

iProject No. and Title: NC1171 Interactions of individual, family, community, and policy contexts on the mental and physical health of diverse rural low-income families

Period Covered: 10-2010 to 9-2011

Date of Report: 15-Dec-2011

Annual Meeting Dates: 26-Oct-2011 to 28-Oct-2011

Participants:

- Karen Shirer (shire008@umn.edu) University of Minnesota Extension
- Julia Gladhill (mills010@umn.edu) University of Minnesota
- Aida Balsano (abalsano@nifa.usda.gov) USDA – National Institute of Food & Agriculture (NIFA)

Within this project for the purposes of collaboration, PI refers to the person who represents a given state and has primary responsibility for all aspects of that state's involvement in the project. An affiliate is a colleague who collaborates with one or more PIs and/or who contributes substantially to the development and implementation of the project.

[PI]

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- Kimberly Greder (kgreder@iastate.edu) Iowa State University
- Christine Cook (ccccook@iastate.edu) Iowa State University
- Patricia Hyjer Dyk (pdyk@uky.edu) University of Kentucky
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[Affiliate]

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[Student Member]

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Brief Summary of Minutes of Annual Meeting

Condensed Meeting Minutes NC1171 Annual Meeting October 26-28, 2011
Riverside, CA

Wednesday, October 26, 2011

Present: Karen Shirer, Karen Varcoe, Dorothy Smith, Lorienta Yancura, Ramona Faith Oswald, Elizabeth Holman, Kimberly Greder, Flor Romero-Slowing, Kimberly Doudna, Patricia, Hyjer Dyk, Jess Kropczynski, Fran Lawrence, Sheila Mammen, Jean Bauer, Susan Churchill, Cathey Huddleston-Casas, Elizabeth Dolan, Suzann Knight, Carolyn Bird, Selda Coskuner, Alisha Curry, Sharon Seiling, Sally Gillman, Ann Berry, Janie Burney, Tiffany Bice-Wigington, Anisa Zvonkovic, Yoshie Sano, Suzanne Smith, Kari Morgan

Welcome from Ramona Oswald

State Introductions/Updates on Data Collection: Univ. of Hawaii – finished wave 1; NC State Univ. – currently collecting wave 1; Univ. of Kentucky – finished wave 1; Univ. of New Hampshire - finished Wave 2, just collected core messages; Univ. of Minnesota – Published

book. Bauer, J. W. Dolan, E. M. (Eds.). (2011). Rural Families and Work. New York: Springer. Univ. of California Cooperative Extension – finished wave 1 (data not submitted to bosr yet); Oklahoma State Univ. – interested in joining; Univ. of California Riverside – finished wave 1; Univ. of Minnesota – advisor; Ohio State U. – affiliate member, not collecting data.; Univ. of Nebraska – currently collecting wave 1; Texas State (Nacogdoches) – Just joined project, gearing up for Wave 1.; Univ. of South Dakota – finished wave 1; Washington State Univ. Vancouver – finished wave 1, currently collecting wave 2; Univ. of Massachusetts - finished wave 1, currently collecting wave 2; Louisiana State Univ. – collected Core Health Messages, currently working on wave 1; Univ. of Tennessee - collected Core Health Messages, currently working on wave 1; Univ. of Wyoming – affiliate member, not collecting data; Iowa State Univ. - finished wave 1, currently collecting wave 2; Univ. of Illinois – finished wave 1

Wave 1 Findings and Basebook: Dataset currently contains 324 families (without California) Handout and Powerpoint presentation include basic demographic information from initial dataset. States will need to merge screeners into dataset themselves with an SPSS template.

Small Group Discussion of Research Questions Based on Preliminary Data

State Contexts, it's important to get these context variables documented; Use of Internet to get health behavior; How do we capitalize on what we have here?; Think about deliverables/products we need to have to finish out this project; Child Obesity – what variables are related to this?; Does the parenting alliance score relate to food?; Have you ever diagnosed your child's health yourself?; How does the family routines scale relate to obesity?; We need to review that codebook to see how those questions were worded.; In many states, community health centers receive funding for PAP smears, breast exams, & birth control. Annual exams for birth control do not necessarily mean that women are getting regular health care. We could look at how these variables relate to presence/absence of community funded family planning centers (or wording). Checklist-driven health care.

Changes to Governance Document

Membership needs clarification. Proposed changes are listed below

Principal Investigator (distinct from Hatch P.I.): The person who represents a given state and has primary responsibility for all aspects of that state's involvement in the project. A PI is accepted in to the group by majority vote at the annual meeting; this status is enduring through the authorization and does not need to be renewed. There can be co-P.I.s (as indicated by a second column in Appendix E).

Affiliated Colleagues: People who collaborate with the PI and/or who contribute substantially to the development and implementation of the project. Their team membership is initiated by a PI and voted on annually by the whole group. Affiliates attend the annual meetings and participate in the listserv.

Graduate and Undergraduate Students: Students who work directly with a PI. Students attend annual meetings and participate in the listserv, but only have access to the data through their PI sponsor. Student membership is granted by virtue of their relationship to the PI.

