

A Faith-Based Intergenerational Health and Wellness Program

Mary Duquin, PhD
James McCrea, MPW
David Fetterman, MEd
Sabrina Nash, MEd

SUMMARY. The purpose of this program was to create an intergenerational, faith-based health and wellness program for kinship caregivers and their families (i.e., grandparents and other relatives who are raising children *and* their children's children). The program took place over a 12-week period in a faith-based setting and focused on education in (a) Health, Exercise, Nutrition and Stress Management; (b) Parenting Education; and (c) Religious Practices (such as worship, scripture, and prayer). Each week's session included lunch, which modeled a healthy, easy to prepare, and cost-effective meal. Both quantitative and qualitative measurement techniques were employed. The number of participants completing both pre- and post-tests was small and therefore not valid for statistical tests of significance. Nonetheless, the quantitative findings of the scales viewed in combination with the qualitative findings of the focus groups, participant observation and interviews provide some helpful indicators of the program's outcomes and effectiveness.

Mary Duquin, James McCrea, David Fetterman, and Sabrina Nash are affiliated with the University of Pittsburgh, Pennsylvania.

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Participants in the health and wellness program reported that they became more aware of resources in the community, used nutritional information provided, noticed positive changes in the home, felt a feeling of connectedness with others in the program, used new stress management techniques, gained a greater understanding of their grandchildren and appreciated the social support the program provided. The experience of providing a faith-based intergenerational health and wellness program was rewarding for caregivers, children and staff. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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GRANDPARENTS RAISING GRANDCHILDREN: HEALTH AND WELLNESS ISSUES

Many parents look forward to the golden years of retirement and the role of grandparent. For grandparents living separately from their children it is often that time of life when they can experience many of the joys of visiting grandchildren but little of the day-to-day work and responsibility of raising them. Over the past 30 years, however, due to a variety of serious social problems the number of grandparents taking on the primary responsibility of raising their grandchildren and other young relatives has dramatically increased. Alcohol and drug abuse, abandonment, incarceration, poverty, divorce, family violence, child abuse, teen pregnancy, HIV/AIDS, unemployment, mental illness and parent death are some of the major causes of the growing phenomena of grandparents raising grandchildren. These social problems, in turn, have resulted in many health and wellness problems affecting both grandparents and the children they raise.

As compared to parent-maintained families, grandparent-maintained families are more likely to be impoverished, lack health insurance and face a plethora of health concerns including many problems related to high stress (Landry, 1999). Children raised in such households are more likely to suffer from higher rates of asthma, poor eating and sleeping patterns, high physical disabilities, greater hyperactivity and physical, emotional and social effects of prenatal drug and alcohol abuse and ne-

glect. Grandparents raising grandchildren often suffer from stress-related illnesses such as high blood pressure, depression, diabetes, digestive problems, and heart disease. Many parenting grandparents are isolated from their peers and do not have access to support services, especially in the area of health and wellness (Casper & Bryson, 1998; Kelley, Yorker, Whitley, & Sipe, 2001; Roe & Minkler, 1998).

In 2001, a focus group was conducted with kinship caregivers by Second Chance, Inc., a non-profit social service agency in Allegheny County. Focus group members stressed the need for programs that addressed the health, well-being, and spiritual life of both caregivers and children. The need for health and wellness programs that are holistic in nature, and that include wellness in body, mind and spirit, has been supported by research that shows that people in crisis have religious and spiritual needs that are intimately related to their physical health and that religious beliefs and practices are often important in emotional healing. Research has also shown that religion, as embodied in prayer and scripture, offers a variety of coping methods in times of stress for people from many different religious traditions (Abeles, Ellison, George, Idler, Krause, Levin, Ory, Pargament, Powell, Underwood, & Williams, 1999; Benjamin & Looby, 1998; Koenig, McCollough, & Larson, 2001). By locating a health and wellness program in a faith-based organization it is possible for grandparents to take advantage of the support systems inherent in those faith-based congregations.

