “three strikes” laws, etc. There exists at national and state levels a structural lag between the reality of grandfamilies and related policies, funding, and support systems.

AARP experts have indicated that, despite the policy challenges and structural lag, they have seen increasing levels of grassroots activity impacting programs, policies, and funding, which will be addressed later in this report. The Grandfamilies State Law and Policy Center and the National Conference of State Legislatures both provide a listing of state laws and policies related to kinship care that reflect growing community, state, and national levels of engagement in this important issue. A review of these state laws catalogued reflects that states are focused on laws and policies to provide grandparents with rights and access to

---

<sup>30</sup> *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies* (2016) Generations United, as well as testimony of experts before US Congressional Committees, 114<sup>th</sup> Congress (2016), and data from the Centers for Disease Control (CDC), 2015.

manage children's health, education, and other services; development of more services and resources for grandfamilies, and financial subsidies.<sup>31</sup>

There is little policy work at the state level which (1) identifies Three Generation and Skipped Generation Families, and their common as well as differing profiles, needs and capacities; (2) addresses the needs of birth parents to build the capacity of nuclear families and facilitate reunification where appropriate; and/or (3) analyzes systemic root causes for the increase in grandfamilies to create policies that respond to those structural issues, and linking them with other broad systems policy approaches.<sup>32</sup> While critically important, these focus on access and direct services; few policies exist that make explicit connections between root causes, health disparities and effects, such as grandparents raising grandchildren.

Generations United reports that, despite facing numerous barriers, many children in grandfamilies thrive, and caregivers report that they experience benefits such as an increased sense of purpose in life. Their research reflects that children being raised by a grandparent or other relative demonstrate greater stability, higher levels of permanency, greater safety, better behavioral health outcomes, and more positive feelings about placements than do other children who are in non-relative foster care. Their research also shows that grandparents raising grandchildren often face financial challenges as well as a range of barriers to accessing needed benefits and financial resources.<sup>33</sup>

Generations United calculated that kinship care outside of the foster care system saves the U.S. government approximately \$4 billion a year. Some of that savings can and should be targeted to fund programs, services, and resources for grandfamilies, children and birth parents, which addresses current needs and priorities. Funding should also be focused on developing policies, strategies and resources directed at root causes, to ensure system-based approaches to deal with the broader structural issues in order to stem the tide of the grandfamily growing trend.<sup>34</sup>

What is important to note when looking at the national picture, and the analysis by many experts is that, although many children may thrive in grandfamilies and kinship care, there is often a financial, social and health cost to the elderly relatives caring for these children. This has not been carefully tracked. And, although extended family care for children is very much a part of Native, Hispanic/Latino and some other cultures, the increases in kinship care seem to be fueled much more by poverty, substance abuse, single parent family limited resources and other factors that are tied very much to the Social Determinants of Health and health

---

<sup>31</sup> Lindsey A. Baker, Merrill Silverstein, and Norella M. Putney (2008), *Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies*, Journal of Social Policy and the Grandfamilies State Law and Policy Center, [www.grandfamilies.org](http://www.grandfamilies.org).

<sup>32</sup> Health policy rooted in the Social Determinants and focused on systemic responses to root causes has been championed and promulgated by groups such as the federal Office of Minority Health, Kaiser Family Foundation, World Health Organization, Pew Research Center, and many others.

<sup>33</sup> Jaia Peterson (2016), *Children Thrive in Grandfamilies*, Generations United,

<sup>34</sup> *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies* (2016) Generations United.

disparities. If, indeed, this increase in care is fueled primarily by these risk factors, then it is critically important to look at the broader systems picture and develop strategies to address these larger structural issues in order to stem the tide.

Even though many experts have identified the primary causes for the rise in kinship care related to Social Determinants of Health, few policies exist that address root causes at national and state levels. In fact, there seems to be a growing misalignment between causes for the increase in grandfamilies and structural policies and system reforms needed to address root causes. This misalignment includes (1) ongoing poverty and income inequality with limited and sporadic economic development initiatives to create jobs, especially for the most marginalized target populations; (2) limited policy and resource development to address the increasingly challenging behavioral health problems (although the opioid epidemic is receiving more recent attention); (3) inadequate targeting of current and additional resources toward health disparities; (4) limited state and national attention to creating well aligned policies, funding and resources to build health equity.

Summary. In a nutshell, the key issues that shape the national trend include the fact that the majority of grandfamilies are poorer, on average than the population as a whole. Racial and ethnic minority grandfamilies are significantly poorer than average. Those Skipped Generation Families are a fast-growing sub-group, which represent some of the poorest and most at risk. The growth in grandfamilies with no parent present is fueled by a complex mix of factors: substance abuse, incarceration, young single parent mothers, lack of adequate paying employment, military deployment, and other related factors.

## IV. New Mexico's Grandfamilies: Data, Analysis, Charts, and Maps

### A. Overview

Although New Mexico shares much in common with the nation with respect to both the growing trend in kinship care families and the causes for the trend, there is much about New Mexico that is different from the national picture. These differences stem in part from the state's unique demographic profile, history, culture and traditions, economy, education, legislative policy and priorities, Social Determinants, healthcare challenges, and health disparities.

New Mexico has been a part of colonial and independent Mexico for a longer time than it has been part of the United States, and its culture is rooted in its centuries-old Native and Hispanic/Latino history. New Mexico's earliest inhabitants lived in pit houses and pueblos over 1,000 years ago. They developed many traditions that still exist today in terms of family life, language, feast days, pueblo governance, communal decision making, spirituality, cuisine, customs, dress and art. Spanish conquistadors and settlers came to the region about 500 years ago, and brought with them Spanish language, laws, customs, religion, extended family traditions, cuisine, customs, dress, and art that remain underpinnings of life and work today. Extended family life has been very much a part of these cultures for centuries. The more recent immigrants include White settlers, many of whom were part of a colonial tradition that also included extended family compounds. More recently, New Mexico has seen African Americans and Asian Americans come to live here, in proportionately small numbers. In addition, the rather large immigrant population from Mexico and Central America includes many thousands of people with roots in the extended family history from their own land and culture that is also Hispanic, but from a different country. New Mexico's history includes a land-based agrarian economy of small family farms that withstood the national depression better than many regions, but which has been seriously challenged and impaired by modern economic and social trends.

Because of this history, and the racial and ethnic picture, it is not surprising that New Mexico has a larger than national percentage of grandparents raising grandchildren. The issue is confounded when one considers that the state has one of the highest poverty rates in the nation. There are approximately 30% of our children living at or below the poverty level, 36% of children living in households without secure employment, and 41% living in single parent families.<sup>35</sup> When this is combined with the state's very high teenage pregnancy rate, extremely high substance abuse rate, and other risks, this creates a picture that should cause concern to families, communities, providers, funders, and policymakers. Those are many of the Social

---

<sup>35</sup> NM Voices for Children, *2016 Kids Count*, with data from 2014 US Census.

Determinants, health disparities and risk factors that affect grandfamilies. Skipped Generation Families reflect many of the Social Determinants and behaviors that negatively impact health.

It is important to note that many grandfamilies have significant assets<sup>36</sup>, a number of which are rooted in Native and Hispanic culture, history, and tradition. This includes a deep respect for family, especially one's elders; and a longstanding commitment to family, land, spiritual tradition, and community. The Three Generation Families may share in many of the Social Determinants and risk factors as the other type of grandfamilies, but often to a lesser extent. They also have more family capacity, resources, networks, and parent involvement, which are all important assets.

*New Mexico Grandfacts*, issued by AARP working in consultation with other key national agencies, provides a concise summary of state level facts regarding kinship care: grandparents and other relatives raising grandchildren. The following represents a snapshot of New Mexico's children being raised by grandparents or other relatives in 2010, as captured by data available at that time, by *Grandfacts*. Please note that the data is older than the data being used by the consultant for analysis for much of this report. However, it is an important document that is widely distributed by key national partner organizations, and provides interesting side-by-side pictures of the grandchildren and grandparents.<sup>37</sup>

---

<sup>36</sup> The term "assets" is used with its broad definition, meaning all types of assets: familial, social, community, psychological, and financial.

<sup>37</sup> *Grandfacts* is published by a kinship consortium of national nonprofits: AARP, Brookdale Foundation, Casey Foundation, Child Welfare League of America, Children's Defense Fund, and Generations United. Their data gathered soon after the 2010 decennial census is somewhat at odds with US Census 2010 data as reported on the US Census webpage and in the National Historical GIS database, in early 2017. *Grandfacts* reporting of children living in grandfamily number is higher than in other reports; number of grandparent headed households is lower than in other reports.

Figure #5.

Summary of *New Mexico Grandfacts* from Generations United <sup>38</sup>

<u>New Mexico's Children in 2015</u>	<u>New Mexico's Grandparents Raising Grandchildren in 2015</u>
<ul style="list-style-type: none"> <li>• 64,130 , or 12.7% of all children in the state <u>live with grandparents</u> or other relatives who are the householders (up from 11% in 2010);</li> <li>• Of these 64,130, a total of 13,129 children (or 2.6%) live with other relatives (down from 2.8% in 2010);</li> <li>• One third of all children have no parent present involved in their care.</li> </ul>	<ul style="list-style-type: none"> <li>• 26,241 grandparents are the householders <u>responsible</u> for grandchildren living with them. Of these: <ul style="list-style-type: none"> <li>▪ 60.5% are under age 60.</li> <li>▪ 57.0% are in the workforce.</li> <li>▪ 21.7% are in poverty.</li> <li>▪ 25.1% have a disability.</li> <li>▪ 28.9% are unmarried</li> </ul> </li> <li>• 54.2 % are Hispanic/Latino; 24% are White and not Hispanic, 19% are Native American; 2.3% are African American.</li> <li>• 36% have <u>no parents of the children present</u> in the home.</li> </ul>
<p><i>Source: Grandfacts.</i></p>	

Data about grandparents raising grandchildren in New Mexico can be found in U.S. Census repositories, including the U.S. Census American Community Survey (ACS), ACS Factfinder, the National Historical GIS, and the NM Department of Health Information Based Indicator System (IBIS). Data through 2015 has been captured about the following important characteristics of grandfamilies, and of grandfamilies: (1) grandchildren and (2) grandparents, by (3) race and ethnicity, (4) poverty status and (5) median incomes, (6) level of grandparent responsibility, by (7) state and (8) county. <sup>39</sup> There is no state or county level demographic information on the numbers of people who are grandparents of any age or household configuration.

We chose to use time ranges rather than single years for much of the data analysis for this report because time ranges capture data that exists across a longer time period, and is thus more stable. That is especially important for county data in those rural counties with a limited population base. Looking at the time ranges also provides the opportunity to see longer term trends, which are important when studying this issue. The primary data studied is in the two

<sup>38</sup> *New Mexico Grandfacts* data comes from the U.S. Census five year data, 2011-2015, as are the datasets used by the consultant throughout this section of the report. The data for 2011-2015 are reported as “estimates” and change and are updated on a regular basis. Totals differ based upon the specific filters used to gather data, and whether data is gathered by counties, or statewide. Therefore, there are some data anomalies and differences.

<sup>39</sup> The most recent data available as data was being reviewed and analyzed for this report was 2014, or 2010-2014 census figures. The 2015 census estimates were made available after the report data had been analyzed, and is mentioned where possible.

five-year time blocks: 2005-2009 and 2011-2015, with some limited analysis of data from decennial years 2000 and 2010. This section will provide information on key issues and trends, with charts and data. Additional detailed tables and charts can be found in the Appendices.

#### A. Profiles of New Mexico's Grandfamilies

Information is reported on grandchildren being raised by grandparents; grandparents raising grandchildren; and households. Most data reported is by either grandchildren or grandparents, not households. The numbers are different for each, and it is important to see the demographic numbers, percentages, and trends in terms of which category is being measured, and which type of grandparent:

- Grandchildren being raised by grandparents
- Grandparents raising grandchildren
  - Grandparents responsible, or not responsible for care
  - Of grandparents responsible, whether parents are present or not present (Extended Generation Grandfamilies vs. Skipped Generation Grandfamilies)

The number of grandfamilies in New Mexico has continued to grow over the past decades. According to New Mexico Voices for Children, there has been a sustained increase in grandparents raising grandchildren over the years. The increase overall was 45% from 1990 to 2005, with a much larger increase of 122% in Skipped Generation Grandfamilies during the same time period. In 1990, New Mexico had 28,013 grandchildren living with grandparents, representing 6.3% of all children; in 2000, that number rose to 8%. During 2005-2009, there were 47,382 New Mexico grandchildren being raised by grandparents, out of a total of 504,021 children in the state (9.4%). By the 2011-2015 time period, that number increased to 55,259 children out of a total of 506,690 children in the state (10.9%), being raised by 51,174 grandparents.<sup>40</sup> There represented a 16.6% increase between 2005 and 2015 alone. This is higher than the national average, which is closer to 8%.<sup>41</sup>

These numbers do not include other kinship families, where children are raised by other relatives, such as aunts and uncles. This represents a significant growth rate of 16.6% for the just over ten-year period which has implications for families, communities, program delivery, financing, policy, and supports for grandfamilies<sup>42</sup> In order to respond to the trend, it is important to attempt to understand the complex root causes for this growth, especially for grandparents raising grandchildren with no parents present (Skipped Generation Families).