Create a separate section for voting (after the definition section). We need language to specify that there is one vote per state. Only State P.I.s can vote and votes pass by simple majority.

Access to Data. Clarification of access to data for publication. (see below)

b) NC1171 project team members (PI, Affiliated Colleague, student) have differential access to the NC1171 data for analysis and publishing. PIs and co PIs have full access, while affiliates must be invited to work with the data as a part of a working team that is initiated and led by a NC1171 PI. Students have access to data through relationships with P.I.s or co P.I.s. A P.I. must be on their dissertation committee, but does not have to be chair.

Motion: Cathey Huddleston Cases to approve all these changes.

Second: Carolyn Byrd.

Vote: Unanimous to Pass

Action Item: Verify our definition of PI (as a contributor and not linked to a NIFA-defined PI) with NIFA rules.

Preferential rights to a research question

These are covered in in section 4 on p. 3 of the document. We need a mechanism for a public statement to establish preferential rights to questions. The Executive Secretary will be responsible for sending a monthly e-mail of running projects. Add statement of PIs' interests on membership directory to facilitate coordination. Is there a way to have a point & click menu on the website? It can be linked to a spreadsheet from the Google docs form. Appendix C of Governance Document New Secretary will work with website people to revise form & post on website/Google docs (with a point and click form). We want to facilitate a culture of collaboration and working together. Communication can also help us operationalize our variables in conscious ways so the project looks cohesive. An e-mail notifying someone about an ongoing project does not mandate that everyone must be on that project. We might also add a drop down button to say "collaborative team established", "looking for collaborators", etc...

Action Item: Tiffany (incoming Secretary) will develop process for research question notification using our RFSH website.

Working Groups: Model does not appear to be working right now. We are using emergent collaborations instead.

Project Finances: We need \$2,792 to fulfill our obligation to BOSR (\$500 per PI State) – this will be discussed tomorrow

Project Renewal: We are in year 4, we need to authorize, renew, regroup. We need to know about the process – Jean's comments are based on historical circumstances. Choice 1: Renewal 5-year project – continue to do everything. Choice 2: One-year extension, you cannot renew. Ramona has called for a committee. Detailed discussion to follow.

Welcome from Dr. Paine, Associate Dean for Extension, UC Riverside

Dr. Paine gave a brief overview of the history, current characteristics, and future directions of the Citrus Experiment Station. Reception (Karen Varcoe)

Thursday October 27, 2011

Thank you to outgoing Executive Board Officers: Lori Yancura – Secretary; Kim Greder – Outreach; Susan Churchill – Data Management

Elections: Tiffany Wigington nominated for Executive Secretary; Ann Berry nominated for Outreach

Motion: Liz Dolan moved to elect these officers.

Second: Fran Lawrence

Vote: Unanimous to elect both officers.

Data from Previous Projects (223 & 1011) must be moved from Minnesota Archive

One-stop-shop – data will be archived on the Iowa State server and accessible on the password-protected website. There is a need for unique passwords (for both IRB & security purposes). PI in each state should be the gatekeeper. Website Management is maintained through Core Messages NIFA grant, after August 2010 new funds must be secured to maintain this. Funds for this should be included in future grant applications. People/groups who are using folders other than data folders will need to be notified that these folders will be removed from the Minnesota server.

Conclusion of Wave 1

End date for Wave 1 is proposed 2 years after data collection at March 1, 2012. There will be one data dump before then. The following reasons were proposed for a firm end date: data management, deliverables, change in economy, financial costs (BOSR). ‘Date of interview’ variable can still be used to sort interviews. Still out = North Carolina, Tennessee, California, Texas. Efforts will be made to sample African American participants. Deliverables are possible by using “preliminary data”. Data will come to full body as follows: Before December data set including California. After March 2010, full data set including states that met March 1st 2012 cut off.

Motion: Liz Dolan moved to set March 1, 2010 as the cut off data for wave 1 data collection.

Second: Patricia Dyk

Vote: Unanimous to pass motion.

Wave 1 Data Management System

Nebraska does not have the infrastructure to effectively manage the national dataset. They need support. Possible ways to manage the data. Fund a grad student to help with data management Volunteer to write syntax & clean data. Have someone whose job is to organize the needs of the group. Have BOSR do this. Think about 2 levels 1) “good enough” data, and 2) future continuity Divide sections of data by content areas & then piece syntax together. DO NOT USE SEPTEMBER CODEBOOK – wait for new one (see below).

Deadlines for Data management

Liz Holman/Kimberly/Susan Churchill/Cathey H-C will fix codebook by the end of this meeting (if scales are located) to be distributed to everyone on October 31st, 2011. Codebook must be cleaned first – it’s up to date except for scale scores – codebook needs to be matched up with SPSS dataset and actual interview protocol. Cathey is willing to help coordinate scale construction and cleaning IF individuals are willing to take parts of the dataset to construct syntax and clean the data. A sign-up sheet will be distributed for individuals to volunteer to clean scales and/or variables. December 1th will be the deadline for materials to be returned to Cathey

and then final data set can be delivered to the team by December 20th. One solution is for Sally Gilman to be a paid manager [will address after lunch]. Tips on asking for money from Karen Shirer: ask the RIGHT person– (State FCS director? College director?); remember that this is a one-time request – ask them if they have any non-recurring pots of money.

