

## **Understanding Family Well-Being in the Context of Rural Poverty: Lessons from the Rural Families Project**

Lenna L. Ontai  
University of California, Davis

Melissa A. Barnett\*  
University of Arizona

Suzanne Smith\*  
Washington State University Vancouver

Joe D. Wilmoth\*  
Mississippi State University

Loriena Yancura\*  
University of Hawaii at Manoa

\*Authors listed in alphabetical order.

**ABSTRACT.** Family well-being is a multifaceted construct that includes family health, self-sufficiency and resiliency. It is, however, vulnerable to various social constraints that include poverty. Rural low-income families face considerable risks when trying to achieve and maintain family well-being. Based on findings from the Rural Families Speak (RFS) and Rural Families Speak about Health (RFSH) studies, this paper presents factors that promote and/or hinder family well-being in the areas of work-family balance, informal childcare support, family relationship, social support, and family routines and rituals. Overall, the findings point to the importance of programs and policies that recognize and strengthen multigenerational and extended family networks, as well as mothers' sense of parenting efficacy as critical elements for family well-being.

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Direct correspondence to Lenna Ontai at [lontai@ucdavis.edu](mailto:lontai@ucdavis.edu)

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Family well-being is a multifaceted construct that includes parent mental and physical health, family self-sufficiency (education, employment, financial literacy, management of available resources, and sense of efficacy), and family resiliency (ability to strengthen relationships and enhance personal growth through positive management of conflictual or stressful situations) (Buehler & O'Brien, 2011; Newland, 2015). Drawing from the ecological model of human development (Bronfenbrenner, 1989), this review conceptualizes family well-being as shaped by the interplay between contexts in which development occurs, including interactions within the family itself and interactions in contexts outside the family system that jointly impact individuals within it.

Studies have shown that components of family well-being are particularly vulnerable to poverty, including higher levels of depression (Lorant, Deliege, Eaton, Robert, Philippot, & Anseau, 2003; Wadsworth, Evans, Grant, Carter, & Duffy, 2016), lower education and limited employment opportunities (Jensen & Jensen, 2011), reduced parent self-efficacy (Jackson, 2000; Wright, 2013), and limited social support systems (Mood & Jonsson, 2016). Thus, maintenance and sustainability of family well-being factors are especially salient to families facing considerable risks, such as the economically disadvantaged participants in Rural Families Speak (RFS) and Rural Families Speak about Health (RFSH) studies.<sup>1</sup> Since family well-being constructs are considered to be interrelated and mutually influential (Buehler & O'Brien, 2011), it is important to consider how these factors work together to enhance or undermine family well-being in such contexts.

The challenges that poverty presents to family well-being may be especially pronounced within rural communities, where resources and supports to address them are limited and difficult to access. Studies from RFS/RFSH highlight the contexts of these challenges and shed light on ways in which mothers use their resources to find balance in the face of significant economic challenges – ultimately, to preserve family resiliency. This paper summarizes factors that promote and/or hinder family well-being including work-family balance, informal childcare supports, family relationships, social supports, and family routines and rituals. Collectively, these factors advance our understanding of the complex nature of family well-being for those living in rural poverty.

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<sup>1</sup>The objective of the Rural Families Speak (RFS) project (1998-2008) was to study the well-being of rural, low-income families in the context of the 1996 federal welfare reform legislation. The overall goal of the Rural Families Speak about Health (RFSH) study (2008-2019) was to identify the factors that influence physical and mental health among vulnerable, rural families. While there were different samples in RFS and RFSH, the participants in both studies were rural female caregivers, 18 years of age or older, with at least one child under the age of 13. For a complete description of RFS/RFSH studies, please see "Rural, Low-Income Families and their Well-Being: Findings from 20 Years of Research" (Family Science Review, issue 1, 2018).

### **Work-Family Balance**

To maintain the economic well-being of the family, rural low-income mothers often work outside their homes, typically in low-paying jobs. Katras, Zuiker, and Bauer (2004) examined employment situations of mothers based on the RFS study: 44.3% were in service jobs, 23.1% were in administrative positions, and 19.2% were in production jobs. Many mothers struggled with work-family balance, doing their best to meet demands of work and family responsibilities. The notion of imbalance or conflict between these competing duties is particularly salient for mothers caring for young children. Several characteristics of employment and family life suggest that work-family balance may be particularly difficult to attain in low-income rural areas since jobs available in rural areas are not family friendly (Molina, 2015). Thus, understanding how rural families manage work-family balance is critical to efforts to maximize their health and well-being.