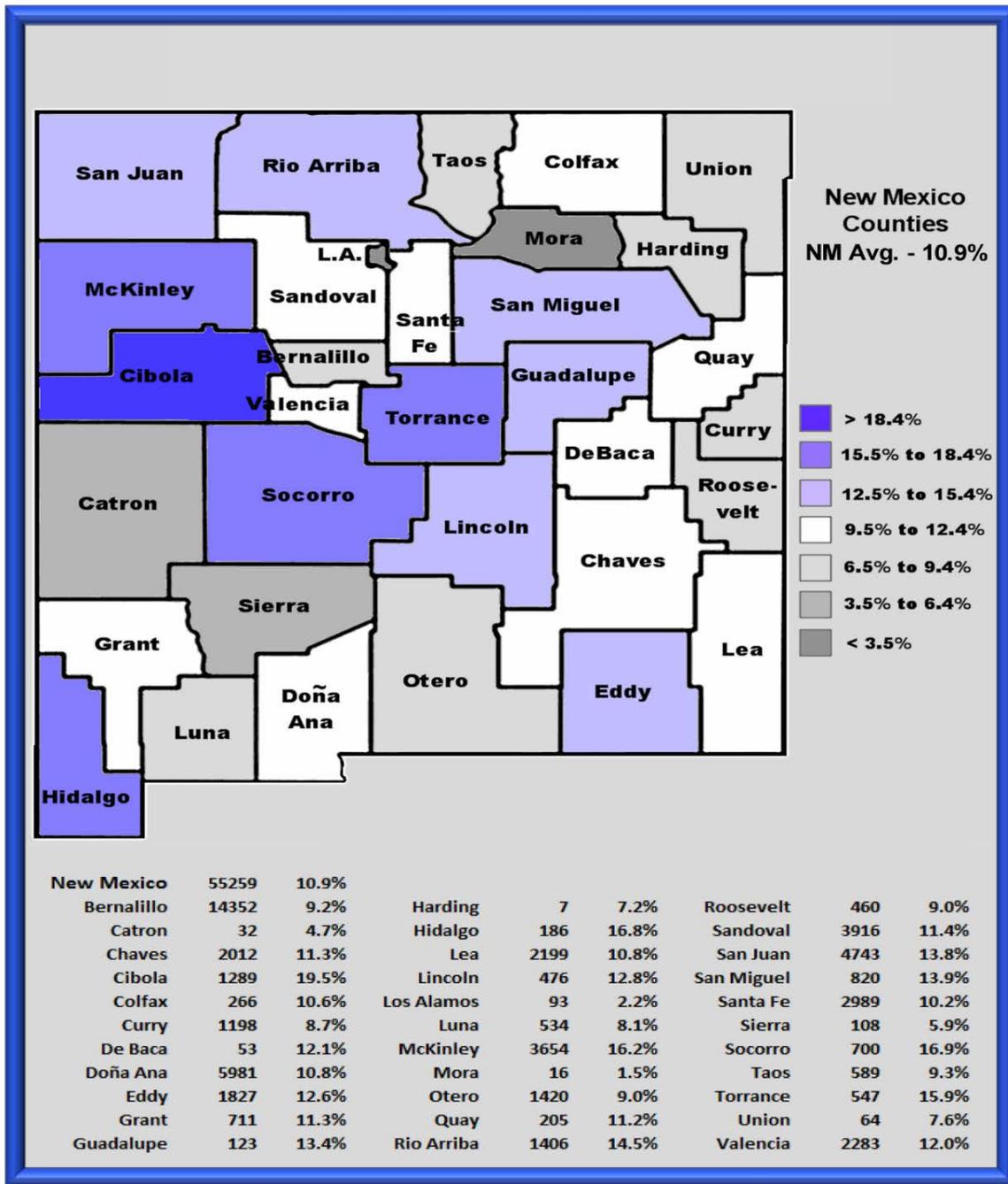
---

<sup>40</sup> Data from the U.S. Census, American Community Factfinder and National Historical GIS databases.

<sup>41</sup> *The Invisible Caretaker 2003-2004: Grandparents as Parents in New Mexico*, New Mexico Voices for Children, 2005; and data from U.S. Census and National Historical GIS databases.

<sup>42</sup> Data reported by the U.S. Census, American Community Factfinder through U.S. Census and National Historical GIS databases.

Figure #6.<sup>43</sup> NM Grandchildren Raised by Grandparents, Percentage of All Children 2011-2015

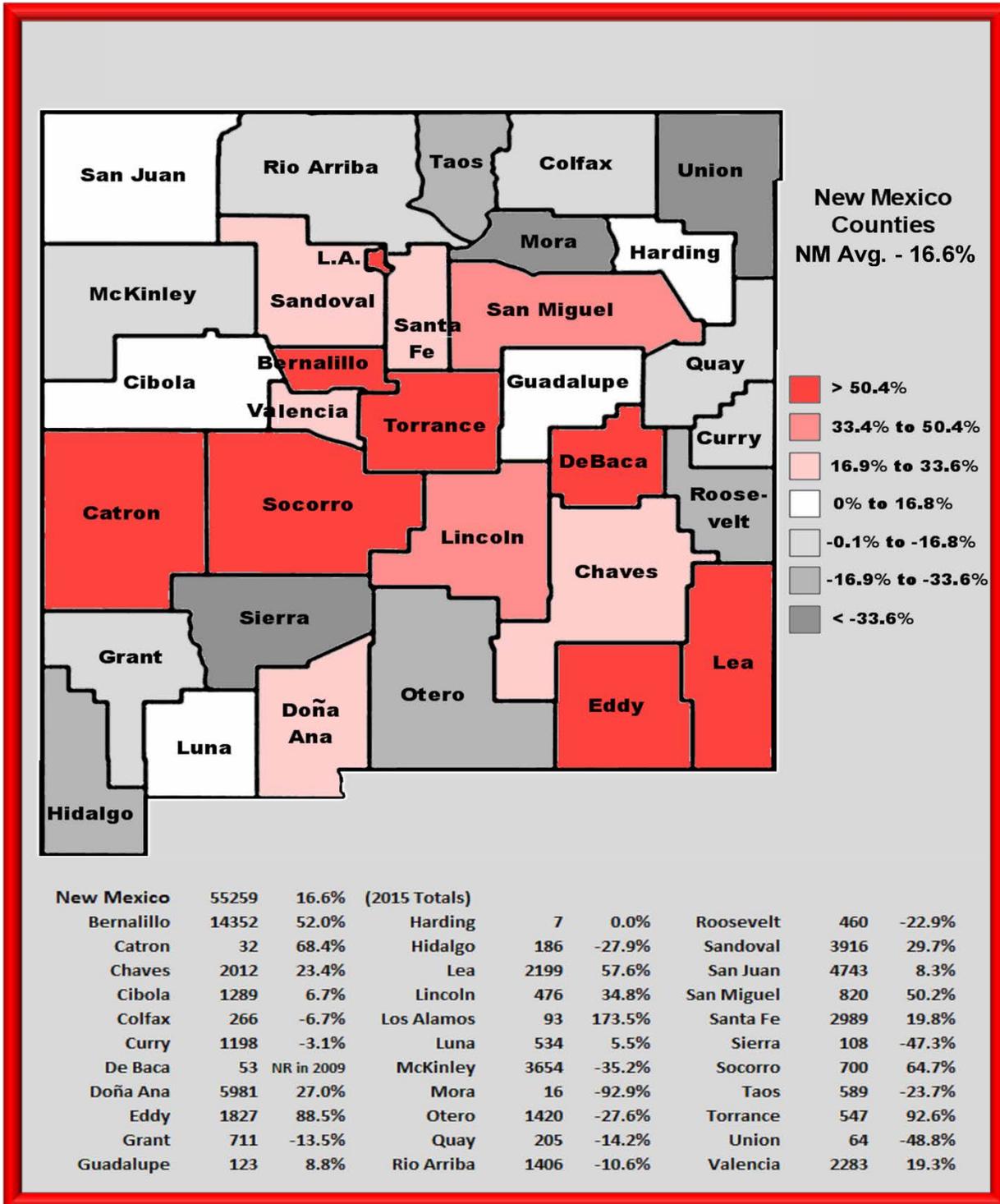


The map above provides information about the percentage of children in each county who are being raised by grandparents. The areas with the highest percentages of children being raised by grandparents include the entire quadrant of Northwestern NM, parts of Northern New Mexico, Southwestern NM, and the middle of the state (shown in darker blue).

<sup>43</sup> All maps in this section are developed from U.S. Census data; updated 2011-2015 data was made public, late December, early January 2017, and is based upon data gathered at that time, from U.S. Census ACS Factfinder.

The chart below shows the rate of change in grandchildren raised by grandparents from 2009 to 2015. The 16.9% growth is a substantial growth rate from one time period to the next.<sup>44</sup>

Figure #7. Grandchildren Raised by Grandparents: Percent Change from 2009 to 2015



<sup>44</sup> U.S. Census, American Community Factfinder (ACS) through U.S. Census and National Historical GIS databases.

The state saw an overall 16.6% increase in grandchildren being raised by grandparents when 2005-2009 and 2011-2015 time periods are compared. The greatest growth in numbers of grandchildren being raised by grandparents is happening most rapidly in the southeastern and middle to upper middle parts of the state, and in the Albuquerque and Santa Fe metro areas.<sup>45</sup> Counties highlighted in dark red above had substantial growth in the number of grandchildren being raised by grandparents, at least 3 times the mean, or average growth rate (shown in white). Counties highlighted in pink had growth rates approximately double the average. The reverse is the case for those counties in light and dark grey, relative to the decline in grandchildren being raised by grandparents. The decline in numbers of grandchildren being raised by grandparents is most pronounced in the northeastern and southwestern parts of the state.

It is extremely significant to note that all three counties with largest urban centers have higher than average rates of increase in the proportion of grandfamilies. Bernalillo, Doña Ana, and Santa Fe County rates of increase are 16.9% to 49% higher than the state as a whole, with the largest population center (Bernalillo County) having the highest rate of growth. This trend has a disproportionate impact on the state's numbers, because the population of these three counties alone represents slightly over 50% of the state's total population (1,039,666 to 2,085,109)<sup>46</sup>

Another statewide analysis of grandparent led families has been conducted by the New Mexico Community Data Collaborative (NMCDC) using data from a 2008-2012 time period. The mapping was recently updated using the 2005-2009 vs. 2011-2015 timeframe, analyzing changes by census tracts.<sup>47</sup> There are some particularly important findings that can be seen more clearly at the census tract level, best seen on their website, and difficult to put into a report, as there are 499 census tracts in the state. Some of the most important information that is shown at the census tract level concerns Skipped Generation Families: grandchildren living with grandparents with no parent present. The greatest concentrations of Skipped Generation Families, who are the most at risk, with highest levels of need, can be found in the following areas:

---

<sup>45</sup> Data from U.S. Census, 2011-2015 data, ACS Factfinder.

<sup>46</sup> Data from U.S. Census 2011-2015 ACS Factfinder data.

<sup>47</sup> Map is from the New Mexico Community Data Collaborative (NMCDC), which provides maps that graphically illustrate key issues. The data in their web-based map represents some rounding of figures. The NMCDC can be found at [www.http://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=e767c3a732404225b077f6b24829fc7a](http://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=e767c3a732404225b077f6b24829fc7a)

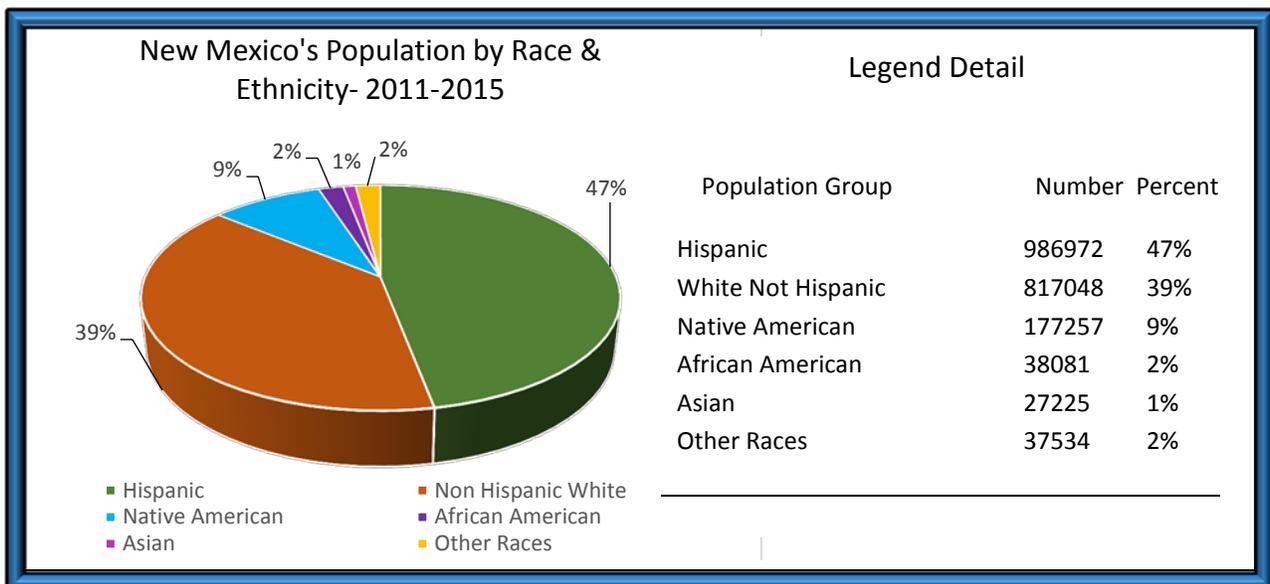
Figure #8. Areas with the Highest Proportion of Skipped Generation Grandfamilies

- San Juan County – southeastern section of Farmington;
- McKinley County – northwestern part of the county around Gallup;
- Rio Arriba County – southeastern section of the county, Española and 285 corridor;
- Sandoval County – northwestern (Cuba), and southeastern sections of the county;
- San Miguel – much of the county;
- Curry County – far southeastern part of the county;
- Torrance County – southern and eastern parts of the county;
- Cibola County – much of the county;
- Socorro County – small area in the center of the county;
- Grant County – much of the county, concentrated in the northern half;
- Sierra County – eastern portion of the county;
- Doña Ana County – concentration in the urban south, near Las Cruces and border;
- Otero County – small section in the western area around Alamogordo;
- Lea County – small concentration in the middle of the county, near Hobbs.

