

Examining the Effects of the Opioid Epidemic on Resources Needed by Grandparents Parenting Grandchildren in Rural Areas

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Introduction

This epidemic has had an impact on the number of children that are in the care of their grandparents. The link between the opioid epidemic and grandparents parenting grandchildren is explained by experts in that more children are being placed into the foster care system due to the rise in opioid addiction and overdoses (Family First Act, 2020). While the number of children in foster care had been decreasing, experts explain that this trend was interrupted by the opioid epidemic. When the first wave of this epidemic hit in the 1990s, the number of children in out-of-home care steadily rose from 262,000 in 1982, to 400,000 in 1990, to 507,000 in 1996 (Grogan-Kaylor, 2000, p. 132). While most of these statistics are based on urban families, a knowledge gap exists with grandfamilies that are living in rural areas. In fact, the greatest amount of grandfamilies in this country exist in rural areas (Hatcher, 2018, p. 43). These rural grandparents in grandfamilies due to opioid abuse experience numerous challenges related to their rural location as well as parenting their grandchildren. This research project will focus on the barriers of access to medical services, the lack of community resources and poverty that rural grandparents parenting grandchildren face. More specifically related to this research are the statistics on parents abusing opioids. The rate of overdose deaths for those of childbearing age, 25- 34 years old, rose significantly around 2015- 2016 with an increase of 29% (Generations United, 2016, p. 2).

Literature Review

Access to Medical Services- The findings of this study concluded that grandfamilies experience barriers as well as facilitators to maintaining the health of their families, including the children the grandparents are parenting (Bailey et al., 2013). A study in rural Montana researched access to medical needs. In this rural location, these grandfamilies reside in communities where there are few to zero medical doctors (Bailey et al., 2013). These families are therefore forced to travel over several hundred miles in order to access healthcare specialist services for both themselves and their grandchildren (Bailey et al., 2013).

Access to Community Resources- A rural Appalachian study discovered that grandparents were frequently outside the requirements for assistance. The grandparents reported either being determined too young for older adult services (social security, retirement benefits, etc.) or they were not able to be considered the primary caretaker of their grandchildren (Hatcher et al., 2018). Living in rural areas can be difficult for grandfamilies because of the geographical isolation and lack of community resources, such as support groups, food banks and childcare centers, that are readily available compared to urban cities (Bailey et al., 2013). As the rural Appalachian study discusses, grandparents parenting grandchildren often have the greatest need for assistance but receive the least amount of access to them (Hatcher et al., 2018).

Financial Need- Out of all household types, those that are headed by grandparents with a child present in the home experience one of the highest poverty rates (Bailey et al., 2013). Because grandparents parenting grandchildren are typically living on fixed incomes or retired, the cost of accessing resources, such as rural recreational facilities, were reported as a hindrance to their financial stability (Hatcher et al., 2018). Researchers observed in rural locations that long-term economic deprivation, high rates of unemployment and fewer opportunities to establish long-term careers with the potential for upward mobility can be observed in these communities (Keyes et al., 2014).

Significance

Awareness of these challenges is important because it allows social workers to be more educated on resources these grandparents are in need of. Identifying common challenges within this population is necessary for determining how communities can best support these members.

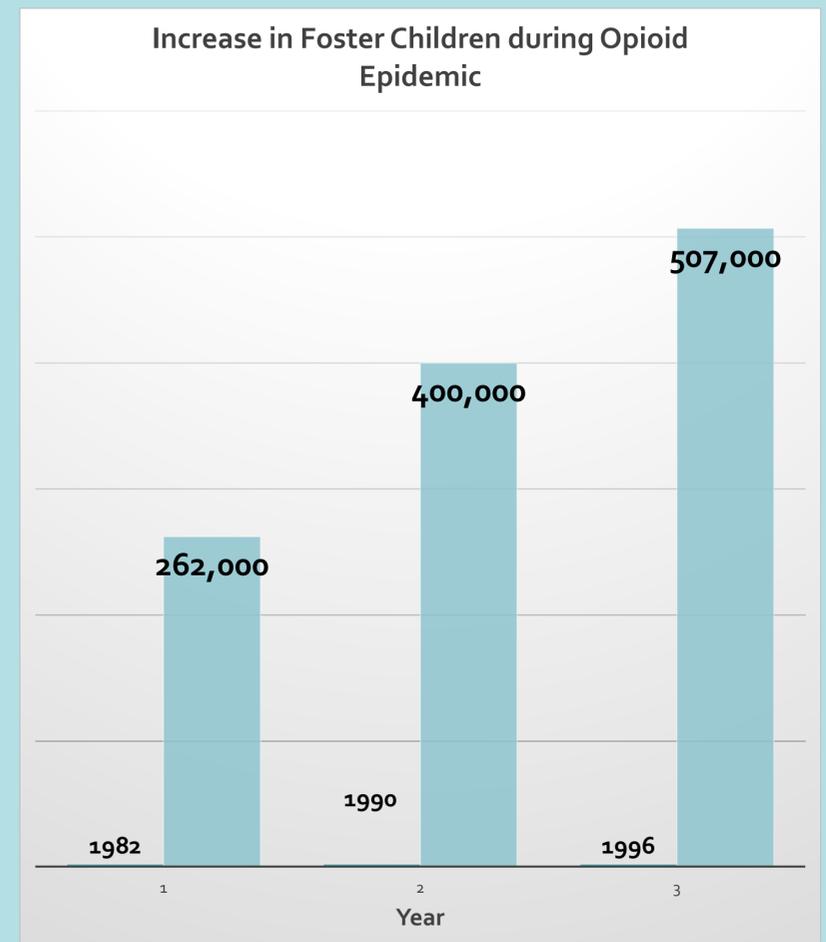
Methods

This research design will consist of a literature review in order to answer the research questions of (1) what are the challenges that grandparents parenting children due to OUD in rural areas report? (2) what resources have the potential to mitigate these barriers? Google Scholar and the University of Wyoming Libraries Database were used to collect peer-reviewed articles.

TABLE 1
Sociodemographic Profile of Grandparent Caregiver Participants (N = 26)

Variable	%	n
Age		
43-50	23.1	6
51-57	57.7	15
58-66	19.2	5
Gender		
Female	96.2	25
Male	3.8	1
Marital status		
Married	53.8	14
Divorced	23.1	6
Single	15.4	4
Widowed	7.7	2
Ethnicity		
White	65.4	17
African American	30.8	8
Asian American	3.8	1
Monthly household income		
Less than \$400	11.5	3
\$400-\$799	34.6	9
\$800-\$1,199	26.9	7
\$1,200-\$1,599	23.1	6
\$1,600-\$1,999	3.8	1
Employed	73.1	19

(Bailey et al., 2013).



(Grogan-Kaylor, 2000, p. 132).

OUD is a type of substance use disorder (SUD), which is characterized by the recurrent use of alcohol and/or drugs leading to clinical and functional impairment, such as health problems and failure to meet one's personal and social responsibilities. OUD specifically entails the misuse of opioids – a class of drugs that serve as pain relievers. Opioids include prescription drugs, such as oxycodone and hydrocodone, and illegal drugs, such as heroin. ¹⁰

(Normile, B., et al. 2018).

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