A FAITH-BASED HEALTH AND WELLNESS PROGRAM

In the summer of 2002 a grant from the Howard Heinz Endowments supported a faith-based health and wellness program for grandparents and their grandchildren. This program was implemented in Pittsburgh, PA, by the coalition of Generations Together, an intergenerational studies program within the Center for Social and Urban Research of the University of Pittsburgh, the Parish Nurses of Mercy Hospital of Pittsburgh, The Parental Stress Center, Inc., the University of Pittsburgh's Department of Health, Physical, and Recreation Education (DHPRE), and Emory United Methodist Church. Generations Together provided the intergenerational expertise and administrative functions such as identifying the program site and recruiting the grandparents and grandchildren. Parish Nurses provided medical counseling and the spiritual components related to the health and parenting topics within the wellness program. The Parental Stress Center provided parenting education

and the DHPRE provided the health and wellness curriculum and staff. Emory Church provided the space for the program including kitchen facilities and staff. Recruitment for the health and wellness program began with a list of grandparenting caregivers compiled by Generations Together, as well as local publicity and announcements at various religious institutions. The publicity for the program stressed the intergenerational nature of the program involving health and wellness education that would benefit both grandparents and grandchildren. Publicity flyers also noted that bus passes, lunch, and babysitting for very young children would be provided. The health and wellness program was conducted once per week on Saturdays for 12 weeks between October and December of 2002.

HOLISTIC HEALTH AND WELLNESS

The health and wellness program as designed was holistic in nature and focused on the development of six interrelated dimensions of wellness. These dimensions of wellness included physical, emotional, social/interpersonal, intellectual, environmental and spiritual wellness. Physical wellness emphasized getting exercise, eating healthy foods, taking steps to prevent injuries, and recognizing symptoms of disease. Emotional wellness included developing a sense of self-esteem, self-confidence, trust and self-control, practicing good stress management skills and being able to identify emotional obstacles in life. Social wellness included having good interpersonal and communication skills, the capacity for intimacy and the ability to develop a strong social support network. Intellectual wellness was characterized by the ability to keep learning, to think critically, to be open to new ideas, and to be a good decision maker and problem solver. Environmental wellness focused on recognizing and taking steps to protect oneself against dangers in the environment that may pose a threat to health. Finally, spiritual wellness involved having guiding moral principles and values that gave meaning to one's life and support in times of crisis. Spiritual wellness was characterized by developing compassion, altruism, forgiveness, and love (Insel & Roth, 2002).

A number of national organizations and programs, including Healthy People 2010, the Center for Disease Control, and the Association for the Advancement of Health Education, have identified areas of health risk for our nation and especially for our nation's children. These risk areas include tobacco use, lack of physical activity, unintentional and inten-

tional injuries, poor nutrition, alcohol and other drug use and HIV/STDs (Meeks, Heit, & Page, 2002). Hence, the health education curriculum for this program concentrated on developing health knowledge, healthy behaviors, and responsible decision-making skills. The curriculum also stressed the promotion of healthy relationships, enhancing protective factors against health risks, and developing resiliency skills. Health and parenting content areas included stress management, massage, physical activity, nutrition, alcohol, tobacco and drugs, conflict resolution, community resources and services, safety and violence prevention, healthy expression of emotion, discipline, empathy, children's self-worth, family roles and rules, resistance skills and decision-making skills. During the 12-week program period health education alternated with parenting education every other week.

TYPICAL SATURDAY SCHEDULE

9:30 a.m. Teachers and staff arrived

The staff arrived at the church recreation hall and began preparations for the education program and lunch.

10:00-10:15 a.m. Gathering–Music

The staff greeted families as grandparents and children arrived. Lively music, played in the background, set the stage for the movement and exercise portion of the health and wellness program.

10:15-10:30 a.m. Intergenerational Physical Activity and Massage

Initial discussions with grandparents and grandchildren around the topic of physical activity revealed that grandchildren were very physically active. Grandparents, however, were not likely to exercise regularly due to chronic health problems, weight problems, lack of energy, lack of time, and lack of a support group. Thus, each session began with intergenerational exercises. The group participated in various forms of exercise, stretching and moving to music. The benefits of exercise and the importance of integrating physical activity into daily life were emphasized. The topics discussed in this session over the 12 weeks included health benefits of exercise, health-related fitness, skill-related fitness, barriers to exercise, lifetime physical activity, frequency, intensity, time and type of exercise, physical activity for stress reduction and options for regular exercise with grandchildren.

Massage has the power to forge healing relationships (Ward, Duquin, & Streetman, 1998). Partner massage was taught early in the program so that grandchildren and grandparents learned the basic techniques of massage for stress reduction and were able to perform a form of clothed chair massage on each other. The use of a brief massage after physical activity became a common practice in this part of the program. Other stress management techniques that were taught included visual imagery, yoga, progressive relaxation, and deep breathing. Information on physical activity, stress management techniques and massage was distributed to participants during health sessions.

