

Geriatric Health Issues:

Implications for School Nurses!

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Goals

- 1 • Promote health and safety of geriatric clients and their family members across the healthcare spectrum
- 2 • Meet CE requirement for TX Board of Nursing "Elder Adult Care"

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Objectives

1. Identify eight factors that could affect the elderly patient's ability to meet basic and healthcare needs of themselves and their family.
2. Match three types of elder abuse with corresponding signs and symptoms, and formulate a proper nursing response.
3. Differentiate between three categories of age-related memory changes and evidence-based management.
4. Determine evidence-based management for 7 common chronic conditions that lead to physical debilitation and deterioration of cognitive and emotional functions.

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Objectives (cont.)

- 5. Recognize end-of-life indicators that the elderly patient is losing or has lost abilities to care for themselves.
- 6. Analyze the prevalence of grandparents raising school-aged grandchildren and corresponding social-determinants.
- 7. Identify a minimum of 3 circumstances that could result in grandparents raising grandchildren.
- 8. Identify a minimum of 6 basic requirements of school-aged children to be provided by a responsible caregiver.

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Objectives (cont.)

- 9. Identify a minimum of 6 health care requirements of school-aged children to be provided by a responsible caregiver.
- 10. Determine legal barriers that can affect grandparent's ability to meet healthcare requirements of school-aged children.
- 11. Anticipate assistance the elderly will need for Advanced Care Plan development.

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Demographic Shifts (Population Reference Bureau, 2018)

Aging population: by 2060, 65-and-older will rise to 24% from baseline 15%.

Ethnic diversity ↑: between 2014-2060, non-Hispanic white is projected to drop from 78.3% to 54.6%

Employed longer: by 2022, to 27% of men and 20% of women 65-and-older employed.

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Demographic Shifts (Population Reference Bureau, 2018)

Education levels ↑: 5% over age 65 had bachelors degree or higher in 1965; 25% in 2014

Life expectancy ↑: 68 years in 1950; 79 years in 2013

Gender gap ↓: 7-year gap in life expectancy between men and women in 1990. 5-year gap (76.4 years versus 81.2 years) in 2013.

Senior poverty rate ↓: ~30 percent in 1966; 10 percent today

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Demographic Shifts (Population Reference Bureau, 2018)

Health disparities ↑: 40 % of 65-to-74-year-olds obese in 2009-2012.

Economic disparities ↑: 18 % Hispanics and 19 % African Americans lived in poverty in 2014—more than twice the rate among older non-Hispanic whites (8 %).

Healthcare utilization ↑: project 75% increase in nursing home care, to about 2.3 million in 2030 from 1.3 million in 2010.

Healthcare costs ↑: Social Security and Medicare expenditures will increase from a combined 8% of gross domestic product today to 12% by 2050.

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Influencing Factors

What factors caused the grandparents to switch roles?

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Influencing Factors

- **Aging population** capable of parenting younger generations
 - **Grandchild abandonment** including abuse and neglect by the biological parent.
 - **Births to unmarried teen moms**
 - **Divorce** of the biological parents
 - **Economic hardships** that temporarily split the nuclear family
 - **Military deployments**
 - **Parent deaths** (HIV/AIDS, drugs, MVAs, murder, chronic medical conditions, etc.)
 - **Parent incapacitations** due to accidents/injuries, and illness
 - **Parent incarceration**
- Project Patch video (2min, 38sec) about why grandparents are raising grandchildren
<https://www.youtube.com/watch?v=uS6oMb6t6DY>

www.gpa

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Basic Needs

Maslow's theoretical hierarchy of needs:
The basic needs of children as it relates to:

- **Level 1-** food, shelter, clothing, sleep.
- **Level 2-** Protection, order/routine, stability, supervision.
 - *Child supervision: According to Department of Family and Protective Services (2021) "Texas law doesn't say what age is old enough for a child to stay at home alone. However, adequate supervision is critical to keeping kids safe. An adult caregiver is accountable for the child's care and inadequate supervision can be a type of neglect (neglectful supervision)."*

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Basic Needs cont.