Wave 2 data collection and management system

Kim Greder proposed 2 options for Iowa to manage Wave 2 for one year (not ongoing); Option 1: Full service. Project coordinator for .25 – year round technical assistance to coordinate project. Half-time Ph.D. Student. States transcribe/translate data – send Iowa transcripts. Student would code, project coordinator would check codes. Kim/Chris would oversee and help develop codes. ~ \$5,000 per state. Option 2: Economy package. Project coordinator for .25 – one year to provide web/teleconferences and States code their own data. Coordinator would provide technical assistance, training, & online management of data. ~ \$1,700 per state. Other options: Vicky Plano Clark at Nebraska, Brainstorm on who might pay these funds, Should it be data-collecting states or affiliates?, Affiliates pay same amount as states who collect data Motion: Cathey Huddleston-Casas moved that affiliates pay the same amount as states that collect data.

Second: Carolyn Bird

Vote: Unanimous to pass motion.

Wave 3 – Quantitative Follow Up: We end in 2013 – wave 3 may not be an option; Efforts should be directed toward deliverables; States may still do their own targeted data collection Motion: Liz Dolan moved that we do not have a formal wave 3 data collection.

Second: Carolyn Bird

Vote: Unanimous to pass motion.

Data Management: Yoshie is willing to spearhead this transitional work until May 15, 2013; Costs for her undergrad assistant would be ~ \$3,300

The Financial Big Picture (cost estimates based on 14 states); Option #1 - BOSR Payoff ~\$1480 / \$400 per state; Estimates for BOSR management of the rest of wave 1 data; ~\$240 cases @ \$10 per case = \$200 per state; Wave 2 Coordinator Option #1 (reduced, see D. above) ~\$1,600; Estimate for Yoshie to have an undergrad to help oversee processing (cleaning & variable construction) of wave 1 data; ~\$3,000/14 = \$215 *Total Option #1= \$2,415 per state* Option #2 - BOSR Payoff; ~\$1480 / \$400 per state; Estimates for BOSR management of the rest of wave 1 data; ~\$240 cases @ \$10 per case = \$200 per state; Wave 2 Coordinator Option #2 (“full service”, see D. above); ~\$3,400 per state; Estimate for Yoshie to have an undergrad to help oversee processing (cleaning & variable construction) of wave 1 data; ~\$3,000/14 = \$215 *Total Option #2= \$4,215 per state*

Motion: Karen Varcoe moved that we choose Option #2 with a 2-year payment plan.

Second: Liz Dolan

Vote: 14 in favor, 0 opposed, 2 abstentions

Action Item: Letter from Karen Shirer advocating use of a range of funds will be distributed to the membership.

Prioritizing Deliverables: Brainstorm Deliverables, Basebook, Posters, Conference (esp. those with proceedings), Fact Sheets, Journal Articles, Policy Briefs, Grants (NIFA, R21), Final reports for data collection grants, Student dissertations or grants, Graduate Student Research Symposium Poster, Undergraduate Student Research Posters (IA, WA) – Awards, Book/Book Chapters, Policy Symposium @ NCFR, Website, E-extension, Webinar w/Cyfar, Film, What directions will we be heading?, Comparative analyses with Gay & Lesbian Parents, Parenting Alliance and child obesity, Family Rituals – compared with existing studies in higher income samples, Kentucky & Iowa – Health & Housing for Priester, Internet and Health components (theorizing the web conference), *Sharon's Movie* - After permissions are obtained, Sharon to post on youtube with credits and to send to Kim to post to the NC1171 website.

Presentation for Core Health Messages: Proposal is on NIFA website; All States are asked to identify 8 stakeholders and do telephone interviews with them. IRB approval will need to be obtained. States who participate will receive transcribing machines to help with qualitative data collection. Possible suggestions for articles using this data are included in this presentation. All members are encouraged to work together. Break out groups to develop core health messages (individual group responses recorded & given to Yoshie); Kim Greder food security; Karen Varcoe health insurance; Janie Burney physical health

Cathey Huddleston Casas Coordinated SPSS Syntax Scale Construction of the Following Areas Demographics; Health Questions; Housing; Miscellaneous; Parenting Alliance

Friday, October 18, 2011

Business: Dataset including California should be sent to the membership within 3 wks. If states are ready to pay assessment discussed yesterday, they should e-mail Susan Churchill who will send them an e-mail. New codebook will be mailed to membership next week, destroy any codebooks sent before that date.