B. Racial and Ethnic Breakdown of New Mexico’s Grandfamilies

The composition of New Mexico’s grandparents is both similar to and different from the national composition. White grandparents represent the majority of grandfamilies, in both New Mexico and the nation. The state’s overall population by race and ethnicity is as follows:

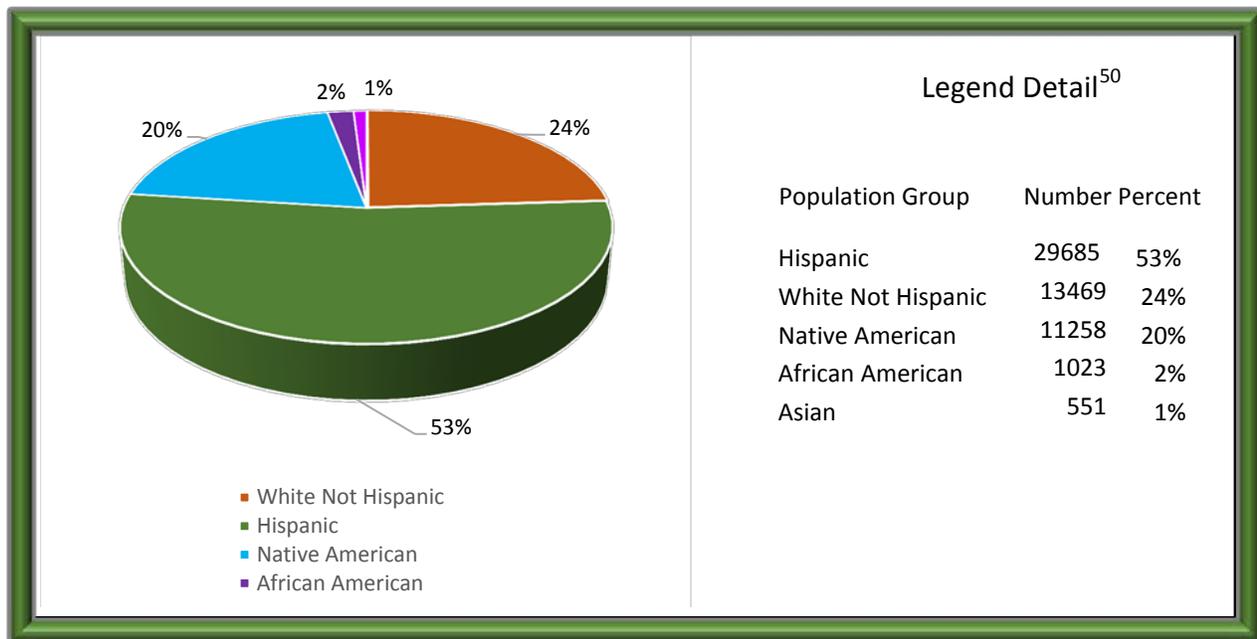
Figure #9.<sup>48</sup>



<sup>48</sup> Race and ethnicity are different, overlapping categories; Hispanic and non-Hispanic ethnic categories are often reported by race, including White, Non-Hispanic; reporting varies; however, it is important to differentiate between race and ethnicity. The detailed racial subcategories of two or more, or three or more were combined into “other races” because they represent such small numbers.

By comparison, the state grandparent population below shows a different racial and ethnic mix, with a much higher proportion of Hispanic and Native American grandparents than the population as a whole.

Figure #10. NM GRG by Race and Ethnicity 2011-2015 <sup>49</sup>



The White majority is higher as a percentage in New Mexico than for the U.S. as a whole, in large part because Hispanics who are White represent a much larger than average portion of the state's population.<sup>51</sup> Whites who are not Hispanic represent a smaller proportion of the state's population and grandfamilies than we find nationally.

When comparing the two pictures, one finds that grandfamilies are disproportionately Hispanic and Native American. This demonstrates both the assets that come from strengths-based extended family Native American and Hispanic extended family traditions, as well as SDOHs and behavioral risk factors which shape health disparities and serve as root causes for Skipped Generation Families.

The composition of grandparents changes significantly once one considers other races and ethnicities that represent significant minorities in many sections of the U.S., but are present in New Mexico in different proportions than we find in many other areas of the country, giving

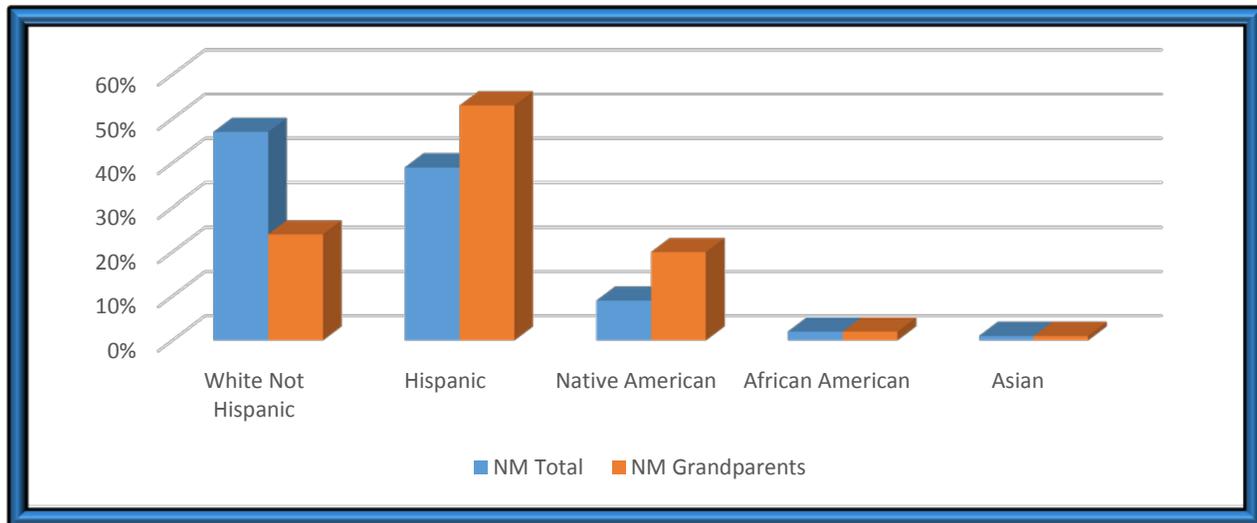
<sup>49</sup> U.S. Census ACS Factfinder data.

<sup>50</sup> Racial and ethnic data for grandparents is reported differently than for the state as a whole, creating a few anomalies in the data, based upon reporting format as well as classification of Hispanic, non-Hispanic, White, and other categories, and reporting that does not disaggregate grandparents as Native American Non-Hispanic and African Americans Non-Hispanic, as we find in the reporting of state demographics. Thus, the totals are higher, primarily because Native Americans who are also Hispanic are not reported in the same way as for the population at large. Numbers reached from percentages, rounded. U.S. Census and NHGIS data.

<sup>51</sup> People who are ethnically Hispanic or Latino may report race as White, or multiple races.

the state its diversity and uniqueness. Our state has more Hispanics, more Native Americans, fewer Whites who are not Hispanic, and fewer African Americans and Asians. Like many other states in the U.S., New Mexico's population of Hispanics and Native Americans have a higher proportion of grandparents raising grandchildren (GRG) than we find in the population at large, as one can see from the chart below. These populations as a whole face higher rates of poverty and health disparities than does the state's population as a whole.<sup>52</sup>

Figure #11. Comparing Racial/Ethnic Composition of GRG to Overall Population 2011-2015



Hispanic and Latino status is an ethnic, not racial characteristic, and is reported separately from and in combination with race. Hispanic and Latino people can include one or more of the racial characteristics above. One of the most unique aspects of grandparents raising grandchildren in New Mexico is the very high proportion of Hispanic grandparents. Whereas the national average of Hispanic and Latino grandparents raising grandchildren is just below 20%, the percentage of Hispanics raising grandchildren in New Mexico represents over half of the population of grandfamilies.<sup>53</sup> This is not only much larger than the national average, it is higher than the proportion for the state's total population. This represents both positive cultural and negative Social Determinants (SDOH) and behavioral risks.

New Mexico's Native Americans play a much greater role in grandfamilies than we find nationally in part because Native Americans represent a much larger proportion of the state's population than we find in most parts of the U.S. However, the proportion of Native American grandparents raising grandchildren is about two and a half times larger than the proportion of Native Americans in the state as a whole, which is extremely significant. The large percentage

<sup>52</sup> NM DOH IBIS data on health indicators shows that counties with high proportions of Hispanics and Native Americans have overall poorer health than the state as a whole, and significantly poorer health than their White, non-Hispanic counterparts.

<sup>53</sup> Figure is based upon a newly updated total provided by the US Census in 2015 estimates, of 55255 total number of grandparents raising grandchildren when reporting ethnicity. When reporting grandparents raising grandchildren by child's age, the total estimates are 51,174.

of our state’s Native Americans involved in grandfamilies is also based upon both the assets of long cultural traditions of extended family living, as well as challenges posed by SDOH and related behavioral risks. All of these combined represent key causative factors for a high rate of Native American grandparents raising grandchildren according to some experts.<sup>54</sup>

Native American Professional Parent Resources (NAPPR), based in Albuquerque, NM conducted focus groups of families within the tribal communities it serves in central New Mexico during 2011. They discovered that the issue of grandparents raising grandchildren represents one of the top challenges on the reservations and in the pueblos in NAPPR’s four county service area.

*A disproportionately large number of the Native households we work with have a grandparent functioning as a primary caretaker,” says NAPPR Tribal Home Visiting Project Director Maria Brock, Laguna Pueblo/Santa Clara Pueblo. “We want them to know they’re not alone and that programs and services are available to help. They shouldn’t wait until things reach crisis proportion. Caregiver burnout is a well-known problem, but when caregivers do better, kids do better too...”<sup>55</sup>*

African Americans represent a much smaller proportion of the state’s population, and the proportion of grandparents raising grandchildren. Finally, the proportion of Asian Americans raising grandchildren is smaller than the national average. The demographics that make New Mexico unique are certainly reflected in the racial composition of grandparents raising grandchildren.<sup>56</sup>

### C. Grandparent Responsibility Level

According to national researchers, as mentioned earlier in the report, grandfamilies normally fall into two broad categories:

1. Skipped Generation Families – where grandparents are raising grandchildren with the parents not present; and
2. Three Generation Families, or Extended Grandfamilies, where parents are present in the household.

Those Extended Grandfamilies have overall stronger profiles, less poverty and fewer challenges with care issues than do the Skipped Generation Families.<sup>57</sup> The following U.S.

---

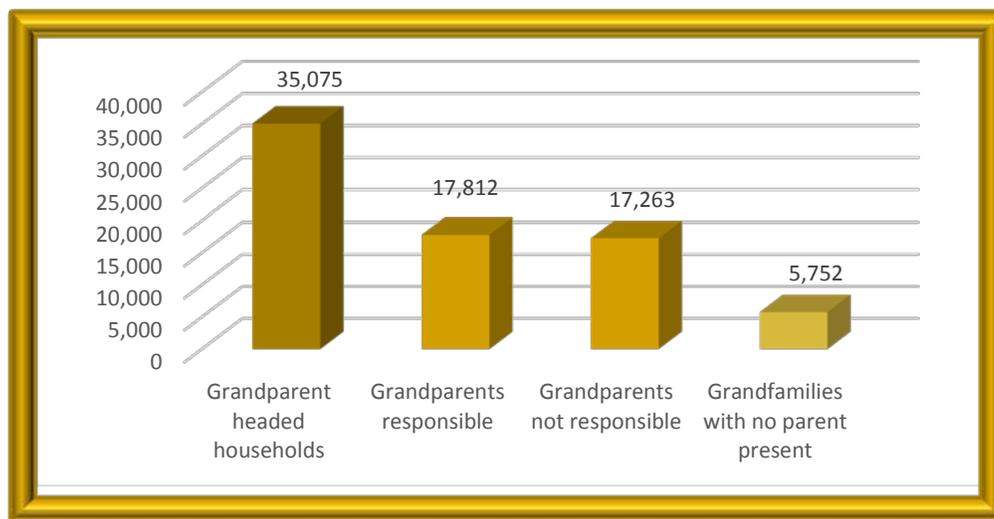
<sup>54</sup> Expert commentary regarding Native American grandfamilies includes reports from New Mexico’s Native American Professional Parent Resources (NAPPR), the National Indian Council on Aging, AARP’s Grandparent Information Center’s *Lean on Me* publication, and others.

<sup>56</sup> Figures include the four primary racial groups, without including multiple counts “two or more races,” based upon the US Census figures newly reported still as estimates for the years 2011-2015.

<sup>57</sup> Data is gathered from the U.S. Census on Skipped Generation Families, NM expert sources, as well as from national expert sources cited elsewhere in this report.