- **Level 3-** affection, support, belonging.
- **Level 4-** Responsibility, self-esteem.
 - *Children given responsibility appropriate for their age and developmental level have an increased level of self-esteem.*
- **Level 5-** Extra-curricular opportunities.
 - *Previous studies have found that physical activity is essential for the growth and development of adolescents, preventing and reducing obesity, slowing the development of myopia, and is closely linked to mental health.*

National Institute of Health, U.S. National Library of Medicine (2020)

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Health Needs

The continuum of preventative and corresponding healthcare requirements of school-aged children.

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Health Needs

The continuum of preventative and corresponding healthcare requirements of school-aged children are as follows:

- **Primary-** (No disease/condition present) Healthcare requirements include immunizations, and other preventative measures.
- **Secondary-** (Risk of unidentified disease/condition present) Healthcare requirements include well-child exams, screenings, dental and vision exams, etc.
- **Tertiary-** (Disease/condition present) Healthcare requirements include emergency care, acute care, episodic care (pregnancy and sick-day), chronic condition management (diabetes, asthma, ADHD, obesity, allergies)

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8 Factors can

Influence grandparent's abilities to meet the school-aged child's needs and the connection to school nursing

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Social Determinants & Effects of Aging

Social Determinants:

- 1) Literacy limitations
- 2) Elder abuses
- 3) Financial instability



Effects of Aging:

- 4) Age-related memory changes
- 5) End-of-Life issues and decisions
- 6) Functional limitations
- 7) Transportation limitations
- 8) Chronic, unstable and/or debilitating medical conditions

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Social Determinant: Financial Instability

•**Economic factors:** Fixed income (retirement, employment) vs. expenses

Median Weekly Earnings	Men	Women
18 years and over	\$1,089	\$900
18 to 24 years	614	523
18 to 19 years	511	467
20 to 24 years	667	607
25 years and over	1,154	941
25 to 34 years	1,142	937
25 to 34 years	950	850
35 to 44 years	1,232	999
45 to 54 years	1,334	1,002
55 years and over	1,394	954
55 to 64 years	1,224	964
65 years and over	1,302	931

•According to USDA (2020), a middle-income family will spend approximately \$12,980 annually per child (\$1082/month)

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Social Determinant: Financial Instability (cont.)

•Potentials for conflicts

• **Case Study:** 15 year-old working 15-20 hrs/wk at restaurant during school year, and 40-60 hrs/wk during summer to support family. [Should the nurse report to CPS?](#)

• **NOTE:** Alternative sources of income: Must not breach TX Child Labor laws

- Child <18
- Child <14



• **Problem/Implications:** Fixed retirement income and medical expenses can impact ability to provide for own and grandchild's needs

• **Interventions:** Refer to Texas Department of State Health Services (Senior Services)
<https://hhs.texas.gov/services/health/medicaid-chip/programs-services/programs-seniors-aging>

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Effects of Aging: Memory Changes

Three categories

- Maturation:** Gradual cognitive decline associated with natural aging process.
- Emotional:** Affective conditions that result in confusion, mimics dementia.
- Cognitive/Physical:** Potentially treatable conditions affecting memory

Most common pathologies

•**Alzheimer's Disease and Vascular Dementia:**

Different causes and treatments

Similar manifestations and outcomes (neuro cell death)



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Effects of Aging: Memory Changes (cont.)

•**Problem/Implications:** Cognitive condition may interfere with the ability to provide for self and family needs and affect the emotional capacity for interactive/loving relationships. Severe, rapid cognitive decline incapacitates the grandparent in terms of providing for self and grandchild.

•**Interventions:** Use of organizers, reminders, associations, and active engagements.

<https://www.liftedcare.com/10-useful-aids-to-help-you-live-with-memory-loss/>

• **Pharmacotherapy:** Targets key neurotransmitters: Either stimulate acetylcholine; or block glutamate both of which (when balanced) support arousal, memory, and learning

For more information: [Understanding Alzheimers Disease](#)

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Effects of Aging: End-of-life issues

•**Video:** [Preparing for End of Life Video](#) National Institute of Health—Senior Health

•**Erikson's Human Development Theory:** Ego vs. Despair

•**Concerns:** Personal meanings; spiritual reconciliations; end-of-life preferences; grieving; legal; funeral arrangements

•**Case study:** A 64 year-old man who is raising three grandchildren asks the school nurse where he can find information about advance care planning. [How should the nurse respond?](#)



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Effects of Aging: End-of-life issues (cont.)

