Rural, Low-Income Families and their Well-Being: Findings from 20 Years of Research

Sheila Mammen
University of Massachusetts Amherst

Yoshie Sano
Washington State University Vancouver

Direct correspondence to Sheila Mammen at smammen@resecon.umass.edu

Family Science Review, Volume 22, Issue 1, 2018

Rural, Low-Income Families and their Well-Being:

Findings from 20 Years of Research

This special issue of the *Family Science Review* is a compilation of five papers representing 20 years of an accumulated body of knowledge on the lives of rural, low-income families. The papers focus on various aspects of their everyday experiences including economic security, family well-being, food insecurity, and health issues, as well as on rural diversity with special emphasis on Latina families.

There are many significant reasons to study rural poverty. First, the poverty rate in rural areas (18%) is higher than that in urban areas (15.1%) (Economic Research Service [ERS], 2016), and the greater the degree of rurality, the higher the degree of poverty (ERS, 2015). Second, rural low-income mothers and their children represent one of the most vulnerable populations in the United States, facing multiple obstacles of geographic location and low socioeconomic status (Mammen & Sano, 2013). Third, in spite of the increasing number of persistent-poverty counties in rural America (Housing Assistance Council, 2012), rural poverty is all but ignored. This may be because rural residents make up less than one-fifth of the US population (US Census Bureau, 2013). Finally, geographic isolation accompanied by lack of infrastructure, fewer available resources, and limited economic opportunities exacerbate the hardships that rural families experience. Taken together, these reasons require better understanding of factors associated with rural poverty and served as the impetus for the two studies whose major findings are reported in this special issue.

Background Information on the Study of Rural, Low-income Families

In 1996, President Bill Clinton signed into law The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), a major welfare reform legislation whose goal was to end welfare. Soon after, a multi-state alliance of research and extension faculty, including family scientists, family economists, nutritional scientists, psychologists, and sociologists, proposed studying the impact of the PRWORA on rural low-income families. This led to the Agricultural Experiment Station Research Project NC223/1011, Rural Low-Income Families: Monitoring Their Well-being and Functioning in the Context of Welfare Reform (commonly referred to as "Rural Families Speak" [RFS]) (1998-2008)[1]. The overall objective of RFS was to understand multiple dimensions of rural low-income families during a period of changing economic conditions, along with changing federal and state policies. A variety of community variables was also compiled by the RFS research team to supplement our understanding of communities where rural families reside.

The findings of RFS highlighted multiple health issues that rural low-income families face, including many physical and mental health problems, lack of access to healthcare services

[1] Cooperating states included: California, Colorado, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, Ohio, Oregon, and Wyoming. This project was supported in part by the USDA, National Research Initiative Cooperative Grant Program (USDA/CSREES/NRICGP Grant 2001-35401-10215, 2002-35401-11591, & 2004-35401-14938).

and providers, and inadequate health insurance coverage. These findings prompted many members of the RFS group of multidisciplinary researchers, along with other researchers interested in this area of study, to launch a second study, NC1171, Interactions of Individual, Family, Community, and Policy Contexts on the Mental and Physical Health of Diverse Rural Low Income Families (referred to as "Rural Families Speak about Health" [RFSH]) (2008-2019)[2]. The overall goal of RFSH was to identify factors leading to positive physical and mental health among rural low-income families.

The findings of RFSH also gave rise to two one-year studies[3]: (a) "Core Health Messages: A Strategy to Improve the Health and Well-Being of Rural, Low-Income Families" (CHM)[4], and (b) "Dissemination of Core Health Messages: Using Community Based Participatory Research to Strengthen the Health of Rural, Low-Income Families" (DCHM)[5]. Using a community-based participatory research approach, the goals of CHM and DCHM were to improve health outcomes of rural, low-income families through creation of learner-driven Core Health Messages, and to determine effectiveness of various methods of disseminating these messages by involving a subsample of RFSH mothers as well as community stakeholders.

Scale and Scope of RFS/RFSH Studies

There are many notable features about the scale and scope of the RFS/RFSH studies including its multi-state nature, sampling and recruitment strategies, mixed methods approach, multi-year data collection, multidisciplinary collaboration, and research-extension interface. First and foremost, RFS and RFSH are multistate studies. Samples were drawn from every region of the country. There were 24 counties in 14 states that participated in RFS, while RFSH started with 32 counties in 13 states. The RFSH project is an ongoing effort; in recent years, five new states have joined the original 13 states. In total, as many as 27 states have participated in one of the studies. Special attention was paid to ensure representation of ethnic diversity in the samples. This is further reflected by the special focus on Latina families in RFSH because this population has grown exponentially in rural areas (Brown, 2014).

To gain access to economically vulnerable rural families, purposive sampling was used for RFS and mixed purposive sampling, a slight variation of purposive sampling, was used for RFSH (Mammen & Sano, 2012). Although the sampling method makes generalizability difficult, it has provided us with information-rich data. Respondents for RFS and RFSH were recruited

[2] Cooperating states are California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Texas, Washington, and Wyoming with later participation from Arizona, Florida, Kansas, Mississippi, and Oregon.