Census data provides household snapshots of New Mexico’s grandfamilies during the 2011-2015 time period, based upon the level of responsibility that grandparents report in caring for their grandchildren. There were approximately 55,259 children living in 35,075 grandparent headed households, or grandfamilies. In slightly over half of the cases, grandparents were responsible<sup>58</sup> for the grandchildren’s basic needs, and slightly less than half were not responsible. In most cases, the birth parent is living in the grandfamily, with a small cohort of parents (5,752) not present in the household. This rate of grandparents responsible is lower than the national rate, which may be somewhat reflective of the extended family culture of the region.<sup>59</sup>

Figure #12. Types of Grandfamilies in New Mexico 2011-2015



#### D. Income and Poverty Status for Grandfamilies by Responsibility Level

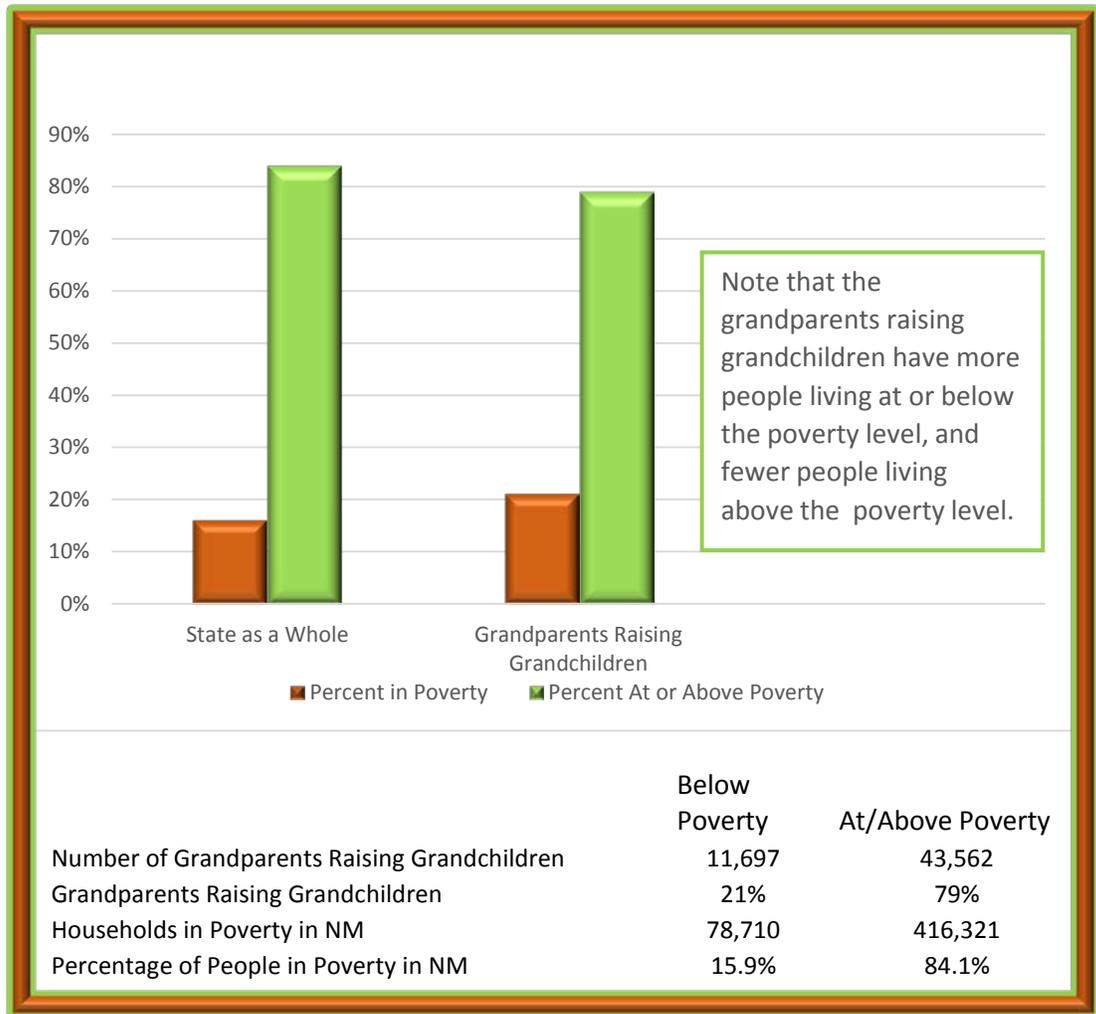
Grandparents raising grandchildren, or grandfamilies, have higher poverty rates than the state’s population as a whole, especially in those cases where the grandparents are responsible and parents are not present in the home. U.S. Census data for the five year period 2011-2015 indicates that 15.9% of the 495,031 family households in the state live at or below the federal poverty level; 20.9% of individuals live below the poverty level.<sup>60</sup> However a higher percentage of grandparents raising grandchildren live below the poverty rate, as indicated in the graph on the next page. This represents a significant difference, and demonstrates the financial risks that grandfamilies face.

<sup>58</sup> The US Census uses a broader than legal standard for responsibility, namely, that the grandparent reports being responsible for the grandchild’s basic needs, rather than having a legal standing, Power of Attorney, foster care status or adoption.

<sup>59</sup> Data based upon US Census ACF 5 year interval data, aggregated state level data, from US Census website. January 2016.

<sup>60</sup> US Census data; differences between household and individual poverty rates mean that families with children are, by and large, poorer; data from NM Voices for Children show that 31% of NM children lived below poverty in 2014.

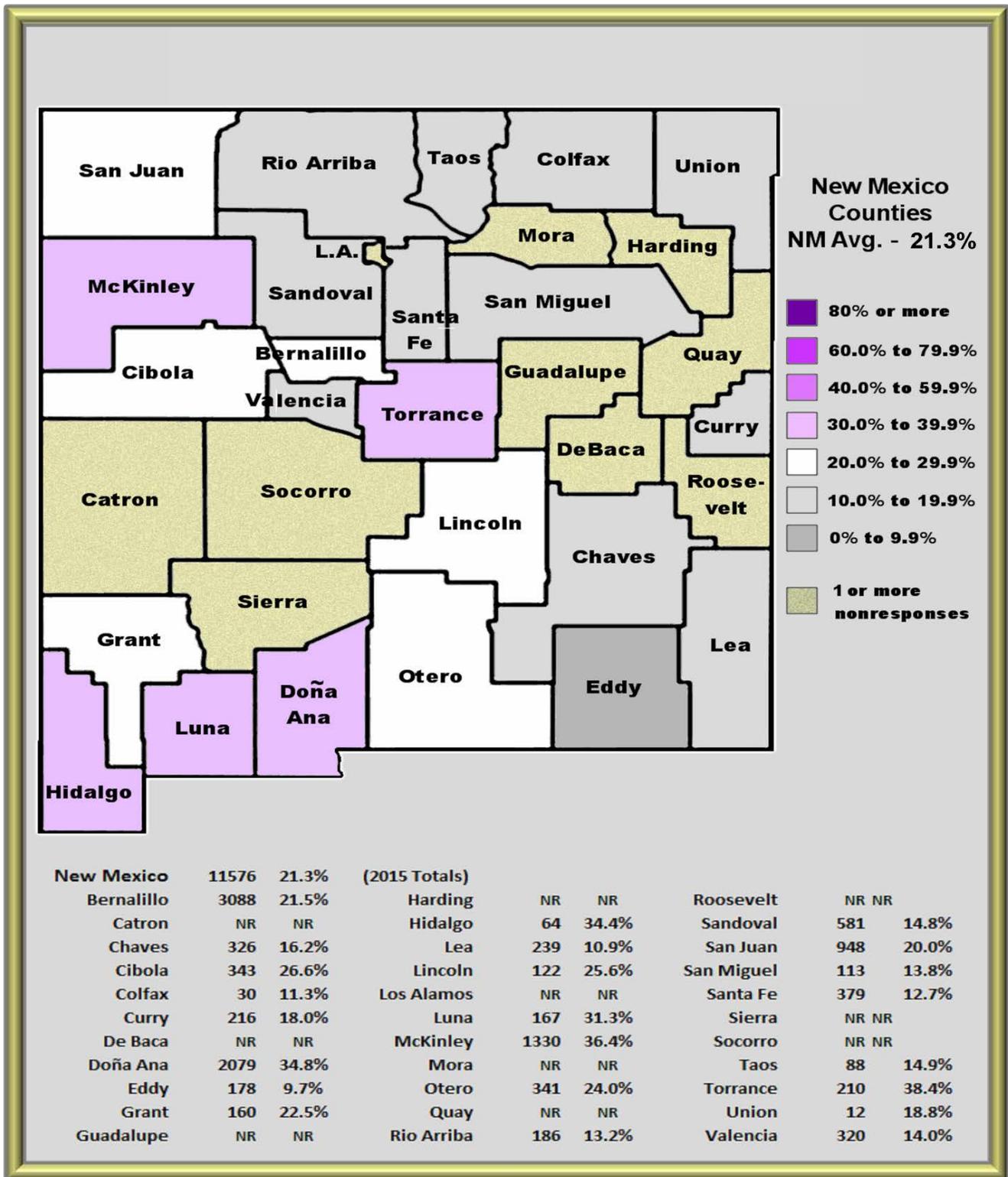
Figure #13. Comparing Grandfamily Poverty Rates with State Poverty Rates 2011-2015<sup>61</sup>



Statewide, the numbers of grandparents raising grandchildren grew by approximately 16.6% from 2005-2009 to 2011-2015. However, the numbers of grandfamilies living below the poverty line seems to have grown faster than the growth of the cohort itself, at a rate of 21.3%. Areas where the increase in poverty rate for grandfamilies was the most pronounced include: Bernalillo, Dona Ana, McKinley, and San Juan counties.

<sup>61</sup> Data from U.S. Census, ACS Factfinder, 2011-2015 time period.

Figure # 14. Poverty Rates of Grandparents Raising Grandchildren by County 2011-2015<sup>62</sup>

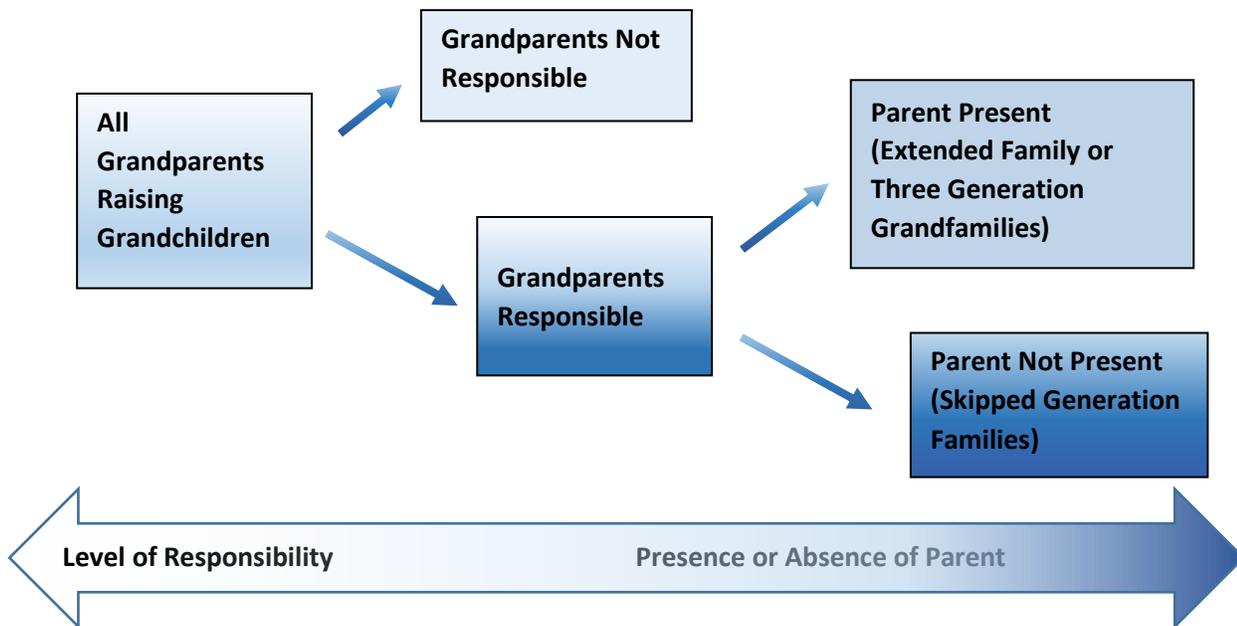


<sup>62</sup> Data was not available for some of the counties at the time of data gathering and analysis, or included non-responses; data for frontier counties is more difficult to measure over time and contains anomalies. When data sets have small numbers, the margin of error increases, and there could be some underreporting in small and rural counties.

The map above shows counties that are within the range of the state poverty level (white); those below the state poverty level (light and medium grey); and those counties that have poverty rates which are above the state level (light purple), significantly above (purple). When analyzing poverty information by county, it is clear that the highest proportion of grandparents raising grandchildren who live below the poverty line are found in the Southwestern part of the state (Hidalgo, Luna, and Doña Ana Counties); in Tarrant County in Central NM; and McKinley County in the Northwest.

The U.S. Census reports all households where grandparents indicate they are raising grandchildren, which includes those who are informal caregivers, as well as those who are responsible for their care. Within the category of grandparents who report they are responsible for care are two additional subcategories: those where parents are present, and where parents are not present.

Figure #15. Grandparent Responsibility and Presence or Absence of Parents



Key findings are these:

All grandparents raising grandchildren	51,174 10.9%	All grandparents raising grandchildren, whether formally or informally.
Grandparents responsible (GRG-R)	29,396 57% of all GP	Grandparents who assume some level of responsibility (as reported to the U.S. Census Bureau). They are poorer than all grandparents raising grandchildren as a group.
Grandparents responsible, no parents present (GRG NPP)	9,127 17.8% of GRG-R 31% of all GP	Grandparents who raise grandchildren with parents not present are the poorest and most stressed of them all.

Figure #16. Grandparents Raising Grandchildren, Grandparents Responsible for Care