- **Indicators** that grandparent is losing or has lost ability to provide and care for grandchildren
- **Problem/Implications:** Inability to cope with or resolve end-of-life tasks can impair grandparent's ability to provide and care for self and grandchild
- **Interventions:** Report to TX Department of Family Protective Services any suspicions of abuse or neglect IAW TX Guide to School Health Programs – Legal issues tab <https://www.dshs.state.tx.us/Schoolhealth/TGSHS/?terms=guide+to+school+health+programs>
- **Evidence-based information:** National Institute of Nursing Research, *End-of-life care* <https://www.ninr.nih.gov/newsandinformation/newsandnotes/eolmodule2014#VVPJXUZKV2A>

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Effects of Aging: Functional limitations

- **Mobility restrictions**
- **Requirements for assistive devices**
- **Increased risk for falls and injuries**
- **Problem/Implications:** Mobility restrictions and assistive device requirements may limit grandparent's ability to maintain household, navigate/obtain goods and services, and support grandchild's participation in enrichment activities
- **Intervention:** Recommend Community Resource Coordination Group (CRCG) <https://crg.hhs.texas.gov/>



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Effects of Aging: Transportation limitations

- **National Institute on Aging:** "Having the Talk About Driving" <https://www.nia.nih.gov/health/older-drivers>
- **Functional limitations:** vision/distance perception, reaction time
- **DMV restrictions**
- **Dependence** on public/assistive transportation and schedules



CONCERNED ABOUT DRIVING SAFETY?

There are more than 41 million licensed drivers age 65 and older on the roads, up from 36 million 10 years ago.

As a person ages, changes in health—including problems with vision, hearing, and reflexes—can affect driving skills. The risk of being injured or killed in a motor vehicle crash also increases.

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Effects of Aging: Transportation limitations (cont.)



Case study: Grandma was driving home after providing after-school care for her grandchildren. Approached rural intersection to turn left, but unable to quickly clear intersection which resulted in head-on collision. Suffered concussion, 4 broken ribs, two broken wrists, left foot almost completely severed. Took 6 months to recover and is no longer driving. **What information can the school nurse offer?**

• **Problem/Implications:** Declining driving abilities may pose safety threat to grandparent and grandchild. Limited privileges and/or reliance on public services may decrease flexibility and efficiency in obtaining goods and services for family.

• **Interventions:** Inform about and encourage use of public transportation options

• **Transportation independence:** [Eldercare.gov](https://eldercare.acl.gov/Public/Resources/BROCHURES/Index.aspx)
<https://eldercare.acl.gov/Public/Resources/BROCHURES/Index.aspx>

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Effects of Aging: Chronic unstable and/or debilitating conditions

• **Medical conditions are commonly associated with the aging process.**

- Obesity
- Chronic pain (Arthritis, cancer, etc.)
- Cardiovascular
- Diabetes
- Depression
- Osteoporosis

• **Problems/Implications:** Poorly managed chronic conditions may result in exacerbations and hospitalization leading to dependent grandchild without a consistent care giver, supervision, and stability.

• **Interventions:** *Condition-specific and should be evidence-based (endorsed by national authorities)*

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Effects of Aging: Obesity

• **Prevalence:** ~36% of older adults in TX (Diddu, 2018); The “Crisis of the 21st Century” (American Medical Association, 2011)

• **Video:** Centers for Disease Control and Prevention “Finding Balance”
<http://www.cdc.gov/cdctv/healthyliving/healthyeating/finding-balance-obesity.html>

• **Presentation:**

- To calculate BMI, see the [BMI Calculator](#) or determine your BMI by finding your height and weight in the [BMI Index Chart](#).
1. If your BMI is less than 18.5, it falls within the underweight range.
 2. If your BMI is 18.5 to 24.9, it falls within the normal or healthy weight range.
 3. If your BMI is 25.0 to 29.9, it falls within the overweight range.
 4. If your BMI is 30.0 or higher, it falls within the obese range.