While economic survival for the RFS/RFSH families depended upon on employment, the potential for economic gain seemed to conflict with mothers' personal satisfaction, which was strongly tied to mothers' perceptions of themselves as good parents who met cultural standards of good motherhood (Manoogian, Jurich, Sano, & Ko, 2015; Sano, Manoogian, & Ontai, 2012; Walker & Manoogian, 2011). These internal appraisals of the self in the role of motherhood have been operationalized in the literature as parental self-efficacy (Coleman & Karraker, 1998; Teti & Gelfand, 1991), which assumes a central role in well-being in these families. Mothers' decisions about work were often defined by the needs of their children. While many mothers worked outside their homes, employment opportunities were scarce in rural communities (Katras et al., 2004), limiting their options for flexible work that could be balanced with needs of the family. For instance, mothers in Appalachia noted that employment often involved jobs with irregular hours and long commutes that interfered with their ability to spend time with, and be involved and engaged with, their children (Manoogian et al., 2015). Even mothers looking to advance their standings perceived barriers. The ability to obtain better paying, more flexible jobs requires additional education or training, and these are not always perceived as viable options. Being able to attend school, participate in job training programs, and maintain employment also depend on balancing the demands at home (Katras et al., 2004). These barriers were considered insurmountable and resulted in mothers choosing to limit their economic flexibility in favor of meeting their own expectations of being a good parent and thus maintaining their sense of parenting efficacy.

Mothers who chose to work outside the home used various strategies to maintain work-family balance. For instance, Dolan, Seiling, and Harris (2009) examined job characteristics with married/partnered participants in all three years of RFS. The vast majority of these couples were employed in the service or production industries, in jobs characterized by low wages, minimal flexibility, and nonstandard hours. Incomes were low in these dual-earner families, with a mean monthly household income of \$2,000. Parents managed childcare responsibilities by staggering shifts but reported that the strategy minimized the amount of time that the whole family could spend together. Mothers also used other strategies to manage work-family conflict including relying on "understanding" supervisors to help with unexpected scheduling conflicts and putting children in the care of extended family members while they were working.

Son and Bauer (2010) examined strategies that single mothers continuously used to balance work and family commitments. They faced family demands (e.g., unreliable childcare, children's emergencies) as well as job demands (e.g., irregular work hours). They had to rely on support from family, friends, and supervisors to maintain their employment status. Mothers noted that the biggest obstacles to attaining work-family balance were time constraints, tiredness, and stress. Reschke and Walker (2006) identified personal challenges (such as caring for older family members) that present barriers to rural, low-income mothers' attempts to balance caregiving and employment commitments. RFS/RFSH studies reveal that the main barriers to work-family balance for rural mothers are lack of access to affordable child care and nonstandard and/or inflexible working hours.

### **The Private Safety Net: Informal Childcare Supports**

Rural working mothers sought to alleviate work-life conflicts through childcare arrangements that met their needs, which often cost nearly as much as they could earn in their low-wage jobs. Formal child care was expensive, consuming a substantial amount of earnings that the women with low-wage jobs were typically paid (Katrass et al., 2004). Center-based child care was especially difficult to find in these communities, with few facilities that were conveniently located or that offered hours consistent with mothers' non-standard work schedules. Although childcare subsidies are sometimes available for low-income workers, many families did not use those resources, largely because they perceived the burden of applying to be more cumbersome than the worth of the vouchers (Walker & Blumengarten, 2002).

To compensate for unaffordability or inaccessibility of center-based care, families developed informal support networks (Katrass et al., 2004; Walker & Reschke, 2004), consisting of family, friends, and neighbors. Katrass and colleagues (2004) described this kind of network as a "private safety net" essential to meeting obligations of work and family. Mothers used terms such as "family – lots of family" to describe their dependence on family involvement to meet childcare needs. Although most mothers expressed confidence in availability of family members to care for children when necessary, these family members often had other obligations, and flexibility of available informal caregivers varied considerably.