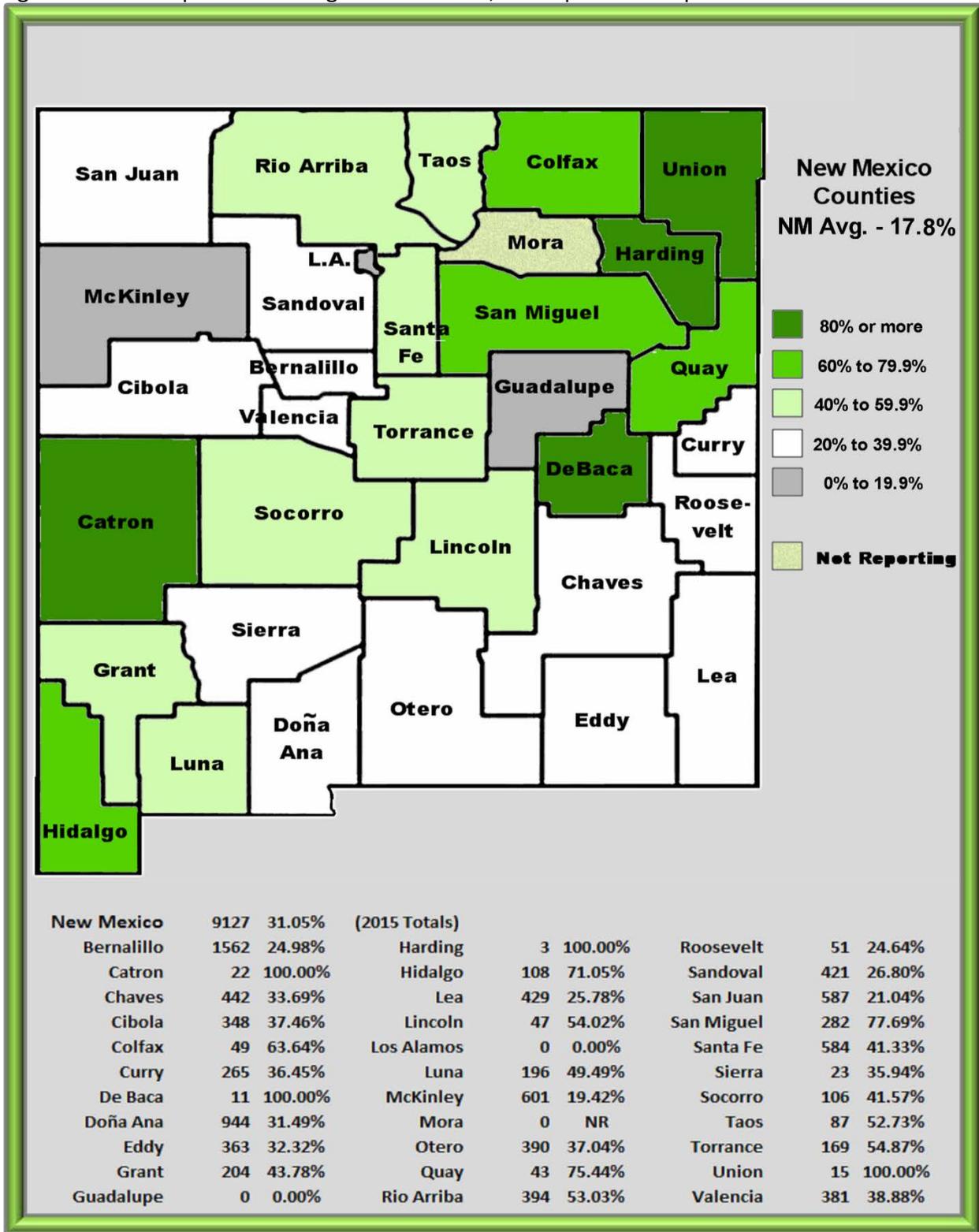
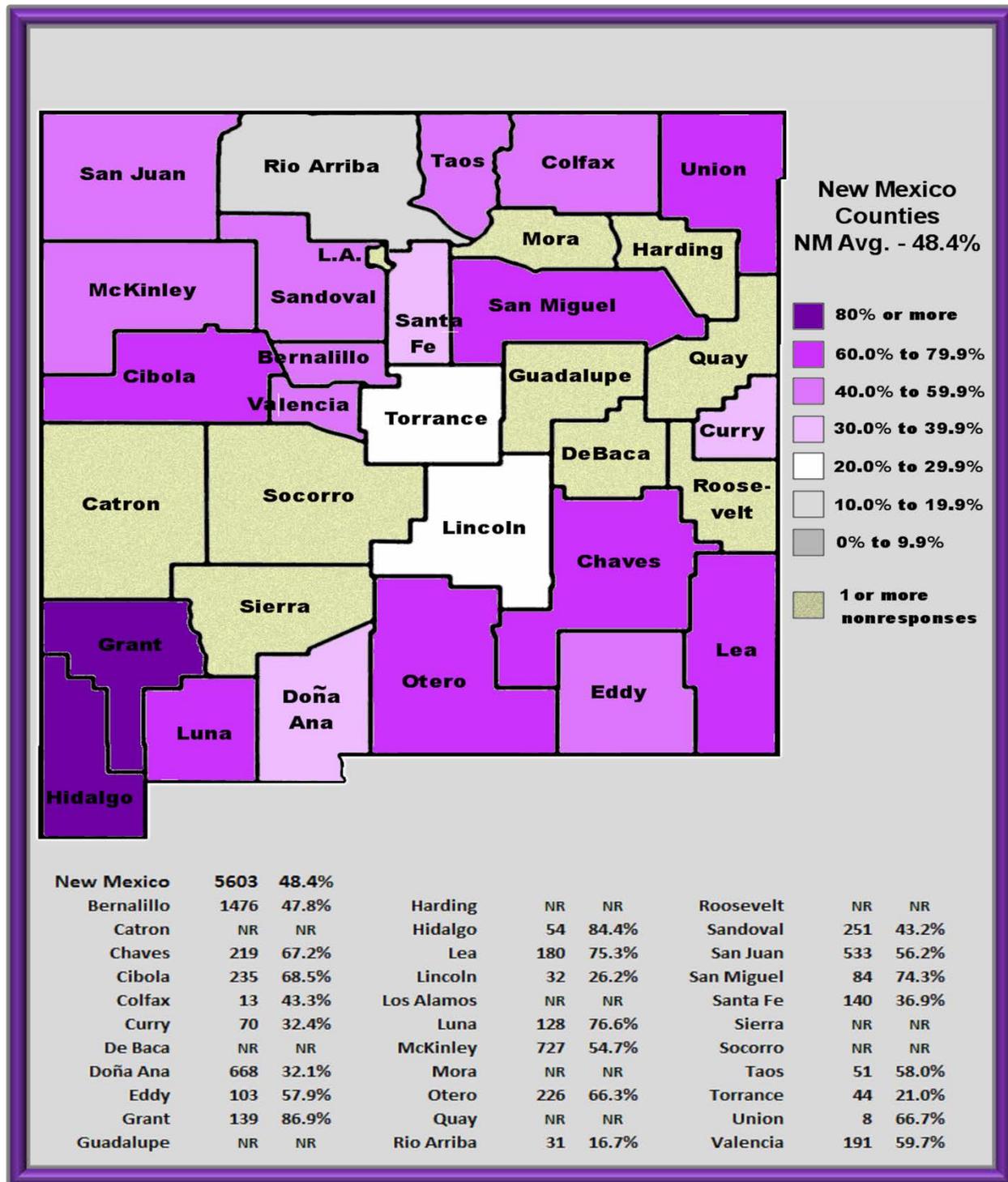
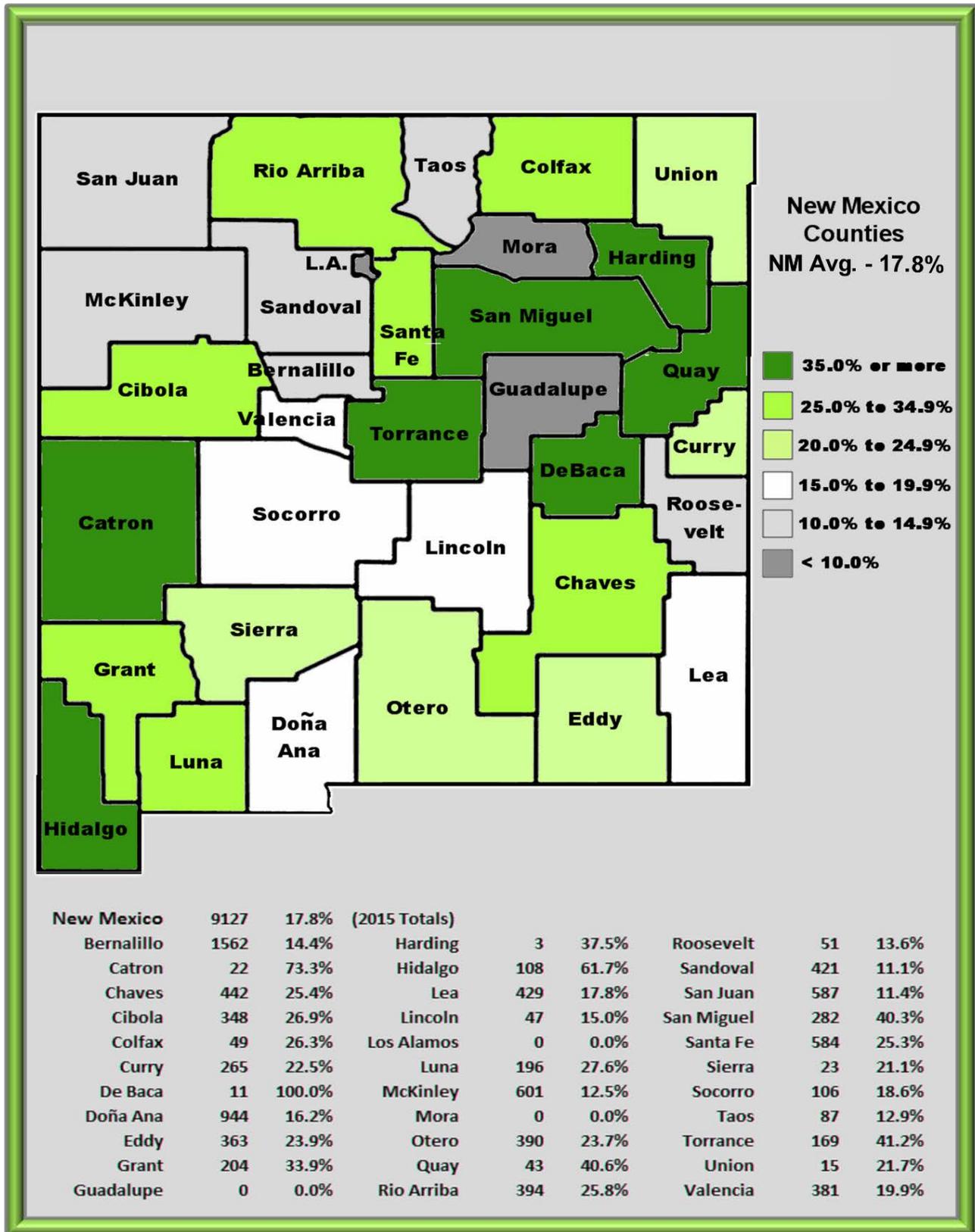


Figure #17. Poverty Rates of Grandparents Responsible – Percent in Poverty 2011-2015



Almost half of grandparents responsible (48.4%) live in poverty. This map shows that the majority of NM counties where grandparents are responsible have poverty rates higher than the already high state rates of poverty (Figure #14). This level of poverty indicates a deeply troubling correlation between taking over care of grandchildren and impoverishment.

Figure #18. Grandparents Raising Grandchildren with No Parent Present



Skipped Generation Families seem to predominate in those counties which are light green and dark green, and are scattered throughout the state, but do not predominate in urban areas, except for Santa Fe County.

Levels of poverty shift based upon type of responsibility that grandparents have with grandchildren, as does median income. There is a difference in median income with different types of grandfamilies. Grandparents raising grandchildren have a higher median income (\$48,967) than the state's median income for all households (\$44,963), perhaps shaped by the impact of age and assets and earnings for middle-aged and older people. Although the median income for grandparents raising grandchildren is higher than for the population as a whole, the picture changes dramatically when one pulls out the subgroups of grandparents by level of responsibility. Those responsible have a lower median income. However, those responsible with no parent living in the household have a drastically lower median income.

Figure #19. Median Income of GRG by Level of Responsibility 2011-2015<sup>63</sup>



Median incomes for grandparents raising grandchildren with no parent present is about 25% below median incomes for grandparents as a group. Skipped Generation Families are clearly the most at risk, whether considering median incomes, proportion living below the poverty level, or Social Determinants and behavioral risk factors.

This data analysis for both median income and poverty levels indicate that those grandfamilies where the grandparent has assumed responsibility for the grandchild have greater financial

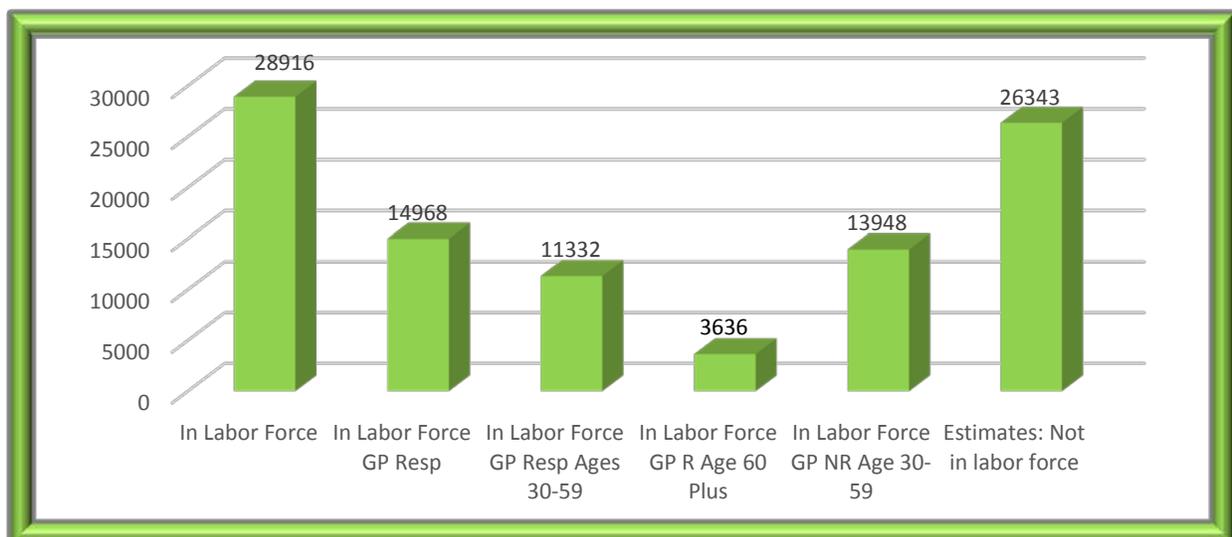
<sup>63</sup> U.S. Census data from National Historical Geographical Information Systems, University of Minnesota.

risks and burdens. Those Skipped Generation Families where there is no birth parent present face even greater financial challenges, risks and burdens. In fact, this analysis may well be demonstrating the differences between grandfamilies where the grandfamilies have a young or at-risk parent or single parent with risks, but working to get back on their feet, as opposed to those grandparents who are raising their grandchildren where birth parents are struggling with substance abuse and the range of related risks that come with ongoing substance abuse. If the impact of substance abusing parents is, as Generations United and others indicate in their research, it could indicate that ever increasing numbers of grandparents face severe financial strain – until or unless substance abuse and the opioid epidemic is halted and reversed.

#### E. Grandparents and Work

When studying the 55,259 grandparents raising grandchildren in New Mexico, we find that about half of them are working. This is not a surprising finding, given the financial challenges faced by many grandfamilies, which may cause many grandparents to work well into their 60s or early 70s. In addition, it is important to note that the majority of grandparents raising grandchildren are in their 30s, 40s and 50s, ages where many people remain working fulltime as employment is available. The chart below shows that the work status is very much dependent upon whether grandparents are over 60 or under 60 years old.