• **Contributing factors:** Heredity, nutrition & exercise habits, hormonal imbalances



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Effects of Aging: Obesity



- **Consequences:**
Decreased quality of life (mobility)
Life-threatening
Role-model for grandchild
- **Treatments:** Depends on cause—but fundamental focus is balance between caloric intake and energy expenditures
- **Evidence-based resources:** Centers for Disease Control and Prevention
<http://www.cdc.gov/obesity/> <http://www.cdc.gov/healthyweight/assessing/index.html>

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Effects of Aging: Arthritis



- **Prevalence:** The leading cause of disability (Arthritis Foundation Website, 2021): ~ 50% of adults 65 or older
- *More common among women - 26% than men - 19% (Arthritis Foundation, 2019)*
- **Presentation:** Osteoarthritis more common than Rheumatoid
OA – cartilage wears away, bones rub against each other
RA – autoimmune disease, body attacks joint linings → pain, swelling, stiffness, Inflammation
- **Contributing factors:** Earlier injuries to joints, ligaments & cartilage, aging

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Effects of Aging: Arthritis (cont.)

- **Consequences:** Pain, ↓mobility, ↓quality-of-life
- **Treatments:** Mineral supplements, exercise, rest, range-of-motion; medications that modify immune response (RA)
- **Evidence-based resource:** National Institute of Arthritis and Musculoskeletal and Skin Diseases <http://www.niams.nih.gov/>

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Effects of Aging: Osteoporosis

Prevalence: 18.8% women; 4.2% men (CDC, 2021);
<http://www.cdc.gov/nchs/fastats/osteoporosis.htm>

Presentation:

Bent back (kyphosis; lumbar lordosis) or may be "silent" for many years

Contributing factors:

Aging process, nutrition, medications, heredity, body frame, alcohol, post-menopausal, smoking HX



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Effects of Aging: Osteoporosis (cont.)

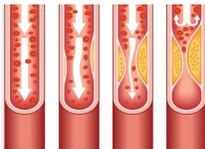
Consequences: Fractures of hip, vertebral, forearm – women 40-50%, men 13-22% hospitalizations, pain, loss of mobility and independence (International Osteoporosis Foundation, 2021)

Treatments: Mineral supplements, exercise, smoking cessation, medications to slow bone loss

Evidence-based resource "Smoking and Bone Health": National Institute of Health http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/Conditions_Behaviors/bone_smoking.asp

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Effects of Aging: Cardiovascular



As plaque builds up in the arteries of a person with heart disease, the inside of the arteries begins to narrow, which lessens or blocks the flow of blood. Plaque can also rupture (break open). When it does, a blood clot can form on the plaque, blocking the flow of blood.

Prevalence: Leading cause of death in elderly (CDC, 2020)

Presentation: Pump, vessels, electrical conductions (A-fib), & any combination

Contributing factors: Aging process, smoking, diabetes, ↑BMI, ↑cholesterol, ↓ exercise

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Effects of Aging: Cardiovascular (cont.)

Consequences: Cardio-vascular failure, repeat hospitalizations

Treatments: Bypass surgery, angioplasty, meds (↓cholesterol; ↓edema, dissolve clots; beta-blockers to ↓heart rate)

Evidence-based resources:

Prevention: Centers for Disease Control and Prevention

<https://www.cdc.gov/dhdsp/rubs/guides/best-practices/index.htm>

Treatment: American Heart Association guidelines & statements <https://professional.heart.org/en/guidelines-and-statements/guidelines-and-statements-search>

Prevention & Rehab: tobacco cessation, physical activity, control blood pressure, control diabetes, healthy BMI, manage cholesterol levels

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Effects of Aging: Cancer

- **Prevalence - top 5 (North American Association of Central Cancer Registries, (2013-2017))**

Men: prostate, lung & bronchus, colon & rectum, bladder, melanoma

Women: breast, lung & bronchus, colon & rectum, uterus, thyroid

- **Presentation:** Early diagnosis more likely to respond to treatment

Medicare-covered screenings:

<http://www.medicare.gov/coverage/preventive-and-screening-services.html>



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Effects of Aging: Cancer (cont.)