Several themes described these safety nets. Strategies included trust, invisible care, and negotiation, while challenges included fragile care, unavailability, and unaffordability (Katrass et al., 2004). Mothers were more likely to rely on family members, "someone that I can definitely trust" (Katrass et al., p. 204). Family members often were part of the "invisible care" necessary to care for children to accommodate work or school schedules at times considered "off peak," when formal care was not available. Working with this informal network often included negotiations to meet competing needs of childcare providers. Unavailability or unreliability of caregivers highlighted the fragile nature of this network. In some cases, family members were not available because of geographic distance or relational challenges.

Walker and Blumengarten (2002) found that single mothers were most likely to use grandmothers and other family members as caregivers. When mothers' romantic relationships were dissolved, families of origin, particularly grandmothers, provided stability for these women and their children. Sano, Manoogian, and Ontai (2012) observed that this flexible family

structure was characterized by consistent relationships with parents and fluid relationships with romantic partners. Ongoing support from families of origin, however, tends to be a two-edged sword: while parents provided continued support and stability, these women also sometimes resented the accompanying criticism and sense of dependency.

These low-income mothers often used their own mothers to provide routine child care when they were working or going to school (Reschke, Manoogian, Richards, Walker, & Seiling, 2006). Grandmothers were inherently expected to give extra love and support to children as well as to help working mothers (Walker & Reschke, 2004). This arrangement had beneficial and troublesome aspects. The most common benefit was flexibility. When mothers' work schedules were unpredictable or children were sick or out of school during holidays and summers, grandmothers were available to meet transportation, meals, and other caregiving needs at substantial financial savings, extending scarce resources. The arrangements also provided emotional and psychological benefits for the mothers such as trust, familiarity, and acceptance. One respondent said, "I wouldn't be working if I didn't have her 'cuz I trust nobody" (Reschke et al., p. 165). Mothers also noted that caregiving arrangements strengthened problematic mother-daughter relationships or further enhanced good relationships, along with increasing ties between grandmothers and their grandchildren.

Mothers also noted troublesome aspects of grandparental caregiving. Reschke and colleagues (2006) examined relationships between mothers and grandmothers in families where grandmothers provided routine child care. Almost one-half (45.2%) of the mothers and grandmothers shared residences, which increased tension in some households. Blurred role boundaries were common, with some participants expressing frustration with their mothers' dominance and differences in parenting philosophies. One mother reflected, "...we just have very different opinions on things.... It's like that just completely annihilates any authority that I have with [the child]" (p. 166). For a few mothers, the relationships were complicated further by negative childhood perceptions of how they had been parented. The researchers also speculated that a grandmother's health problems could create additional challenges in caregiving arrangements.

To understand roles that grandparents assume in these households, Barnett, Yancura, Wilmoth, and Sano (2016) looked at parent and child well-being in multigenerational households. Their study compared one parent households with at least one grandparent to two parent households with at least one grandparent. Mothers identified the grandmother as the primary co-parent in two-thirds of the one-parent households and in nearly one-third of the two-parent households, highlighting the substantial parental role of grandmothers in multigenerational households. Interestingly, there were no statistical differences between mother or child well-being between the family forms. Communication and teamwork were higher in one-parent families than in two-parent families, consistent with Family Systems Theory, which would suggest that unhealthy coalitions are more likely when parenting is shared among three adults. One-parent households also tended to report more stable family routines. Mothers in two-parent (compared to one-parent) households were more likely to report caring for an older adult (typically the grandmother). The increased caregiving responsibilities likely produced additional stress on household members, their interactions, and their routines.

## Family Relationships

The findings that emerged, particularly from RFSH, regarding family relationships underscore the value of using a contextual lens. Contextual constraints (e.g., low-income, limited employment opportunities) influence mothers' attitudes and behaviors related to parenting, co-parenting, and romantic relationships. The tension these constraints create appear to shape mothers' decision-making as they attempt to balance competing demands.