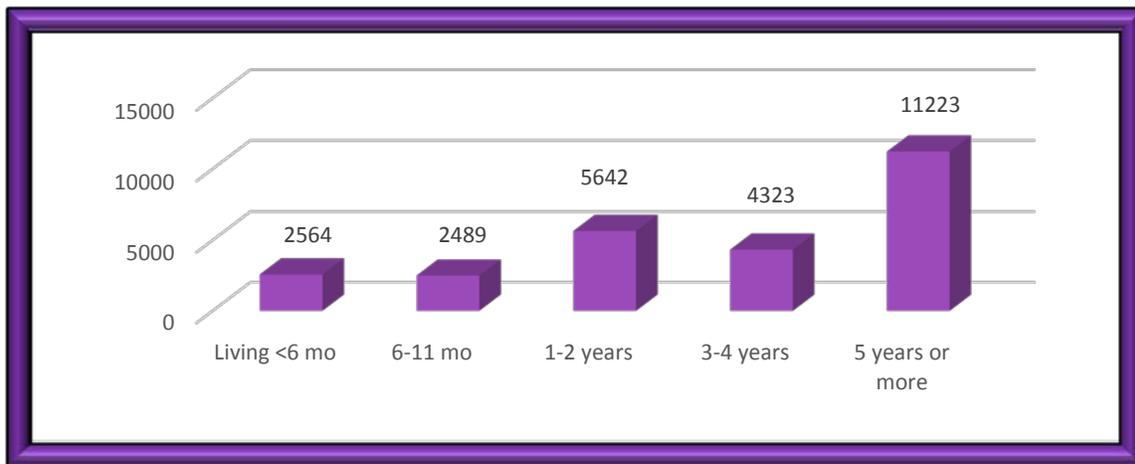
Figure #20. NM Grandparent Work Profiles – 2011-2015



## F. Length of Time Grandchildren are with Grandparents

When looking at average length of time grandparents are raising grandchildren, and are responsible for the care, the time period seen most frequently, and larger by half than any other category, is providing care for that child for five years or more (11,223). The benefit to this is the long tenure, and stability for the child in a grandfamily, which has been cited by Generations United as one of the significant strengths of the grandfamily. However, this also means that the birth parents in many cases do not reassert primacy in the child's life, for a significant portion of that child's life. It would be interesting to see how many grandparents raise children for 8 to 10 years, or the majority of the child's life. The second largest timeframe for grandfamilies is the 1-2 year timeframe; with the 3-4 year timeframe representing 20% fewer children than the 1-2 year period. This may or may not reflect different types of grandfamilies: those with shorter term care compared to those who care for the child for 5 of more years. Additional quantitative and qualitative research is needed in this area. A study conducted by New Mexico Voices for Children in 2005 indicated a significant increase in the proportion of children under age 6 being cared for by a grandparent, especially for Skipped Generation Grandfamilies.<sup>64</sup>

Figure #21. Average Time Children Live with Grandparents, Grandparent Responsible 2011-2015



## G. Combining the Social Determinants and Behavioral Risk Factors into a Summary Picture

There are multiple root causes driving the increasing trend of grandparents raising grandchildren (particularly with no parents present). Many of these are troubling. We have analyzed these by county, to develop a summary picture of the counties based upon an analysis of the following factors in counties: race and ethnicity, poverty, jobs and the economy, behavioral health risks, educational level, and other factors.

<sup>64</sup> Data from U.S. Census and from *The Invisible Caretaker 2003-2004: Grandparents as Parents in New Mexico*, New Mexico Voices for Children, 2005.

Many of the rural counties have faced the loss of major employers, jobs, and capital, which means that increasing numbers of people travel long distances for work. Some people involved in the extractive industries have needed to leave home for work in oil and gas fields in other states. Average wages in the state are low, and have a significant impact on many families. Those areas with low educational attainment face additional challenges with cycles that include problems with a well-qualified workforce, which contributes to job loss, which then contributes to poverty and other risk factors. If one looks at maps showing the rate of increase in grandfamilies (Figure #), it is clear that the trend is moving much more quickly in the rural counties. If one considers the economic picture of these counties, the poverty levels, race and ethnicity, educational level, and other factors, one can create a “Grandfamily Risk Map.” This map shows counties that emerge as relatively stable, and those that emerge as very high risk, when one considers grandfamilies that are in poverty, and other Social Determinants (economy, race and ethnicity, and educational factors). We conducted a non-parametric multi-factorial analysis of county data to determine which counties are at greatest risk.<sup>65</sup> The 10 factors are listed below, with our rationale:<sup>66</sup>

	Topic		Factor	Rationale
1	Race and Ethnicity	a	All Hispanics, Native Americans, African Americans, and other minority groups	Strong correlation exists between minority race and ethnicity and health disparities. It is one of the most important of the SDOH.
2	Employment	a	Unemployment rate	Traditional measure of an area’s economy.
		b	Percent not in the labor force	Another important employment measure, includes a larger group of people and is more comprehensive.
3	Family Finances	a	Median household income	Provides an important benchmark of collective household median income.
		b	Poverty rate	One of the most important SDOH, and variations between median income and poverty rates indicate the level of disparities that exist within counties.
4	Family Risks	a	No parent in workforce working full time	An important indicator of the level of family financial risks, and the local economy.
		b	Uninsured children	Important family risk factor.
5	Education	a	Lack of high school diploma or G.E.D.	Highly correlated to other SDOH, reflects the level of skill of the community’s workforce.
6	Grandparents	a	Percentage of GRG	Central population factor for this report.
		b	Percentage of people 45 and older living in poverty	Benchmark provides a broader picture of poverty levels among middle aged and older adults (similar age cohort).

<sup>65</sup> Non-parametric multi-factorial data analysis is “dataspeak” for a type of statistical analysis that includes identifying and plotting key factors, then regression analysis working with these key risk factors(which have been included in different parts of this report); then rank ordering the stacked factors without external parametrics, thus the term “non-parametric.”

<sup>66</sup> A full explanation of the factors chosen and rationale for these choices is provided along with the detailed spreadsheet, in the Appendices.

Figure #22. New Mexico County Ranking of Counties on 10 Economic & Social Factors



### Data Narrative Summary

The demographic picture of New Mexico's grandfamilies is one of contradictions, family strengths, and risks that spring from root causes that include history and culture, Social Determinants, as well as our changing and more challenging economy, shifting family composition, and behavioral issues (such as single parent stresses, challenges faced by teen and young adult mothers, economic difficulties, and substance abuse). Those grandfamilies that have many strengths and limited risks may be able to provide a strong extended family unit when the parent is present. Those families that have a lower proportion of strengths or assets over against risks and disparities fall further behind others as they struggle to keep the family together. The presence or absence of the birth parent in the extended family seems to be a critical factor, perhaps a major ingredient in the tipping point between the Three Generation Family which has a better potential outcome, and the Skipped Generation Family, with extremely high risks.

## V. New Mexico's Own Voices: Summary of Key Informant Interviews

The research project conducted key informant interviews with a total of 36 different people from around the state to ask them questions about how they see the grandparents raising grandchildren trend, its root causes, suggestions, and their recommendations. The group represented a diversity of people, perspectives, and experiences. People included grandparents raising grandchildren, content experts, representatives working with the NM Legislative Task Force on Grandparents Raising Grandchildren, nonprofit and government service providers, state organizations, advocates, policymakers, and legal service providers. Many of the providers both represent and work with the racial/ethnic and income groups most heavily impacted by the trend. The key informants included multiple agencies that provide support groups, supportive and advocacy services. The following represents a summary of the answers provided to interview questions, with most of the comments a blend of answers from different key informants, rather than direct quotes.<sup>67</sup> An interview list is provided in the Appendices.

1. What do you know about the growing trend of grandparents or other relatives raising grandchildren, and how do you view this trend?

All people interviewed were aware of the trend, and most realized that that the percentages of children being raised by grandparents and other relatives has been growing at both the national and state levels. Many of those interviewed reported both personal and professional knowledge about the trend, and issues that grandparents and children face.

Some of those interviewed made the comment that having grandparents raising grandchildren “is not all bad news.” They referred to the fact that grandparents and other older relatives helping to raise children is part of longstanding Native, Hispanic, and African American traditions of extended families living together, or in close proximity. This centuries-old tradition brings significant personal and familial assets to children, who are raised and supported by a number of different relatives. Those interviewed reported overwhelmingly that Three Generation or Extended Family Grandfamilies have many healthy root causes and represent some of the strengths of Native and Hispanic traditions in New Mexico.

Key Informants also reported finding many disturbing elements about the increasing trend of grandparents raising grandchildren, especially among Skipped Generation Families. Many of the people interviewed indicated that they were very much aware of the negative impact of Social Determinants and behavioral risk factors on these families. These include:

- (a) behavioral health problems faced by the parents, including substance abuse, mental health challenges, and opioid addiction;

---

<sup>67</sup> The bulleted comments should not be seen as direct quotes from any one individual on the interview list, but rather as an amalgam of comments made on issues that were cited by multiple respondents. To attempt to attribute some bulleted point as a comment from one person on the interview list is to misconstrue the interviews, which were confidential phone conversations, with summary comments reported in the aggregate.

- (b) difficulties finding and keeping employment, with many parents caught in low wage/part time jobs caused by limited job availability, parent's limited education and poor job skill level, and/or parent's behavioral health challenges;
- (c) incarceration and ongoing trouble with legal authorities, creating a series of family problems;
- (d) moving away from home for employment either through the military, or seeking work in a larger community at some distance away from home.

When asked to comment about the growth in grandfamilies, a large majority of those interviewed indicated that the current generations of young parents often face behavioral health challenges, with substance abuse the most significant factor impacting the trend. However, people also talked about two other issues that relate to risk factors and Social Determinants. Some indicated that the younger generations of parents are often ill equipped to care for their children because of deficits in education, parenting skills, and job skills; and a number of informants wondered what will happen when these generations become grandparents and are unwilling to help their own children. Others indicated that systemic health disparities caused by Social Determinants such as poverty, race and ethnicity play a significant role in this trend, and that many Skipped Generation Families have been driven to this reality by health disparities that have become worse in the last decade, with the Fiscal Crisis and continued loss of jobs and capital from a state that has significant economic and social challenges.

## 2. What do you think are the root causes for this trend, and why are increasing numbers of parents turning to their parents or other relatives to help raise their children?

Many of those interviewed wanted to make it clear that grandfamilies, or extended family networks are nothing new, especially in New Mexico. Centuries long traditions of extended family life shape the culture here. This extended family tradition is seen as a significant family and community asset that builds community strength and resiliency. Those Three Generation or Extended Family Grandfamilies represent a culturally healthy trend that builds family and community resiliency.

When asked to consider root causes of the growth in the trend, people indicated that root causes are related to:

- Social Determinants (SDOH) and health disparities rooted in institutionalized racism;
- Health risk behaviors, primarily substance abuse, lack of stable community support systems, and criminogenic factors.<sup>68</sup>

Social Determinants. Those who mentioned SDOH indicated that although they see grandfamilies in all parts of their communities, they find that the trend has disproportionately impacted the racial and ethnic majority/minority populations in their communities. These

---

<sup>68</sup> U.S. Department of Health and Human Services Office of Minority Health, *Healthy People 2020*, CDC Determinants of Population Health, World Health Organization's Social Determinants of Health, and New Mexico Senate Memorial 33 on institutionalized racism, adopted in 2012

insights are borne out by the research, which shows this to be the case in New Mexico and nationally. There are more grandfamilies among the poor, and among racial and ethnic populations than the population at large; and grandparents responsible for children are poorer than others of their age cohort who are not raising their grandchildren. Those grandparents raising grandchildren with no parent present are the poorest of any other group (refer to the data section of this report). A number of those interviewed expressly mentioned the impact of colonization and institutionalized racism as root causes for a raft of social ills and challenging trends, including: school dropout rates, substance abuse, unemployment and underemployment, and loss of jobs and capital in regions with high concentrations of Native and Hispanic peoples. They tied the growing trend of grandfamilies (especially Skipped Generation Families) to this root cause of colonization and institutionalized racism.

Health Risk Behaviors. The majority of people mentioned that the growth in grandfamilies (particularly Skipped Generation Families) has been caused by the high rate of substance abuse in the state, and fast-growing opioid epidemic. Substance abuse has created a situation where many parents are unable or unwilling to parent their children, and grandparents step in to help raise or raise their grandchildren. The majority of those interviewed reported that substance abuse in New Mexico has been a significant health risk for years, severely impacting the ability of parents to care for their children, and affecting some grandparents as well. A few people got to the crux of the issue by indicating that “the current generation of grandparents may be the last generation that can be counted on to raise our children.”

When asked to discuss root causes for the trend, people talked about both positive and negative root causes. Positive root causes were seen as primarily the cultural tradition of extended families caring for one another. In fact, people described this positive root cause in a way similar to the what researchers characterize as the Three Generation or Extended Generation Families). A number of people made the point that grandparents (or great-grandparents) raising grandchildren is not necessarily a negative thing; it depends upon the circumstances. An ever-larger group of people indicated that, although the positive root cause is an important part of the cultural tapestry of New Mexico, it represents an increasing minority of families. Some people working in the field thought that the vast majority of grandparents are raising their grandchildren because their own children cannot because of significant behavioral risk factors, including substance abuse problems.

Those interviewed provided a conceptual framework that was very similar to national and state research findings about causes for the increasing trend.<sup>69</sup> Their understanding of the issue reflected both an awareness of both national and state issues, as well as those issues which are specific to New Mexico’s history, culture, and public policy framework. There is significance to the fact that there was such alignment between the aggregate summary of interviews and the data.

---

<sup>69</sup> Perspectives of key informants, as a group, reflect an understanding very much in concert with research findings by groups like Generations United, the Grandfamilies State Law and Policy Resource Center, and others cited in the data narrative section of this report.

The matrix below represents those issues that were cited by key informants most frequently, and their comments about whether the root cause is highly significant, and whether it is positive, negative, or both positive and negative depending upon the particular circumstances. The root causes mentioned are linked to those population health factors cited by national experts as those Social Determinants and behavioral risk factors that are most important in shaping individual, family and community health and wellbeing.<sup>70</sup>

---

<sup>70</sup> Healthy People 2020, CDC, Kaiser Family Foundation, Robert Wood Johnson Foundation, Con Alma Health Foundation.