- **Contributing factors:** Aging body cells go rogue; obesity, prior and sustained exposures

- **Consequences:** Emotional & physical stresses, pain, decreased quality-of-life

- **Treatments:** Radiation, chemo, surgery, [immunotherapy](#) - trains the immune system to find and attack cancer cells (Canadian Cancer Society, 2019)

- **Evidence-based resource:**

U.S. Preventive Services Task Force screening recommendations under review:

<http://www.uspreventiveservicestaskforce.org/Page/Name/recommendation-5>

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Effects of Aging: Diabetes

- **Prevalence:** 26.8% of elderly; 7th leading cause of death
- **Presentation:** Type 2 more common in elderly
- **Contributing factors:** Heredity, obesity



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Effects of Aging: Diabetes (cont.)

- **Consequences:** Multi- organ/system damages; exacerbation of other chronic conditions
- **Treatments:** Medications, exercise, weight control, nutrition modifications, monitoring
- **Evidence-based resources:**
 National Diabetes Information Clearinghouse: <http://www.diabetes.niddk.nih.gov/>
 Centers for Disease Control and Prevention: <http://www.cdc.gov/diabetes/home/index.html>
 Nutrition.gov: <http://www.nutrition.gov/nutrition-and-health-issues/diabetes>
 National Diabetes Education Program: <http://www.nutrition.gov/nutrition-and-health-issues/diabetes>
 American Diabetes Association: <http://www.diabetes.org/>

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Effects of Aging: Depression

Video: "One Woman's Experience with Depression"
 National Institute on Aging
<https://www.youtube.com/watch?v= thfjbAtT8>



Presentation: Symptoms may be vague - feel tired, trouble sleeping, feel irritable (National Institute on Aging, 2017)

Evidenced-based screening tools indicated (i.e., PHQ 2,9; Cornell; Geriatric Depression Scale)

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Effects of Aging: Depression (cont.)

Contributing factors: Chronic medical conditions; pain; hardships; meds; heredity; poor relationships; alcohol abuse

Consequences: Poor quality-of-life, hopelessness, suicide

Treatments: Meds, therapy

Evidence-based resources: National Alliance on Mental Health
<http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression>

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Emergency Custody and Medical Power of Attorney

Process and legalities

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Emergency Custody

In the event of the state taking custody of the child,

- *Emergency*
- *Death of the parents*
- *Incarceration*
- *Child abuse or neglect*

- Immediate family will be sought out for the child to be placed with.
- Temporary legal custody will be given to the family member to provide for the child's needs until formal custody is awarded through the courts.



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Medical Power of Attorney

- Gives the person the right and ability to provide medical care for the person if they are unable to for themselves. (Texas Medical Association 2019)
- Has to be written before the need arises.
- Often, the situation dictates the family assume the care of the child without warning or prior accommodation, leaving grandparents and other family members without formal custody. This leads to concerns that the family member will be unable to legally seek assistance with the child's needs.
- However, there are many agencies that will assist a family that has assumed raising a child without formal custody awarded based on needs.



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Advanced Care Plan

Child already placed with Grandparents, However, what would happen if...

- Incapacitation of Grandparent due to
 - Poor health
 - Death or disability (Accidental or related to chronic health issues)
- Who is to become the new legal guardian?
- May need to address Medical Power of Attorney and formal custody in advance?
- 70% of Adults do not have Advanced Directives (Higher in Minorities)
- Legal Information at National Healthcare Decisions website (2021) and DSHS website (Advanced Directives)
- Template forms from the Texas Department of Aging and Disability



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Texas Kincare Primer PDF

A resource a School Nurse can use to help find agencies that can assist a family to meet the immediate needs of the child.

- Legal needs and rights
 - Legal custody
 - Power of Attorney
- Basic needs
 - Healthcare needs.