In the case of co-parenting relationships between mothers and their partners, mothers' experiences often reflected traditional gender roles. Mothers saw their partners as "helping" in parenting and household tasks rather than sharing equally in the responsibility. Some mothers identified fathers and stepfathers as primary disciplinarians, but others expressed mixed feelings about partners' involvement in discipline, particularly when this involved harsh punishment (Manoogian et al., 2015). In ideal circumstances, parents shared childcare and household responsibilities. However, the perception of support in parenting tasks was also undermined by challenges typical to rural families. For instance, Ontai, Sano, Hatton, and Conger (2008) found that in the context of poor family health, a common challenge among these families was mothers with co-resident partners reporting lower perceptions of parental support, which ultimately undermined their sense of parenting efficacy. This highlights the importance of co-parenting within romantic relationships as it contributes significantly to mothers' sense of parenting efficacy, which as previously noted is critical to their personal satisfaction (Manoogian et al., 2015; Sano et al., 2012; Walker & Manoogian, 2011).

While romantic relationships had the potential to contribute to stable households for children, these partnerships tend to be highly unstable. Conflicting gender role expectations, financial challenges, and behavioral issues often led to relationship disruption. Occasionally, a mother would stay in an unsatisfactory partnership to receive help with parenting. For example, one mother stated, "I'd rather deal with his [partner] complaining and criticizing sometimes, than deal with a child that's out of control and not have anybody to support [me] right now" (Sano et al., 2012, p. 955).

Maintenance of parenting efficacy also appeared to be a central factor in decisions about romantic relationships. Mothers consistently indicated that the well-being of their children was their top priority, with many of their behaviors aimed at facilitating child well-being even when they came at costs to their own economic progress and romantic relationships. For example, among mothers who experienced at least one relationship transition between waves of data collection, Sano et al. (2012) found almost all of them expressed desires to put the needs of their children first, over employment or romantic relationships. Mothers' decisions to stay, enter, or leave relationships were driven largely by contextual constraints such as partners' income, employment, and financial contributions, rather than by notions of romantic love. Above all, mothers considered the well-being of children and the availability of support from other family members when making partnership decisions. For instance, mothers indicated that the potential for successful co-parenting helped determine whether they initiated or maintained romantic partnerships. The authors concluded that this process allows mothers to create stability for themselves and their children while dealing with partner instability.

Mothers' attitudes towards the non-residential fathers of their children were also driven primarily by the well-being of their children and were shaped in part by realities of fathers' socioeconomic constraints. Sano, Richards, and Zvonkovic (2008) reported that although mothers may have been frustrated or disappointed with the amount of child support payment they received from non-residential fathers, they generally encouraged and even facilitated fathers' involvement with their children. Sano (2005) notes that mothers seemed to accept the lack of financial support from fathers as typical of the context and managed to separate financial concerns from the values they placed on father-child relationships, in spite of the conflict these situations engendered between mothers and non-residential fathers. When mothers engaged in gatekeeping, it was generally due to concerns they had about the fathers' lifestyles or lack of developmentally appropriate parenting behaviors.

### **Social Support**

RFS/RFSH mothers relied primarily on relationships with partners and other family members to meet the needs of their children while balancing the economic burdens created by their limited incomes. Their individual well-being also relied heavily on social networks within their larger communities. These larger social networks helped fill gaps left by insufficient family networks or further balanced family life in the unstable situations common to these families.

Results from RFS/RFSH indicate that mothers with wider social networks tend to do better on indicators of well-being. For instance, changes in their situations regarding health, work, family, personal circumstances, and/or finance can lead to significant stress and general disruption in their lives. Seiling (2006) examined the impact of these types of changes and found it was not the change itself that was disruptive, but rather the loss of resources that resulted from the change. For instance, a job without sick-day benefits leaves mothers vulnerable to losing their employment when their children are ill. Seiling also found that those with wider social networks adapted better to such changes, experiencing less long-term disruption to their lives. Those with more limited networks tended to experience "loss spirals" whereby one loss caused by the disruption led to multiple losses, making recovery more difficult. Instead, mothers with more extensive social networks could tap into them and stem the loss spiral, making it easier to recover and maintain stability. This may be because members of their networks were probably experiencing similar hardships and struggling with their own limited resources. As such, a wider network allows mothers to spread out requests for aid to larger groups, thus avoiding overburdening any one person or family. Similarly, others examined resiliency capacities and identified social support as the most consistent resource that allowed families to "bounce back" from experiencing significant life stressors and crises (Mammen, Dolan, & Seiling, 2015; Vandergriff-Avery, Anderson, & Braun, 2004). Social support was also associated with lower depression scores (Kohler, Anderson, Oraveca, & Braun, 2004).