Figure # 23. Summary of Key Informant Described Root Causes for Increasing Trend in Grandparents Raising Grandchildren

	<b>Key Informant Described Root Cause</b>	<b>Determinants of Population Health</b>	<b>Significance for Families and Communities</b>	<b>Positive or Negative Impact</b>
a.	Behavioral health issues (mental health, substance abuse, especially opioid addiction).	Behavioral Risk Factors Social Determinants	Extremely high, with New Mexico's much higher than national average substance abuse risks, with attendant related problems of violence and criminal behaviors leading to a parent's inability to care for children.	Extremely negative
b.	Financial distress	Social Determinants Behavioral risk Factors	Very high; state is still recovering from the earlier economic crisis, the economy is weak in many parts of the state, with the flight of jobs and capital from some areas, oil and gas recession, very high rate of parents with no fulltime jobs; this creates a situation where parents can be thrown into an economic tailspin by many unanticipated financial costs.	Extremely negative
c.	Teenage pregnancy	Behavioral Risk Factors Social Determinants	Very high, since the state has a much higher than national average rate for teenage pregnancy; these young mothers often need parental help to navigate the challenges of parenthood.	Usually negative
d.	Single parent mothers	Behavioral Risk Factors	Very high, since there is an increasing trend of single parent mothers in the state, who have lower than average earnings, higher poverty rates, and significant personal and financial challenges; grandparents often step in to help out.	Usually negative
e.	Incarceration	Social Determinants Behavioral Risk Factors	Moderately high, and disproportionately high for the poor and racial ethnic minorities; many parents who have serious behavioral health challenges find themselves incarcerated, which leaves the children at high risk.	Extremely negative
f.	Military family deployment, or families where parent/s has to move to another area for employment	Social Determinants Behavioral Risk Factors	When a parent or parents are deployed outside of the area, many parents look to their own parents to help out; when one parent is deployed overseas, the remaining parent often moves in with her/his parents to save costs and have help caring for the children.	Can often be stressful for the extended family

Most of those interviewed outlined at least three to four of the six most frequently cited root causes, with many describing the majority of them. They are listed in rank order by the frequency mentioned by key informants. A few of those interviewed described these root causes listed above, but within a larger framework that identifies a very deep root cause from which all of these six root causes, SDOH and behavioral risk factors spring. This deep underlying root cause is described as the multiple waves of colonization of Native peoples, and then Hispanics. Over the centuries, the success of colonization by the dominant peoples has come at the price of marginalization and domination of the resident cultures by the newcomers. This deep root cause of colonization, racism, and internalized oppression was mentioned explicitly by a number of the key informants, and implicitly by more; it has been well documented by researchers and organizations.<sup>71</sup>

3. What suggestions do you have for stemming the tide, reducing the increasing numbers of grandparents and other relatives raising grandchildren?

Key informants had many specific suggestions for stemming the tide, made in the form of recommendations for strategies. Most people felt that the culturally rooted extended family networks (Three Generation Families) are family and community assets. They recommended that the culturally based extended family system be supported and honored, and not discounted as part of the problem. In other words, they don't want to "throw the baby out with the bathwater." Almost all respondents indicated that the negative risk factors that are driving the increase in Skipped Generation Families must be understood and addressed in order to stem the tide.

A number of people mentioned that both the cultural assets of the extended family and the risks faced by parents struggling with behavioral health issues are so inextricably interwoven that it is often difficult to tease apart the different elements. Many grandfamilies have cultural and family assets they bring to the challenges of raising grandchildren, along with great resiliency; this can frequently be tempered by one of more of the risk factors, especially poverty. The stresses of poverty and near-poverty impact too many families, and create struggles that are more extreme, with too many grandparent-headed families living on the financial razor's edge.

What many people suggested was the need to stem that part of the tide that is driven by (1) the Social Determinants of poverty, race and ethnicity and corresponding racism, educational attainment, limited employment options, and other stressors, and (2) behavioral risk factors that impact health such as substance abuse, lack of access to stabilizing community based resources, and criminogenic factors.

4. What recommendations do you have for strategies or policies to address this issue?

The recommendations made by the key informants are placed into a number of broad categories, and summarized below in order of frequency with which the issues were outlined by the respondents. Many of the key informants focused on broad systems

---

<sup>71</sup> The issue of colonization and internalized oppression are cited by the U.S. DHHS Office of Minority Health, "Racism and Health" from the *International Encyclopedia of Public Health*, the American Public Health Association, and NM State Statute (Senate Bill 33 from 2012).

change needed to address causes that are deeply rooted in the Social Determinants and health disparities faced by the poor and racial ethnic minorities (or minority/majority population in many regions).

- a. Behavioral Health. Address the impact that the dismantling of the state's behavioral health system in 2012-2013 has had on families and communities. Identify the loss of resources, increasing difficulty with access to care, and develop a stronger, more responsive and community based mental health system. Without a vibrant behavioral health system, most responses will be experienced as band-aids at best, with little impact upon families and communities. Creating an effective and accessible behavioral health system will be critical to addressing this trend and stemming the tide.
- b. Employment. Understand that many of the problems that parents face relate to an economy that is both thin and weak in many parts of the state; when people are unable to find employment, they become much more at risk in many other areas of their lives. Significant economic development initiatives are needed that address those most in need of employment and most marginalized. Successful rural economic development will address many social ills.
- c. School System Development. Strengthening the educational system with a more robust and inclusive curriculum, community engagement, involvement of families, and a range of after school programs for children and youth can make a significant impact on families and communities, improving school graduation rates and potential of future youth to build greater college, voc-tech school, and job readiness.
- d. Structural and System Change. A more inclusive, equitable and just society which has fewer health disparities related to Social Determinants of Health needs to serve as a key guiding vision for this work. Systems change that creates a society which is more inclusive, better able to systemically address poverty, involved in economic development, and addressing racial disparities and colonialism is critically needed but extremely difficult to achieve. Transformation is needed.

Those key informants familiar with the work of the NM Legislative Task Force encouraged ongoing support for its work to address many areas including better state interdepartmental communication and coordination, information, resources targeted to those most in need, a better mix of services, financial assistance, benefits for grandparents raising grandchildren, and legal services.

It is outside of the scope of this project, but important to note that many key informants discussed the (1) severe challenges that lack of interagency state department coordination creates for grandfamilies; (2) difficulties created by internal CYFD policies and staff difficulties working with grandparent caregivers; (3) misinterpretation by some HSD ISD staff about Medicaid benefits for children who move from parent to grandparent homes; and (4) severe financial distress created for many grandfamilies because there are no benefits available for them to care for grandchildren except in

cases where they become foster parents, which is an option often fraught with challenges.

These suggestions made by the key informants represent a comprehensive list which is difficult to contemplate, much less attempt, during this time of significant political and financial turmoil and change. However, the thoughtfulness with which the key informants addressed these important issues deserves our thanks, with deep respect for their analysis and suggestions. The state and federal policies and financing are currently on a trajectory counter to these recommendations. The current policy trajectory does not reduce health disparities and address root causes, but rather exacerbates them.

## VI. Public Policy Perspectives

### A. Overview

Throughout its history, the U.S. has institutionalized laws and policies that have, and continue to have, detrimental and/or unintended consequences for families and communities of color. Our nation's laws and policies create patterns that foster discriminatory practices and disproportionate impact through reinforced systems such as health care, education, housing, employment, credit, criminal justice, business, environmental degradation, and government. Some of these policies include the "War on Drugs," "Three Strikes" laws, and recent deportation policies. Trickle-down economic policies, for instance, began in the early 1920's and had a resurgence in the 1970's that persist to this day, and have a disproportionately negative impact on the poor and people of color. Many laws, policies and systems have their roots in the founding years and expansionist history of this nation, which include both democratic principles as well as colonizing and imperialist Manifest Destiny, which have left indelible imprints on the people of this country. These laws, too many to name, shape our everyday lives in numerous ways, large and small. For communities of color, the poor, single mothers, teens, immigrants, and children these often dictate where you can live, and which schools you attend; this then often shapes access or lack of access in discriminatory ways, and represent Social Determinants.

Race and ethnicity are used by the Federal Housing Administration to determine mortgage eligibility, termed 'redlining.' The G.I. Bill guaranteed low cost loans for {predominantly white} veterans with very low down payments and low interest). These have shaped and continue to shape our neighborhoods, cities, suburbs, and school districts. Schools, transportation systems, and the allocation of resources across communities have also been shaped by these policies, and continue to affect the lives of people, disproportionately affecting the poor and people of color. Many of those disproportionately impacted have frequently been scapegoated by the media, politicians, and the general public as the problem while policies that disadvantage them are well documented. Policies that would assist them, such as pay equity, childcare, paid leave, minimum wage, etc. go unfunded and unrealized. Children, of course, are profoundly affected. However, it is our entire society that pays the price through the curtailing of human potential. The growing trend of grandfamilies, and more to the point, Skipped Generation Families, represents another symptom of the health disparities created by these laws, policies, and systems. Recommendations aimed at stemming the tide, must first acknowledge our nation's historical and underlying foundation, and seek to address and remediate transgressions caused by these laws, policies, and systems.

Nationally and at state and community levels, the policy world has not caught up with the reality of the changing family structure, and with the growing trend of grandparents raising grandchildren.<sup>72</sup> Even though there is a preponderance of research and many articles written about the demographic profiles of grandfamilies, and causes for the increases in kinship care, the recommendations for strategies for dealing with the issue are rooted much more often in developing responses to needs and issues rather than on addressing root causes.

One finds a very close parallel in the nonprofit service provider and philanthropic communities. For many decades, nonprofit service providers and advocates have been engaged in ongoing debate about whether one should focus on policy, funding and collaborative initiatives that address root causes, or on developing services, financing and resources focused on providing immediate assistance to people in need. Advocates often call services that don't address root causes "band-aids," and service providers often call advocates too broad in focus and not rooted in the "real world." At key times of national policy change during the past decades, the philanthropic community had engaged in similar discussions and debates, about whether to fund policy work or service programs, or in what proportion. The philanthropic community, advocates and researchers have often taken the lead in moving the focus from service activities to root causes and key structural and systems issues that actually play a huge role in shaping the day-to-day challenges that families and communities face.

There is no simple answer to the debate, but one thing seems clear, and it is this: strategies must be built on a solid understanding of root causes, and neither approach is sufficient in and of itself. Unfortunately, too often the focus is on providing services. When that happens, the structures and systems that perpetuate inequity and health disparities often remain unchanged, which means that health disparities are not addressed. Lack of attention to the root causes, and broad policy and systems does not allow communities to create long lasting system change. Even though there is a great amount of activity, it does not address root causes, so people are not able to stem the tide. Situations are not improved even after huge expenditures. Over the years, this problem has been called "the activity trap," or "rearranging the chairs on the Titanic."

#### B. National Policy Resources

We find this to be the case with public policy related to grandfamilies. A study of laws and policies in many states shows that there is a disproportionately heavy emphasis on addressing the issue by focusing upon grandfamily needs and challenges. Little is done to connect the issue of the rising trend in grandfamilies to deeper root causes.

---

<sup>72</sup> Lindsey A. Baker, Merrill Silverstein, and Norella M. Putney (2008), *Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies*, *Journal of Social Policy*

In an ideal situation, states would have:

- Program-Focused Policies to address immediate needs with services, resources and funding for grandparents raising grandchildren; and
- System-Focused Policies to address root causes and health disparities with strategies that turn the curve on health indicators.

There are key national and state organizations at the forefront of the policy discussion related to grandfamilies. These include Generations United, AARP, the Casey Family Foundation, the Brookdale Center, the Grandfamilies State Law and Policy Resource Center, the National Conference of State Legislatures, and the American Bar Association. These national organizations are playing an increasingly important role in identifying and cataloguing state laws that relate to a range of grandfamily issues, including: informal and formalized care, guardianship, services, resources, financial assistance, benefits, and dealing with challenges such as school enrollment, providing for medical care, and ensuring that a children's income-dependent benefits can be maintained.

Both the Grandfamilies State Law and Policy Resource Center and the National Conference provide a comprehensive listing of types of legislation on their websites. These organizations and others, like Generations United, have publications that identify model types of legislation that address these issues.

At the national level, the Grandfamilies State Law and Policy Resource Center and the National Conference of State Legislatures have been tracking state laws and policies, listing kinship care policies and practices, support services and resources in different states. In New Mexico, the New Mexico Legislative Task Force on Grandparents Raising Grandchildren (HB8/SM1) has identified a wide range of issues and made specific policy recommendations.

The most common concerns and issues that are identified by the State Law and Policy Resource Center, the National Conference of State Legislatures, and the New Mexico Legislative Task Force on Grandparents Raising Grandchildren include policies related to researching the issue, state level interagency collaboration, legal challenges faced by grandparents, navigation and support groups, resources and services, legal issues faced by grandparents, subsidies for grandparents, and funding for services.

Generations United has conducted research to demonstrate that grandparents save the federal government approximately \$4 billion dollars. The New Mexico Task Force on Grandparents Raising Grandchildren is conducting research on the costs that grandfamilies are saving the state of New Mexico. Understanding the value of these cost savings is important for informing the picture in such a way that policymakers understand the value of investing in this primarily voluntary network. Potential future costs should be increasing the numbers of grandfamilies that fall below poverty (which seems to be the trend).

### C. Classification of Types of State Policies Regarding Grandfamilies

State policies, and state executive and legislative branch activities related to grandfamilies and kinship care fall into the following types of work.