10:30-10:45 a.m. Intergenerational Spiritual Reading and Discussion

The group was surveyed to determine what religious faiths were represented among the group participants. The program planners were prepared to draw spiritual readings from any number of religious traditions as represented by the group attending. An initial survey revealed that all attending participants were of the Christian faith. Appropriate religious texts were then selected for inclusion in the curriculum. Scriptural and responsive readings were selected to correspond to the health or parenting topic of the day. The scripture and responsive readings opened a brief discussion of family problems and concerns relating to the topic for the day (e.g., conflict resolution, stress management, or decision-making skills). Handouts of scripture and responsive readings were given to the families.

10:45-11:30 a.m. Intergenerational Health or Parenting Education

Grandparents and grandchildren over the age of seven participated in an interactive, activities-oriented health or family education session. Discussions began with a question and answer session on the topic for the day which elicited the specific problems families were having in that health or parenting area. New strategies for behavior change were explored and practiced in role play situations, discussion groups, and small group activities. For example, when teaching "conflict resolution" grandparents and grandchildren were taken through a process that enabled them to practice calming techniques, learn to deliver I-messages, engage in active listening and participate in brainstorming to find solutions to recurring family conflicts. Handouts on the health or parenting topic were distributed to the grandparents, and families were asked to practice the skills presented in the session during the upcoming week.

11:30-12:00 p.m. Grandparent Support Group and Grandchildren Activities

In this thirty-minute session grandparents and grandchildren met separately with staff members. Grandparents discussed the topic for the day and offered support and advice to other grandparents and discussed topics difficult to talk about in front of the children they were raising. The grandchildren met with staff members and participated in planned recreational and educational activities. These activities were often physically active and enabled the children to develop relationships with the other children and with staff members.

12:00-12:30 p.m. Grace, a Healthy Hot Lunch and Ending Prayer

After saying grace, families and staff ate lunch together. Lunches were designed to be nutritionally balanced, easy to prepare and low cost. One lunch session was devoted to grandparents and children making their own individual pita bread pizzas. Recipes for each meal were given to the families and any leftover food was divided up among the families. Following lunch the group joined hands for an ending prayer. This ending prayer returned to the day's topic and asked for spiritual help in trying to implement, during the week, the lessons learned in the health and wellness session that day.

12:30-12:40 p.m. Grandparent Evaluation

After each session, grandparents completed a brief evaluation form on the interactive health or parenting session for that day.

12:45-1:15 pm Staff Discussion and Planning

Staff met for 30-45 minutes after each session to read the grandparent responses to the lesson and share their impressions of how each part of the program was received by grandparents and grandchildren. Staff then discussed any curriculum or methodological changes that needed to be made. If any specific information was requested by a grandparent the staff discussed who might be able to give that information to the family the following week.

RESULTS

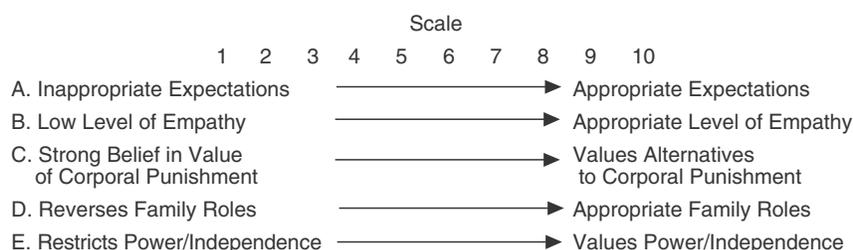
The faith-based health and wellness program was structured to have positive health and relationship benefits for grandparents and the grandchildren they were raising. The curriculum was presented in such a way that participants would both enjoy coming to the sessions and would

learn to incorporate knowledge and skills of various health topics including nutrition, exercise, parenting strategies, and stress management techniques in their life.

Grandparents ranged in age from the upper fifties to the upper seventies. As is common with this population, not all grandparents had legal custody of their grandchildren. For this reason, we could not collect any data on the grandchildren in this program since consent from a parent or legal guardian was necessary. However, we were able to use several pre-post instruments on the attending grandparents. Various quantitative and qualitative measurement techniques were used to evaluate change in grandparents as a result of the program. The quantitative measurements included the Adult-Adolescent Parenting Inventory (AAPI-2) (Bavolek, 1987), the Assess Your Stress Scale (Cohen et al., 1983), and the Spiritual Well-Being Scale (SWBS) (Abeles et al., 1999). The qualitative measurements included participant observation, interviews and a summary focus group. The health and wellness program ran for 12 weeks and had varying numbers of participants. During the 12-week session a total of 12 adults and 29 children attended at least one session. Although one grandfather attended twice during the 12 weeks, only grandmothers filled out the pre- and post-survey instruments and participated in the final focus group evaluation. Overall pre- and post-testing participant numbers were too small for meaningful statistical analysis. However, the positive trend in the quantitative scores is mirrored in the responses received in the focus group and in discussions with grandparents and grandchildren over the 12-week period.