[3] CHM (Grant 2010-46100-2179) and DCHM (Grant 2011-46100-3113) were both supported by the Rural Health and Safety Education Competitive Program of the USDA Cooperative State Research, Education and Extension Service, National Institute of Food and Agriculture.

[4] Cooperating states are California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Texas, Washington, and Wyoming.

[5] Cooperating states are California, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Texas, Washington, and Wyoming along with Arizona, Florida, Kansas, Mississippi, and Oregon.

with assistance from community leaders, referrals from participating mothers, and through flyers posted in local agencies frequented by rural low-income mothers.

Mixed methods research was used in the data collection process with qualitative and quantitative data collected for RFS and RFSH. Qualitative data provided depth and richness, which allowed us to explore topics in greater detail and capture emerging themes across samples. Quantitative data enabled us to test hypotheses, use statistical analyses to provide significance of results, and to draw inferences. Taken together, qualitative and quantitative data were a powerful combination through which we could more closely study nuances of the daily lives of rural low-income families, including their struggles and resiliency.

Data for RFS/RFSH were collected over multiple years (three years for RFS; two years for RFSH with an ongoing data collection effort on the impact of the Affordable Care Act (ACA) on the health security of rural families). Multiple-year data (cross-sectional and longitudinal data) allowed us to observe and understand immediate and long-term changes in economic and family circumstances including poverty dynamics as well as family vulnerabilities and resilience. Additionally, utilizing qualitative and quantitative data across multiple years enabled us to weave the stories of rural low-income families into one cohesive whole with greater intensity and detail. Thus, we are able to look at multiple dimensions of the lives of rural low-income families (i.e., it presents the fullness of their lives). The two studies, RFS (1998-2008) and RFSH (2008-2019), have also provided a significant body of knowledge regarding economic security of rural low-income families *before* and *after* the recent Great Recession of 2007-2009. In addition, as the Affordable Care Act was passed in 2010 and fully implemented by 2014, the RFSH study is positioned to evaluate the impact of healthcare reform on rural low-income families.

A multidisciplinary approach was used to better understand the many facets and complexities that rural low-income families face within the contexts of their communities. These disciplines were child and family studies, community development, family economics, gerontology, health communication, housing, nursing, nutrition, psychology, public health, and sociology.

Research-extension interface was essential to the success of RFS/RFSH. The partnership between research faculty and extension specialists allowed us to collect data and use the findings to recommend strategies for improving lives of rural low-income families in the areas of family well-being, food security, income adequacy, and health security. Finally, more than 100 researchers (resident and extension faculty, research scientists, and graduate/undergraduate students) participated in various aspects of RFS/RFSH, an indication of the significant reach of these two studies. RFS/RFSH findings have been (and continue to be) disseminated through various channels including research journals, conference proceedings, presentations, policy/research briefs, webinars, web sites, basebooks, teaching materials, dissertations/theses, and even one stage play.

Profile of Rural, Low-Income Families in RFS/RFSH

The RFS sample consisted of 414 mothers in the first data collection period (Wave 1); data for Wave 1 were collected in 1999-2000. The RFSH sample consisted of 444 mothers in Wave 1; mothers were interviewed in 2010-2012. Samples for the subsequent waves for RFS and

RFSH were subsets of their respective Wave 1 families. Eligibility criteria for RFS and RFSH were identical, with one exception. Respondents in the two studies were composed of rural female caregivers, 18 years of age and older, with at least one child under the age of 13. While income guidelines for RFS eligibility was 200 percent of the Federal Poverty Line (FPL), for RFSH, it was 185 percent of the FPL threshold.

States in RFS and RFSH recruited participants who represented racial and ethnic diversity of the low-income rural population in their respective states. To ensure ethnic diversity, some states intentionally oversampled racial/ethnic minority groups. For RFS, respondents were drawn from counties that were the most rural, or with the Rural-Urban Continuum Codes (RUCC) of 6 or 7 (non-metropolitan counties with an urban population of 2,500 to 19,000) or 8 (counties have no town of more than 2,500 people) (Butler & Beale, 1994). By contrast, the RFSH project employed Urban Influence Codes (UIC) developed by the Economic Research Service (ERS, 2003). The RFSH counties were the most rural or were code 6 and higher (with 6 indicating "noncore adjacent to small metro area and contains a town of at least 2,500 residents and 12 being noncore adjacent to metro or micro area and does not contain a town of at least 2,500 residents) (Mammen & Sano, 2013).

Table 1 summarizes demographic characteristics of RFS and RFSH participants.