Along with their own extended family, faith-based community networks also appear significant in the lives of rural mothers. A majority (77%) of the mothers reported participating in religious practices, indicating just how important religious communities can be to these families (Braun & Marghi, 2003). Religious participation is associated with stronger feelings of spiritual support, greater life satisfaction (Braun & Marghi, 2003), and lower rates of depressive symptoms (Garrison, Marks, Lawrence, & Braun, 2005).

## Family Routines and Rituals

Another key aspect to building family resilience is spending time in family routines and forming family rituals that are unifying forces for the family system. Routines and rituals are important because they show the intersections between the individual and the family, provide a sense of family cohesion, and describe what it means to them to be a family (Fiese et al., 2002). They share common characteristics such as the involvement of all family members, a sense of shared identity, and frequency of occurrence. Routines are defined as regular patterns of behavior based on typical family roles, which are used to bring order to daily living (Denham, 2003). By contrast, rituals tend to occur less frequently, are often based on symbolism, and generally surround events or celebrations (Rook, 1985). Both appear to be used by RFS/RFSH families to build a sense of family unity, which ultimately strengthens family well-being.

Examining multigenerational families, Barnett et al. (2016) found that consistent family routines were used more often in one-parent than in two-parent multigenerational households. However, this was not the case among families with children participating in Head Start. Barnett et al. suggest that multigenerational households in two-parent families may be somewhat distinctive because they must balance a coalition of three adults to lead the family rather than two or one. These families also note that they are the caregivers of a grandparent more often than are one-parent multigenerational families. As such, routines in two-parent multigenerational households may be more difficult to manage and keep consistent.

When family routines are used consistently, there appear to be beneficial outcomes for parents and children. Churchill and Stoneman (2004) examined rates of maternal depression in families with children participating in Head Start and found negative associations with use of family routines. The protective nature of family routines extended to children, with a negative association between family routines and child behavior problems for girls. The importance mothers place upon these routines may, however, also be important to consider. In a study of Latina women (Bao & Greder, 2015), maternal expectations of family mealtimes moderated the effect of food insecurity on maternal depression. Notably, mothers who had high expectations for participation in family mealtime routines tended to be more vulnerable to maternal depression in the face of food insecurity than mothers who did not hold such high expectations. The findings suggest that the importance placed on these routines was as important as the routines themselves in impacting maternal mental health.

Routines and rituals extended beyond daily schedules of the households. Families also engaged in meaningful rituals and routines through their use of leisure time, which added extra benefits of playing together and promoting family health. Decisions about how to use time together, however, varied considerably depending on factors such as affordability and limitations of family members due to age or health (Churchill, Clark, Prochaska-Cue, Creswell, & Ontai-Grzebik, 2007). Many families worked around economic limitations by defining activities done at home as family fun, such as playing games or watching television together. Activities outside the home tended to be determined by location, transportation, and cost. While some mothers noted that outdoor activities tended to be easily accessible and affordable, others found the lack



of free, local nature-based opportunities as a barrier, indicating location could be a benefit or a constraint.

Izenstark, Oswald, Holman, Mendez, and Greder (2016) aimed to understand how families made decisions about activities outside the home. Focusing on outdoor play specifically, they found that mothers used family-based nature activities such as taking walks outside or visiting parks, to be good role models to their children and encourage lifelong healthy habits. Sometimes these out-of-house activities were used as family rituals such as family camping trips or picking berries during the summer. Many mothers noted that getting together with extended family and friends was an important out-of-house family fun activity (Churchill et al., 2007), reinforcing the importance that rural low-income families place on building and maintaining social networks.

One common family ritual that brought families together and nurtured social networks was birthday celebrations. Lee, Katras, and Bauer (2009) found that most families celebrated children's birthdays in a traditional fashion, with cake and gifts, despite financial constraints. Mothers appeared to place considerable importance on this ritual, equating it with the expression of love for their children. If financial constraints hindered their abilities to carry out this ritual in full, mothers expressed dissatisfaction, reinforcing their tendency to put the needs of their children at the forefront of their personal well-being. Taken together, it appears that rituals and routines allowed families to capitalize on their time together, which may be scarce for some families who were balancing multiple demands such as work, child care, and caring for grandparents. Creating family routines and rituals may allow families to use this valuable time meaningfully, ultimately preserving parent self-efficacy and building family resiliency.