Adult-Adolescent Parenting Inventory (N = 2)

The AAPI-2 is a 40-item self-reported questionnaire designed to assess the parenting and child-rearing attitudes of adult and adolescent parent and pre-parent populations. The AAPI-2 provides an index of risk in five "Parenting Constructs" forming the following continua:



Raw score totals for each respondent were converted into standard scores for reporting on norm tables. The standard scores provided consistency of meaning of the data for different groups of parents. In each construct, the higher the score the more desirable the attitude or behavior with the highest score (10) being the ideal. Similarly, the lower the score the less desirable the attitude and behavior with the lowest score on the scale (1) being the most at-risk attitude or behavior. The AAPI-2 was administered as a pre-test and a post-test.

Of the two grandmothers who completed both the pre-test and post-test, increases are indicated in the following constructs:

	Pre-test	Post-test
Appropriate Expectations	3.00	3.50
Empathy	4.50	6.00
Value of Corporal Punishment	4.00	5.00
Appropriate Family Roles	5.00	4.00
Power/Independence	6.00	8.00

Assess Your Stress Scale (N = 5)

The Assess Your Stress Scale is a 10-item self-reported questionnaire. Each question indicates a particular stressor (e.g., “Do you feel a loss of energy or zest for life?”). Respondents used a 5-point scale to circle the most appropriate response ranging from “Never” to “Nearly Always.” Participants completed this scale as a pre-test and a post-test. The mean scores were calculated for each test. A lower score in the post-test than the pre-test indicates a reduction in stress. The post-test showed lower means for 9 of the 10 indicators on the Assess Your Stress Scale.

	Pre	Post
Loss of freedom	3.67	3.20
Stretched beyond capabilities	3.50	3.00
Financial pressures	3.33	3.00
Feeling burdened	3.33	3.00
Lost control of life	3.17	3.00
Trouble sleeping	3.00	2.40
Appetite changes	2.83	2.40
Lack of interest in people/things	2.83	2.80
Physical health suffering	2.83	2.20
Loss of energy/zest for life	2.83	3.00

Spiritual Well-Being Scale (N = 5)

The Spiritual Well-Being Scale (SWBS) is a 20-item self-reported questionnaire that provides a “measure of overall well-being,” according to Life Advance, Inc., the designers of the instrument. Scores of 21-40 indicate low spiritual well-being, 41-99 indicate moderate spiritual well-being, and 100-120 indicate high spiritual well-being. Respondents use a 6-point scale to circle the most appropriate response ranging from “Strongly Agree” to “Strongly Disagree.” Participants completed the SWBS as a pre-test and a post-test. The mean scores were calculated for each test. A higher score in the post-test than the pre-test indicates an increase in spiritual well-being. The post-test showed a higher mean score (89.00) than the pre-test (81.50).

The increase in mean scores from the pre-test to the post-test indicates an increase in participant spiritual well-being over the course of the 12-week session. We discovered early in the session the importance of spirituality to our participants, expressed in common comments such as, *My faith in God means everything to me*. It is not surprising, then, that the pre-test mean for spiritual well-being indicated “moderate spiritual well-being.” The already moderate well-being indicated in the pre-test scores increased in the post-test scores, thus moving closer to “high spiritual well-being.” One possible reason for this increase may be found in the key theme of “Connectedness” as indicated in the focus group below. In a fundamental way, spiritual well-being has to do with people feeling connected to each other and to a source of transcendent power. The comments of participants, both in the focus group and in informal conversation, indicated that this sense of connectedness developed over the course of the 12-weeks of the fall session and contributed to the increase in their spiritual well-being.

Focus Group (N = 4)

To complement the paper and pencil instruments, a focus group consisting of four grandmothers was conducted on the last day of the program. This focus group enabled program participants to share and expand on outcomes not revealed via the standardized tests. Group members were asked to reflect on the successes and disappointments of the program; how the program affected them and their families; and what they might change if they were planning the next 12-week session. The final item in the focus group asked them to complete the sentence: *The most helpful thing that I learned during this program was . . .* Responses

to that question suggested some of the important outcomes that emerged from the program.