Table 1. Demographics of RFS and RFSH Rural, Low-Income Mothers

Characteristics	**RFS** N=414	**RFSH** N=444
	%	%
Age		
Mean age, years	29.1	31.3
Race/Ethnicity		
African American	8.8	5.9
Hispanic/Latina	21.5	31.1
White, non-Hispanic	64.6	55.4
Other	5.0	7.6
Marital Status		
Married/partnered	59.7	65.0
Single	40.3	31.5
Separated/widowed	15.4	11.8
Education level		
8th grade or less	17.0	9.4
Some high school	23.8	16.7
High school/GED	32.3	37.9
Business/technical training	8.9	7.5
Some college	14.0	23.3
College and beyond	3.9	5.3

A Preview of the Papers

The following articles in this special issue address five major dimensions of the lives of rural low-income families: economic security, food security, family well-being, health security, and rural diversity.

Paper 1, "Rural, Low-Income Families' Quest for Economic Security: It Takes More Than a Paycheck," presents factors that contribute to economic well-being of rural low-income families, including employment along with various supports from public assistance programs and social and family networks.

Paper 2, "Understanding Family Well-Being in the Context of Rural Poverty: Lessons from the Rural Families Project," reviews factors that promote and/or hinder family well-being such as work-family balance, informal child care support, family relationships, social support, and family routines and rituals.

Paper 3, "Food Insecurity among Rural, Low-Income Families," highlights the issue of food insecurity as it relates to family food practice and management, health outcomes, and formal and informal supports.

Paper 4, "Health Challenges Faced by Rural Low Income Families: Insights into Health Disparities," presents findings about physical health, mental health, health communication, and access to healthcare among poor rural families.

Paper 5, "Rural, Low-Income Latino Families: 20 Years of Research," highlights the risks and resilience of rural Latino families using a socio-ecological model, including the challenges that immigrant Latino families face.

In conclusion, the collection of papers in this special issue of the *Family Science Review* represents the major findings of 20 years of study of rural low-income families and is based on a significant number of published articles, books, book chapters, conference proceedings, research reports/briefs, and professional presentations. There is additional RFS/RFSH output with findings that had to be omitted, however, due to space limitations (For more information: http://ruralfamiliesspeak.org/rfsh.html).

Acknowledgments

This research was supported in part by USDA/CSREES/NRICGP Grant Number 2001-35401-10215 & 2002-35401-11591, 2004-35401-14938. Data were collected in conjunction with these cooperative multi-state research projects: (1) NC223/1011, Rural Low-Income Families: Monitoring Their Well-being and Functioning in the Context of Welfare Reform (commonly known as "Rural Families Speak") and (2) NC1171, Interactions of Individual, Family, Community, and Policy Contexts on the Mental and Physical Health of Diverse Rural

Low Income Families (commonly known as "Rural Families Speak about Health"). Cooperating states are California, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, North Carolina, Ohio, Oregon, South Dakota, Tennessee, Texas, Washington, and Wyoming along with Arizona, Florida, Kansas, Mississippi, and Oregon.

The authors gratefully acknowledge the assistance of Andrew Shepherd, graduate research assistant at the University of Massachusetts Amherst.

Sheila Mammen is Professor in the Department of Resource Economics at the University of Massachusetts Amherst in Amherst, MA 01003.
Yoshie Sano is Associate Professor in the Department of Human Development at Washington State University in Vancouver, WA 98686.

References

Brown, A. (2014). The U.S. Hispanic population has increased sixfold since 1970. Pew Research Center. Fact Tank. Retrieved from http://www.pewresearch.org/fact-tank/2014/02/26/the-u-s-hispanic-population-has-increased-sixfold-since-1970/

Butler, M. A. & Beale, C. L. (1994). *Rural-Urban Continuum codes for metro and nonmetro counties, 1993,* (Gov Pub A 93.44: AGES 9425). US Department of Agriculture, Economic Research Service.

Economic Research Service (ERS). (2003). *Measuring Rurality: New Definitions in 2003.* USDA. Retrieved from http://webarchives.cdlib.org/sw15d8pg7m/http://www.ers.usda.gov/Briefing/Rurality/Newdefinitions/

Economic Research Service (ERS). (2015). *Rural Poverty and Economic Well-Being*. Washington, D.C.: United States Department of Agriculture. Retrieved from http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being.asp

Economic Research Service (ERS). (2016). *America at a Glance: 2016 Edition.* USDA. Retrieved from https://www.ers.usda.gov/webdocs/publications/eib162/eib-162.pdf?v=42684

Housing Assistance Council. (2012). *Race and Ethnicity in Rural America*. Washington, D.C. Retrieved from http://www.ruralhome.org/storage/research_notes/rrn-race-and-ethnicity-web.pdf

Mammen, S. & Sano, Y. (2012). Gaining access to economically marginalized rural populations: Lessons learned from non-probability sampling. *Rural Sociology*, *77*(3), 462-482. doi: 10.1111/j.1549-0831.2012.00083.x

Mammen, S. & Sano, Y. (2013). Basebook Report. Rural Families Speak about Health (RFSH) (2008-2014). Technical report prepared for the Rural Families Speak about Health project team.

United States Bureau of Census. (2013). *How is Rural America Changing*? USDA Economic Research Service. Retrieved from http://www.census.gov/newsroom/cspan/rural_america/20130524_rural_america_slides.pdf