Qualitative Training – Kim Greder & Yoshie Sano: The basics - Each state will do 8 qualitative interviews with a minimum of 8 mothers. MA, IA, WA will pilot protocol this fall with a goal to finish by December. Protocol based on pilot should be out to membership by **February 1st**. IRB – say enough – the use of qualitative research – IA, WA, & MA are happy to share. Why Qualitative? Descriptive, not proscriptive. Their words. Able to capture nuances. We can dig deeper to understand their experiences. We listen and probe deeper. Selection: We are looking for variability. Wave 2 Data Collection: How to select sample - for example we might chose families with excellent health and families with poor health; each state can define additional axes of variability; Total Goal is 80 families – each state should try for at least 8; Wave 2 Data Collection: Tips from the field; Bring a book/bag of toys for children in the household (from the dollar store or Oriental Trading Company); Set the microphone up away from the family dog Keep the tape recorder away from the kids (take a 2nd recorder); Take pictures & send framed copy to them later (must be IRB approved); Think about child BMI – IRB must be obtained – ask IA or CA for how to measure/approve; Reference wave 1 data to get conversational gambits for wave 2 – IA will e-mail us with instructions for making a reference sheet with SPSS; Give interviewer a camera & ask if you can take pictures of “things that help you feed your family” (IRB approved) – pictures of cupboards & refrigerators; Introduction to Interviewing: Anisa

Zvonkovic; Introduction to Interviewing: helpful tips; Give them a timeframe for “the last interview” – tell them what this is; The best data is something that describes something that happens and links that to a meaning (what happened and what did it mean?) ---the worst data are generalities; You can write in IRB to make follow up phone calls to fill “gaps” in transcripts/tapes – but follow up must be done quickly; Listen to tapes as soon as they come in to improve interviewer technique, videotapes might also be helpful for interviewers; Tape yourself spewing your impressions when you get in the car immediately after the interview – it’s immediate and can be transcribed. Share completed transcripts with interviewers so they understand their role in the whole process – you can also have them read products from similar research; Use phrases such as “some people have trouble with questions like this....” Times range for each interview. In IA, times ranged from 45 minutes to over 2 hours. Average was around 2 hours. Consider the maturity level & skill set of your interviewers on this wave. You’ll need interviewers who can maintain their role. Don’t forget, you want the respondents words (not the interviewer’s interpretation); Don’t fill in when participants’ sentences trail off.....rather, make sure to clarify or ask questions to help them fill in with their own words. Give reviewers transition words that aren’t judgmental, i.e., ‘OK’, ‘Alright’, ‘HmmHmm’, ‘gotcha’ (if you’re in VA), Watch for “young people vernacular” (WOW!) Make sure transcriptionists type verbatim – article by Poland (2002) – Ramona will send reference to membership; We need specific examples of THEIR stories and their experiences. Focus on the information they’re getting. Get them to focus on being eager to hear, rather than their fear/anxiety; Use scripts for setting appointment to frame interview so they will want to come – “We’re coming to learn about what it’s like to raise your kids with limited resources so we can look for resources in the community to help you and your children.” – Kim Greder will share scripts

Practice Protocol: Conceptual clarification would be helpful so interviewers know what direction to take the probes; Let participants tell you their stories; Sometimes participants will answer questions later on; Be careful to specify when we are probing for mother’s health (it will be difficult for them to talk about their health without talking about the health of their children). It would be helpful to ask questions neutrally, i.e., “Where in the community do people go”

Voting

Affiliates: MN, OH, LA, VA, WY, MD, Leigh Ann Simmons

Student Members: Liz Holman, Jess Kropczynski, Kimberly Doudna, Flor, Selda Coskuner, Alisha Currey

Motion: Cathey Huddleston-Casas moves that we accept affiliates/students listed with the addition of additional students (to be sent to secretary).

Second: Carolyn Bird

Vote: Unanimous to approve

Next Year’s meeting to be held in North Carolina – Dunhill Hotel in Charlotte; Advance notification of intent to attend is necessary – there are costs for attrition. Ramona/Carolyn will send options to listserv or doodle poll whether conference will be held in the 2nd or 3rd week in October.

Motion: Sheila Mammen moved that we adjourn.

Second: Liz Dolan

Vote: Unanimous to approve

Accomplishments

In KY: Findings from our work in Kentucky show that poverty and health status are consistently linked for rural families, and the recursive nature of the relationships between poverty and poverty-related household characteristics (e.g., food insecurity, poor quality housing) and family health status may contribute to a cycle of poverty. We continue to see how health barriers within the family affect sustained employment for the family as a whole. Results of our qualitative analysis illustrate how mothers own health is not the only barrier to employment, often partner or child's health play a large role. In addition, the ability to meet basic needs of housing, food security, and health services is particularly challenging for low income rural families with children. There exists a complex interplay of household and community context factors that underlie a families' ability to access resources to meet their needs including income, outside assistance, food security, stable employment, adult health, and knowledge and accessibility of community resources.

In LA: Disseminated information to State Cooperative Extension agents

In MN: The book *Rural families and work: Context and problems* has the potential to reach a large audience regarding this population. The EITC coalition continues to reach out to families in especially the rural areas of NH.