• <https://texaslawhelp.org/resources/non-parent-caregiver-kincare-forms>

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Texas Family Code

Texas Family code. {TFC 261.001 (4)(B)(ii)}
Texas Family code. {TFC 261.001 (4)(B)(I)(iv)}

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TAC 261.001

- (Health Care Needs)
 - *TFC 261.001 (4)(B) (ii) failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of a child.*
- (Basic Needs)
 - *TFC 261.001 (4) (B) (iii) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability, unless relief services have been offered and refused.*

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Red Flag Indicators

Indicators that health and Basic needs not being met.

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Healthcare Red Flag Indicators

- Child's health concerns are going unaddressed for an inappropriate amount of time after school personnel or healthcare provider made the guardian aware of the concern.
- The child's other needs seem to be addressed while the health concerns are going unaddressed.
- The child is NOT being supervised or given a safe environment in which to live according to the Texas Family code. {TFC 261.001 (4)(B)(i)(iv)} (2021)



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Basic Needs Red Flag Indicators

- The Child appears hungry or emaciated.
- The child is inappropriately clothed for the weather and /or situation.
- The family is found to be homeless or residing in a dwelling unfit for habitation.



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Signs the Child Needs Protection

The School Nurse needs to be able to assess the child for the following signs and intervene to protect the child:

- Unexplained, poorly explained injuries
- Injuries with outcry of abuse
- Any injury to non-ambulatory infants
- Patterned injuries
 - Same injury overlaying another in various stages of healing.
- Multiple locations
- CALL 1-800-252-5400 OR 911
- <https://www.txabusehotline.org>



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TX DSHS
Texas Guide to School Health Programs

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The School Nurse as a Case Manager

The RN monitors, coordinates and evaluates the provision of health services needed to assist the student in achieving educational objectives. "These activities involve the assessment of the health care needs of the student, the development of a plan of care, implementation of the plan and evaluation of the outcomes." In addition, the Nurse partners with the student, family, health care providers and school teams to develop individualized health care plans for the student.

-Texas Guide to School Health Programs (2021)



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The School Nurse as a Primary Care Provider

Using approved protocols and standardized procedures, the Nurse uses the nursing process to assess, examine and problem-solve with the student and parent and to provide care or refer the student to community/private care providers.

-Texas Guide to School Health Programs (2021)
-State and local laws
-Nursing Practice Act



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Conclusion

Thank you!

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References

AARP Grandparent Information Center provides a wide variety of resources for grandparents, as well as technical support materials to community-based groups and service agencies working with grandparents. www.aarp.org/intergenerational

American Bar Association's Center for Children and Law can provide answers to legal aspects of raising grandchildren. www.abacol.com/childfrom.html

American Diabetes Association. (2021). Statistics about diabetes. Retrieved from <https://www.diabetes.org/resources/statistics/statistics-about-diabetes#tab:FRM-Pg1-gp48>

The American Self-Help Clearinghouse is a nationwide computerized database that offers tips on how to start your own grandparent self-help group, and a listing of local self-help clearinghouses in your area. www.self-helpusa.org

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Colorado Legal Services provides legal advice on raising grandchildren, including taxes and health care. www.coloradolaw.com/COIndex.cfm

Colorado Office of Resource and Referral Agencies, Inc., provides a comprehensive source to aid in the search for child-care. www.corn.org

Duddu, V. (2018). *Prevalence of obesity among adults, by demographic characteristics, risk factors/comorbid conditions, and place of residence, Texas, 2011*. Retrieved from <https://www.dshs.texas.gov/obesity/pdf/2018-BRFSS-Obesity-Tables.pdf>

Generations United supports children and adults through education, programs, and policy change. <http://gu.org>

Grandparents as Parents helps individuals network with other grandparents. www.grandparentsasparents.org

Grandparents Who Care is an organization designed to help grandparents with visitation problems. <http://www.grandparentswhocare.org>

Grandparents Resource Center works with grandparents and family members to facilitate harmony and foster intergenerational relationships, providing broader security for children in the family. <http://www.grcusa.org>

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Additional reading material and information for the participants

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