1. Research on Grandfamilies – acknowledging the growing trend, many state legislatures have established task forces to study the issue and make recommendations.
2. Interagency Collaboration – recommendations for greater interagency collaboration and more effective alignment of departmental policies, especially between state departments of Aging, Children Youth and Families, and Human Service (especially for Medicaid and SNAP/Income Support benefits).
3. Services and Community Resources – include the following areas of focus:
  - a. Identifying those areas within states where programs and services need to be re-shaped, re-focused and/or expanded in order to address growing needs, primarily of grandparents and grandchildren, with limited attention paid to challenges faced by birth parents;
  - b. Creating strategies for informing grandfamilies, communities and providers about grandfamily issues, resources, and benefits, including training, technical assistance, and information hubs;
  - c. Enhancing support for grandfamilies through support groups, navigators, and peer support groups;
  - d. Providing respite care;
  - e. Further developing behavioral health resources for grandfamilies, as children, birth parents and grandparents often face numerous crises.
4. Legal Issues – identifying legal challenges that grandparents face who are caring for grandchildren, (school enrollment, health care, public housing, etc.). Many grandparents provide care without serving as legal guardians. States identify key areas that require greater information and outreach to grandfamilies, advocacy, legal assistance to grandfamilies, and make policy recommendation for modifying state laws to address grandfamily challenges (school enrollment, health care, public housing, etc.).
5. Subsidies for Grandparents – policies for transferring full child-related benefits to grandfamilies, and developing subsidy payments for grandparents responsible, who act as informal foster parents.
6. Funding for Services and Resources – varies significantly among the states based upon the priority of the issue and state budget constraints; usually includes legislative apportionments or budget line items for expanding legal services for

grandparents, support groups, navigation, specific types of programs and services, behavioral health resources and other services.

#### D. Policy Gaps in National and State Policy

We do not see much evidence of public policy work nationally or in the states that connects the rising trend of grandparents raising grandchildren related to having no parent present with economic, cultural, and social root causes related to health disparities. The missing links seem to be that policies do not:

1. Identify the root causes of those aspects of grandfamilies related to Skipped Generation Families (no parents present) and the concomitant health disparities;
2. Link those health disparities to the deeper, cultural, economic, and systemic root causes;
3. Engage in public policy and advocacy work that links the health disparities, and root causes with grandfamilies at risk, who struggle with multiple health disparities which are symptoms of economic, educational, social, and cultural divides and disproportionately allocated resources.

Many of the national public policy resources are making strong connections between grandfamily needs, and resources, programs and services, and legal protections which should be developed. However, there are fewer connections made between Skipped Generation Families and the health disparities and root causes which drive the trend. Research has increasingly been making this link, as cited in this report. Public policy changes normally lag behind the research by a decade or more. The fact that Generations United and the National Council of State Legislatures are tracking public policy related to grandfamilies provides important venues where these issues can be raised and discussed.

The Grandfamilies State Law and Policy Center ([www.grandfamilies.org](http://www.grandfamilies.org)) provides extremely valuable, in-depth information and resources about all aspects of grandfamily law and policy (caregiving, legal rights, guardianship, financial assistance, medical and school issues).

The National Conference of State Legislatures does track state legislation related to health disparities. The topics most frequently cited in their analysis of state policies related to health disparities are as follows (in order of frequency, with the most frequent citations listed first):

1. Policy initiatives to support increasing diversity in the health professions through medical school loans and various incentive programs;
2. Policies instituting state Offices of Minority Health or Offices of Health Disparities;

3. Policies and laws which encourage or require health care agencies and state structures to address health disparities in their work, promote health equity, and improve health outcomes for those with the greatest health disparities;
4. Protections for minority populations and those speaking different languages, for access to care;
5. Supports for expanding specific types of care to minority and rural populations, and to a lesser extent, women, and older adults (related to state-specific health issues);
6. Policies which address state level liaison work with tribal sovereign governments, with Indian Health Services, and Native American peoples served;
7. Promotion of a range of types of preventive, allied health, community-based health initiatives, medical homes, and other services to address health disparities;
8. Development of research, committees, commissions, task forces and centers to address health disparities;
9. Creation of funds to support cost of care for the uninsured;
10. Fair housing legislation;
11. Representation of communities served on health system boards;

The National Conference of State Legislatures provides specific summaries about the importance of developing policy that addresses health disparities, explaining that state legislatures across the country are focusing more on this important issue.

*Health disparities are getting the attention of legislatures across the country. State policymakers are asking important questions: How are disparities in health eliminated? What is the role of state lawmakers in reducing disparities? How does my state compare to other states? What strategies decrease disparities in a cost-effective way? Policymakers are responding to these questions with different kinds of legislation.*

Recent research about the impact of state Offices for Minority Health on reducing health disparities and improving health outcomes provides another important insight into the importance of public policy in shaping health equity.

*For over two decades, a concerted effort has been underway to tackle health disparities. State Offices of Minority Health (OMH) have led efforts in data collection, training, and policy development. Yet, little evidence exists regarding the effectiveness of these efforts. ... (S)tate OMHs are associated with a decrease in Black infant mortality rates. ... State OMHs and Medicaid are important tools to decrease Black infant mortality rates. States that invest relatively little in health care for the poor should consider increasing investments in their Offices of Minority Health.<sup>73</sup>*

---

<sup>73</sup> Dana Patton, "State Policy and Health Disparities: An Examination of the Impact of State Offices of Minority Health," *Journal of Healthcare for the Poor and Underserved*, Volume 25, #4, November 2014,

## VII. Summary and Recommendations

This section will provide a series of summary recommendations based upon the project's data analysis and key informant interview research, which has been limited in scope. The project's research has raised as many new questions as it has answered.

The project consultant and the Con Alma Health Foundation recommend that there be continued support for the work being done to identify needs, create closer state interagency departmental collaboration, provide services, enhance resources, create more effective policies and legal options, and develop funding for benefits for grandfamilies. This is important work, however it cannot, by itself, address the root causes for this growing trend, remediate the health disparities, or stem the tide.

Therefore, additional systemic work is needed to address these root causes.

The consultant recommends that there be additional work done by the Con Alma Health Foundation, in concert with a consortium of leadership organizations at state and national levels to address these systemic issues to:

1. Further identify the correlations specifically between those grandfamilies at greatest risk (typically with no parent present) and health disparities. These health disparities are fueled by root causes including the (1) Social Determinants of Health (SDOH) (or Determinants of Population Health) and (2) health behaviors. Combined, these two areas represent over 70% of the causes for health and health disparities.<sup>74</sup>
2. Address the importance of the structural challenge of stemming the tide. This will require concerted systemic action through a combination of policy, advocacy, and shifts in funding over decades in order to address the root causes which represent issues that are deeply embedded in the fabric of our states and our nation.
3. Connect this work with other policy work being done related to health disparities in New Mexico and in states across the U.S., reported by the National Conference of State Legislatures, the U.S. Office of Minority Health, and other groups.
4. Identify the primary SDOH factors that are most strongly correlated with health disparities (poverty, race and ethnicity, education); then develop partnerships with policy initiatives related to (a) economic development and wage equity; (b)

---

<sup>74</sup> Centers for Disease Control, U.S. DHHS Office of Minority Health, Healthy People 2020, Kaiser Family Foundation, Robert Wood Johnson Foundation and earlier Con Alma Health Foundation reports. SDOH including poverty, race and ethnicity and educational attainment and behavioral risk factors such as substance abuse and incarceration play significant roles in fueling the increase in grandparents raising grandchildren, especially Skipped Generation Families.

racial and ethnic justice and parity, and (c) educational equity and opportunity. State models of excellence in one or more of these areas are often found in those separate topic areas and may or may not be related to health equity in the research literature or policy summaries. Each of these root cause areas should be analyzed separately to identify key cornerstone issues, models of excellence, and policies that move populations toward equity and reduce health disparities. SDOH factors and health behaviors are seen to be responsible for 70% of one's health.<sup>75</sup>

5. Identify the primary health behaviors in New Mexico that are contributing to the growth in Skipped Generation Families. These include a number of health behaviors that create greater life challenges and increase an individual and family's risks for poverty, marginalization, and overall decline. Health behaviors that have some of the greatest impact in New Mexico and nationally include:<sup>76</sup>
  - a. Behavioral health risks (mental health issues, alcohol abuse, drug abuse, and the opioid abuse epidemic). The state's behavioral health risks are significantly higher than the national risks. Models for community-based systems of care that include wrap-around case management focused on helping people address and overcome risks and challenges, and develop key building blocks needed for successful independent living are important resources.
  - b. School dropout rate in the state is higher than the nation's average, and highest among poor and minority populations. Limited educational attainment reduces one's ability to find a living wage job in a state where the economic picture is more tenuous than what one finds nationally. Alternative education models and asset-based job-skills programs provide important models).
  - c. Teenage pregnancy and young single parent mothers are often poorer, have lower wage jobs, and more limited opportunities than those who are able to defer childbearing to a later age.
  - d. Criminogenic factors that lead to often multiple incarcerations, include many behavioral health problems, substance abuse, anger, violence, and lack of connection to community institutions that provide stability. Organizations focused on building individual, family and community assets provide some excellent models.

National and state policies are needed that expand rather than contract access to all aspects of healthcare and social services. Those most at risk should be priorities for

---

<sup>75</sup> Research by the Centers for Disease Control, Kellogg Foundation, Robert Wood Johnson Foundation.

<sup>76</sup> Four key factors listed represent a summary of those most important root causes reported in the Data and Key Informant Interview Sections; models are based upon research reported in the NM DOH PHD "Toolkit," and the consultant's research, published in "Models and Effective Practices," [www.newventuresconsulting.net](http://www.newventuresconsulting.net).

community-based care. Addressing services alone will simply treat symptoms, and not root causes.

In order to address root causes, national and state policy must address economic development and the creation of living wage jobs with benefits in a long-term, systematic way. Economic development is a major public health issue. This consultant believes that broad-based and diversified economic development and living wage job initiatives represent the most important policy and advocacy responses needed to stem the tide of grandparents raising grandchildren. The work will require decades and huge expenditures. It will include the challenging tasks of reversing the economic divide in this country, and democratizing the workplace. This can be accomplished, but with great difficulty considering the current economic and policy climate.

Another important policy initiative required at state and federal levels is to rebuild the public education system. Education needs to be focused upon helping children learn in a variety of ways suited to one's age and culture, with priorities placed upon students and teachers, and not upon the administria that often chokes otherwise healthy systems. Education can and should be about discovery and skill-building. Our children deserve systemic change that will be difficult and costly. However, if we project the current educational system forward in time, we will find increasing numbers of disconnected youth, and continued high dropout rates. Kids will vote with their feet.

The police, judicial, jail and prison systems require significant systematic overhaul to focus not only upon community safety, but upon safety, overall wellness, rehabilitation, and successful community reintegration. Our current prison systems are filled with a disproportionately high number of the poor, and racial and ethnic minorities. Recidivism is become more normative, and disabling for families and communities. Restructuring is needed, otherwise, the majority of the population that enter prison become lost.

We are facing a period in our history where we have multiple lost generations of young adults who have given up their children. Those with significant substance abuse problems, and the incarcerated too frequently are often giving up on life. Those that "make it," are too often the exception, rather than the norm. The oldest of these lost generations will reach the younger end of the age at which people become grandparents. But, since increasing numbers of these adults cannot care for their own children, it is not realistic to expect them to take over as grandparents raising grandchildren when their time arrives.

The choice to address root causes is always the more difficult, slower, and more meaningful path. Long-term systemic change will require a great deal of concerted effort. It is worth it. Our success at addressing these root causes represents an important measure of our health as a state, as a nation, and as a people.

### VIII. About The Project Research Team

Anne Hays Egan is a health systems planning consultant who has spent over thirty-five years in the field. She has consulted with nonprofits, communities, government and foundation clients since the early 1990s. She is known for her work in health and human service planning, organizational and interagency network development, outcome evaluation, and responding to fiscal challenges through revenue diversification. Over the past ten years, she has worked with numerous communities on developing Community Needs Assessments (CNAs), Community Health Needs Assessments (CHNAs), Community Health Council Health Profiles, and other health plans and health and human service research projects. She helped communities in Northern New Mexico develop older adult interagency collaborative services, Benefits Enrollment Centers, and Health and Human Service Gap Analyses. Prior to that time, she helped communities plan welfare-to-work initiatives using cutting edge mapping, simulations and strategies, and worked nationally and regionally with health and human service systems planning. She helped government entities, funders and nonprofits with a wide variety of research projects and plans over the past twenty years. Anne has written over 100 articles and papers. These include presenting papers about the community infrastructure in Northern New Mexico to Independent Sector, publishing articles in their juried journals; and co-authoring a chapter in Carroll L. Estes' *Social Policy and Aging*. Anne's educational credentials include a B.A. in Humanities from Converse College; M.A. in Humanities from F.S.U.; and all but dissertation doctoral work with the Union Institute. She also holds an M.Div. degree from Princeton, and is an ordained Presbyterian minister, retired.

John W. Egan is a semi-retired academic with experience in the fields of history, statistics, and the humanities. He has taught at Sheridan College, University of Kansas, and Miles City College. He has conducted numerous research projects involving statistical analysis, including a study for the Wyoming Humanities Department, analysis of Medicaid programs for Rio Arriba County, housing programs for Santa Fe City and Santa Fe County, and a landmark non-parametric analysis as part of a large research and planning project for Volunteers of America. John is a published author, and a well-respected teacher for his highly interactive approach to teaching children and adults. He has completed graduate work at the Master's level in both history and statistics, and has completed doctoral coursework for his Ph.D. in History.

# Appendix

## New Mexico - Grandparents Raising Grandchildren Rank Averages

	<b>County</b>	<b>&lt;&gt;</b>	<b>All Rank Averages</b>		<b>County</b>	<b>&lt;&gt;</b>	<b>All Rank Averages</b>
1	McKinley	47.5	4.75	18	Otero	179.5	17.95
2	Cibola	86	8.60	19	Sandoval	182	18.20
3	Socorro	88	8.80	20	Catron	192	19.20
4	Torrance	90	9.00	21	Roosevelt	197.5	19.75
5	Luna	98	9.80	22	Colfax	199.5	19.95
6	Guadalupe	104.5	10.45	23	Grant	200.5	20.05
7	Rio Arriba	104.5	10.45	24	Lincoln	204	20.40
8	San Miguel	119	11.90	25	Lea	211	21.10
9	Mora	125.5	12.55	26	San Juan	218	21.80
10	Hidalgo	140	14.00	27	Union	220	22.00
11	Sierra	145.5	14.55	28	Curry	223	22.30
12	Taos	145.5	14.55	29	Harding	231.5	23.15
13	Valencia	150	15.00	30	Santa Fe	234.5	23.45
14	Doña Ana	151.5	15.15	31	Bernalillo	243	24.30
15	Quay	162.5	16.25	32	Eddy	259.5	25.95
16	De Baca	169	16.90		Los		
17	Chaves	169.5	16.95	33	Alamos	318	31.80