In NE: Data management leadership provided by PIs at the University of Nebraska has resulted in a standardized quantitative data collection across multiple states with their own project personnel. Work has continued with UNL BOSR to ensure timely collection of quantitative data. Specific accomplishments include: creation of codebook, creation of syntax for standardized measures, creation of process of cleaning state data.

In NH: A team of us presented Bonnie Braun's "Livin' on Life's Byways" at the American Council on Consumer Interests Annual Conference in April 2011

In TN: Representatives of state-level agencies in charge of rural health services expressed interest in learning more about Personalized Health Planning among low-income rural populations and how to implement it in their own states. Dissemination at APHA led to professional consulting sessions between Dr. Simmons, lead author, and state agency representatives from Tennessee and New Mexico. Officials in Tennessee were in the process of creating a new medical records system. As a result of consultation with Dr. Simmons, Tennessee proposed a change in their medical records data that would allow Personalized Health Plans to be incorporated into the development of the new medical records system. New Mexico sought information for implementation of Personalized Health Planning in New Mexico's Indian Health Services.

IN SD: Interviews with Native American mothers and other rural mothers were conducted between October 2010 and August 2011. In a paper, in process, some of the findings include the difficulty in recruiting Native American mothers for research, maintaining contact with mothers

who agree to participate in research, and the challenges of establishing a trustful and collaborative working relationship with the Native American community. Other findings include how important Facebook, social networking has become to many Native American mothers living on the Sisseton Reservation in South Dakota. At the request of The Tribal College, the SD research team continues to work collaboratively with Native Women within The Tribal College to create a presentation for Native teen mothers regarding infant and child development.

Project outputs include masters and dissertation projects, paper and poster presentations at conferences, and online workshops.

Bice-Wigington, Tiffany. April 2011, Understanding mesosystemic influences on reported health among rural low-income women: A structural equation analysis. Dissertation Project.

Browder, D. (August, 2011). Latina Mothers in Rural America: Assessing Maternal Depression and Food Insecurity. Dissertation. Iowa State University, Ames, IA.

Dyk, P. & Kropczynski, J. 2011-07-30 "Linking Family Health to Housing Environment" Paper presented at the annual meeting of the Rural Sociological Society, Boise, Idaho.
For parts of Appalachia, uneven development creates long distances to medical care as well as low-wage jobs without health insurance. In addition to the regions that families reside, other aspects of housing are known to have an effect on family health and well-being. This study uses the influences of housing on individual-level health factors to examine rural low income families. The data consists of 60 low income mothers from rural Kentucky. Housing variables of particular interest are housing affordability, habitability, and ease of access to medical care. Health variables include number of parent and child health problems as well as mother's pain interference score. Results of this analysis describe environmental influence on personal health and happiness.

Frazer, Monica. January 2011, Dissertation Title: Poverty Measurement and Depression Symptomatology in the Context of Welfare Reform. Dissertation Project.

Gifford, E.. Low-Income Mothers and Their Pursuit of Food Security: A Qualitative Study through a Feminist Framework. August 2011. Unpublished Thesis.

Greder, K. (April, 2011). "Food Insecurity and Children Living in Immigrant Families: Implications for Growth and Development", Children, Youth and Families Education and Research Network (Cyfernet), online workshop.

Greder, K. and Cook, C. (June, 2011). "Exploring Transnationalism and Health Risks of Rural Latino Immigrant Families". Paper presentation at the tenth Annual Cambio de Colores (Change of Colors) - Latinos in the Heartland: Migration and Shifting Human Landscapes Conference, Kansas City, MO.

Greder, K. and Romero de Slowing, F. (June, 2011). "Rural Latino immigrant mothers' perceptions of local food and health". Paper presentation at the tenth Annual Cambio de

Colores (Change of Colors) - Latinos in the Heartland: Migration and Shifting Human Landscapes Conference, Kansas City, MO.

Greder, K., Young, S., & Sano, Y. (2011, July). *Factors related to the prevalence of health insurance and health issues among rural, low-income Mexican families in the United States*. Poster presentation at the biennial meeting of Asian Consumer & Family Economics Association, Seoul, Korea.

Sano, Y., & Richards, L. N. (2010, November). *Invisible barriers to work: Mental and behavioral health problems in context of employment*. Paper presented at the annual meeting of the National Council on Family Relations, Minneapolis, MN.

Seiling, S. B. (2011) "Everyday challenges of rural, low-income mothers." Digital story created in workshop at OSU.

Simmons, L.A., & Huddleston-Casas, C. (2010). Personalized health planning: A roadmap for primary care in rural communities. Presented at the annual meeting of the American Public Health Association, November 10, 2010.
A presentation sponsored by the Rural and Frontier Health Section of APHA, this study retrospectively analyze interview data from RFS (a three year study of over four hundred rural families with incomes below 250% the poverty level), to find that health concerns are of low priority in these families, often leading to neglect of both prevention and treatment. Findings from the data suggest that a collaborative strategic approach between client and provider, "Personalized Health Planning", might make it possible for these families to manage their health issues more effectively, given the resources available to them.