### **Discussion and Implications**

The RFS/RFSH studies illustrate the multifaceted and contextual nature of family well-being. Mothers' decisions about their families were made in consideration of contextual constraints, opportunities, and interactions between the two. The lack of employment opportunities across rural America implies that mothers' most pressing constraints continue to be financial. Opportunities to overcome financial constraints were based mostly in social networks, both familial and informal. For employed mothers, however, achieving work-family balance was an issue. Policy suggestions to help address this imbalance include bolstering informal support networks, extended hours for childcare, policies that support paid sick leave, and education for supervisors (Son & Bauer, 2010). In the absence of such policies and opportunities, mothers are left to address this imbalance on their own, often through informal mechanisms.

The body of RFS/RFSH work on family well-being brought forth two cross-cutting themes. The first was the importance of multigenerational relationships and households. Extended family networks, particularly children's grandmothers, were a strong source of support for these mothers. Reliance on grandparents to help preserve balance of the family system, as well as their importance for mothers' individual well-being, underscore the importance of the extended family system to family well-being. Further research on multigenerational households and the relationships between rural parents and their families of origin is needed to better understand the

roles these relationships assume in family well-being. Programs targeting multigenerational families often focus on only one generation. A holistic family systems approach could identify and address unique challenges inherent in these complex family relationships (Barnett et al., 2016). The prevalence of grandparents in the lives of these rural families also offers a unique context for programs to address. Grandparents could be included as resources to help preserve family well-being by allowing more stable household structures and more flexibility to mothers to pursue opportunities. For instance, programs that facilitate childcare payments to grandparents who act as primary childcare providers would avoid making mothers choose childcare options inconsistent with their parenting values. Alternatively, programs may aim to address unique challenges created by multigenerational family structures, such as the need for affordable home-based health care services, that would alleviate caregiving demands while preserving cultural norms of multigenerational households.

The second theme was the importance of parenting efficacy, or sense of self as a good parent, to mothers' own sense of well-being. The importance of parenting efficacy on parenting quality and child well-being is well documented (Coleman & Karraker, 1998; Izzo, Weiss, Shanahan, & Rodriguez-Brown, 2000; Teti & Gelfand, 1991). The current review demonstrates how parenting efficacy operates as a powerful driver of mothers' decisions and of actions indirectly associated with their parenting, such as employment and relationships. For instance, some mothers opted not to work because of the time it would take from caring for their children, or chose less reliable child care with family members because of a lack of trust in someone outside their family systems. Notably, attitudes and decisions about relationships with current and former romantic partners were driven largely by mothers' needs to create stable, safe environments for their children. These decisions may come at an economic cost to mothers by limiting their employment options and income, but ultimately these strategies help preserve a sense of well-being for these families. Programs aimed at addressing family well-being should account for the importance of parenting efficacy in mothers' decision-making to provide relevant resources aligned with their family value systems. For instance, services that help mothers pursue education or employment opportunities while reducing the impacts on child well-being would be welcome. High quality child care that is conveniently located (e.g., on site), flexible (e.g., extended hours, drop-in), and affordable would allow mothers to pursue opportunities while taking care of their children's needs. Likewise, more flexibility in financial supports for child care that would allow family members to care for children and avoid leaving their children with non-family-members, would also address what appears to be a prominent barrier to advancement for these mothers.

### 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 the 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.

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Lenna L. Ontai is a Specialist in Cooperative Extension in the Department of Human Ecology at the University of California Davis, Davis, CA.

Melissa A. Barnett is an Associate Professor in the Norton School of Family & Consumer Sciences at the University of Arizona, Tucson, AZ 85719.

Suzanne Smith is an Associate Professor in the Department of Human Development at Washington State University Vancouver, Vancouver WA 98686.

Joe D. Wilmoth is an Associate Professor in the School of Human Sciences at Mississippi State University, Mississippi State, MS 39759.

Loriena Yancura is an Associate Professor in the Department of Family & Consumer Science at the University of Hawaii at Manoa, Honolulu, HI 96816.

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