- *I have learned that I am not alone. A lot of grandparents are in the same predicament.*
- *I feel great about us helping each other.*
- *I like hearing what other people think and discussing problems.*
- *I learned from the role-play and the interactions with the kids. I leaned to understand how my grandchild feels. I saw a side of my grandchild that I had not known before. My attitudes toward my grandchild have changed in positive ways.*
- *The interactions with the kids helped me to better understand how kids feel. I am more aware that they keep a lot bundled up.*
- *My grandson and I can get along with God's help with many things going on.*
- *I am more sensitive to the pressures kids are feeling.*
- *I am more aware of the resources that are available and where to find them, for example, tutoring programs.*

Several themes emerged from the focus group. Grandparents spoke about the support and connectedness they found in the program, the enthusiasm they and their grandchildren felt for the program, the positive effects of the program on home life and the implementation of knowledge and skills they acquired in the program.

Connectedness. Being connected to other people who understand and care is important for a sense of wellness. In addition, many grandparents consider being connected to a source of divine strength as a key to coping with stress. Grandparents illustrated these sentiments when they said things like:

- *If this were not a faith-based program, I would not be here.*
- *I need God for everything that I do.*
- *When I listen to others speak of their concerns I feel some of the pressure coming off.*
- *I look forward to coming. The program is my release.*
- *We are not alone. We are not alone. That's a good feeling. I like it.*

Positive impact on the home. The focus group revealed that the program had a positive impact on home life and interactions between grandparents and their grandchildren.

- *Siblings are fighting less at home.*
- *Children are offering to help more around the house.*

- *Kids are opening up more.*
- *Kids are coming out of their shell.*
- *I have a new understanding of my grandchildren and have changed in my attitude and approach to discipline.*
- *My grandson used massage therapy techniques on his ill grandfather to make him feel better.*
- *When a stressful family event occurred in our home, my grandchild reminded me of something that we learned at the Saturday session by saying, "Remember the Saturday People and what they taught us."*

Program components that contributed to this outcome included the following: learning new strategies to cope with stress; learning active listening skills; learning and participating in therapeutic massage; role-playing; parenting education classes; and healthy meal preparation.

Beginning of transfer of learning. A short-term outcome of this program was to teach new skills to the participants. For example, meals that were low cost and easy to prepare were served each week. In addition each family was given a detailed description of ingredients and menus for the meal so that they could be replicated in their homes. Several of the families actually prepared these meals at home and reported their success upon their return to the group. Grandparents reported other examples of the transfer of learning.

- *There is less sibling fighting at home.*
- *There is an increase in family cooperativeness.*
- *Kids are reading more and volunteering to read at school.*
- *There is better communication between grandparent and grandchildren.*

Enthusiasm for participation. Grandparents reported that some grandchildren couldn't wait to come to a Saturday session because they so enjoyed it. The grandchildren were ready and waiting before their grandmother was. One grandchild found the program so meaningful that he came by himself on a day when his grandparent was unable to attend. Other grandchildren eagerly and without coaching from anybody told their school teachers about what they were doing and learning at Saturday sessions. Grandparents too seemed to enjoy the program.

- *I've never been treated so well. You make me feel like a Queen.*
- *12 weeks wasn't long enough. I would have liked to see it be a longer time period.*

CONCLUSIONS

These findings, though based on small numbers, indicate that the program had a positive impact on the participants. More research is needed in future offerings of this program to determine the extent to which a direct connection can be made between the wellness sessions and the perceived positive impacts experienced by the families.

The primary problem encountered in providing this health and wellness program for parenting grandparents and their children was underestimating the commitment of the time and effort on the part of the families that was needed to attend consecutive weekly sessions over a 12-week period. Although overall participation in the program was high, consistent attendance from week to week by the same families was low. A survey conducted with 61 relative caregivers after the program considered a variety of ways to restructure the program including reducing the number of weekly sessions, holding the sessions after church on Sundays, or providing the content within existing health and wellness programs operating within religious institutions or existing grandparent support groups. These suggestions will be tried in future offerings of the program.

Overall, the first attempt to provide a faith-based intergenerational health and wellness program was rewarding for caregivers, children and program staff. Since the need for health and wellness education for grandparents and their grandchildren is still evident, the challenge is to find a venue and method of delivery that is convenient and comfortable for these busy and stressed grandparents and their children.

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