Simmons, L.A., Huddleston-Casas, C., & Morgan, K. (2010), Is coverage enough? The health care experiences of rural low-income women. Presented at the annual meeting of the American Public Health Association, November 9, 2010.
Using RFS data, this study qualitatively assessed utilization and continuity of health care among 30 participants with either private (n=15) or public (n=15) health insurance. Results revealed half of participants traveled 30 or more miles for care. Insurance coverage facilitated utilization, and participants noted the importance of having a usual provider. Publicly insured women reported more chronic health conditions and more often reported seeking care to reactively manage exacerbation of their health conditions or to meet medication needs. Privately insured women reported fewer chronic conditions, proactively managed such conditions with primary providers, and more often sought routine, preventive care. Despite coverage, both groups cited financial barriers to care, including not going to the doctor or waiting to fill prescriptions due to cost. Findings suggest while coverage may reduce some barriers, having insurance does not guarantee health services access, utilization, or receipt of preventive care.

Velluri, S.. Determinants of Health Care Use Among Rural, Low-income Mothers and Children: A Simultaneous Systems Approach to Negative Binomial regression Modeling. August 2011. Unpublished Thesis.

Young, S. (May, 2011). Exploring the relationship between parental self-efficacy and social support systems. Master's Thesis. Iowa State University, Ames, IA.

Impacts

The following grants were obtained by one or more project member as a result of the project's activities:

Gibbs, L., Vaughn, L., & Sano, Y. Understanding childhood obesity and family environment in rural low-income households. College of Agricultural, Human, & Natural Resource Sciences Undergraduate Research and Creative Project Proposal. 2009-2010. \$1,500.

Greder, K. and Cook, C. "Interactions of individual, family, community, and policy contexts on the mental and physical health of rural Latino immigrants." American Association of Family and Consumer Sciences, Ruth O'Brien Project Grant, (Principal Investigator). 8/1/10-8/31/11. \$5000

Greder, K., Ihmels, M., and Welk, G. "Evaluating home obesogenic environments in rural low-income families." College of Human Science Intramural Seed Grant Proposal, Iowa State University. 5/1/11-4/30/13. \$25,000.

Dyk, P., PI, \$11,687. This project was supported with a grant from the UK Center for Poverty Research through the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, grant number 5 U01 PE000002-06. Jan 1 – May 31, 2011

The grant proposal, "Core Health Messages: A Strategy to Improve the Health and Well-Being of Rural, Low-Income Families" was based on the findings of RFSH and RFS. It was awarded \$349,958 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 (NIFA). Mammen, S. (PI), Braun, B. (co-PI), Sano, Y. (co-PI).

The grant proposal for the study "Dissemination of Core Health Messages: Using Community Based Participatory Research to Strengthen the Health of Rural, Low-Income Families," was based on the findings of RFSH, RFS, and the Core Health messages. It has just received funding of \$250,063 from the Rural Health and Safety Education Competitive Program of the USDA Cooperative State Research, Education and Extension Service, National Institute of Food and Agriculture (NIFA). Mammen, S. (PI), Braun, B. (co-PI), Sano, Y. (co-PI).

Publications

Over all book citation.

Bauer, J.W. & Dolan, E.M. (Eds). (in press). *Rural families and work: Context and problems*. New York: Springer Science + Business Media, LLC.

Chapter 1

Bauer, J.W. & Dolan, E.M. (in press). Rural families and work overview. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 1-15). New York: Springer Science + Business Media, LLC.

Chapter 2

Bauer, J.W. & Dolan, E.M. (in press). Theories for studying rural families and work. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 17-35). New York: Springer Science + Business Media, LLC.

Chapter 3

Bauer, J.W., Dyk, P.H., Son, S., & Dolan, E.M. (in press). Rural does matter: Understanding the rural context. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 37-54). New York: Springer Science + Business Media, LLC.

Chapter 4

Dolan, E.M., Bauer, J.W., & Katras, M.J. (in press). Making rural employment work. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 55-76). New York: Springer Science + Business Media, LLC.

Chapter 5

Sano, Y. & Richards, L.N. (in press). Physical health, food security, and economic well-being: The rural perspective. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 77-98). New York: Springer Science + Business Media, LLC.

Chapter 6

Sano, Y., Richards, L.N., & Lee, J. (in press). Invisible barriers to employment: Mental and behavioral health problems. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 99-116). New York: Springer Science + Business Media, LLC.

Chapter 7

Walker, S.K. & Manoogian, M.M. (in press). The challenge of child care for rural low-income mothers. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 117-135). New York: Springer Science + Business Media, LLC.

Chapter 8

Bird, C.L., Dolan, E.M., & Seiling, S.B. (in press). Resources as the key to rural employment. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 137-156). New York: Springer Science + Business Media, LLC.

This chapter focuses on the role of resources to promote and sustain employment for rural low-income families, whether individual resources, or public and/or private resources available in the community. The ecological model (Figure 8.1) offers a visual representation of personal resources and the selection and use of non-personal resources to achieve goals such as employment, satisfaction of needs, and quality of life supporting services. Education and transportation are highlighted as facilitating resources for employment and well-being. The Rural Families Speak study narratives are used to illustrate some of the resource use by rural low-income families.

Chapter 9

Seiling, S.B., Manoogian, M.M., & Son, S. (in press). "I don't know how we would make it"—Social Support in rural low-income families. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 157-183). New York: Springer Science + Business Media, LLC.

Chapter 10

Mammen, S., Lawrence, F.C., & Lee, J. (in press). The earned income tax credit: An incentive to rural employment. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 185-205). New York: Springer Science + Business Media, LLC.

This chapter describes the federal Earned Income Tax Credit (EITC) enacted in 1975 to help offset Social Security taxes for low-income families with children. The EITC was also meant to provide those taxpayers with an increased incentive to work. The tax credit provides significant benefits to low-income working families and the communities in which they live. Eligibility for the EITC is discussed in relation to rural families. Past research on EITC is reviewed and framed within the behavioral life-cycle theory. The inclusion of self-control, mental accounting, and life-cycle saving is discussed. Findings from the Rural Families Speak (RFS) project are included.

Chapter 11

Bauer, J.W., Dolan, E.M., & Braun, B. (in press). Application for the RFS findings: Programs and future research. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 207-215). New York: Springer Science + Business Media, LLC.

Chapter 12

Dolan, E.M., Bauer, J.W., & Braun, B. (in press). Policy issues and application: Rural concerns. In J. W. Bauer & E.M. Dolan (Eds). *Rural families and work: Context and problems* (pp. 217-230). New York: Springer Science + Business Media, LLC.

Bird, C. L., Zuiker, V.Z., & Bauer, J. W. (under review). Life quality: Assessing the influence of economic strain and parenting performance. *Social Indicators Research*.

This study contributes to understanding the connections between life quality and life satisfaction. The influence of economic strain and parenting confidence on life quality was examined using family stress theory. Using a multistate sample (N=253) of rural, low-income mothers, parenting confidence had stronger direct effects on life quality than did economic strain. The statistically significant relationship between parenting confidence and economic strain indicated the concepts were interwoven and positively associated with life quality. Friendship social support was statistically significant and contributed to parenting confidence while mental and physical health problems detracted. Borrowing money from relative or friend decreased economic strain and is a new and an important contribution to the literature. Results suggest the level of importance these mothers place on their parenting role and implies that resources directed to programs and efforts that support parenting for rural mothers are likely to be met with a high level of acceptance and produce greater increases in life quality. Increased visibility and understanding of rural families' needs provides important information for effective service and program development.

Devaney, F., & Dolan, E.M. (in press). Parenting Constraints and supports of young low-income mothers in rural United States. *Journal of Comparative Family Studies*.

This study explores the different supports and constraints to parenting of 13 young rural low-income mothers in the United States (U. S.) who had their children at the age of 20 or younger. The family ecology theory guided the research. Five themes regarding supports and constraints that assisted or hindered their parenting abilities were found: mental health, employment, social support, institutional support, and maternal role. The multiple levels within the family ecology theory can directly or indirectly contribute to the mother's parenting abilities, feelings of support, life satisfaction, employment, mental health, and confidence in the maternal role. Acknowledging the context of these mothers' experiences is important to better provide support and resources to young mothers living in poverty in rural U. S.

Greder, K. and Sano, Y. Health Seeking Behaviors of Rural, Low-income Families. (2011). In M. Martha Craft-Rosenberg and S.R. Pehler (Eds.). In *Encyclopedia of Family Health*. S.R. SAGE Publications, Inc.

Greder, K., Young, S., and Sano, Y. (July, 2011). "Health insurance and health issues among rural, low income families of Mexican origin in the U.S.". Proceedings of the Ninth Biennial Conference of the Asian Consumer and Family Economics Association (ACFEA), Seoul, Korea.

Kropczynski, J. & Dyk, P. (Under review) Insights into Housing Affordability for Rural Low Income Families. *The Journal of Applied Social Science*
Nonprofits and government entities model the standard set by the United States Department of Housing and Urban Development (HUD) for housing affordability, which states that housing payments in excess of 30-percent of gross income are unaffordable. Families require a minimum level of basic consumption in addition to housing that must then be paid for with the remaining 70-percent of their gross income; hence it is important to look at how these needs factor into the government equation for affordability. Using data from the Rural Families Speak project, a multi-state research project that examines rural, low-income families with children, the percent of income spent on housing is compared to the ability to fulfill basic needs to answer the question: Do low-income rural families that are not housing cost burdened perceive themselves to be able to meet more basic needs than families that are housing cost burdened according to the government standard? By incorporating measures of perceptions of fulfillment of basic needs, the understanding of affordability can be broadened to include the challenging circumstances of rural areas.

Mammen, S., Lawrence, F. C., Berry, A., & Knight, S. (2011). The earned income tax credit and rural families: Differences between participants and non-participants. *Journal of Family and Economic Issues*, 32(3), 461-472.

Mammen, S., & Sano, Y. (Under Review) Gaining access to economically marginalized rural populations: Lessons learned from non-probability sampling. *Rural Sociology*.
Poverty is a significant problem in rural America. Gaining access to economically marginalized rural populations in order to recruit individuals to participate in a research study, however, is often a challenge. This paper provides a comparison of three different non-probability sampling techniques that have been used to recruit rural, low-income mothers—purposive sampling, respondent-driven sampling, and mixed purposive sampling. The relative advantages and

drawbacks of the three methods in terms of access to the targeted population, methods of recruitment, size of the sample pool, randomness of the sample, generalizability of results, and researchers' control over the process are reviewed.

Sano, Y., Bolkan, C., Glessing, J., & Gibbs, L. (Under Review) Maternal depression and family comorbidity: Tracking depression trajectories of rural, low-income mothers in context of family health. *Women and Health*.

Using mixed-method approach, we examined depression trajectories of rural, low-income mothers over three years from a perspective of family comorbidity. Specifically, we compared 11 mothers who showed on-going signs of major depression ("continuously depressed") and the 12 mothers who exhibited signs of major depression at baseline but whose condition improved continuously ("continuously improved"). The continuously depressed mothers experienced significantly more physical health problems across waves, reported that their level of physical pain (e.g., back pain, chronic pain, etc.) worsened over time, showed distrust toward healthcare professionals, and had a more negative outlook about their lives in general. While both groups of the mothers reported similar struggles of dealing with children's health, the children's emotional and behavioral issues among the continuously depressed mothers tended to be more severe and profound, creating set of new challenges in the mothers' lives such as limited childcare options, loss of employment, day-to-day behavioral management, concerns for delinquent behaviors. The findings show maternal depression cannot be understood in isolation from the mothers' role as a parent and the health status of all family members. Suggestions for rural healthcare systems, educational support, and welfare policies are discussed as strategies to support rural, low-income mothers.

Sano, Y., Garasky, S., Greder, K., Cook, C.C., & Browder, D. E. (2011). Understanding food security among Latino immigrant families in rural America. *Journal of Family and Economic Issues*, 32(1), 111-123. doi: 10.1007/s10834-010-9219-y

Using ecological theory, this study investigated how low-income rural Latino immigrant families succeeded or failed to meet their food needs over time. Interviews with ten families purposively selected to represent consistently food secure, fragile, and consistently food insecure groups were intensively analyzed using a case study approach. Achieving and maintaining food security was a complicated task and a constant struggle for families. Success or failure was influenced by factors at multiple ecological levels including the characteristics of the family, access to social networks and community support, and the local economy. These findings can inform practitioners and policymakers seeking to identify strategies and policies that will support Latino immigrant families as they work toward improving their well-being.

Sano, Y., & Manoogian, M. (2011). "I wanted a fresh start from where I was:" Rural low-income women's experiences of multiple partnership transitions. *Michigan Family Review*, 15(1), 1-15. <http://quod.lib.umich.edu/cgi/p/pod/dod-idx?c=mfr;idno=4919087.0015.101>

Focusing on the experiences of twenty-two rural, low-income mothers, this qualitative study examined the nature of multiple partnership transitions from a critical feminist perspective. The findings indicated that their multiple partnership transitions in a short period of time were largely motivated by their financial struggles, housing insecurity, lack of parenting support, and failed gendered expectations. More supportive policies for single-parent families would likely increase healthier, long-term partnerships in a long run.

Sano, Y., Manoogian, M. M., & Ontai, L. (in press). The Kids Still Come First: Creating Family Stability during Partnership Instability in Rural, Low-income Families. *Journal of Family Issues*.

Supportive family relationships are critical for overall family well-being. Family relationships in low-income families, however, can be complicated due to multiple stressors from financial, familial, and social circumstances. Family members may help each other by mediating the negative impact of daily stress on their abilities to function as parents, workers, and citizens. On the other hand, they may also act as major stressors, especially when family members present financial, emotional, or psychological challenges. This symposium examines the complicated nature of family relations in low-income families and offers recommendations for public policies that are intended to strengthen low-income families.

Simmons, L.A., Huddleston-Casas, C., Morgan, K., & Feldman, D., (Under Review) A mixed methods study of management of health conditions in rural low-income families: Implications for health care policy in the United States. *Rural & Remote Health*.

Son, S., Dyk, P.H., Bauer, J.W., & Katras, M.J. (2011). Barriers to employment among low-income mothers in rural United States communities. *International Journal of Human Ecology*, 12(1), 47-50.

This article addresses potential barriers to sustained employment for rural low income mothers. Drawing from a two panel longitudinal sample of 240 families from the Rural Families Speak project, it examines the extent to which human capital and family factors were related to these mothers' ability to be employed. Comparisons are made between mothers, who over a three-year period were continuously unemployed, intermittently employed, or stably employed. Many of these rural low-income mothers faced multiple individual and family barriers that impacted their labor force participation. Notably food insecurity, mental health, caring for a young child, housing, and a family history of welfare were associated with less stable employment. The implications for public policy and service delivery are discussed.